

HOW AND WHY DO COMMUNITY HEALTH NAVIGATOR PROGRAMMES BECOME INTEGRATED AND SUSTAINED?

A REALIST REVIEW

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WHY THIS MATTERS

Community Health Navigators (CHNs) can improve access, engagement and care coordination. However, programmes are often introduced as pilots or short-term initiatives, while the conditions needed for their integration and long-term sustainability remain poorly understood.

Aim
To explain how, why and under what conditions CHN programmes become integrated and sustained across OECD countries.

REALIST REVIEW AT A GLANCE

Methods
English-language studies from OECD countries were included when lay/community navigators had an explicit navigation function and reported information relevant to implementation, integration or sustainability. Using a realist approach, evidence was examined for context, programme resources, stakeholder responses and outcomes.

3,506
identified

→

1,988
screened

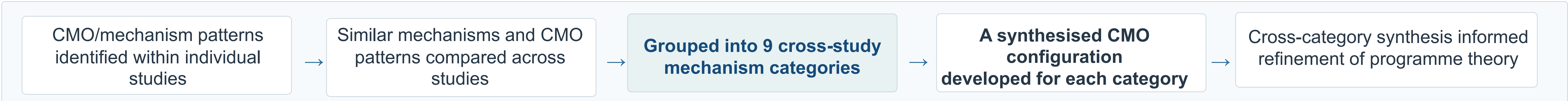
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106
full texts

→

34
included

HOW THE EVIDENCE WAS SYNTHESISED



NINE CROSS-STUDY MECHANISM CATEGORIES

PATIENT / COMMUNITY

1. Relationship & Trust Mechanisms

2. Patient Empowerment Mechanisms

ORGANISATION / TEAM

3. Professional Integration Mechanisms

4. Organisational & Team Integration Mechanisms

5. Workforce Support & Capacity Mechanisms

6. Leadership, Champions & Governance Mechanisms

SYSTEM / CROSS-SECTOR

7. Partnership & Interagency Collaboration Mechanisms

8. Adaptation, Learning & Continuous Improvement Mechanisms

9. Funding Stability & Sustainability Mechanisms

FROM MECHANISM CATEGORIES TO SYNTHESISED CMO CONFIGURATIONS

A synthesised CMO configuration was developed for each of the nine categories. Four representative configurations are shown below.

RELATIONSHIP & TRUST

CONTEXT	Mistrust, stigma, language barriers or limited access
RESOURCE	Culturally appropriate outreach, bilingual/community navigators, repeated contact
MECHANISM	Patients feel understood and supported; trust develops
OUTCOME	Improved access, engagement, follow-up and retention

PROFESSIONAL INTEGRATION

CONTEXT	Clinicians unfamiliar with CHN role; unclear boundaries
RESOURCE	Defined responsibilities, role descriptions, communication, leadership endorsement
MECHANISM	Clinicians understand the role and recognise its contribution
OUTCOME	Greater acceptance, referrals, collaboration and integration

