

Practice #23: Francophone Health System Navigator (Newfoundland and Labrador)

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**Solange van Kemenade
Jean Nephety Michel
Jacinthe Savard
Josée Benoît**

GReOPS

**Groupe de recherche sur la
formation et les pratiques en santé
et service social en contexte
francophone minoritaire**



uOttawa

ABOUT THE FACT SHEET

This fact sheet is part of the *Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts* (available at: https://www.grefops.ca/directory_innovative_practices.html)

The *Directory of Innovative Practices* (formerly the *Handbook of Innovative Practices on the Integration of Official Language Minority Health and Social Services*) is a complementary resource to the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity*¹. It presents initiatives that have been put in place, most often at the local level, that respond to a community need and are perceived as innovative by the various actors involved in their implementation. The practices were identified, analyzed and classified according to an evaluation framework developed by the Health Council of Canada. This framework allowed us to distinguish between emerging practices, promising practices and leading practices. Some of these practices were suggested by the *Société Santé en français* and the provincial, territorial and regional French-language health networks, or other partners.

The reader is referred to the [Introduction and Method](#) document for information about the authors and collaborators, background on the project, a description of the methodology used to create the fact sheets, definitions of the following concepts:

- Leading Practice, Promising Practice, Emerging Practice
- Quality of evidence, impact, applicability, transferability
- Service coordination, service integration, liaison
- Active offer

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¹ The self-assessment Tool is available in English and French and can be accessed at the following Web address:
https://www.grefops.ca/selfassessment_tool.html (English version)
https://www.grefops.ca/outil_autoevaluation.html (French version)

Practice # 23: Francophone Health System Navigator (Newfoundland and Labrador)

This practice contributes to improving:

- Mechanisms of inter-organizational coordination, liaison, and integration.

The organization implementing this practice: The program was developed by the Réseau Santé en français de Terre-Neuve-et-Labrador (RSFTNL) in conjunction with the Eastern Health Authority, with funding from Health Canada through the Société Santé en français.

The Francophone Health System Navigator (FHSN) is a pilot project that seeks to provide an additional level of support to Francophone patients and families by facilitating their health system navigation and access². Funding enabled the hiring of a part-time staff member to provide the navigation service until June 2021. This fact sheet is based on three sources of data. First, we considered a 2019 needs assessment of Francophones and Acadians in the Saint John region regarding a Francophone health service navigation service³. This assessment was commissioned by the Réseau Santé en français de Terre-Neuve-et-Labrador. Second, our research team documented six mental health initiatives in the same province⁴. Among these initiatives, we documented the Mental Health and Addictions System Navigator, which contributed to a better understanding of how navigation programs work in the province. Third, we conducted an interview with the Director of the Réseau santé en français de Terre-Neuve-et-Labrador and the FHSN. This interview took place in March 2021⁵. Other sources of information consulted were the Eastern Health Authority website and scientific publications.

Background

The FHSN is the result of recommendations made in the above-mentioned needs assessment of the Saint John region Francophones and Acadians. The assessment noted that these groups are a potentially vulnerable population when they have limited English language skills and complex health or

² Eastern Health, Francophone Health System Navigator. <http://www.easternhealth.ca/FHSN>. Retrieved on April 29, 2021.

³ Forest, M. (2019). *Évaluation des besoins des francophones et des Acadiens de la région de Saint-Jean pour un service de navigation*. Réseau Santé en français de Terre-Neuve-et-Labrador. Report submitted to the Réseau Santé en français de Terre-Neuve-et-Labrador (RSFTNL) https://savoir-sante.ca/en/content_page/item/559-evaluation-des-besoins-des-francophones-et-des-acadiens-de-la-region-de-saint-jean-pour-un-service-de-navigation

⁴ van Kemenade, S.; Bouchard, L., Savard, J., Savard, S., Oukoumi, G., Michel, J. N. (2021). *Pratiques novatrices en santé mentale pour les communautés francophones en situation minoritaire à Terre-Neuve-et-Labrador et dans les Territoires du Nord-Ouest*. Research report of the University of Ottawa/Institut du savoir Montfort Chair on the Health of Francophones and of the *Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire* (GReFoPS), University of Ottawa, Ottawa. An online version is available at: https://www.grefops.ca/uploads/7/4/7/3/7473881/rapport_pratiques_novatrices_sante_mentale_tnl-tno_20-05-2021.pdf

⁵ Interview with Ms. Jacqueline Higgins, Director of the RSFTNL, and Ms. Lynn Miller, Manager of the Navigation Department. This interview was held via video conference on March 4, 2021.

mental health problems, or when they are newcomers and their poor English language skills are compounded by a lack of health care system knowledge.

