

RESEARCH ROUNDUP

System Navigation for Older Adults



Introduction

At APPTA, we strive to find relevant and timely research that has the potential to influence policy decision making for the aging population. One way of doing this is through our Research Roundup series. Our team devotes time to reading and prioritizing academic papers and grey literature and investigates programming and products that foster innovation related to how we care for older adults. We then summarize that information for a quick and consumable product. These periodical documents will summarize evidence based on relevant policy topics that are discussed through our ongoing stakeholder engagement.

If there are particular topics of interest you would like us to investigate, please let us know by emailing info@agewell-nih-appta.ca.

For this roundup, we are looking at *system navigation for older adults*.

Prepared by Bridget McCann and Patrick Patterson.

What is System Navigation?

There is no single, widely agreed-upon definition of system navigation in the literature. For this report, we define it as coordinated support that helps older adults and their caregivers find, access, and connect with health and social services within a complex system ([Teggart et al., 2023](#)). This support is typically provided through dedicated roles, such as coordinators, care teams, or trained volunteers, and involves identifying and removing barriers, facilitating access to programs and services, and promoting continuity of care. By doing so, it improves access, reduces gaps in care, and helps older adults remain independent and age in place.

Literature Review

Navigating Community-Based Aged Care Services From the Consumer Perspective: A Scoping Review

Xie, et al.

2024

[Link to article](#)

This study identified factors that influence how older adults and their informal caregivers navigate community care services. They found that many people lack information about what services exist and how to access them. Older adults often rely on their social networks, including friends, family, or service providers, to find and navigate available supports. The system itself can also be difficult to navigate due to fragmented services, unclear pathways, and challenging administrative processes. Older adults may also face barriers such as difficulty using technology and long waiting times for services.

Together, these findings highlight the need for clearer information, stronger support networks, and simpler care pathways to make it easier for both older adults and their caregivers to access support.

A Systematic Review on Navigation Programs for Persons Living With Dementia and Their Caregivers

Kokorelias, et al.

2023

[Link to article](#)

This systematic review examined system navigation programs for people living with dementia and their family caregivers, focusing on how these programs support access to health and social services. System navigation programs use navigators, including trained professionals, social workers, or volunteers, to help families access services, coordinate care, guide planning, and provide emotional support to reduce caregiver burden. Programs vary widely in content, duration, and delivery, including in-person home visits, community-based support, telephone follow-ups, and web-based tools.

The review found that these programs can help people with dementia stay at home longer, reduce unnecessary hospital visits, and support caregivers by improving their confidence and reducing their burden. However, impacts on functional independence of people with dementia and service use are less consistent. The review highlights the need for standardized optimal program designs and further research on long-term benefits.

Literature Review (continued)

Disconnected relationships between primary care and community-based health and social services and system navigation for older adults: a qualitative descriptive study

Valaitis, et al.

2020

[Link to article](#)

This study identified perspectives from primary care and community-based providers on the barriers of how older adults access health and social services. Providers reported that older adults, particularly those with multiple chronic conditions, often require coordinated health and social supports. Access is limited by barriers including financial constraints, transportation challenges, restrictive eligibility criteria, and long wait times. Relationships between primary care and community-based providers were generally weak leading to fragmented care.

Providers described strategies to improve system navigation, such as building trust and partnerships between sectors, using person-centered approaches, coordinating care through navigators, and advocating for better program access.

An evaluation study of caregiver perceptions of the Ontario's Health Links program

Valaitis, et al.

2020

[Link to article](#)

This study examined caregivers' perceptions of the Health Links (HL) program through surveys and semi-structured interviews. HL supports patients with multiple chronic or complex conditions who are at risk of high health care use and often face social challenges, such as limited support or socioeconomic barriers. The program coordinates care by linking primary care, hospitals, home care, and community services, creating individualized, patient-centred care plans to improve access to appropriate supports.

Caregivers found the program improved access to services, coordinated care, continuity, patient-centred interactions, and gains in independence. The main limitations affecting patients were inconsistent communication, staff turnover, and financial barriers. Caregivers indicated that HL was primarily focused on patients with relatively little attention to caregivers' needs. Caregivers were typically not incorporated in the coordinated care plans, and some were not asked for their input. Caregivers also faced barriers accessing services, such as eligibility rules, out-of-pocket costs, limited availability of services, transportation, and complicated processes.

Literature Review (continued)

Community Volunteers and Primary Care Providers Supporting Older Adults in System Navigation: A Mixed Methods Study

Gaber, et al.