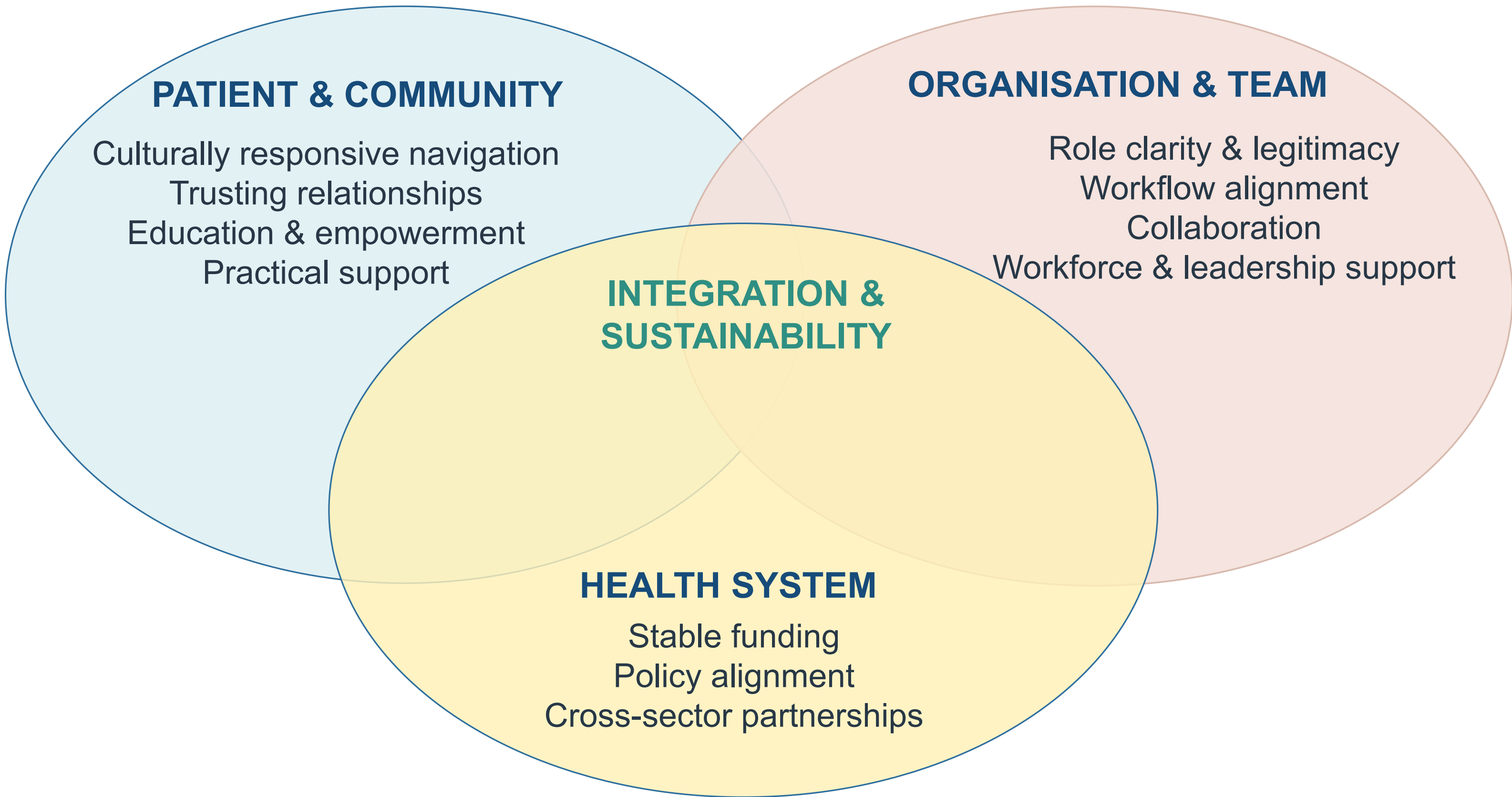
LEADERSHIP, CHAMPIONS & GOVERNANCE

CONTEXT	Competing priorities, limited resources, variable commitment
RESOURCE	Leadership endorsement, champions, governance, accountability and monitoring
MECHANISM	Staff perceive the programme as legitimate, important and supported
OUTCOME	Greater buy-in, programme visibility, integration and sustainability

