

# Patient Navigators in Home Health: Enhancing Community Engagement, Rehabilitation and Addressing Social Determinants of Health in Older Adults

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## Abstract

Social isolation and limited community engagement are critical challenges faced by home-bound older adults, resulting in decline in functional mobility, nutrition, and decreased access to care. This commentary highlights the potential role of trained patient navigators in the home health setting to address these social determinants of health. In particular, patient navigators can strengthen access to rehabilitation services such as physiotherapy (PT) and occupational therapy (OT), ensuring timely initiation, adherence, and continuity of care. Patient navigators can help bridge critical service gaps and enhance overall well-being in aging populations by assessing patient's physical, mental, and social needs and connecting them to healthcare, rehabilitation and community resources.

**Keywords:** home health, navigators, community, social determinants

## Impact of Isolation and Disconnection

Social isolation can lead to the feelings of loneliness and depression which can affect motivation to participate in exercise, mood, appetite and overall well-being.

An individual's health is affected by the social and environmental conditions in which they live, work and breathe. People are increasingly feeling lonely especially after Covid-19 pandemic<sup>1</sup>. Lack of motivation can result in decreased physical activity and weakness. Over-time, this can lead to gait instabilities, poor posture, decreased endurance and falls<sup>2</sup>.

Community engagement is a critical social determinant of health. It refers to active participation

and integration of organizations, individuals and communities with the sole purpose of improving the well-being and health of society as a whole.

One of the benefits of living in a community is that it boosts mental acuity. Interactions with individuals and connecting socially for participation in activities can stimulate cognitive abilities. Home-bound patients who do not have access to these engagements become susceptible to cognitive impairments. They can have difficulty in making decisions ultimately affecting their ability to perform tasks independently.

Nutrition is another area of concern for the home-bound. Consuming packaged and processed foods is a precursor to chronic debilitating medical conditions. In a study published by Cambridge University Press, dietary specific social groups

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had positive impact on healthy eating habits of community dwelling middle and older aged individuals<sup>3</sup>. Home-bound patients who have limited or no access to community-based transportation or healthcare services can suffer from delayed treatments or unmanaged medical conditions only worsening their functional limitations.

For the home-bound older adults, lack of community engagement can cause social isolation, functional decline and reduced or delayed access to care negatively affecting their quality of life. Trained patient navigators can fill the gap by assessing financial, social and physical needs of such patients and connecting them to community and healthcare resources. For rehabilitation professionals, these factors compound to increase fall risk, deconditioning, and decline in activities of daily living (ADLs), highlighting the need for navigators to ensure timely referral to physiotherapy and occupational therapy services.

### **History of Patient Navigation**

Dr. Harold Freeman established the concept of patient navigation in 1990 at Harlem Hospital after the American Cancer Society conducted national hearings about barriers that low-income cancer patients faced when accessing timely medical care<sup>4</sup>. Dr. Freeman's program addressed financial barriers and access challenges and health system literacy problems to achieve better patient results and survival statistics. Currently, patient navigators provide their services not only for cancer care, but also for chronic disease management, transitional care and community-based healthcare delivery to reduce health disparities in various population groups<sup>5</sup>.

### **Patient Navigator Models**

The healthcare system implements multiple patient navigation models which addresses different healthcare needs. Traditional models use trained community health workers as lay navigators to connect patients with healthcare services while building trust and improving accessibility for marginalized populations<sup>6</sup>. Professional navigator

models utilize nurses and social workers to provide clinical guidance and care coordination services for patients with complex medical or psychosocial requirements<sup>7</sup>.

The hybrid and matrix models use both lay and professional navigators at different points in the care process to achieve maximum benefits from community outreach and high-acuity case management through multidisciplinary teams that receive cross-training to help patients obtain education and prevention services and treatment and support services<sup>8</sup>. The combination of technological advancements has led to the development of AI-assisted navigation systems which automate intake procedures and triage functions and follow-up processes while providing personalized support to decrease staff burnout in high-demand or resource-constrained settings<sup>9</sup>. The evolving engagement models enhance patient-centered care through better access and care coordination and higher satisfaction and improved health outcomes for different population groups.

Rehabilitation-oriented navigation models are beginning to emerge, where navigators coordinate PT and OT referrals, track functional progress, and support adherence to exercise programs post-discharge.

### **Patient Navigators in Rehabilitation: Linking Physiotherapy and Occupational Therapy**

Older adults need rehabilitation through physiotherapy and occupational therapy to preserve their independence and functional abilities. Patient navigators can serve as essential figures who help older adults access rehabilitation services and maintain proper adherence to their treatment plans.

Patient navigators can assist patients start their rehabilitation process on time while maintaining continuous care through scheduling appointments with physiotherapists and occupational therapists. The navigators can explain the importance of rehabilitation services to patients and their caregivers while assisting them in developing recovery targets that both parties find important<sup>10</sup>. They can evaluate

physical disabilities and home safety conditions and social barriers to provide assistance with medical equipment and transportation services and home improvement needs. The patient navigators can connect patients to home-based therapy services after hospitalization by ensuring a smooth transition and fighting for post-discharge rehabilitation support.

