

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: A novel peer support model of care for young adults presenting to the emergency department

Authors: Christine Bradshaw, MSW, RSW; Sydney Vogel; Bella Shulman; and Jordyn Ethier.

Abstract:

Introduction: Responding to an increase in the number of young adults accessing the emergency department (ED) for mental health and substance use, we implemented the RBC Pathway to Peers (P2P) program, an innovative and trauma informed approach to care for young adult patients. The objective is to describe peer support and its ability to aid in healthcare navigation, identify what is needed to develop and implement a young adult peer support program in acute care setting, and describe the patient population using the P2P program and ED staff perception of the program.

Design: We conducted a chart review of young adults (16-29 years) who used P2P services between May 2020-Dec 2022. We also invited ED staff (physicians, nurses, physician assistants and nurse practitioners) to complete an online survey containing 19 questions regarding their perceptions and experience working with the ED peer supporters.

Results: In just over two years, more than 4500 patients used P2P peer support services. 87.7% of patients were between 20-29 years of age, 67.4% identified as female. Of the 80 ED staff who completed the survey, 95.0% knew of P2P program and how to access P2P, and 97.5% said the program helped to reduce stigma facing young adults presenting with mental health and substance use. ED staff said presence of P2P reduced the need for behavioural intervention (sedation, restraints), positively affected interactions with patients, decreased patient length of stay, and that peer supporters complement existing services provided in the ED.

Conclusions: This novel peer support model of care for young adults presenting to the ED with mental health and substance use has been successfully implemented. Future work will determine if the P2P program improves patient health outcomes for this at-risk population.

Title: Youth-friendliness of a mental health and addictions navigation service: Client perspectives

Authors: Deewa Anwarzi, BA; Anthony Levitt, MD, FRCPC; Sugy Kodeeswaran, MHSc; and Roula Markoulakis, PhD.

Abstract:

**Introduction:** Mental health and Addiction (MHA) concerns have a significant impact on Canadian youth. MHA navigation services such as the Family Navigation Project (FNP) provide expert support to address the gap in MHA service utilization for youth. FNP works with youth and their families to understand their MHA goals and support them to find, access, and transition through appropriate services. Over the last year, FNP has worked to increase youth engagement through a co-developed Youth Engagement Strategy, which includes initiatives such as launching a Youth Advisory Council (YAC), introducing youth focused trainings for staff, and implementing a Youth Peer Support position. Throughout the development of the Youth Engagement Strategy, FNP learned that youth-friendliness is essential for youth to be able to best engage. This study aims to explore former youth and caregiver client perspectives of youth-friendliness and satisfaction with FNP.

**Design:** This study will use a mixed methods approach to address research aims. To garner in-depth insights, we plan to collect interview and survey data from 16-20 former youth and caregiver clients. The survey includes 13 multiple choice questions, and the semi-structured interview is guided by 12 questions. The study will be administered entirely online, via the Zoom application. We anticipate data collection will be complete by the end of March and will present preliminary findings.

**Results:** Quantitative data will be analyzed using descriptive statistics, t-tests, and ANOVAs. Qualitative data will be analyzed using thematic analysis. Youth and Caregiver advisors from FNP's two advisory councils will be invited to review emerging themes and provide feedback on qualitative data analysis. Data will be merged to explore concordance, discordance, and complementary mixed-methods findings.

**Conclusion:** Findings from this study will inform FNP and other MHA and navigation organizations about the impact of YE on clients' experiences. It will also elucidate the role that youth-friendliness in navigation for youth as well as caregivers.

Title: Health Navigation Services Provided by Novus Health

Authors: Inga Graves, BA; Fleurette Sambira, MPH; and Ines Puentes, INF./RN., MSc.

Abstract:

**Introduction:** This is a case study of our findings, from the perspective of a private sector health navigation provider. At Novus Health, we help insured members navigate the health care system and to find timely and appropriate resources. Our health navigators are trained to perform thorough needs evaluations, do the appropriate research to reduce their wait times for health care, and provide information that empowers members to understand their options and make informed health decisions.