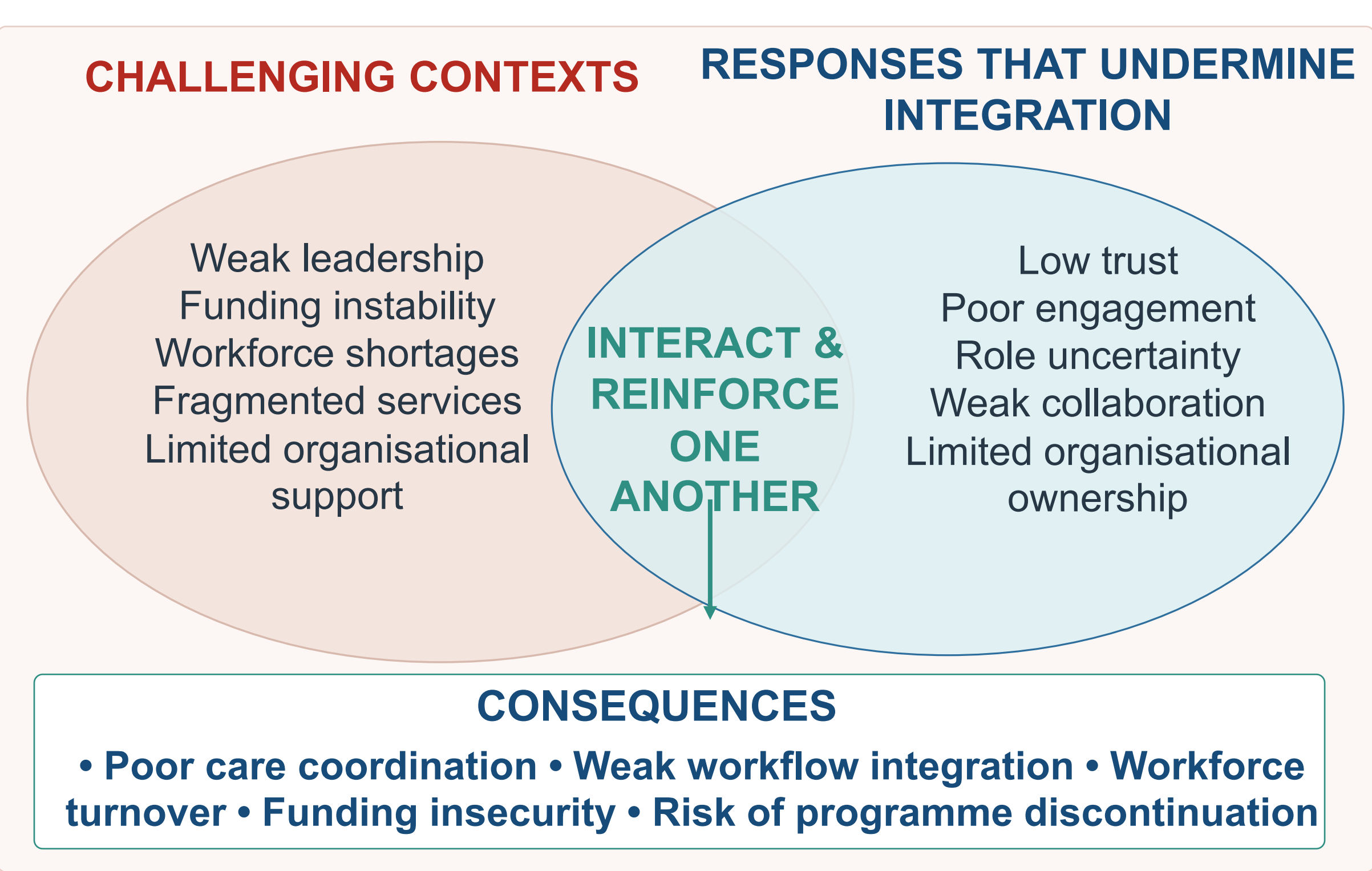
FUNDING STABILITY & SUSTAINABILITY

CONTEXT	Short-term grants, uncertain reimbursement or pilot funding
RESOURCE	Stable funding, reimbursement, contracts, dedicated budgets and policy support
MECHANISM	Leaders perceive the programme as financially secure and worth long-term investment
OUTCOME	Programme continuity, workforce stability and long-term sustainability

WHAT MATTERS FOR IMPLEMENTATION & SUSTAINABILITY?



WHEN PROGRAMMES REMAIN VULNERABLE



KEY MESSAGE

Successful implementation does not necessarily mean sustainability.

CHN programmes are more likely to become embedded and sustained when patients trust navigators, professionals recognise them as legitimate, organisations integrate them into workflows, and stable organisational and health-system conditions support them.

WHAT NEXT?

Australian stakeholder interviews will test, challenge and refine the programme theory under Australian conditions. A subsequent validation and consensus process will identify practical strategies for integrating and sustaining CHNs in Australia.

ACKNOWLEDGEMENTS

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