The medical field now acknowledges occupational therapists as expert patient navigators who perform functional assessments and deliver education to patients and their families while fighting for fair treatment<sup>11</sup>. The implementation of patient navigation services within rehabilitation programs leads to better patient participation rates while decreasing abandonment rates and enabling patients to recover their mobility and independence and self-care abilities. This creates a bridge between acute hospital care, home health rehabilitation, and community-based wellness programs. Patient navigators link older adults to medical care and rehabilitation professionals which enhances their chances of complete recovery through physical and cognitive and psychosocial restoration while providing comprehensive home-based care.

### **Training Pathways and Cost**

Patient navigator training programs now follow structured competency-based models which serve both community health workers and licensed professionals. The core training programs teach essential competencies which include healthcare system navigation alongside communication skills and motivational interviewing and ethical practices. Future training modules can include functional assessment and rehabilitation care pathways and PT/OT interventions to enhance navigators' ability to support rehabilitation adherence.

Training delivery methods span from brief courses to extensive blended programs and their expenses depend on accessible resources. The training programs in high-income nations such as USA require official certification but low- and

middle-income countries deliver practical cost-effective methods which match their healthcare requirements. For India and similar contexts, scalable and affordable training modules that integrate rehabilitation awareness would be crucial, as they can equip navigators to connect patients with physiotherapy and occupational therapy services, community-based fall prevention programs, and assistive technology support.

### **Navigators in Low-Resource Settings**

Patient navigation implementation in low-resource settings demands customized approaches that match local conditions and available resources and address the specific requirements of marginalized communities<sup>12</sup>. In rehabilitation, this often includes limited access to PT/OT clinics, lack of adaptive equipment, or absence of structured fall-prevention programs. Navigators can help bridge these gaps by connecting patients to locally available rehab resources or low-cost community programs.

Recent case studies show these strategies being used in various settings. A rural district hospital in Nepal used patient navigation by employing local community members and creating visual navigation cues and making navigators an integral part of the care team's management and communication systems<sup>13</sup>. The approach enhanced patient satisfaction and strengthened marginalized patients while remaining practical for areas with limited health literacy and infrastructure. On another front, a United States hospital program trained bilingual lay navigators to assist underserved populations with post-emergency department follow-up through regular telephone communication and tailored appointment reminders and strong community resource linkage. The results showed better patient-provider communication and improved care adherence<sup>14</sup>. Another international scoping review demonstrated that community-sourced navigators enhanced healthcare access because they shared geographic and cultural ties with their service population while showing that navigator selection transparency and community

alignment remain essential for success in low-income and under-resourced settings<sup>15</sup>.

### **Challenges and Barriers**

Despite their promise, patient navigation programs encounter multiple ongoing barriers which affect their operational success and long-term maintenance. The main challenge for navigation initiatives stems from unstable grant funding because they lack sustainable reimbursement systems which makes their financial stability uncertain<sup>16</sup>. The financial constraints directly impact the ability to maintain ongoing programs and deliver trained staff and high-quality services.

Another obstacle to success includes unclear roles and inconsistent standards because different organizations implement various responsibilities and protocols for their navigators. The inconsistent approaches between organizations create difficulties in team coordination and healthcare team integration and make it challenging to assess and replicate successful programs across different scales<sup>17</sup>. Burnout and workload challenges is yet another challenge that result in exhaustion among navigators and decreased job satisfaction and potential staff departures<sup>18</sup>.

From a rehabilitation perspective, barriers include limited insurance to no coverage for PT/OT, transportation challenges to outpatient clinics, and lack of awareness among patients about the importance of ongoing rehab. Navigators could address these gaps by advocating for coverage, coordinating transportation, and reinforcing the role of PT/OT in recovery.

Unreliable internet connections, inconsistent electronic health record usage and limited digital device availability particularly in rural and low-resource settings where patient and healthcare provider access are difficult make communication difficult and stressful. Collectively, these obstacles demonstrate why patient navigation requires structural investments together with standardized professional standards and supportive systems to improve patient care.

### **The Case for Patient Navigators in home health**

Currently, patient navigators have been playing a vital role in cancer care, ambulatory care and other transitional care settings<sup>19</sup>. They are vital for timely access to healthcare services from diagnosis to completion of care. I believe trained patient navigators for community dwelling elderly and home-bound patients can be pivotal in addressing the health outcomes. They would be trained professionals who are able to navigate the complex healthcare settings and bridge the gap between home-bound patients and the appropriate medical care.

They would assist the community members by assessing their specific health and rehabilitation needs including the social, mental and physical factors affecting them and their health conditions. They would also assess their financial and employment status and ability to afford health insurance and healthy meals. Based on this assessment, they would provide referral to the available healthcare resources, physiotherapy and occupational therapy, support groups, food banks, local healthcare communities, preventive measures and lifestyle changes. Trained patient navigators would have wealth of information to connect individuals with clinics, hospital providers and specialists. Additionally, they can refer patients for financial assistance, social services, housing resources and specific organizations that address the most basic needs and social determinants of health such as food, water, sanitation, pest control, transportation and housing.

### **Conclusion**

Patient navigators would be involved with the individual from admission until their discharge from services. They would be able to advocate on behalf of their patients to receive timely care which includes setting up medical appointments, ensuring appropriate mode of transportation and assisting patients with insurance or financial issues. Their role bridges the gap between physical therapy, community services, and healthcare systems. When integrated into rehabilitation care, navigators can support PT

and OT referrals, reduce abandonment of therapy, and ultimately preserve mobility, independence, and quality of life for older adults.

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