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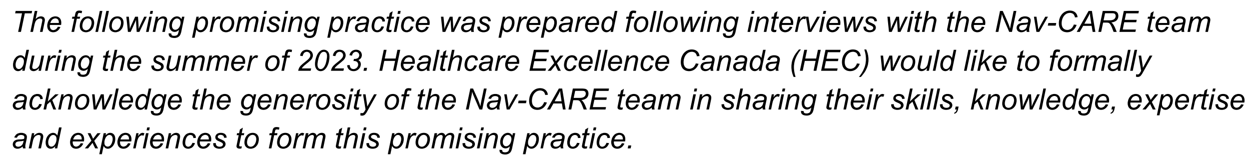
Enabling Aging in Place Promising Practices: Navigation – Connecting, Advocating, Resourcing, Engaging (Nav-CARE)

Nav-CARE
Making Connections, Making a Difference

The University of British Columbia

University of Alberta


The following promising practice was prepared following interviews with the Nav-CARE team during the summer of 2023. Healthcare Excellence Canada (HEC) would like to formally acknowledge the generosity of the Nav-CARE team in sharing their skills, knowledge, expertise and experiences to form this promising practice.

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaborations with patients, essential care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home and supporting pandemic recovery and resilience – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit organization funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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HEC honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today. Learn more

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Model description

The Navigation – Connecting, Advocating, Resourcing, Engaging (Nav-CARE) program is a social innovation where experienced volunteers are trained and mentored to provide quality-of-life navigation for adults experiencing declining health in their homes.

Nav-CARE grew from research by Dr. Barbara Pesut and Dr. Wendy Duggleby, who found that rural older adults living at home were not receiving the support they needed while transitioning between chronic illness and palliative care. Research findings also indicated that few people knew about many resources in rural communities and that communities would rally around these individuals to help with their needs.

The **objective** of Nav-CARE is to support people with declining health via their unmet needs by connecting them with navigators who can help. People with declining health often have unmet needs and experience social isolation, resulting in poor quality of life. Many must make life-changing decisions to accommodate new life realities. Getting around the community can become intensely challenging, and many do not know the services available to assist them.

The **core elements** of Nav-CARE are provided by volunteer navigators who are trained to help with the unmet needs of people with declining health. Volunteer navigators work with clients to enhance their quality of life and independence, and foster community connections by:

- **connecting** clients to formal and informal social and health supports
- **advocating** for clients in meeting their quality-of-life goals
- **resourcing** clients by identifying their needs and negotiating access to resources to meet those needs
- **engaging** with clients in what is most meaningful to them

The types of activities that volunteers support clients with includes:

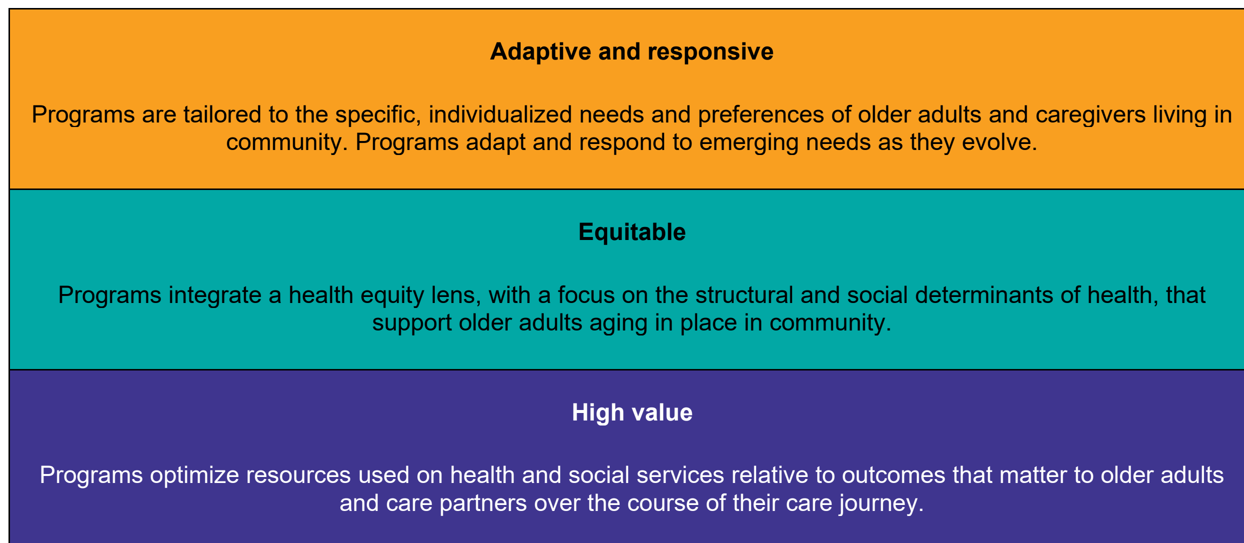
- locating local services and resources to help clients manage declining health
- helping clients get to where they need to go
- engaging clients in hobbies and other interests
- talking clients through important decisions and future plans
- helping relieve feelings of loneliness, isolation and anxiety
- offering one-on-one relationships tailored to client's needs
- booking appointments

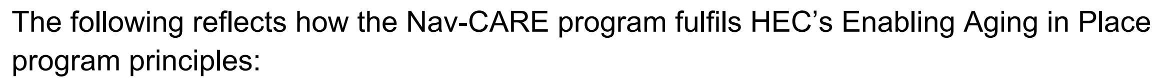
The role of the Nav-CARE volunteer navigator differs from that of a typical healthcare navigator in that they are primarily concerned with improving quality of life and focusing on those practical day-to-day necessities that will improve their life. Nav-CARE volunteers also have more time and resources to meet with clients directly and focus on forming one-on-one relationships.

