**How to Fund Family Peer Navigators and Why Would It Be Important**

What is a Family Peer Navigator and how might they benefit a clinic, pediatric office, or hospital? Family Peer Navigators can, and often do, fulfill the role of a Community Resource Coordinator or Social Work supports. In every state there is a Health Resources and Services Administration (HRSA) based program, Family to Family Health Information Center, and they often provide statewide peer-based supports for families who are caregivers of a child with a chronic medical condition and/or an identified or suspected disability. It has been documented that peer-based supports help promote greater sufficiency of family caregivers and the resiliency of the whole family. Having a Peer Family Navigator within a practice brings a combination of the lived experience with the knowledge of navigating the medical and community-based services. This can relieve medical staff from having to pull together a list of places for a family to take home and call, and the families feeling overwhelmed. In practices that employ peer-based supports the navigators have the time to talk through resources and supports with families, help them with follow through, and connect them with community supports and services. In a hospital discharge process, a Family Peer Navigator would be a community-based resource hub for families, a bridge in understanding next steps and follow up, a check in beyond the first week past discharge, a liaison between the family and the hospital, and a connection for a family to community and peer-based natural supports. How is that different from a Social Worker? Families living the trauma of caring for a child with medical complexity, whether after an initial diagnosis or being farther along in their journey, often feel safer communicating and working with a peer. They feel understood and a sense of “If they can do it maybe I can too” and “they understand where I am coming from and what’s happening with my family now”. This sense of shared experiences can make it easier for a family to make recommended shifts or changes and to feel confident enough to reach out, ask for help, and express what they feel is important for their child and family.

There are areas of research that show the effectiveness of navigator support in the long-term wellness of complex patients. This can be seen in the paper:

Navigation; delivery models and roles of navigators in primary care: a scoping literature review

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Abstract

Background: Systems navigation provided by individuals or teams is emerging as a strategy to reduce barriers to

care. Complex clients with health and social support needs in primary care experience fragmentation and gaps in

service delivery. There is great diversity in the design of navigation and a lack of consensus on navigation roles and

models in primary care.

Methods: We conducted a scoping literature review following established methods to explore the existing

evidence on system navigation in primary care. To be included, studies had to be published in English between

1990 and 2013, and include a navigator or navigation process in a primary care setting that involves the

community- based social services beyond the health care system.

Results: We included 34 papers in our review, most of which were descriptive papers, and the majority originated

in the US. Most of the studies involved studies of individual navigators (lay person or nurse) and were developed to

meet the needs of specific patient populations. We make an important contribution to the literature by

highlighting navigation models that address both health and social service navigation. The emergence and

development of system navigation signals an important shift in the recognition that health care and social care are

inextricably linked especially to address the social determinants of health.

Conclusions: There is a high degree of variance in the literature, but descriptive studies can inform further

innovation and development of navigation interventions in primary care.

Keywords: System navigation, Patient navigation, Navigator, Primary health care, Scoping literature review,

Models of care, Community health, Social services

In this compilation it identifies some key areas where navigators are effective in providing necessary supporting extended care needs.

*“Health Systems Issues* were addressed by navigators in 13 papers. Navigators assist with fragmentation of health and social health care system through various methods, including communication [10–12, 14], access to care [10, 13, 14], navigating the system and services [13, 15, 16], health insurance [12, 33, 36], inappropriate care delivery [33, 37, 38], clients without permanent providers [10], and the need for better transitions [39]. In eight papers, *Disease Specific Is- sues* were addressed. Examples include mental illness [11, 14, 16, 37, 40], substance abuse [14, 40], cancer [14, 33], chronic disease [41] and comorbidities [12]. Navigators ad- dress issues related to *the social determinants of health* and these were identified in eight papers including housing concerns [14, 36, 42], food insecurity [8, 14, 40], legal issues

[36, 40], employment issues [36, 37], financial difficulties

[12, 40], racism [40], and lack of social support [12]. *Patient Related Issues* included lack of basic needs [40], patient fears and beliefs [12], self-management [11], adherence

[36], and appointment compliance [11].”

