

## PRACTICE # 28

### Access to Resources in the Community (ARC): A social prescribing and navigation model (Ontario)

Created: March 2025

Nour Ibrahim  
Josée Benoît  
Jacinthe Savard



## 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](https://www.grefops.ca/directory_innovative_practices.html))

The Directory is a complementary resource to the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity* also developed by the GReFoPS<sup>1</sup>. It presents initiatives most often implemented at the local level, which meet a community need and are perceived as innovative by the various stakeholders involved in their implementation. The practices were identified, analyzed and classified according to an evaluation framework developed by the Health Council of Canada as well as the definitions of the Public Health Agency of Canada. These two sources 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, the methodology used to create the fact sheets, and definitions of the following concepts:

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

This project was made possible through financial contributions from Health Canada through various entities. The initial research was the Consortium national de formation en santé (CNFS) - Secrétariat national and was conducted in collaboration with the Société Santé en français. In 2021, the update of the fact sheet was funded by the Consortium national de formation en santé (CNFS), Volet Université d'Ottawa and in 2025 by the Société Santé en français under the responsibility of Solange van Kemenade in collaboration with Josée Benoît, Jacinthe Savard and Sébastien Savard, members of the GReFoPS research team, University of Ottawa.

**To cite this fact sheet:** Ibrahim, N., Benoît, J. & Savard, J. (2025). Practice 28: Access to Resources in the Community (ARC): A social prescribing and navigation model (Ontario). In: GReFoPS. *Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts*. [https://www.grefops.ca/directory\\_innovative\\_practices.html](https://www.grefops.ca/directory_innovative_practices.html)

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](https://www.grefops.ca/selfassessment_tool.html) (English version)  
[https://www.grefops.ca/outil\\_autoevaluation.html](https://www.grefops.ca/outil_autoevaluation.html) (French version)

## Practice # 28: Access to Resources in the Community (ARC): A social prescribing and navigation model (Ontario)

### This practice contributes to improving:

- Coordination, liaison and integration mechanisms: Patient access to community resources

### The organization implementing this practice:

The ARC project was launched by a multi-site research team, with Dr. Simone Dahrouge, PhD, from the Bruyère Research Institute, as the nominated Principal Investigator. Other investigators are from the University of Ottawa, Laurentian University, Institut du Savoir Montfort, the University of Ontario Institute of Technology, and the Ottawa Hospital Research Institute.

This fact sheet is based on a review of various documentation available on the project, including the ARC Web site<sup>2</sup>, research articles that describe: the foundation of the program<sup>3</sup>, the navigator training program<sup>4</sup>, the research protocol for a feasibility study<sup>5</sup>, results of the feasibility study<sup>6</sup>, and guidelines for facilitating implementation and evaluation of similar practices<sup>7</sup>. In addition, data were obtained from a presentation outlining the preliminary results of a randomized control trial comparing the ARC model to an existing web and phone navigation service<sup>8</sup>. The fact sheet was revised by Kiran Saluja and Alain Gauthier.

## Background

Although there are numerous community-based services and programs available to meet a patient's health and social needs, many patients and primary care practitioners are unaware of their existence. Even when patients are aware of the services and programs available, navigating them can be intimidating and social barriers such as literacy, language, transportation or income can impede access<sup>9</sup>. It is well established that linguistic concordance between a patient and a provider is beneficial<sup>10,11</sup>, yet many Francophones in a minority official language setting cannot access community resources in their preferred language.

2 <https://fr.arcnavigatorproject.com/>

3 Dahrouge, S., James, K., Gauthier, A. & Chiocchio, F. (2018). Engaging patients to improve equitable access to community resources. *CAMJ*, 190 (Suppl 1), S46-S47, doi: 10.1503/cmaj.180408.

4 Toal-Sullivan, D., Lemonde, M., Gauthier, A.P. & Dahrouge, S. (2021). Adopting a lay navigator training programme in primary care. *Health Education Journal*, 80(2), 210-224, DOI: 10.1177/0017896920959364

5 Dahrouge, S., Gauthier, A., Chiocchio, F., Presseau, J., Kendall, C., Lemonde, M., Chomienne, M.H., Perna, A., Toal-Sullivan, D., Devlin, A., Timony, P., & Prud'homme, D. (2019). Access to Resources in the Community through Navigation: Protocol for a Mixed-Methods Feasibility Study. *JMIR Research Protocols*, 8(1), 1-12, doi: 10.2196/11022.

