

## POSTER ABSTRACT

# Training Student Volunteers as “Community Resource Navigators” to Integrate Health and Social Care in Primary Care

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### ***Introduction***

Addressing the social determinants of health (SDOH) is critical to reducing health inequalities. In the United States (US), national guidance recommends healthcare providers screen for and respond to social needs, such as food insecurity and housing instability. However, health providers often lack the staff and resources to ensure patients can access social services or community resources. Volunteers can build capacity to integrate health and social care as community resource navigators.

### ***Description of context and objective***

Our interdisciplinary team of students, clinicians, and researchers co-developed a curriculum to train student volunteers as community resource navigators to work with patients at a community health center in North Carolina via telephone. The learning objectives for our curriculum included (1) knowledge of SDOH and association with health outcomes, (2) familiarity with local resources and ability to provide navigation support to help patients connect to resources, and (3) patient communication skills over the phone, including active and empathetic listening, motivational interviewing, and cultural humility.

### ***Targeted population***

Our training targets university students interested in or currently pursuing health professions.

### ***Highlights (innovation, impact and outcomes)***

Our training was first offered to a cohort of 9 undergraduate and nursing students in 2019, and then revised and offered to 12 undergraduate and graduate students over 6 weeks in 2020. Across the cohorts, 10 students were trained to serve patients in English and 9 were trained to serve patients in Spanish. The multi-modal curricula, delivered by experienced student navigators, consisted of five components: didactic instruction on SDOH and program logistics, mock patient calls and documentation, shadowing of experienced navigators, supervised calls with real patients, and homework assignments. In 2020, we adapted our training materials for virtual delivery due to the COVID-19 pandemic. In the training evaluation, trainees described the knowledge and skills gained from the training, the long-term benefits towards their educational and professional career goals, and interactive delivery of the training. Learners also described areas for improvement, including

more time learning about community resources and practicing challenging patient conversations. In the last two years, student volunteers have served over 500 clinic patients, majority of whom were low-income, uninsured, and racial and ethnic minorities.

***Comments on transferability***

Our training has the potential to be replicated by other university student volunteers, clinical leaders, or clinician-educators. All training materials are publicly available for use on our program website. Information related to available community resources, clinic workflows, and data entry will need to be adapted for local context.

***Conclusions (comprising key findings, discussion and lessons learned)***

Our peer-to-peer, multi-modal training provides student volunteers with the knowledge and skills to become community resource navigators and future champions for integrated health and social care. We found that in-depth discussions of local community resources, interactive delivery with small-group learning, and sufficient opportunities to practice skills in diverse scenarios are essential to successful training. Student volunteers, eager for meaningful clinical experiences, are an untapped and low-cost resource that can be leveraged in healthcare settings to address patients’ unmet social needs.