What is the relevance of your experience to the conversation that we're going to have about community health navigators?

Sabuj: My research has focused on the feasibility and acceptability of involving community health workers as health care navigators - improving access to health and social care services among the people from the culturally and linguistically diverse backgrounds in primary care settings.

Sharon: Over the last couple of years, we've been evaluating the use of community health navigators to help people who are aged or have chronic diseases and who are transitioning from their care in the hospital back to their home.

Anthony: I am an investigator in the project that Sharon was talking about, HCNSW is the peak body for patients and carers and people who use health services in their organizations. We often hear about people's fragmented experiences of care, and really want to understand how navigation can help integrate people's experiences.

Patricia: In a previous life, I was a clinical manager at the West Coast Primary Health Organisation on the west coast of the South Island of New Zealand. In 2006 we established a team of four navigators, and I'm very proud to say that three of those four Navigators are still in place, emphasizing the benefit of a choosing people from the local community.

Lou-Anne: It's come to the attention of many of the LHDs that we've got to get the community and acute interface much closer together. My focus has been on new ways to achieve this especially for vulnerability and disadvantaged communities.

What should the focus be on the role for community health navigators, based on your experience?

- Concentrate on following up vulnerable groups and communities, such as in public housing, people who live alone without support from family, are confused about their medications, especially those who were aged or who had chronic conditions, people with severe mental illness, people from culturally and language diverse backgrounds.
- Focus not only on access to treatment but also health prevention and promotion.
- There is a need for Health Navigators to have a defined description in their role. This helps with their identity and prevents others becoming concerned about infringement on their scope of practice. If the role is defined narrowly, for example for cancer navigation, it will prevent a broader involvement with other chronic conditions or in health prevention.
- It will take time for CHNs to become accepted. In New Zealand it took five years for those navigators to be accepted by the primary health care workforce on the West Coast. Now there would be an outcry if their role was removed.
- Navigators have a multifaceted role including getting people to appointments, post hospitalization, and coordination of care. They have that time to develop relationships with their clients, and discern

what's important to their clients. These include being isolated and linking clients with services other than healthcare.

- Listening to patients and families lived experience and advocating for them and involving them in codesign and planning how navigation services are delivered. This includes challenging the unkindness that is sometimes built into the system. Advocacy to help make sure the people are getting the service they need in the way that they need it, in a timely manner.
- Need to look at it as a complementary role to that of other workers and services. There is the potential to create some tension – putting a non-clinical role into a multidisciplinary team of health care providers. We saw this in adding navigators and Aboriginal Health Workers to chronic care teams or clinical nursing teams. There may be ambiguity, in the definition of the role so and how this role is perceived. With time the role definitions become clearer, and then people come to understand what the specific role as Navigator is going to play. With time and willingness to embark on new things, there has been greater acceptance. Another approach is for peer navigators to be employed outside of the health care system (eg in a community centre that works in partnership with health services).
- Within a team of health navigators, individuals may be selected a variety of different skills and capabilities – eg experience with the legal or prison systems, disability system, or connections with specific language or cultural groups. As a team they can help address the range of problems and needs of clients.

What are the key benefits of Community Health Navigators?

- The benefits demonstrated by research include:
    - adherence to screening for cancers,
    - equity in accessing preventive or treatment services.
- Improved patient and family experiences and outcomes.
- There multiple benefits around access, healthcare utilization, and better, coordination of care.
- Navigators are valuable in picking up patients who would otherwise have just been missed. Even though the healthcare team has a remit to follow up patients, they rarely are able to do it to the degree or to the efficiency that they that they wanted. Having the navigator gives them that opportunity to work more around their own role, because the navigator would go out and do the initial assessment and be able to identify what was needed, and a lot of that admin stuff, because there's a lot of administrative tasks that go with getting people linked in with services.
- Why do we need navigation? We need navigation because we live in a Neo liberal society that expects people to be responsible for their own care, and there's going to be some people who are just never going to be able to achieve that. They're going to continually need that support. So while we support the need for navigators it doesn't mean we can stop looking at the system and how to fix it.

What are the opportunities and things that we need to be doing to facilitate change?

- We need more advocacy for the work. We need to make clinicians aware of non-clinical services such as CHNs who can help the people better access to the services. This is important for those who have language difficulties, who have cultural differences, who don't understand Australian Health System.
- Involve people who have experience helping people move from one service to another to get what they need in designing what better navigation looks like. Stop seeing patients and communities as problems and start involving them as part of the solution.

- Developing partnerships with other organisation including local community-based organisations.
- Could CHN training be micro-credentialed or provided with other short form training.
- Rebecca Jessup in Victori has developed a 12-module course that has been accepted as a TAFE qualification.
- Multimorbidity needs a collective community-based approach which engages the community not just the individual.

What are the challenges?

- If you're employing navigators, then you should value them. You don't just give professional development to your traditionally trained staff. You find out what areas navigators are interested in, and you support them to extend their skills. We really need these people, and we're going to need them to work to the top of their scope of practice as well.
- One of the big challenges if we want navigators to be part of our healthcare team is to have their accreditation as a health workforce. We need to find a host for the training program, as well as an accredited training program as well, if we want them to the health team. We need consistency of training while still allowing it to be tailored to the needs of a particular group of people. How do community health navigators fit within the Australian Qualifications Framework.
- What are the funding solutions? What are the funding streams? There is hope that Medicare changes. But that's not enough. So I just think we need to really have a hard look at the funding structures.
- One thing we need to know more about is, is the caseload for navigators. What caseload can they carry and what's the mix of that case load, complex or simple. Navigators really care about their community, so many take a lot on, and some will work more hours than they're paid. We really need to have an eye on our navigators and have good support around them. Caseload and the mental well-being of our care navigators is important.
- How do we measure CHN activity? Because they're nonclinical, and they don't sit under a particular award classification. It's a workforce issue if they're embedded within health. What's the national weighted activity you can put against the work they're doing? What are they able to cope with, and are we providing enough back up and support. doing at the moment. CHNs may burn out very quickly having to look after very complex people issues, social and physical. How we prove that value back to government, that's another challenge.
- While we know health is very siloed, the thing that we often forget is that the patients and families are the only people in the system who move through the entire system, everybody else stays in their silo. And I think we do already have great examples of involving people with lived experience, patients, carers, families, in service design. We've got great work that's happening within different parts of the university sector as well. And so there's lessons we can learn about how to do it, and in terms of, you know, the mechanisms and methodologies they're all out there, but I think we're in a great place to join it, join together. And in this room there are people who are patient and consumer representatives, who sit with hospital committees, PHN committees, who are already involved in designing systems and services that the infrastructure, the knowledge, and you know, the ways to do it, are already there.