**Design:** Members have access to the Health Navigation Platform, a digital hub where they can find curated information and resources that target modifiable health and wellness risks. This includes our Health Risk Assessment, an in-depth questionnaire that targets behavioural change and generates organizational insights. Through our Stay Healthy at Work™ program members have timely access to coaching and multidisciplinary care coordination to help build resilience, as well as prevent and limit disability. Our Medical Second Opinion program provides medical expertise to support members with a critical illness or life-threatening condition.

**Results:** Novus Health programs can: Improve employee health outcomes - 91% had improved health outcomes after the Stay Healthy at Work™ coaching program; Increase accessibility to health care - over 90% of members looking for mental health professionals found an appointment within 1-4 weeks, as opposed to several months; Reduce wait times for consultations and diagnostics by up to 6 months; Decrease absenteeism and presenteeism; The Stay Healthy at Work™ coaching program targets common sources of health-related workplace absence, with 95% of participants avoiding disability leave; Increase engagement to promote behavior changes - online portal utilization rates of 25% with peaks of 40%.

**Conclusion:** Equipping individuals with a health navigation program allows them to make better informed and autonomous health decisions, for overall cost reductions and positive health outcomes. There are ample opportunities for public-private partnerships to allow greater impact for Canadians navigating the health care system. We look forward to exploring this topic together.

Title: Transition Readiness in youth receiving concurrent mental health and physical health services

Authors: Julia Davies, RN, MN, PhD Candidate; Katherine Sainsbury, RN MPA; Soha Salman, BSc; Sarah Brennenstuhl PhD; and Kristin Cleverley, RN PhD.

Abstract:

**Introduction:** Many factors may impact the transition experience of youth navigation from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS), including the presence of concurrent physical health care needs. While physical and mental health conditions often co-occur, little is known about physical health conditions among youth receiving mental health services, nor about the impact of these on youths' readiness to transition from CAMHS and successfully navigate AMHS.

The objective of this study is to understand, in transition age youth receiving CAMHS, the prevalence and types of self-reported physical health conditions, and the relationship between co-occurring physical health conditions and readiness to transition to AMHS.

**Design:** This study is a secondary analysis of baseline data from the Longitudinal Youth in Transition Study (LYITS), a prospective cohort study following youth (aged 16-18) across four annual timepoints as they transition out of CAMHS. Participants at baseline (n=237) completed self-report measures on mental health symptoms, health conditions, healthcare use, and a measure of transition readiness (the Transition Readiness Assessment Questionnaire).

**Results:** Of the sample, 41% reported a physical condition for which they were currently receiving healthcare. This group had higher scores on overall transition readiness than those only receiving mental health care. This presentation will highlight differences in scores on sub-domains of transition readiness such as medication management, tracking health issues, and appointment-keeping, and how mental health symptom severity interacts with comorbid physical health conditions to predict transition readiness.

**Conclusion:** This study demonstrates different transition readiness levels between youth in CAMHS who are receiving concurrent physical health services, and those who are not. These differences may be important to consider in the context of navigation support and planning personalized transition interventions for youth with co-occurring physical health conditions, such as opportunities to practice specific self-management skills.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Navigating Health Care for the Community of Couchiching

Authors: Lacey Embacher, BBAM, RPN; and Sandy Dupuis, RN, BScN.

Abstract:

**Introduction:** Like many Cohort One Ontario Health Teams (OHTs), the Couchiching Ontario Health Team (COHT) has embarked on the initiative of creating a healthcare Navigation solution to meet the ever-growing needs of our community. Our design aims to provide our target populations (Seniors, Palliative and Mental Health and Addictions) with healthcare guidance and “warm transitions” to enhance the coordination and integration of existing services.

**Design:** After an initial Navigation Service inventory was completed, it was evident the local 211 Call Centre had a vast array of navigation services in place and their call-system was well equipped to provide “live” support 24 hours a day. With this knowledge, we have partnered with 211 in order to integrate the navigation of community and social service needs with more specific healthcare needs.