6 Dahrouge, S., Gauthier, A.P., Durand, F., Lemonde, M., Saluja, K., Kendall, C., Premji, K., Presseau, J., Chomienne, M.H., Toal-Sullivan, D.A., Timony, P., Perna, A., & Prud'homme, D. (2022). The Feasibility of a Primary Care Based Navigation Service to Support Access to Health and Social Resources: The Access to Resources in the Community (ARC) Model. *International Journal of Integrated Care*, 22(4), 13, 1-15. doi: <https://doi.org/10.5334/ijic.6500>

7 Saluja, K., & Dahrouge, S. (2024). Guides for facilitating the implementation and evaluation of social prescribing: lessons from the "Access to Resources in the Community" model. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 44(9), 397-400.

8 Dahrouge, S. (2021, May 27). Access to Resources in the Community (ARC). Presented at the OSSU's Policy Round Table Session, Ottawa.

9 Dahrouge, S., et al. (2018), op. cit.

10 de Moissac, D., & Bowen, S. (2019). Impact of language barriers on quality of care and patient safety for official language minority Francophones in Canada. *Journal of Patient Experience*, 6(1), 24-32. <https://doi.org/10.1177/2374373518769008>

11 Reaume, M., Batista, R., Prud'Homme, D. et Tanuseputro, P. (2024). Qualité et sécurité des services de santé offerts en situation linguistique minoritaire en Ontario : investigations des données administratives de santé. *Minorités linguistiques et société*, 22. <https://doi.org/10.7202/1110631ar>

In 2014, funded by a grant from the Canadian Institutes of Health Research Strategy for Patient-Oriented Research (SPOR), the research team undertook a project to improve equitable access to community-based health and social services in Ontario. Informed by evidence and in consultation with a collaborative partnership of key stakeholders (decision-makers, healthcare providers, members from community organizations, health planners, and individuals with lived experience), the research team developed the ARC (Access to Resources in the Community), a social prescribing and navigation model<sup>12</sup>. While different navigation models exist to facilitate access to community-based resources, these models usually target individuals with specific medical conditions or targeted populations, and navigators are often health professionals who assist patients in identifying the appropriate resources and accessing these services.

The ARC Model is embedded in primary care to support patients in accessing the available resources to address their unmet health and social needs. The approach involves a single point of entry for health (nonmedical) and social needs, introduces practice changes to assist primary care providers in engaging their patients in self-care for these needs, and the services of a non-clinical lay navigator to provide support to patients for accessing appropriate community resources<sup>13</sup>.

## Objectives

The aim of the ARC Model is to optimize equitable access to community resources and promote the integration of the primary care and community care sectors.

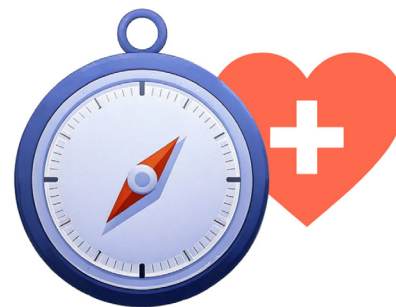
The objectives of the research projects were:

1. Feasibility study: To investigate the feasibility of the ARC Model “across seven focus areas: demand, implementation, adaptation, integration, practicality, acceptability, and potential for efficacy”<sup>14</sup>.
2. Randomized control trial: “To compare the ARC Model navigation services to the existing online navigation services provided by 211 Ontario, a free, multilingual web and telephone information and referral service”<sup>15</sup>.

## Features of the practice

The ARC Model is an innovative approach integrated in primary care practices to reach and support a broad range of patients to access resources that can address their health and social needs, through the help of a lay patient navigator who supports patients by finding local resources in their community. Some essential features of this practice<sup>16</sup> are :

1. Embedded in primary care practices: The process starts when a primary care provider identifies a patient’s need that could be addressed by community resources. Patients are then directed to the Navigator by their primary care practitioner. ARC Navigators support several primary care practices.
2. Lay Patient Navigators with a non-clinical role: The ARC Model used lay patient Navigators who are not health professionals. Navigators were provided with a 25-hour comprehensive evidence-based training, that included online modules and face to face sessions<sup>17</sup>.



<sup>12</sup> Dahrouge, S. et al. (2018; 2019), op cit.

<sup>13</sup> Dahrouge, S. et al. (2022), op. cit.

<sup>14</sup> Dahrouge, S. et al. (2022), op. cit.

