Peer Health Navigators to improve equity and access to health care in Australia: Can we build on successes from the COVID-19 pandemic?

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The COVID-19 pandemic has been a profoundly disruptive event, leading to many innovations in health care globally. While the widespread adoption of virtual health care and hybrid working arrangements has been extensively explored, less has been discussed about the unique opportunity the pandemic provided to explore new workforce roles to overcome communication and care access barriers.

COVID-19 has had a disproportionate impact on disadvantaged people and migrant communities globally.[1] During Australia's deadly Delta wave, migrants and refugees experienced a mortality rate up to 80 times higher than people born in Australia.[2] These populations were slower to take up vaccination,[3,4] and more likely to have pre-existing health problems that placed them at disproportionally greater risk of deterioration if they contracted the virus.[5] In addition, they experienced vulnerabilities related to their ability to trust information provided by figures of authority [6] and how to navigate unfamiliar health systems that present cultural and/or linguistic barriers. Migrant and refugee populations are often under-represented in health care delivery and leadership roles within mainstream health services, which can compound the mistrust and estrangement from health care service engagement.

In 2022, the World Health Organisation published a policy brief on patient navigators, a term that encompasses both professional navigators (e.g. nurses) and peer health navigators (a non-professionally trained workforce).[7] The policy brief highlights key progr ams globally where peer health navigators have not only overcome barriers to care for vulnerable and disadvantaged groups but have increased prevention and health promotion initiatives within hard-to-reach communities. The brief also highlights that existing programs vary in terms of context and setting, overall aims, practical implemen tation, the role itself, and skills and training required, and for these reasons, programs may not be easily transferrable across countries.

As authors, we represent academia, community health, and hospital services. We propose a greater focus on the development of, and support for, a peer health navigator workforce in the Australian health and social system context.

The opportunity

Employing peer health navigators as a strategy to improve equity and access for disadvantaged and migrant communities is not new in Australia but, to date, has mostly been delivered in community-based health care.[8–11] However, with the exception of Aboriginal health workers and a small number of peer mental health navigators, these roles have not existed in the hospital system. In community-based health services where they have previously existed, the pandemic provided a platform for wider recognition of their value.

Internationally, peer health navigators have been shown to improve access to care and earlier treatment initiation,[12] increase adherence to

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Box 1: An example of a peer health navigator in practice

Lena is a 72-year-old Lebanese widow who has recently been treated for breast cancer. Lena also has a history of bradycardia (she had a pacemaker inserted when she was 65) and low bone density which resulted in a fall and a fracture two years ago. Lena had her pacemaker inserted at the Northern Hospital, was taken by ambulance to Austin Health following her fall, and received her cancer care at the Olivia Newton John Cancer Centre. Lena has a general practitioner whom she trusts, but she usually has to wait several weeks to get an appointment. Lena feels anxious and overwhelmed about the number of follow-up appointments she has to juggle at different hospitals and about how to navigate her ongoing health needs. Zaina is a trained peer health navigator who speaks Arabic. Zaina becomes Lena's guide, offering emotional support, ensuring she has adequate transport to get to appointments, and even attending some of the appointments with Lena when she is feeling very anxious. Zaina connects Lena with a women's cancer survivorship support group that is held in Arabic. On a recent visit, Zaina realised that Lena was struggling with her housework and showering, so she worked with Lena to fill out the online application for a My Aged Care assessment for a home care package. As a result of their work together, Lena feels more in control of her health and experiences reduced anxiety, improved adherence to her treatment plan, and an enhanced quality of life.

treatment regimens and attendance at initial and follow-up appointments,[13,14] improve referrals and continuity of care,[15] improve health system engagement,[16] and increase rates of vaccination, screening, and diagnostics.[17–19] The roles have been found to reduce emergency department presentations by 23–51 % and hospitalisations by 21–50 %.[20] Studies that have focused on improving access for migrant communities have found that peer health navigators improve adherence to chronic disease care (reducing HbA1c levels between 0.45 and 1.8 %, improving heart health knowledge scores and CVD risk factors up to 44 %), increase cancer screening up to 24 %, and result in significant improvements in waist circumferences, physical exercise and dietary habits.[21] Many of these studies have found that shared experience, culture and language are key contributors to the impact of peer health navigators on health care engagement and improved patient outcomes for migrant communities. While there are limited studies on cost-effectiveness to date, peer health navigators have been shown to result in substantial cost savings (around $17,780 per person provided with care) associated with reductions in emergency department needs and hospitalisations.[22]

Peer health navigators may perform different roles depending on their skills and experience, as well as the needs they are addressing (an example is provided in Box 1). Typically, these may include providing patients and communities with access to trustworthy and reliable information about their conditions to support self-management, providing more holistic patient-centred care that focuses on individual needs rather than just health, identification and resolution of barriers to health care, and linking individuals and communities into health and social services.[23,24] Peer health navigators may work in disease-specific (e.g. cancer, HIV, cardiovascular disease, mental health), setting-specific (e.g. emergency departments, primary health care), or more general navigation roles.[25–29] Integration and cooperation within the health system and employment within health care services have been identified as one of the most important enablers for these roles.[30]