**Results:** To achieve this goal, a System Navigation Team Lead was seconded as a clinical resource from the Couchiching Family Health Team (CFHT), an anchor partner with the COHT. Part of this work includes a COHT System Navigation Community of Practice; consisting of local health navigators from diverse organizations, sharing navigation resources.

The COHT also designed a 1-800 number (for equitable access), hosted by Community Connections – 211, to provide 24/7 support to the community. The phone will be answered directly at the CHFT during the day, and by agents of Community Connections during evenings, weekends and holidays. Utilizing the 211 call-system provides consistency for callers, and streamlined data collection to identify service gaps both in health and social services.

**Conclusion:** We anticipate this delivery will provide a much-needed connection between health and social service navigation, offer the community simplified access to resources, identify gaps in service and decrease the number of times a client needs to tell their story by offering warm transfers.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Optimizing Diagnosis in Canadian Cancer Care and the Importance of Patient Navigation

Authors: Leah Stephenson, MA; Kathy Barnard, ECCE; Louise Binder, BA Hon, LLB; Alexandra Chambers, MA; Martine Elias, MSc; Fred Horne, MBA; Rachael Manion, BSc Hon, JD; Josée Pelletier, BA; Jennifer Rayner, PhD; Amy Rosvold, BA; Tina Sahay, MA; Antonella Scali, MSW; Michael Smylie, MBChB, FRCPC; Rebecca Turner, MSW; Eva Villalba, MBA, MSc; Suzanne Wait, PhD; and Sophie Wertheimer, PhD.

Abstract:

**Introduction:** All.Can is an international non-profit working to improve cancer care's efficiency. In 2018, a Canadian initiative was established. All.Can Canada (ACC) consulted and gained consensus from multi-stakeholder representatives across the oncology ecosystem, including patient groups, on which oncology priorities to focus. Based on this, ACC undertook research to understand the barriers, inefficiencies, and opportunities in cancer diagnoses in Canada, with the aim to ensure swift, accurate, and appropriately delivered diagnoses throughout the country.

**Design:** An independent researcher conducted a structured literature review; 30 qualitative interviews with cancer survivors across Canada; and a survey of healthcare providers to understand the diagnosis landscape in Canada. ACC's multi-stakeholder, patient-led Interim Steering Committee oversaw the research methodology, implementation, and interpretation of findings. Findings and recommendations were published in a report and are being shared with leading cancer, primary care, and health policy stakeholders across Canada.

**Results:** Research identified three phases of the diagnosis process, spanning from the point a symptomatic person first tries to interact with a healthcare provider to the time a confirmed diagnosis is made. Seven outcomes were identified as critical to the quality of people's experience of diagnosis across these phases: 1) swiftness of the diagnosis process; 2) validation of their concerns by their primary care providers; 3) excellent patient-provider communication; 4) effective provider-provider communication; 5) better quality and appropriateness of information based on the diagnostic phase; 6) fully integrated psychosocial support; and 7) coordinated and managed care. Patient navigation was identified as an important practice that improves a number of these outcomes. Numerous navigation best practice examples were identified.

**Conclusion:** Recommendations included ensuring seamless care through navigation and team-based care; enhancing primary care knowledge and supports; providing appropriate patient information throughout the process; enabling communication between providers and with patients; providing psychosocial supports; and establishing quality and performance frameworks.

Title: The Navigation Process to Virtual Peer Support Programs for Stroke Survivors and Caregivers

Authors: Lindsay Scriven, BA, BEd; and Chengkun Xu, MA.

Abstract:

**Introduction:** The objectives were to investigate the navigation process from hospital, to home, and to community, and highlight the importance of fostering a collaborative approach with community partners; to outline the process of how After Stroke Coordinators at March of Dimes Canada support clients and help to navigate the appropriate peer support programs based on their individual goals; and to provide a brief overview of the virtual peer support programs we offer and highlight evidence informed information on the benefits of peer support for both stroke survivors and their caregivers.

