

Navigators in Social Service Delivery Settings: A Review of the Literature with Relevance to Workforce Development Programs

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Executive Summary

The use of the term navigator emerged in the U.S. in the field of patient care in the early 1990s. From the start, the focus of the navigator role in patient care settings was to reduce disparities and improve access to care for distinct racial and low-income groups (Freeman, 2006). This report summarizes findings of our literature review on the use of navigators, their roles and responsibilities, and their impact on workforce development, education, and social services. It covers reports and studies published since 2010.

The review examines the use of navigators across workforce development and related programs, including explorations of the following programs: the Disability Program Navigator and the Disability Resource Coordinator, the Personal Navigator of the Demonstration to Maintain Independence and Employment (DMIE), the Workforce Innovation Fund (WIF) Housing and Employment Navigator Program, Trade Adjustment Assistance Community College and Career Training (TAACCCT) College and Career Navigator, the Single Stop Coordinator, the Trade Adjustment Assistance (TAA) Navigator, and the Affordable Care Act (ACA) Navigator. These programs used navigators to achieve a myriad of goals, from expanding access and services to individuals with disabilities in American Job Centers, to forestalling the need to stop work due to disabilities, to postsecondary student success to increasing program uptake.

While no universal definition of a navigator exists, common elements appear in the literature. Navigators serve as brokers who help individuals or families confront complex systems (Freund et al., 2008) and provide information about supports and services “within and across complex and inaccessible systems” (Anderson & McConnell, 2020, p. 4). Navigators also offer possible solutions to program access challenges because they coordinate services, increase knowledge via education, and even promote systems change efforts that reduce barriers to access and make service delivery more welcoming to targeted populations. Our assessment of the programs shows that navigator activities can be grouped into seven categories: (1) recruitment and uptake, (2) engagement, (3) direct service, (4) referral and direction, (5) partner and system coordination, (6) policy improvement, and (7) capacity building. Each program described in the review emphasizes a different combination of these roles and responsibilities for its navigators.

Few studies rigorously assessed the impact of navigator programs. In this review, we identified five studies that examine multiple outcome measures. Two quasi-experimental studies examined the impact of navigator support on postsecondary student success. They found positive impacts on semester-to-semester persistence (Daugherty et al., 2016; Zhu et al., 2018), and higher rates of completed-to-attempted degree bearing credits, and higher weighted grade point average (Zhu et al., 2018). Daugherty et al. (2016) found larger impacts for students who received tax preparation services.

A study of the WIF Housing and Employment Navigator found gains in employment among participants randomly assigned to the navigator services (Bolan et al. 2017). However, the impact on earnings of the program was limited, with higher hourly wages only for participants in the first year of the program. A randomized study of the DMIE program also only found differences in earnings in subgroups, in this case among participants with lowest functioning

scores (Linkins et al., 2011). In this study, Linkins et al. (2011) also found that the participation in the DMIE led to positive outcomes in health and well-being.

The WIF Housing and Employment Navigator Program did not lead to anticipated results in housing stability or public benefit receipt, with no statistically significant difference between the treatment and control groups (Bolan et al. 2017). Another study, focused on the DMIE, found significantly lower likelihood of federal disability benefit receipt among the treatment group (Gimm et al., 2014).

The causal studies examined in this review all note that the impacts detected refer to the navigator *programs*, which often include other resources beyond support from a navigator alone. Still, some additional evidence from the WIF navigator and the DMIE suggests that participants with more contact with navigators fared better in earnings (Linkins et al. 2011) and long-term employment and retention rates (Bolan et al. 2017).

Introduction

The use of the term **navigator** emerged in the U.S. in the field of patient care in the early 1990s. From the start, the focus of the navigator role in patient care settings was to address health inequities and improve access to care for distinct racial and low-income groups that had been found to suffer from drastically worse cancer treatment outcomes (Freeman, 2006).

While no universal definition of a navigator exists, common elements appear in the literature. Navigators serve as brokers who help individuals or families confront complex systems (Freund et al., 2008) and provide information about supports and services “within and across complex and inaccessible systems” (Anderson & McConnell, 2020, p. 4). Navigators also offer possible solutions to program access challenges because they coordinate services, increase knowledge via education, and even promote systems change efforts that reduce barriers to access and make service delivery more welcoming to targeted populations.

The term navigator is found in health care, human services, workforce development, and education literature. Navigator programs vary in intervention design, target populations, and specific navigator duties; however, it is possible to summarize the navigator as a staff member who provides an additional layer of proactive support for service recipients. The navigator is often devoted to guiding a service recipient through one or more service systems, the complexities of which are daunting to the uninitiated or disadvantaged. Specifically, the navigator role typically involves an explicit focus on service recipient engagement. Additionally, some navigator models focus on “system-facing” efforts to proactively remove barriers and complexities with which service recipients would otherwise be forced to contend. As a whole, navigators are most frequently used to support, or facilitate access for, individuals who are underserved or who experience significant barriers to equitable access to services.