Nav-CARE is operated out of a community-based host organization, which is most often a hospice society.

Enabling Aging in Place Principles

Person-centredness is a core philosophy of HEC's Enabling Aging in Place program. All the principles must be implemented in a person-centred way and reflect a deep understanding of community assets and needs of older adults and their care partners.





The following reflects how the Nav-CARE program fulfils HEC’s Enabling Aging in Place program principles:

Access to specialized healthcare services – Nav-CARE volunteers offer in-home support for practical day-to-day activities. They help clients engage with hobbies and interests and facilitate access to a wide range of services that allow clients to remain in their homes as long as possible.

Access to social and community support – Nav-CARE volunteers help older adults with declining health to access social and community support. Volunteers develop a relationship with clients that goes beyond what is typically provided. This relationship, in combination with increased access to supports, relieves feelings of loneliness, isolation and anxiety in older adults.

Access to system navigation support – Nav-CARE volunteers identify local services and resources to help older adults manage their declining health. Volunteers book appointments and help clients get to their appointments, and accompany them when needed.

Adaptive and responsive – Nav-CARE volunteers develop one-on-one relationships with clients that are tailored to their needs. Volunteers identify client needs and negotiate access to resources to meet those needs. As volunteers remain linked to clients for extended periods, they adapt their support in response to each client’s changing needs.

Equitable – Nav-CARE is free of charge and inclusive of all community members with declining health who feel they will benefit from the support of a volunteer.

High value – Nav-CARE optimizes resource utilization by using volunteers to support system navigation and facilitate access to the services and resources that matter most to clients.

Funding

Funding to develop, evaluate, sustain and scale Nav-CARE has been provided by the following organizations:

- Health Canada
- Canadian Institutes of Health Research
- Max Bell Foundation
- Canadian Cancer Society
- Canadian Frailty Network | Reseau canadien des soins aux personnes fragilisees
- Vancouver Foundation
- Covenant Health Network of Excellence in Seniors' Health and Wellness
- Peter Wall Institute for Advanced Studies, The University of British Columbia
- Canada Research Chairs Program
- Canadian Hospice Palliative Care Association
- Interior Health Authority
- Pallium Canada
- University of Alberta, Faculty of Nursing

Organizations that implement Nav-CARE raise funds through community fundraising, government grants and other funding opportunities. Host organizations may also absorb the implementation costs into their budgets.

The annual operational costs for Nav-CARE vary based on the host organization's funding. Due to Nav-CARE's reliance on volunteers, it can be largely self-sustained through an organization's pre-existing funding.

Implementation

Assessing needs and assets: Nav-CARE is implemented based on an assessment of community needs as well as a potential host organization's capacity. An implementation guide supports interested organizations through four key questions that help to assess their capacity to implement Nav-CARE.

- Is Nav-CARE a good fit with your organizational strategic plan?
- Do you have capacity to start and sustain a Nav-CARE program?
- Are there persons in your community who need Nav-CARE?
- Can you find a volunteer coordinator to champion the program?

When an organization decides to move forward with Nav-CARE, a memorandum of agreement is signed and provided with the Nav-CARE toolkit, which includes the following:

- Nav-CARE Volunteer Learning Manual and link to the online training, available in

English and French, based on key navigation role competencies.

- Volunteer coordinator toolkit, which includes a volunteer coordinator manual, a community presentation, publicity materials and evaluation tools.
- Education facilitation toolkit, which includes a facilitator's guide, training agenda, training PowerPoints, training case studies, community resource guide template and a client visit form.

The organization uses the toolkit to implement Nav-CARE. Each trained volunteer works with one or two people with declining health in their community to provide long-term navigation support and companionship. The supports provided by the volunteer are tailored to the client's unique needs.

Nav-CARE program team: A Nav-CARE team may differ depending on the existing services and supports offered within the host organization. Generally, a Nav-CARE team consists of:

- **Executive director:**
  - allocates organizational funding to Nav-CARE
  - ensures buy-in from relevant community and organizational stakeholders
- **Volunteer coordinator:**
  - mentors volunteers
  - liaises between the volunteers and the clients
  - performs day-to-day operational tasks
  - supports program promotion and knowledge sharing in the local community
- **Volunteer:**
  - provides support, companionship and resource information to the client
  - liaises with the volunteer coordinator

Target population: Nav-CARE supports people experiencing declining health using an upstream palliative approach to care. The target population for Nav-CARE is broad; there are no specific inclusion or exclusion criteria. When a person feels they need and would benefit from assistance and visits from a volunteer, they are eligible. Older adults who are becoming frail or isolated are the most frequent Nav-CARE clients. However, there is no specific age requirement. The only reason an individual may not be supported by the program is if a suitable volunteer cannot be matched to the client or if the client's needs are complex and extend beyond the capacity of the volunteer.