**Design:** The After Stroke Program at March of Dimes Canada fosters a collaborative approach with hospitals and community partners to provide support and navigation through the continuum of a stroke survivor's recovery journey. This support begins in the hospital and continues with the stroke survivor's transition to home, and into the community. Emotional support continues to be identified as a common and reoccurring need category amongst stroke survivors and caregivers Canada Wide. In this poster presentation, we will highlight the benefits of virtual peer support for both stroke survivors and their caregivers. We will identify the process of peer support navigation and provide an overview of the virtual peer support programs we refer our clients to at each stage of recovery.

**Results:** Virtual peer support allows our clients to share knowledge, resources, challenges, and triumphs, and remember that they are not alone. Based on evidence informed practice, we have found that peer support programs act as an effective self-management strategy for stroke survivors and promote positive and active engagement in life and in the community. Additionally, peer support programs improve feelings of isolation, burden of care, and quality of life for caregivers.

**Conclusion:** Stroke Survivors and caregivers require assistance with navigation to the appropriate peer support programs to support their recovery and mental health. Through partnerships with hospitals and other community organizations, coordinators can offer individualized navigation to peer support opportunities to successfully address our client's emotional support needs. This collaborative approach to recovery allows us to identify the benefits of the programs we offer and empower stroke survivors to live and thrive in their communities nationwide.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Co-Designing Military Family Resilience-building Programming to Strengthen Navigation Capacity

Authors: Michèle L. Hébert, OT, PhD; Phillip Sevigny, PhD; Joshua Tippe, MEd; and Suzette Brémault-Phillips, OT, PhD.

Abstract:

**Introduction:** Military members and their families (MF) must be connected, strong yet flexible–resilient– individually and collectively to effectively respond to military life adversities. Resilience involves navigating environments to get needed resources to recover from adversity. Prevalent MF challenges include reduced health, financial stress, and relational strain. Further, compared to civilians, MF children/youth demonstrate heightened help-seeking to access either mental health or other support services. Thus, with multi-system stakeholder groups, our team is co-designing, co-evaluating and co-expanding a pan-Canadian MF resilience-building programme that strengthens community navigation capacity.

**Design:** In partnership with Military Family Resources Centres (MFRCs), this research is framed as a hub-and-spoke model where MFRCs serve as hubs connected to community services– schools, healthcare, service providers (SPs). Our mixed-methods project is founded on Collective Impact and Participatory Action Research and is grounded in 7 key ecosystemic ingredients that build resilience in families. Purposive/snowball sampling is being applied to counter sampling bias and ensure diverse perspectives. A scoping review, environmental scan, interviews, focus groups, surveys and stakeholder engagements will help inform programme implementation on a national scale. We are working with English- and French-speaking MF, SPs, decision- and policy-makers. Qualitative and quantitative data analyses are helping to implement a sustainable programme.

**Results:** To date, we learned that current family resilience-building programmes focus more on individual wellness than on ecosystemic capacity-building. Also, preliminary barriers that were identified include language used to describe MF ‘resilience’, stigma from needing help, and system disconnection between MF and MF SPs. When present, two-way communication significantly facilitates service integration for MF. Additional solutions are currently being co-defined.

**Conclusion:** Left unaddressed, military life challenges may continue to impede MF fulfillment. Implementing a pan-Canadian family-centred resilience-building programme will strengthen community and help inform healthcare navigation decision- and policy-making for MF.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Healthcare Navigator Training Program for IEHPs: Achieving Integrated Care for Newcomers

Authors: Moises Vasquez; Graham Love; Lorraine Hulley; Emily Kovacs; Zainab Awad; Jackie Wakeling; Daisy Rivadeneira; Kim O'rourke; Kay Palpallatoc; Licia Sabatine-Burrows; Eunice Odebiyi; Luiz Almeida; and Milena Moraes.

