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BRIEF SCOPING

Literature review series

Justification for ‘health navigator role’ to bridge the gap for CALD community groups

Relevant background

Culturally and linguistically diverse (CALD) populations have significant health outcome disparities compared to dominant groups in high-income countries (Hilder et al., 2019). Australia has one of the most diverse migrant populations globally, with the CALD community in 2011 reported to be 28% of the population (Henderson & Kendall, 2011), and is continuing to grow. The challenge to provide accessible and culturally competent healthcare in Australia has been an issue for decades, with a paper published in 2019 suggesting that *consumers from CALD backgrounds in Victoria and NSW are still yet to be adequately acknowledged with contemporary strategies to facilitate patient engagement* (Harrison et al., 2019). Strategies and services to reduce the language, cultural and social barriers to health services are crucial to improving healthcare utilisation and health outcomes.

Even long-standing CALD communities (e.g. the Pacific Islander people) report being unfamiliar with local health services and experience difficulties accessing appropriate health care within Australia. Further, while language difficulties are acknowledged to impede communication, health professionals have reported feeling hindered by ineffective use of interpreters (Hilder et al., 2019). CALD communities have unique and differing needs, and useful and effective solutions to this ongoing and increasing challenge are likely to need to be tailored to particular communities.

In response to this need, a hospital-wide Cultural Responsiveness Plan (CRP) was implemented within a large region of inner-suburban Melbourne, servicing up to 1 million people that involved the establishment of new language services, a policy of transcultural training for all new and existing staff, and hospital-wide dissemination of information relating to communicating with limited English proficiency (LEP) patients.

Over an 8 year period, this plan was reported to result in a 317% increase in the requests for interpreters, and was associated with a 28% decrease in average LEP patient length of stay in hospital, as well as a decrease in the difference of re-admission rates amongst this group compared to those speaking English (Hlavac et al., 2018).

More recently, attempts have been made to further understand the barriers and facilitators when engaging with healthcare services for CALD groups within Australia (Harrison et al., 2020). Barriers emerging from focus group discussions and interviews with CALD communities in Canada and Australia included: lack of self-awareness or insight into of all of their health needs; navigating the health system and accessing services; seeking meaningful interpretation; and feeling unsafe. Potential facilitators included respectful professional care, and understanding and managing expectations (Harrison et al., 2020; Lambert et al., 2021).

The incorporation of strategies such as the provision of professional interpreters and migrant health workers may go some way to addressing the needs of CALD consumers, but these alone do not seem to sufficiently address the range of barriers to consumer engagement. With regard to language barriers specifically, language discordance is a well-established barrier to communication, with implications for inhibiting opportunities for consumer engagement. Substandard and inadequate access to professional interpretation services by health professionals is recognised in existing literature as a challenging barrier (Burns et al., 2014; Hilder et al., 2019). Inadequate interpretation goes beyond the limited access to translators to facilitate questioning and understanding between professionals and consumers.

Beyond the general feeling across CALD patients that they are not interpreted correctly or completely, the need for a translator also impacts timely access to care for these individuals, which in turn contributes to a reduced sense of trust and quality of care provision (Harrison et al., 2020). Opportunities for family members to contribute to and facilitate meaningful healthcare interactions are frequently missed, and this is may contribute to the patient feeling unsafe. The lack of translation of non-verbal communication, particularly physical actions, as a means of communication with healthcare staff was also raised as having the potential to disempower patients.

Being empowered as a health-care consumer, with the skills and opportunity to contribute, is a fundamental basis for active participation in health-care encounters (Harrison et al., 2020).

The ability to navigate the healthcare system was also identified as an essential skill that was impacted for these individuals. Understanding how the health system works and how to access and use it are critical components of health literacy and are seen as essential for effective engagement. For example, being unable to find and use relevant service(s) was identified as a considerable barrier to engagement leading to anxiety and reduced confidence amongst CALD consumers. Overall, findings indicate that **professional interpreters and migrant healthcare workers do benefit effective communication**, but also that they are *not sufficient to address the range of barriers to consumer engagement faced by CALD communities in Australia* (Harrison et al., 2020).

The ‘patient navigator’ role has the potential to address these issues being faced by CALD community groups when seeking healthcare in Australia (Hilder et al., 2019). The term ‘patient navigator’ originated in the USA in the context of cancer care and the concept has spread to other countries including Canada, Australia and New Zealand and now covers a broader health context. The role of a Community Health Worker (CHW) has been described as somewhat similar and overlaps with the role of a patient navigator.

The main roles of a patient navigator are deemed to include: overcoming health system barriers, as well as barriers that may be more associated with a diverse population, education (e.g. health promotion, health self-management and education to support behaviour change), assessment (i.e. identifying client needs, monitoring and addressing barriers) and mediation (Hilder et al., 2019; Lambert et al., 2021; Sharma et al., 2019).

In contrast, the role of a professional interpreter is usually more narrowly defined as a conduit responsible for clear ‘message transfer’, with some more recently expanding this to necessarily encompass cultural brokering, advocacy and emotional support.

From the outset, there is a need for a comprehensive, culturally sensitive needs assessment that spans a broad range of potential information and health service needs, and the awareness that the patient may not have insight into all of their needs, particularly those of a psychosocial nature (Lambert et al., 2021). The need for flexibility in the provision of interpreting and related services, was recognised to be dependent on the particular needs of the CALD population(s). It was recommended that organisations establishing patient navigator positions should have a clear target population, carefully consider the barriers that they are trying to address and scope of the service provision so that they can clearly define the role and its associated training requirements. The selection of the right person for the role and their ongoing support to ensure cultural competence are also recommended to maximise effectiveness (Hilder et al., 2019).

There is as yet only emerging evidence of the potential value of the patient navigator, or similar community health worker (cultural support workers, bilingual community educators), in the context of improved health outcomes, including improved access to health services and the ability to benefit from their programs (Sharma et al., 2019).There is a recognised and urgent need for more research in this area to help to address the current health outcome disparities faced by CALD community groups.

References

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