2022

[Link to article](#)

This study examined how primary care providers and community volunteers support older adults in navigating community-based health and social services through the Health TAPESTRY program. The program used trained community volunteers to visit clients, gather information about their needs and goals, and share that information with primary care providers. Providers then reviewed this information and made referrals to appropriate community-based health and social services. This process aimed to improve information flow between clients, volunteers, and primary care teams, and strengthen links between primary care and community services.

The program increased referrals and improved primary care teams' awareness of available local services. However, referral did not always result in service uptake. Clients were more likely to access services related to clinical needs (e.g., services related to chronic health conditions and diet or nutrition), while other community-based supports had lower follow-through (e.g., caregiving and transportation). Volunteers reported lower confidence in directly connecting clients to services, which may have influenced access.

Overall, structured information-sharing and collaboration between volunteers and primary care teams can improve identification of needs and increase referrals, but additional support may be needed to translate referrals into consistent access and service use.

Program Review

Oasis

[Link to program](#)

Canada

Oasis is designed to help older adults age in place within naturally occurring retirement communities, such as apartment buildings with a high proportion of older residents. The program promotes social connection, nutrition, and physical activity through activities such as communal meals, exercise classes, and social programs. Coordinators work with local health and community organizations to share information about available services and arrange educational sessions or outreach activities within the building.

Oasis is funded through public, non-profit, and private partners, with sites identified through community interest or research teams assessing local need. Research shows Oasis improves social connectedness, increases physical activity, and enhances well-being [link](#), while also reducing emergency department visits and hospitalizations among participants [link](#).

KW4 Ontario Health Team (OHT) Integrated Care Team for Older Adults

[Link to organization](#)

Ontario

The KW4 Ontario Health Team Integrated Care Team for Older Adults (KW4 ICT) is a primary care-based model that supports older adults with complex health conditions in the Kitchener-Waterloo region. The team is led by a nurse practitioner and supported by a geriatrician, geriatric psychiatrist, pharmacist, and other experts, working collaboratively to provide person-centred care. KW4 ICT supports access to specialized healthcare, social supports, and system navigation through geriatric assessments, tailored care plans, and direct referrals to community resources. Caregivers are also assessed and connected to social, mental, and physical support services.

Evidence from [Health Care Excellence Canada](#) suggests the program reduced emergency department visits, improved geriatrician waitlist management, and provided timely follow-up and referrals for older adults. Surveys and patient feedback indicate high satisfaction among older adults, caregivers, and primary care providers.

Program Review (continued)

SMILE (Seniors Managing Independent Living Easily)

[Link to organization](#)

Ontario

The SMILE program, delivered by the Victorian Order of Nurses, coordinates access to community-based supports that enable frail older adults to remain in their homes. Coordinators work alongside clients, families, and healthcare providers to assess individual needs. SMILE connects older adults to services such as meals, transportation, housekeeping, shopping, laundry, respite care, and seasonal supports, while healthcare coordination includes medication support and health monitoring.

Funded through the Ontario Ministry of Health and regional partners, eligible seniors receive services at no cost, while others can access navigation support. Evidence shows SMILE improves quality of life, supports independence, enhances health and safety, reduces caregiver burden, fosters community engagement, and provides a cost-effective alternative to hospitalization or long-term care.

Community Wellness Hub (CWH)

[Link to organization](#)

Ontario

The Community Wellness Hub (CWH) is an integrated care model that supports older adults living in seniors housing across the Halton Region, including Burlington and Oakville. The model is embedded within senior housing complexes and brings health and social service providers together as one coordinated team to reduce barriers to access and support aging in place.

CWH offers personalized one-on-one support to connect residents with local health and wellness services. A community connector helps coordinate care across providers and guide residents through available programs. On-site services include social events, exercise classes, recreational activities, and workshops led by partner organizations on topics such as healthy living, mental health, and managing medications.

As a publicly funded program, the CWH model is being expanded across multiple sites in Halton Region, with ongoing evaluation used to monitor outcomes and support scale and spread to additional communities.

Program Review (continued)

Care Finder program

[Link to organization](#)

Australia

The Care Finder program helps vulnerable older adults who lack a support person and need assistance navigating the aged care system. Care Finders create personalised care plans, support clients with assessments, forms, and provider selection, and connect them to health, social, and community services. Clients can be met at home, in the community, or at the Care Finder office, with ongoing follow-up to ensure supports are effective.

The program is funded by the Australian Government through the Primary Health Network. The Care Finder program improves access to aged care, helps older adults remain engaged in the community, and supports both clients and their carers throughout the service process.