Abstract:

Introduction: The Healthcare Navigator Training Program for IEHPs conceived by the Niagara Folk Arts Multicultural Centre is a program that aims to cultivate a pool of skilled IEHPs who can assist newcomers to Canada when they access healthcare in Ontario. This 7-month program seeks to support 3 sectors: Newcomers in navigating Ontario's complex healthcare services; Employers in delivering newcomer specific healthcare; and IEHPs when entering the healthcare workforce in cost effective and accelerated ways.

Design:

In-Class: Sep 12th - Dec16th, 2022. It will focus on increasing participants' understanding on ethics, communication, healthcare navigation, and mental health navigation in the Ontario Healthcare System. Community Placement: Jan 3rd - Feb 27th, 2023. It aims to see participants placed in community healthcare providers who serve the newcomer population. Participants will have a goal of understanding the services of their community placements and how healthcare navigators focused on the newcomer and greater community can support them. Social Enterprise Business Plan: Mar 6th - Mar 30th, 2023. Up to 8 Social Enterprise Business Plans will be created and presented to the Community Placement Partners and the Advisory Committee. The business plan will investigate a social enterprise that will utilize IEHPs on a fee-for-service model that would support healthcare providers in their efforts to serve the newcomers.

Results: We have successfully completed the in-class section of the program. Where 45+ participants fully completed the exams. We were able to overcome the challenges presented by the placement delivery by using Brock's Placement Agency and comparative Evidence-Informed analysis to adapt the experiences to meet the needs of the placement providers and our participants.

Conclusion: The Healthcare Navigator Training Program for IEHPs is an innovative way to train IEHPs in the field of Healthcare Navigation to expand and promote the urgent need for healthcare navigators as allies to address the SDOH in Ontario and bridging the gap in newcomer health care.

Title: The Magic of Social Prescribing: Connection

Authors: Natasha Beaudin, BA; Sofia Ramirez; and Jennifer Rayner, PhD.

Abstract:

Introduction: The Alliance for Healthier Communities is the voice of a vibrant network of community-governed primary health care organizations that serve diverse communities across the province. They share a commitment to advancing health equity through the delivery of comprehensive primary health care. Social Prescribing supports health and wellbeing by connecting people with non-clinical programs and services. These programs can include social connection, arts, culture, nature, food security, and more. Generally, Social Prescribing is grounded in the role of link worker, navigator or health promoter.

Design: We are proud to share the model and results of our social prescribing programs. This model distinguishes itself by using health equity to inform our approach. Our link workers, navigators and health promoters work with clients who face the most barriers such as with Links2Wellbeing, a social prescribing project focused on Older Adults, and our Black Focused Social Prescribing initiatives working with Black people in Ontario to deliver culturally specific and decolonized Social Prescribing.

Results: We hope to be able to share these diverse experiences, applied in rural, urban, Francophone and Indigenous team-based settings and their unique approach. Our results include impressive outcomes from our Initial Pilot study as well as early learnings from Links2Wellbeing and Black Focused Social Prescribing that indicate that Social Prescribing impacts mental health, physical health and community participation.

Conclusion: This is a model that can be replicated in other settings. To facilitate knowledge sharing, the Alliance for Healthier Communities has compiled guidebooks, tools and convenes the Provincial and National Communities of Practice on Social Prescribing, open to anyone with an interest. The positive impacts of social prescribing go beyond each client's individual health and wellbeing to also impact the healthcare systems at a wider level. Social Prescribing programs in team-based primary health care in Ontario create healthier people and communities.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Free, interactive drug coverage finder to help patients answer: Is My Prescription Covered?

Authors: Rachael Manion, J.D, BSc (Hon); and Sabrina Ribau, R.Kin.

Abstract:

Introduction: Determining what – if any – drug coverage is available is a complex question, depending on whether someone has access to a private insurance plan, where in Canada they live, their family income, their age and what condition(s) the prescription would treat. The Canadian Skin Patient Alliance developed an interactive drug coverage finder to help all patients and their families across Canada determine if they have coverage for their prescription. This presentation would demonstrate the tool so that it can be comfortably used and shared by healthcare navigators in Canada to help patients navigate public and private plan eligibility and coverage.