This literature review focuses on navigator programs with application to social services. It describes program goals and navigators’ typical roles and functions, as well as research showing outcomes and impacts of the use of navigators in these fields.

Our Research Strategy

The goal of this review was twofold, first to examine the roles and activities navigators perform in workforce development and related fields. The second objective was to learn about the outcomes of such programs and ultimately if they work.

With this goal, we conducted a search for literature between 2010 and 2021. We searched peer-reviewed journal articles and grey literature. We started the search using Google Scholar and expanded it to university library catalogues and the websites of relevant organizations, including government agencies, think tanks, and research firms. In our search, we used the term “navigator” as a starting point and later incorporated terms that were similar in intent to navigator, such as “facilitator” or “coordinator.”

Our search did not exclude the experience of other countries, provided that the source was published in English and that it was found using the search terms above. This yielded one British source, with heavy references to the U.S. experience (Boeltzig et al. 2010).

We made the decision to not use certain search terms such as “coach,” “counselor,” or “case manager” in our review. While many navigator applications incorporate coaching, counseling, and/or case management, the use of these terms alone diminishes the scope of the work of navigators. We also curtailed our search for studies of patient navigators because the applicability of their functions and outcomes are less relevant to the workforce and employment services practice. We screened articles identified for relevance and after identifying relevant ones, we assessed their bibliographical references for relevance to this review. For this reason, some references used here have earlier publication dates.

This review aims to be comprehensive of programs, outside of the healthcare services field, that use the term navigator in provision of workforce and human services. There is a larger universe of programs that deliver navigator-like services but that use other names for which we did not expand this review.

In exploring whether navigator programs work, we did not limit our review to causal studies due to their limited number. For this reason, we discuss outputs and outcomes of programs identified, as a large portion of the discussion of the use of navigators relies on qualitative studies focused on program implementation or trends after the program implementation without a design that enables us to attribute changes to the navigator program. Additionally, workforce development programs have adopted navigators with promising results, and we deemed their experience to be important regarding the use of navigators in the field to be included in this review.

The remainder of this report is divided into two broad sections, one exploring the work navigators do by presenting the experience of programs identified in our search. The second explores what outcomes and impacts are attributed to these programs in the literature. This latter section is divided into two subsections, one that explores descriptive analyses of navigator programs; the second, that presents the findings of rigorous causal studies about the impact of such interventions.

What Do Navigators Do?

There is no unified list of activities that all navigators must perform across the variety of social service, workforce, and education programs; however, all navigator programs include supports and services that bridge across systems (Anderson & McConnell, 2020; Bolan et al., 2017; Boeltzig et al., 2010). To this point, it is helpful to view the navigator as serving both recipient-facing and system-facing roles, the prevalence of each varying depending on the specific program.

As presented below, recipient-facing activities incorporate a wide variety of direct service functions. Navigators may act as guides within the system, making referrals, coaching service

recipients, and providing a multisystem case manager role. In programs with heavy recipient-facing services, we found that the role of the navigator can be similar to that of an intensive case manager (see Exhibit 1 for a description of navigator duties across programs). Navigators also engage in system-facing activities, including addressing policies and procedures that could create barriers for users and cultivating closer and more effective inter-system partnerships, leading teams, and providing capacity development and knowledge to those who perform service delivery.

We found numerous examples of navigators with varying duties, performing activities ranging from direct support and case management to staff capacity building of the systems in which they are immersed. Exhibit 1 lists the navigator programs reviewed, their goals, and key program features.

Exhibit 1: Key Elements of Navigator Programs Reviewed

Program Name Funding Source	Goals	Navigator Duties
Disability Program Navigator (DPN) <i>Department of Labor (DOL) & Social Security Administration (SSA)</i>	To address policy barriers, systemic protocols, and gaps in collaboration that impact engagement and outcomes for jobseekers with disabilities at the One-Stop Centers	<ul style="list-style-type: none"> • DPNs provided expertise in workforce development services, strategies, and disability-related services, including cash and medical benefits and other supportive services (Noble, 2010). • DPNs collaborated with One-Stop Center partners, provided training to staff on disability-related issues, provided information about and referrals to SSA employment support programs and work incentives, and formed partnerships with employers, advocates, and other service providers in the community (Livermore & Colman, 2010).
Disability Resource Coordinator (DRC) <i>DOL</i>	To improve employment outcomes for jobseekers with disabilities at the American Job Centers	<ul style="list-style-type: none"> • DRCs implemented service delivery strategies, which varied by grantee, at the American Job Centers. DRCs also led partnership building efforts, benefits counseling, Ticket to Work and Employment Network program management, organizational development, and project sustainability (Shaheen et al., 2020).
Personal Navigator of the Demonstration to Maintain Independence and Employment (DMIE) <i>Centers for Medicare & Medicaid Services (CMS)</i>	To prevent employment loss and receipt of federal Social Security disability benefits among individuals with disabilities	<ul style="list-style-type: none"> • Navigators provided person-centered case management, with an initial assessment and development of a plan that included access to providers and services (Linkins et al., 2011). • Features varied across the four implementation states but involved access to additional health care benefits.