<sup>15</sup> Saluja, K., et al. (2024), op. cit.

<sup>16</sup> Some key features were extracted from the scientific articles cited, and Kiran Saluja clarified them during the review process.

<sup>17</sup> Toal-Sullivan, D. et al. (2021), op. cit.

3. A single point of entry for all health (non-medical) and social needs. The model facilitates access of information on a wide range of resources at a single point of entry.
4. Individualized support and trust: The model encouraged the first encounter to be in person. This helped the development of a personal and empathetic relationship<sup>18</sup>.
5. Bilingual language support: The ARC Navigators provide bilingual French and English language support to meet the needs of patients, use an “active offer” approach and ensure that patients have access to services and information easily and comfortably in the language of their choice. This helps break down language barriers and increases inclusivity among patients who speak either English or French as their first official language.
6. Comprehensive resource database: The Navigators can access a comprehensive and current database of community-based health and social resources, such as healthcare services, community support groups, government initiatives, nonprofit organizations, etc. At first, they used their own list, but it became more practical to use the 211 Ontario comprehensive database, that is regularly updated, than to try keeping up to date with their own database.
7. Assessment process: Using standardized tools<sup>19</sup>, a comprehensive assessment is made to identify patient’s needs, barriers, and expectations.
8. Co-develop action plans: The Navigators provide holistic support to patients to set goals. Together with the patient, they co-develop action plans and identify appropriate resources and address patient barriers to access resources.
9. Flexible time frame: “The navigation services were intended to be episodic and were discontinued when the patient had accessed the needed service(s) or no longer wished to receive navigation support to access these services. This was expected to take no more than 3 months, but support was continued beyond that time frame if required.”<sup>20</sup>
10. Collaboration with providers: The model focuses on working closely with primary care providers, to ensure that all the patient’s healthcare needs are addressed. The Navigators provide interim feedback and a final report to the provider on their patient’s progress and access to resources.
11. Cultural sensitivity and competence: The Navigators focus on providing culturally sensitive and competent support that considers a patient’s cultural, linguistic and social background.
12. Education and empowerment: The Navigators provide patient education about existing online and telephone navigation services, the resources available to them, how to get them, and the best practices for navigating the healthcare system. This empowerment would help the patient become more engaged in their care and better equipped for the future.
13. Follow-up and support: The model includes mechanisms to track patient progress, address issues, and adjust care plans as necessary.
14. Data tracking and analysis: The model uses data to track patient outcomes, utilization of resources, and obstacles to access. The data could then be used to improve the navigation services.
15. Community engagement: The model considers working with community organizations and other stakeholders to make sure that the patient has access to a broad range of resources outside of healthcare, including social services and housing, employment, and more.

<sup>18</sup> For examples of this feature, see: Gauthier, A. P., Bourgoin, N., Ndiokubwayo, N., Lemonde, M., Toal-Sullivan, D., Timony, P. E., ... & Dahrouge, S. (2022). Learning from reflective journaling: The experience of navigators in assisting patients access to health and social resources in the community. *International Journal of Health Promotion and Education*, 60(6), 354-364.

<sup>19</sup> For tools see SO toolkit on website. <https://www.arcnavigatorproject.com/>

<sup>20</sup> Dahrouge, S., et al. (2022), op. cit.

## Challenges

One of the most challenging aspects of a social prescribing programme is the cost for the personalized support offered, and the sustainability of the navigation support after the termination of the research project.

The ARC team collaborated with the Community Connection (CC) team, a regional initiative of the 211 Ontario that has been piloting a navigation program in the Collingwood region, Ontario. The two teams have partnered to co-develop, implement, and test a comprehensive navigation model that builds on ARC approaches and leverages the 211 CC's existing resources and technological innovations to support delivery of navigation services<sup>21</sup>.

## Analysis

### Why is this practice considered innovative?

This practice is considered innovative as it differs from other navigation models. First of all, the Navigator is a bilingual layperson with lived experience, and not a healthcare professional. The Navigator is trained specifically in patient-centered communication and navigation service delivery. To ensure equity of access for Francophones in minority context, a module on Language, Health and the Active Offer of French Language Services was integrated in the Navigator's training<sup>22</sup>. Second, the Navigator is integrated into primary care practices and promotes integration of primary and community care. Third, the Navigator supports a broad patient population (as opposed to models that focus on a specific population or illness) and promotes access to resources that address a wide range of needs. Finally, the Navigator helps patients overcome barriers and links them to local and virtual services that promote health and social well-being.