Design: This freely available tool is designed to be used by patients in English and French who have received their prescription from their healthcare provider and plan to fill it at a community pharmacy. It asks patients or their families a series of Yes or No questions to help them determine whether they are eligible for federal, provincial or territorial public plan coverage. It is useful for all conditions, not only skin conditions.

Results: It was presented to Health Canada, the Canadian Agency of Drugs and Technologies in Health (CADTH), patient organizations and leading dermatologists and received very positive feedback. The landing page for this module remained one of CSPA's most-visited pages following the launch.

Conclusion: This tool on CSPA's website enables all patients in Canada and their loved ones to navigate the labyrinth of government drug plan coverage. It is intended to be a useful tool to help all patients in Canada, regardless of their condition. This initiative is an example of patient-led innovation to help patients access their medications.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Exploring youth perspectives when joining a navigation-based service Youth Advisory Council

Authors: Roula Markoulakis, PhD; Adrienne Young, MSW; Deewa Anwarzi, BA; Anthony Levitt, MD, FRCPC; and Sugy Kodeeswaran, MHSc.

Abstract:

**Introduction:** Youth mental health and/or addiction (MHA) concerns represent a dire issue in the Canadian healthcare system. Exacerbating the issue are both individual and institutional barriers to care. Emerging research has indicated that an important way to improve MHA outcomes and foster systems-level change is through meaningful youth engagement (YE). Appreciation for YE has led many healthcare organizations to promote engagement through the development of Youth Advisory Councils (YACs). However, little is known about the factors that drive youth to get involved in the first place, and particularly in navigation services. To ensure YACs provide meaningful opportunities for engagement, it is imperative to understand why youth want to be involved and what they expect from the experience. This study provides preliminary insights into the motivations and expectations of youth taking on positions on YAC. We provide in-depth insights by focusing on a group of 8 youth (ages 16-26, with lived experience with MHA challenges) recruited to a new YAC for a GTA-based youth MHA navigation service (Family Navigation Project).

**Design:** The study comprised one-on-one semi-structured interviews which were conducted over Zoom. All interviews were recorded and transcribed for data analysis. Interviewer memos were drafted after each interview to facilitate deeper exploration of data, and data was analyzed using reflexive thematic analysis by two independent coders.

**Results:** Five overarching themes were identified: providing opportunities for youth learning and growth, platforming youth, empowering youth, embracing youth leadership, and promoting youth-driven change.

**Conclusion:** The study revealed that youth are motivated to make positive change for their peers and gain personal and professional skills and that they expect their ideas and insights to be seriously considered and acted upon to improve the mental health system overall. These findings can be used to inform how navigation services develop and implement YACs within their organizational structures.

Title: Healthcare Navigation: Ensuring Integrated Care for Patients with Long QT Syndrome

Authors: Vicky Vuong, CT Candidate, HBSc.

Abstract:

**Introduction:** Healthcare navigation is a key component of integrated care within Ontario's complex healthcare system. Despite much need, healthcare navigation has been overlooked in cardiology. Long QT Syndrome (LQTS) is a cardiac arrhythmia characterized by prolongation of the QT interval on the electrocardiogram, which can precipitate life-threatening ventricular arrhythmias, such as Torsades de Pointes. This presentation explores how healthcare navigation can alleviate many barriers for patients living with LQTS and their families, improving their quality of life.

**Design:** A qualitative unobtrusive study was conducted using narrative content analysis of four news articles published within the past ten years, from 2013-2023. Six stories of patients, ranging from five months to 46 years old, with LQTS across Ontario, Canada were covered by various news outlets. An interpretive analysis of structure and keywords was carried out to uncover opportunities where healthcare navigation would be highly beneficial for alleviating challenges associated with the diagnosis, care, and treatment of LQTS that patients and their families face.