Implementation of peer health navigator roles: Priorities for Australia

Priority 1: Role title and definition

One of the challenges with gaining formal recognition of the value of these roles in improving health care is that there are many different titles for positions that do very similar work and no universal or 'umbrella' definition in Australia or internationally.[31] There are many roles that focus on access barriers, aim to build trust, and act as a conduit between communities and health services with the aim of improving health outcomes. These include (but are not limited to): lived experience workers, community health workers, bicultural workers, peer support workers, peer recovery coaches, peer advocates, community health outreach workers, disability peer workers, care finders and aged care navigators, Aboriginal health workers, palliative care navigators, tele-navigators and patient navigators. All of these roles require individuals with lived experience to leverage their tacit knowledge and skills to foster rapport and build trust between health care services and communities. This lived experience might include personal experience with a health condition or disability, having caring responsibilities for someone with a health condition or physical disability, or coming from a cultural background that provides important perspective, knowledge, and understanding around the cultural and language barriers to accessing health care. There is a need for a shared language and definition within which such different roles can be recognised to foster debate, allow for collective representation to government, and provide a platform for the recognition of role capabilities and competencies, develop career pathways, and address policy gaps for this emerging workforce in Australia. We propose that the umbrella term 'peer health navigators' be used to describe this workforce in Australia.

Priority 2: Identification of skills required and access to training

There are currently several peer health navigator roles in Australia, but the lack of shared capability and competency frameworks means that the workforce is currently unregulated, disconnected, isolated, underresourced, and highly vulnerable to burnout.[32] Operating under inconsistent role definitions does not provide the foundation of a sustainable model and likely diminishes the potential effectiveness of these roles.

In line with the 2022 WHO policy brief,[7] there is a need for an agreed level of capability and competency in the Australian context to develop appropriate training curriculums and vocational programs for these roles, in conjunction with delegation and supervision frameworks. Initially, we propose the development of an Australian capability framework that describes the knowledge and skills required by peer health navigators to work in the Australian context, as well as organisational governance and supervision requirements. Training and delegation requirements identified in the capability framework would provide the basis of a competency framework and a template by which training organisations can develop education packages and employers can clarify role requirements and expectations. This in turn will provide clarification on role boundaries and reduce uncertainties, leading to greater acceptance by both health professionals and the patients we are seeking to support.[33] A recent trial conducted by the Council on the Ageing that utilised peer health navigators to help patients navigate the aged care system demonstrated that there are some risks about maintaining boundaries.[34] Current regulatory alignment reforms across aged care and National Disability Insurance Schemes [35] provide an opportunity to review the role of health navigators across sectors and identify minimum levels of supervision and support required by organisations to employ into these roles.

It is important to note that training exists for some types of peer health navigators, including Aboriginal health workers and mental

health peer workers in Australia,[36,37]; however, these are specific to these workforces. We propose that a more general base qualification at a vocational education training certificate level III would be of benefit to align the learned skills of this workforce with opportunities for specialisation at the certificate IV level to provide career pathways.

Priority 3: Adequate funding

In the Australian context, another key challenge in implementation is the lack of dedicated funding to support these roles. Current hospital case-mix activity-based funding models do not recognise work or activities performed by unqualified peer health navigators; thus, hospitals are not supported to fund such roles. Peer health navigators working in general practice have been found to improve engagement for different cultural groups, but again, there is no funding available to support these roles.[38] Community-based services, including multidisciplinary community health, mental health, and alcohol and drug services have used peer workers in roles including health navigation as part of their models; however, recognition of and funding for these roles has varied over time. When funding is secured either through government or philanthropic grants, it is temporary and for a specific purpose, such as to address community engagement during the pandemic. As a result, peer health navigator roles offer little job security and limited support for the continuity of engagement necessary to build meaningful, trusting, and long-term relationships with communities. With adequate recognition and recognised training models, it may be possible for peer health navigators to be recognised more broadly within the Australian health system. In addition, it may prove beneficial to review current enhanced primary care package arrangements to incorporate peer health navigators to assist patients in general practice settings.

Conclusion

The COVID-19 pandemic highlighted the role that a peer health workforce in Australia can play in improving cultural safety and equity of access to health services. Investing in these roles may lead to improved health outcomes for at-risk and underserved communities.

There is an urgent need for the government to consider establishing sustainable and adequate funding arrangements for these roles in services across the health system. To support this, a collaborative approach must be taken to develop a uniform set of definitions, to standardise competency and capability frameworks, to develop shared tools and resources to expand peer health workforce roles, and to measure the consequences of these roles for improving equitable patient outcomes in the Australian context.

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Ethical approval

As this is an opinion piece that did not include participants in a research study, no ethical approval was required.

Conflicts of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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