Enrollment: Volunteers are recruited by the Nav-CARE volunteer coordinator, who operates out of the host organization. To be accepted as a volunteer, an interested person must have general hospice or equivalent volunteer training, participate in an interview to determine suitability for the role, and undergo a criminal record check.

People with advanced chronic illnesses and declining health are identified through health providers, public advertising and word of mouth. People may also be referred to the program through existing programs or services that they are involved with. If a person is interested, they

may contact the volunteer coordinator, who will assess their needs on a case-by-case basis and begin matching the client to a suitable volunteer.

Partnerships: Nav-CARE is partnered directly with many palliative/hospice society organizations across Canada.

Through interviews for this promising practice, it was identified that the future expansion of Nav-CARE could be supported by additional partnerships outside of palliative/hospice care, including the Red Cross, United Way, and the Alzheimer's Society of Canada, as these organizations serve a similar population and could reduce the siloing of health services.

Adaptations over time: The premise of the program has remained stable over time. Nav-CARE is currently being assessed for feasibility and adaptability for First Nations, Inuit or Métis communities and for family caregivers of medically complex children and people with dementia. Capacity building is also taking place, with the development of 15 Nav-CARE hubs in eight provinces and territories to support new host organizations as they implement Nav-CARE.

Nav-CARE is expanding internationally, with program feasibility and implementation in six European countries.

Evaluation and Impact[1]

A 2022 study of the Nav-CARE program found that clients who received support from a Nav-CARE volunteer reported significant improvements in: [2]

- feeling they had someone to turn to
- knowing the services available to help them in their community
- being involved in things that were important to them
- having confidence in taking care of their illness

Improvements in clients' quality of life under the domains **Connecting, Advocating, Resourcing,** and **Engaging** were also reported through interviews with clients and volunteers.

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[1] The evaluation and impact information shared reflects information available at the time of writing this promising practice. HEC would like to acknowledge that evaluation activities are an ongoing process for many promising practices and the type of data collected is influenced by program goals, the length of time the program has been implemented, and the level of resources available to support evaluation.

[2] Pesut, B., et al. Scaling out a palliative compassionate community innovation: Nav-CARE. Palliative Care & Social Practice, 2022: 16: 1–19.

Connecting
"I just find her such a caring person. I don't know how to explain it better than that. She makes me feel better just being around. It is nice to talk to someone about current events or just about silly things that have happened to us. She's become a friend."

Advocating
"I chose to have a navigator for one reason really I needed an advocate and I'd used a friend and it was too much. My friend works very hard and has children and so it was too much for her. I needed to find someone who could advocate on my behalf."

Resourcing
"I have learned to deal with some things and to accept more help. She connected me to a program in the community that now comes out to help me with cleaning. She also helped me to find low-income housing. I didn't even know such places existed."

Engaging
"She helps me out with my goals for the week. She gets my appointments and gets me involved in exercise programs. She tries to connect me to the community."

Keys to success

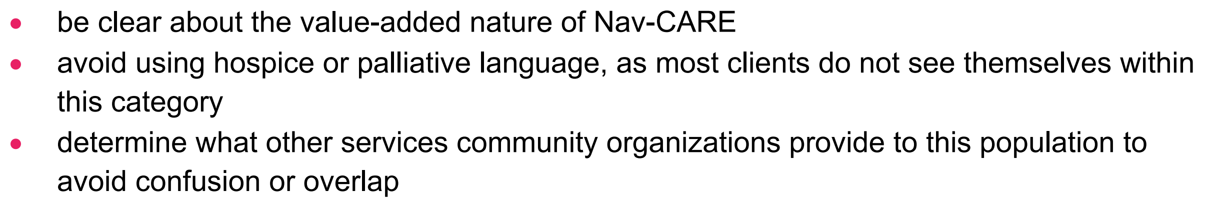
Established organizations: The successful implementation of Nav-CARE is supported when host organizations are well integrated into their communities, have a funding model with some leeway for new and innovative programs, and have an existing pool of volunteers.

Stakeholder commitment: The commitment of key stakeholders within an organization is a key implementation enabler. This includes having:

- a Nav-CARE champion with sufficient dedicated time to establish the Nav-CARE program
- stable senior leadership to ensure Nav-CARE remains prioritized during the implementation period

Key challenges

Targeted client population: Although the hospice sector has a strong contingent of volunteers, it is a challenge to connect volunteers with clients in the early stages of declining health. Connecting volunteers early can really help them live to the fullest for the time they have left. To reach clients, messaging should:



- be clear about the value-added nature of Nav-CARE
- avoid using hospice or palliative language, as most clients do not see themselves within this category
- determine what other services community organizations provide to this population to avoid confusion or overlap