**Results:** Structural analysis of patients' stories revealed that tests from different specialties and on distinct aspects of diagnosis were accessed in a step wise manner, resulting in long wait times for these assessments and their results, delaying care. Care consists of prescription medications, surgeries, pacemaker and intracardiac defibrillator implantation, palliative and home care. Healthcare navigation coordinates timely access to these different diagnostic tests and treatments and assists with applications for funding towards these healthcare services. The holistic approach of healthcare navigation can also address the biological, psychological, and social determinants of health affected by LQTS through connections to mental health and social supports.

**Conclusion:** Healthcare navigation improves accessibility to timely diagnostic testing, care, treatment, and supports that improve the health and quality of life of patients with LQTS, and thus should be strongly considered in cardiology.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Healthcare Access Among Young Adult Probationers Participating in a Health Re-entry Program

Authors: Victoria Ojeda, MPH, PhD; Sarah Hiller-Venegas, MPA; Emily Berliant, MPH; Tamara Parker, MPH; Maurice Lyles, BA; Todd Edwards, PhD, LMFT; Cielo Jimenez, MA, LMFT; and Zephon Lister, PhD, MS, MA, LMFT.

Abstract:

**Introduction:** This study examines healthcare access among a sample of young adult (YA) probationers participating in a pilot 6-month health-focused re-entry program that provided service navigation and a structured health coaching curriculum.

**Design:** This study adopts a pre-post intervention analysis. This analysis is based on a sub-sample of YA probationers ages 18-26 (n=66) who responded to baseline and 6-month surveys and anonymous satisfaction surveys.

**Results:** The proportion of insured participants (baseline: 66% to 88% at follow-up;  $p<001$ ) and those obtaining healthcare increased significantly (baseline: 36% to 71% at follow-up;  $p<001$ ). The proportion reporting unmet physical healthcare needs decreased significantly (baseline: 44% to 26% at follow-up;  $p=.003$ ). Participant satisfaction data revealed increased self-efficacy, motivation/focus, and improved organizational skills, goal setting and communication skills.

**Conclusion:** The program was feasible and acceptable to YA probationers and successfully improved healthcare access by elevating health insurance coverage and use of healthcare services. Health and social systems that serve this community should consider integrating coaching programs into their service models to build YA's health literacy (i.e., skills, knowledge and ability to act on that knowledge) as it may have long-term benefits for YA and their families.

## APRIL 20-21<sup>st</sup> 2023 – CANADIAN HEALTHCARE NAVIGATION CONFERENCE

### POSTER PRESENTATION ABSTRACTS

Title: Building Health Literacy Through Service Navigation and Health Coaching: A Study Protocol

Authors: Victoria Ojeda, MPH, PhD; Sarah Hiller-Venegas, MPA; Emily Berliant, MPH; Todd Edwards, PhD, LMFT; Zephon Lister, PhD, MS, MA, LMFT; Angela Bazzi, PhD, MPH; Kyle Choi, MPH; Tommi Gaines, DrPh, MS; Natalie Romero, BA; Melissa Moreno, AAS; Briana Schuler, BA; Arthur Groneman, BS; and Todd Gilmer, PhD.

Abstract:

**Introduction:** Justice-system impacted adults are often affected by low health literacy and face multiple barriers to accessing healthcare services and addressing basic needs. These multiple factors negatively impact physical health and well-being.

**Design:** This session describes the protocol for a 6-month health-focused re-entry program that seeks to build health literacy through service navigation and a health coaching curriculum designed for the unique needs of justice-system impacted adults. The study will be conducted as a randomized clinical trial comparing a staff guided intervention with a group that engages in self-study of the intervention materials (n=300; randomized 1:1). The study will examine healthcare utilization as its primary outcome followed by health insurance coverage and having a usual source of care as secondary outcomes.

**Results:** The study will be implemented starting Spring, 2023 thus no participant data are available as of this submission. However, this session will describe the intervention and steps for implementing the intervention in a post-COVID-19 setting with the discussion also addressing considerations for staffing issues and intervention dissemination.

**Conclusion:** Interventions to address the unique needs of justice-system impacted adults are critically needed given the far-ranging health and social disparities experienced by this community. The intervention described here may be one approach to building health literacy and transferable skills that can foster the well-being of participants.