### Emerging, promising or leading: A promising practice

**Quality of evidence:** The feasibility of the ARC Model was evaluated through rapid cycle evaluations including intervention process assessment, patient and primary care provider (PC) survey responses, Navigator log data, and more. The feasibility study included 26 family physicians in 4 practices and included 82 referred patients<sup>23</sup>. The findings of the feasibility study informed a pragmatic randomized controlled trial (RCT) that compared ARC navigation to an existing web and phone navigation service (Ontario 211). The RCT study included over 300 patients randomized to either the ARC group or the 211 group. The study sample included 105 participants identified as Francophones, that is around one third of the total study sample<sup>24</sup>. The RCT study assessed patient and provider experience, access to needed resources, and impact on health services in the two arms<sup>25</sup>.

**Impact:** The Feasibility study showed that the ARC Model was well integrated into the PC practices and was highly valued, especially in non-interprofessional primary care practices. Providers working within an interdisciplinary team including allied health providers professionals generated a lower rate of referrals than those from non-interprofessional practices, potentially because the existing allied health professionals were already fulfilling some navigation functions. Patient satisfaction was 89% and 33 patients (40% of the participants) reported to have accessed one or more resources identified during the process<sup>26</sup>.

The preliminary results of the RCT revealed that patients and providers highly valued ARC's patient centred approach and perceived large benefits from the ARC navigation. Positive answers to a set of

21 Saluja, K. et al. (2024), op. cit.

22 Toal-Sullivan, D. et al. (2021) op. cit.

23 Dahrouge, S. et al. (2022), op. cit.

24 Dahrouge, S. (2021), op. cit.

25 Saluja, K. et al. (2024), op. cit.

26 Dahrouge, S. et al. (2022), op. cit.

five experience questions ranged from 84 to 100% in the ARC group compared to 18 to 93% in the 211 group. The largest difference was for the perceived help to overcome barriers to access services which received positive response from 84% of the participant in ARC group, compared to 18% in the 211 group. A higher proportion of patients in the ARC group accessed at least one resource and the mean number of resources accessed was also higher in the ARC group. The difference between the two groups was even higher for the Francophone patients. Language concordance was also higher with the ARC Navigators than with the 211 service. Thus, ARC was deemed more effective than 211 in providing access to health and social community resources and reducing gaps amongst the disadvantaged population groups<sup>27</sup>. These results are in preparation for publication<sup>28</sup>.

**Applicability:** The feasibility study confirmed that it was possible to integrate a navigation model into primary care practices, without disturbing their usual functioning. The ARC Model was acceptable to PC providers and patients and has demonstrated positive user experience to address unmet health and social needs of complex patients. Providers wanted the ARC programme to be continued after the research phase ended, and costs was a challenge as stated above. A partnership with the Ontario 211 may lead to a sustainable program.

The program created resources and guides<sup>29</sup> that can be readily adapted or integrated with other navigation programmes to inform Navigator training, develop practice recruitment and engagement strategy, navigation processes, and multipronged evaluation plan.

**Transferability:** Various models of navigation have been shown effective to increase access to healthcare for disease specific patient groups<sup>30</sup> or linguistic groups (see fact sheet # 23).

The ARC Model demonstrates the feasibility of a navigation system embedded in primary care practices to help the general population access community resources that will respond to patients' needs related to health, health behaviour, and the social determinants of health. It showed a greater impact for disadvantaged population groups such as Francophones in minority settings. The transferability of the individualized approach of the ARC model will depend on the availability of support to pay for the Navigators and to maintain an up-to-date database of community resources.

27 Dahrouge, S. (2021), op cit.

28 Saluja, K. et al. (2024), op. cit.

29 These tools are described in Saluja, K. et al. (2024). They are available at: <https://www.arcnavigatorproject.com/sp-toolkit>

30 For examples, see:

- McBrien KA, Ivers N, Barnieh L, Bailey JJ, Lorenzetti DL, Nicholas D, et al. (2018) Patient navigators for people with chronic disease: A systematic review. PLoS ONE 13(2): e0191980. <https://doi.org/10.1371/journal.pone.0191980>
- Chen, M., Wu, V. S., Falk, D., Cheatham, C., Cullen, J., & Hoehn, R. (2024). Patient navigation in cancer treatment: a systematic review. *Current oncology reports*, 26(5), 504-537.