The evaluation identified other navigation services in the province that provide information, tools, and referrals to relevant resources for users and organizations, such as the Aboriginal Navigator for the Saint John region, the Mental Health and Addictions System Navigator, created in 2016, and a Navigator that directs cancer patients to oncology services. It should be noted that the first program provides services exclusively in English and if a request for French services is made, the Navigator uses a professional interpreter service.

Finally, the RSFTNL evaluation concluded that Francophones and Acadians would benefit greatly from a health system navigation service and recommended an interpreter-navigator. The report indicates the navigator is also responsible for interpretation or translation, which would contribute to the success of active offer of services in both official languages and a patient-centred approach⁶.

In 2020, the RSFTNL, in conjunction with the Eastern Health Authority, issued a call for applications to fill this position, and in early 2021, the service was implemented.

Objectives

The main objective of this pilot project is to improve access to health care services for Francophones and Acadians in Newfoundland (NL) and to provide information to health care providers when they need to refer their patients to French language services. More specifically, the Navigator:

- Guides Francophone patients and their families to French language health care services (in the Eastern Health Authority region);
- Collects information on services available in French;
- Provides health care and social intervention professionals with information on services available in French;
- Provides information on the various interpreting options and organizes non-emergency interpreting services for Francophone users;
- Provides an escort service in hospitals, due to the lack of French signage;
- Shares information and raises awareness about French language health services.

Features of the practice

Health system navigators are part of the patient support system and guide patients through the health care system. Navigators direct patients to available resources and information and to the right people to help them improve their health and quality of life.

Therefore, these are services that aim to guide and accompany patients or users to enable them to get in touch with the different levels of resources and to access information in order to improve their state of health and/or their quality of life⁷. From this perspective, the Navigators help to overcome several

⁶ Forest, M. (2019), op. cit.

⁷ Ibid.

barriers for certain user profiles such as newcomers; Francophones in minority situations; etc. Navigators can be considered a bridge between health services and the community.

The Francophone Health System Navigator (FHSN)

The person hired for the Francophone Navigator position is a registered nurse who works closely with patients, families and other clinicians and community partners to ensure that Francophone patients have the information and knowledge they need to make the best decisions about their care⁸. This nurse has extensive experience serving Francophone patients, including residents of Saint-Pierre-et-Miquelon.

The FHSN position is funded on a variable annual budget ending June 2021. The amount allocated for the 2020–2021 period is \$46,111⁹. This budget covers the salary of the part-time navigator and professional fees for a consultant hired in the set-up phase of the project, whose mandate was to develop monitoring and data collection tools.

Who can benefit from the FHSN?

The Navigator was established by the Eastern Health Authority in collaboration with the RSFTNL and primarily serves people who speak French, or who prefer to receive health information in French, and who require health services in the area mentioned. This is the region with the largest Francophone community in the province. Health care providers in the Eastern Region who require information in French for their clients can also use this service.

Challenges

The resource persons interviewed identified a few program start-up challenges. First, recruiting the navigator was challenging, as is often the case when recruiting bilingual professional resources in Newfoundland and Labrador. Second, the short-term funding for this project compromises its sustainability. As explained, this funding ends in June 2021, and although a request for renewal has been submitted, no response was available at the time of writing this fact sheet.

Finally, the COVID-19 pandemic hampered the planned start-up and operation of the project. The Navigator was hired during the initial lockdown and direct services were restricted throughout the hospitals, including the one where the Navigator would have direct contact with users.

Analysis¹⁰

Why is this practice considered innovative?

Health care navigators are essential in helping patients understand a system that is often complex and can easily discourage them. When patients have difficulty finding the health care they need, they can

⁸ Eastern Health, Francophone Health System Navigator. <http://www.easternhealth.ca/FHSN>. Retrieved on April 29, 2021.

⁹ Interview with contact people conducted on March 4, 2021

¹⁰ This analysis is based on criteria defined in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, available at: https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf and also outlined in the Introduction and Method document.

sometimes be misled or drop out of the process, preventing them from receiving treatment. For French-speaking patients, language barriers are added to those related to the complexity of the health care system.

In a patient-centred approach that is increasingly pervasive in the system of care, a navigator that orients users in the language of their choice and ensures that those individuals understand how to navigate the continuum of care is a promising innovative practice.

There are health navigation systems in Canada, but only three offer services in French in a Francophone minority context¹¹. Other navigators provide bilingual services including the ARC project¹² or in multiple languages (e.g., the Multicultural Health Navigator Program in Ottawa, Ontario), but often the resources to which they can direct users are only available in English (website, service brochures, etc.).

Health outcomes related to the implementation of navigators show their benefits, particularly in reducing language barriers, which are often associated with health inequalities, as discussed in the next section.