Another source of information around the impact of peer navigators, although not necessarily in a medical setting is; ["Family Navigator Model: A Practice Guide for Schools"](http://cars-rp.org/_MHTTC/docs/PS-MHTTC-Family-Navigator-Model.pdf) . Although the primary focus is peer navigation for families who face access barriers in the education system the navigation support premises correlate well across systems and these families are often families of children with medical complexities. If after going through this material using peer navigation seems like something that would be of benefit there here are some organizations who are already doing some of the work, pay scales based on Community Health Workers, and some strategies for incorporating family peer navigators into practices

One source of Family Peer Navigators can come from both the Family-to-Family Health Information Centers and the Parent-to-Parent networks in your state. These programs have trained parent leaders for over a decade in supporting families with complex needs. Contracting with these well-established organizations can fast-track developing peer family navigation support of well-trained, knowledgeable Family Peer Navigators in the clinic and/or hospital setting. These programs have often been a hidden cohort of community health workers (CHW) for the highest need and most complex children and young adults in the medical and social systems and have built strong networks and connections with minimal funding. Many of the specialty clinics, hospitals, pediatricians, and providers in communities across the country aren’t aware of these programs or have no idea what they do for families. Outside of contracting with these programs around the training and management of Family Peer Navigators, the family peer navigation program can also be funded through clinics themselves. A funding scale for CHW’s is shown below and is a comparative chart from the Department of Labor that shows pay scales based on various state economic levels.

* U.S. Department of Labor (5/2021): [Community Health Workers (bls.gov)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes211094.htm&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467573364729%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=AzG3Kp7OwQLkJ59rdwFLRrRvHHjk8TrGrl4WrOHw4EU%3D&reserved=0)
* State Labor:

States with the highest employment level in Community Health Workers:

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| --- | --- | --- | --- | --- | --- |
| **State** | **Employment**[**(1)**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes211094.htm%23(1)&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467573364729%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=gCd2GMwhsSmc5NMNFNOCBIaoT0k4ZVheag4NCCRNSow%3D&reserved=0) | **Employment per thousand jobs** | **Location quotient**[**(9)**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes211094.htm%23(9)&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467576019932%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=X7hlsWALUCb%2Bw619IN0o6oGbaOb3ncWf3jxbizjzKww%3D&reserved=0) | **Hourly mean wage** | **Annual mean wage**[**(2)**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes211094.htm%23(2)&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467576019932%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=j2sXHM0albxxCXinMWV5M%2BsUXVR6%2BW1ROKJtgg3yvbo%3D&reserved=0) |
| [New York](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes_ny.htm&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467576019932%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=k%2BOI0unnhlme9qr4Kokl2I4zW%2BTNZNKX3L%2FlJ3xlLbA%3D&reserved=0) | 7,750 | 0.89 | 2.07 | $ 24.21 | $ 50,350 |
| [California](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes_ca.htm&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467576019932%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=qRGIokeHboNP8h%2F5bO7KJYOOUCmir80FE2Vk0CkcwXY%3D&reserved=0) | 6,740 | 0.41 | 0.94 | $ 25.93 | $ 53,930 |
| [Texas](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes_tx.htm&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467576019932%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=w9HKjJX3BDr93SLdD1gpG9SPouoJEO5EKc8cIvx9Y8c%3D&reserved=0) | 4,690 | 0.38 | 0.89 | $ 20.34 | $ 42,300 |
| [Washington](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes_wa.htm&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467576019932%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=AuAGdJqyyTriRGaUdwkLiIXgt%2FH8c0J9L5o0uRtMVZs%3D&reserved=0) | 2,860 | 0.89 | 2.06 | $ 23.14 | $ 48,130 |
| [Ohio](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Foes%2Fcurrent%2Foes_oh.htm&data=05%7C01%7Cnikki.dyer%40doh.wa.gov%7C680fe3f6f03147607cf808da69a80342%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637938467576019932%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=PlDD1fOwExEHqm3GYzXvnGPJ6%2F8eI1qzW82Mkhlowo4%3D&reserved=0) | 2,300 | 0.44 | 1.02 | $ 19.83 | $ 41,240 |

With the workforce shortage in our health system putting a strain on even the routine care of patients, this is truly an untapped resource to support gaps in family support. There have been models in Rhode Island and other states where community clinics and hospitals created a pool of funding for shared family navigators that would rotate through facilities weekly. This model spread cost and allowed support to be shared across sectors within these communities. Other models have worked within specific communities around recruiting peer parent mentors into their CHW programs to provide a cultural lens on clinic practices and peer-based navigation for families.

Hopefully this paper can inform and show some practical reasons why it makes sense to add a Family Peer Navigator to a clinics staff of Social Workers and medical CHW’s. Family peer navigation can free up staff who provide after-clinic check-in’s by making sure a family understands next steps, who tertiary providers are, and why things like therapies, Early Intervention, and/or Special Education supports are important to a child and family’s quality of life. A Family Peer Navigator is trained to listen and provide a family or transitioning young adult with options and guidance on processes so that they have a clear understanding of care. They can provide an extended walk-along for patients requiring more complex care.