Community Health Navigator Forum 2025



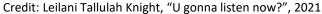






Acknowledgement of Country









UNSW respectfully acknowledges the Bidjigal clan of the Dharawal Nation, alongside the Biripai, Dharug, Gadigal, Gumbaynggirr, Ngunnawal and Wiradjuri peoples, on whose unceded lands we are privileged to learn, teach and work. We honour the Elders of these Nations, past and present, and recognise the broader Nations with whom we walk together. UNSW acknowledges the enduring connection of Aboriginal and Torres Strait Islander peoples to culture, community and Country.



Message From the Director



Prof. Michael Kidd AO

Professor Michael Kidd AO FAHMS holds a joint appointment as the Foundation Director of the International Centre for Future Health Systems at the University of New South Wales, and as Professor of Global Primary Care and Future Health Systems at the University of Oxford.





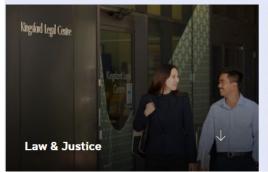
About us

The Centre brings together researchers from each of the Faculties at UNSW to work together to drive forward-thinking solutions to improve health systems and provide advancements that seek to benefit all people.















Research - Policy - Advocacy

Equity	Primary	Hospital	Digital
	Care	Care	Health
Health	Climate	Population	Pandemic
Workforce	Change	Pressures	Planning



	Health systems reform to improve equity of access, affordability and outcomes of health care services
U ₀	Strengthening primary care health systems and better integration of care provided in the community
	Transforming hospital care to support adoption of innovations in health systems reform while improving the integration of health services and person-centred focus of care
	Safe and appropriate adoption of digital health innovations, including telehealth, artificial intelligence, genomics, quantum technology, and the use of data to support health systems reform
	Ongoing health workforce reforms to meet future population needs
	Supporting health systems to mitigate and meet the future challenges of climate change
1	Supporting health systems to prepare for ageing population, future immigration and population growth pressures
	Incorporating lessons from the COVID-19 pandemic into health systems reform to support future emergency planning and address inequities highlighted during the pandemic



Who are Community Health Navigators?

Trained individuals, often from the communities they serve

Help individuals navigate healthcare and social services

Address barriers to care including language, transportation, and health literacy

Also known as patient navigators, lay health workers, or community health workers

What do they do?

- Provide culturally appropriate health education
- Facilitate access to care (e.g., appointments, transport)
- Assist with insurance and benefits
- Support chronic disease management
- Address social determinants of health
- Promote preventive care and wellness



International experiences

- Australia: Aboriginal health worker programs Lai et al., 2018 Makean et al 2021
- United States: Cancer care navigation Budde et al., 2021 Hou et al. 2015
- Chronic care Lamina et al 2024; Rajagopalan et al 2025
- Acute care: Neadley et al 2025
- COVID-19: CHNs supported vaccination and health education Wells et al 2021; Wu et al 2024
- Global: Trusted community liaisons in health systems Amora et al 2025



My Baltimore experience

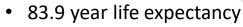






Worlds Apart Though the Distance is 8 kilometers

Roland Park



• Death rate from Heart Disease: 13.6 per 10,000

• Death rate from Stroke: 5.1 per 10,000

Median Household Income: \$104,482

• <HS Diploma: 7%

Unemployment Rate: 2.3%

Hardship Index: 16

• % of Land Covered by Food Desert: 0%

% of Land Covered by Green Space: 63.6%

Clifton-Berea

• 66.9 year life expectancy

Death rate from Heart Disease: 27.7 per 10,000

Death rate from Stroke: 6.9 per 10,000

Median Household Income: \$25,738

< HS Diploma only: 63.3%

Unemployment Rate: 17.4%

Hardship Index: 61

% of Land Covered by Food Desert: 47.9%

% of Land Covered by Green Space: 11.8%



Source: Baltimore City Neighborhood Health Profile Reports 2017 (http://health.baltimorecity.gov/neighborhoods/neighborhood-health-profile-reports). Accessed 6/14/2021





Original Investigation | Health Policy

Association of a Care Coordination Model With Health Care Costs and Utilization

The Johns Hopkins Community Health Partnership (J-CHiP)

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CrossMark

Case report

Case Study: Johns Hopkins Community Health Partnership: A model for transformation

Scott A. Berkowitz^{a,*}, Patricia Brown^b, Daniel J. Brotman^a, Amy Deutschendorf^e, Linda Dunbar^b, Anita Everett^a, Debra Hickman^d, Eric Howell^a, Leon Purnell^e, Carol Sylvester^e, Ray Zollinger^f, Michele Bellantoni^a, Samuel C. Durso^a, Constantine Lyketsos^a, Paul Rothman^a, On behalf of the J-CHiP Program

Eric B. Bass, William Baumgartner, Michele Bellantoni, Scott A. Berkowitz, Romsai Tony Boonyasai, Daniel Brotman, Patricia Brown, Amy Deutschendorf, Linda Dunbar, Samuel C. Durso, Anita Everett, Michael Fingerhood, Kevin Frick, Peter Greene, Lindsay Hebert, David Hellmann, Debra Hickman, Douglas E. Hough, Eric Howell, Xuan Huang, Chidinma Ibe, Sarah Kachur, Anne Langley, Diane Lepley, Curtis Leung, Constantine Lyketsos, Yanyan Lu, Shannon Murphy, Mary Myers, Tracy Novak, Kymberlee Olson, Leon Purnell, Stephanie Reel, Judy Reitz, Melissa Richardson, Regina Richardson, Mike Rogers, Paul Rothman, Carol Sylvester, Martha Sylvia, Albert W. Wu, Hunter Young, Roy Ziegelstein, Ray Zollinger



Challenges



Sustainable funding and program support



Integration into health teams



Training and credentialing variability



Clear role definition and scope-of-practice issues



Share challenges with their communities



Intervention description eg Placement- faith based or faith placed



Call to action

Move from 'bridging' to transformational change

Critical review of scope of practice from all health care workers

Models for compensation and regulation

Sustainable funding models

Think boldly and creatively

Walk the talk

- Evidence based
- Interdisciplinary
- Person-centered



Most 'hard to reach' or 'lack of engagement' patients are due to barriers created in healthcare