Emerging, promising or leading: A leading practice

Quality of evidence: Given the recent start of the FHSN, no evaluation has been conducted yet, but indicators and outcome measurement tools were developed in the early stages of the project. Nonetheless, evaluation of other patient navigation systems in Canada and the United States shows that these programs have a positive impact on reducing health inequalities, reducing the cost of interventions, and reducing the frequency of emergency interventions.

Indeed, navigators can facilitate access to quality health care for underserved populations through care coordination, but they can also address issues related to mistrust of providers¹³. This mistrust often leads to avoidance of consultation with professionals or discontinuation of treatment or follow-up, resulting in health disparities. In sum, by addressing many of the disparities associated with language and cultural barriers, navigators can foster trust with their clients and empowerment within the communities they serve¹⁴.

Second, research identifies benefits of navigators such as cost savings for patients and the health care system¹⁵. One study reports total savings of \$19 million per year across the cancer treatment network

¹¹ Forest's (2019) report identified two French-language system navigators in Ontario and one in Saskatchewan. In Ontario, these were CSC CHIGAMIK's French-language system navigator in the North Simcoe Muskoka region, and a French-language mental health and addictions system navigator in the Southwestern Ontario region. In Saskatchewan, this was the Réseau Santé en français health coaching service covering the cities of Saskatoon, Regina and Prince Albert (Appendix A, p. 35).

¹² Access to Resources in the Community. Voir <https://arcnavigatorproject.com/>

¹³ Natale-Pereira, A., Enard, K. R., Nevarez, L. and Jones, L. A. (2011). The role of patient navigators in eliminating health disparities. *Cancer*, 117:3541–3550. <https://doi.org/10.1002/cncr.26264>

¹⁴ Natale-Pereira, A., Enard, K. R., Nevarez, L. and Jones, L. A. (2011), op. cit.

¹⁵ Enard, K. R., & Ganelin, D. M. (2013). Reducing preventable emergency department utilization and costs by using community health workers as patient navigators. *Journal of Healthcare Management/American College of Healthcare Executives*, 58(6), 412–428; Heath, S. (2017). What are Healthcare Navigators, Patient-Centered Care Benefits? <https://patientengagementhit.com/news/what-are-healthcare-navigators-patient-centered-care-benefits>. References retrieved on May 3, 2021.

through the use of navigators¹⁶. The cost savings appear to be greater when navigators are trained individuals, but not necessarily health professionals (e.g., community stakeholders)¹⁷.

Finally, less reliance on emergency interventions (emergency room admissions and hospitalizations) was reported in these investigations.

Impact: The delay in program start-up and the pandemic disrupted the project timeline and the steps that would document its progress. No data were available on the number of patients using FHSN at the time this fact sheet was developed.

Nonetheless, the 2019 needs assessment in NL reported that there was a little known and untapped potential for the navigator model in Francophone and Acadian minority communities. The FHSN would be the fourth navigator in Canada serving Francophone minority communities. In the context of NL, where the Francophone population is geographically dispersed and socio-demographically diverse, French navigation services could improve access to care and reduce health disparities in these communities according to the evidence from available studies.

Applicability: The FHSN currently serves the geographic area with the highest density of Francophones in NL, but in the context described above, there would be an advantage to expanding services to all Francophone residents of the province.

Transferability: The Francophone health system navigator function appears to be transferable to different Francophone minority contexts, as at least three other communities have implemented navigator/guide projects¹⁸. However, there is little data available on the differences and similarities between the different models identified and the contextual elements that make one model more responsive to local needs than another.

Studies of navigation services in other health care settings provide evidence of benefits to users and to health systems. These data show that language and cultural barriers are at the root of health inequalities, and that navigation can help reduce them, while decreasing the costs of interventions and the frequency of emergency service use¹⁹. These are promising results that could encourage Francophone organizations in minority settings as well as health authorities to consider their relevance in settings where navigation services do not yet exist. Future research could look at the inclusion of non-health professionals as health system navigators, which could reduce the difficulty of recruiting these workers in minority language settings.

¹⁶ Ibidem

¹⁷ Ibidem

¹⁸ Forest, M. (2019), op. cit.

¹⁹ The Ontario study “In Person Navigation Services Embedded in Primary Care: A Randomized Controlled Trial” is evaluating the impact of the Community Resource Access (CRA) navigation system on reducing inequities in access to community resources between the two official language groups. Preliminary results show that the navigation model provides benefits compared to the 211-hotline service. Francophones had better access to these resources than Anglophones regardless of the navigation model to which they were assigned (Personal communication with Simone Dahrouge and Alain Gauthier, May 2021).