Program Name <i>Funding Source</i>	Goals	Navigator Duties
Workforce Innovation Fund (WIF) Housing and Employment Navigator Program (Washington State) <i>DOL</i>	To assist the homeless head of a family interested in career development and, without substantial barriers to employment, to achieve a liveable wage	<ul style="list-style-type: none"> • Navigators located at the local workforce agency provided intensive case management and were the single point of contact for coordinating services across systems, including housing and social benefits programs (Bolan et al., 2017). • Navigators used flexible funds to provide participants with money for basic needs and support services.
Trade Adjustment Assistance Community College and Career Training (TAACCT) College and Career Navigator <i>DOL</i>	Programs varied by site; ultimate goal is successful program completion and transition to employment	<ul style="list-style-type: none"> • Navigators “provided one-on-one guidance to participants and helped them access a range of academic, personal, financial, and employment supports” (Scott et al., 2020, p. 68). • Navigation is typically targeted at certain subgroups of the student population – low-income students, first-time college students, returning veterans, or other underrepresented groups (Sylvester & Myran, 2020).
Community College Initiative – Single Stop <i>Single Stop U.S.A. (nonprofit)</i>	Help students address nonacademic barriers to success in community colleges	<ul style="list-style-type: none"> • Single Stop offers “navigation” (providing services and making connections) in one single place as it brings qualified staff to deliver services on campus, providing a systematic way to “pull resources together” (Goldrick-Rab et al., 2014). • Services include screenings and applications for public benefits programs; tax services, financial counseling, and legal services; and referrals to resources and programs across the institution and community.
Trade Adjustment Assistance (TAA) Navigator (Oregon) <i>DOL</i>	Increase TAA-eligible workers’ access to TAA services and deliver services	<ul style="list-style-type: none"> • TAA navigators are responsible for pre-participant outreach, participant activity, and support through transition to employment. • In addition to career development and employment services, navigators play active roles in engagement as a partner of local rapid response teams (Forsberg, 2017).
Affordable Care Act (ACA) Navigator <i>CMS</i>	Help individuals understand health insurance options and facilitate enrollment in health insurance exchanges	<ul style="list-style-type: none"> • Helps consumers prepare applications to establish eligibility and enroll in coverage (CMS, n.d.). • Refers consumers to health insurance ombudsman and consumer assistance programs. • Provides outreach and education to raise awareness about the health insurance marketplace.

Source: Developed by the authors for this report.

Disability Navigators: The DPN and the DRC

Navigators have been used in workforce development to serve individuals with disabilities. Disability Program Navigators (DPNs) were launched in 2003 (Boeltzig et al., 2010). They were jointly funded by DOL and SSA. The DPN was designed specifically to work within the One-Stop Career Centers, now referred to as the American Job Centers. As with most navigator programs, the DPNs occupied the midpoint between the service recipient (in this case, the jobseeker with a

disability) and the multifaceted workforce development system. The role was developed to encourage use of the One-Stop Career Centers by individuals with disabilities and in the recognition that the workforce and disability systems, including Social Security, are dauntingly complex (Klayman et al., 2019; Shaheen et al., 2020).

DPNs typically performed a mixture of two functions: first, they had a recipient-facing function of increasing engagement, supporting jobseekers in overcoming encountered barriers, and making referrals to relevant services and resources. The recipient-facing aspects of the DPN role hinged primarily on ensuring that individuals with disabilities were engaged in One-Stop services, comfortable in the One-Stop environment, and were able to access needed services, including workforce and ancillary services and resources, at the appropriate time (Livermore & Colman, 2010).

Second, DPNs were meant to play a system-facing role of advising on policies, procedures, and systemic coordination to proactively reduce barriers new customers might encounter in the future. According to Livermore and Colman (2010), the DPNs would address policy barriers, systemic protocols, and gaps in collaboration between constituent workforce and disability agencies that would negatively impact engagement and outcomes for jobseekers with disabilities. The system-facing aspect of the DPN role was described as “collaborating with Workforce Investment Act (WIA) partners (for example, state [vocational rehabilitation] and mental health agencies); providing training to One-Stop staff on disability-related issues; providing information about and referrals to SSA employment support programs and work incentives; and forming partnerships with employers, advocates, and other service providers in the community” (p. 8).

DPNs were described as experts in workforce development services and methodologies as well as relevant to disability-related services, including disability-specific workforce resources, cash and medical benefits, and other supportive services (Noble, 2010). Every DPN would have varying areas of expertise based on their training and experience and would supplement these by knowing who else in a community or system could complement their expertise. For example, a DPN need not necessarily have a thorough understanding of the relationship between earned income and continued eligibility for Social Security benefits, but in most cases, they will know how to access that type of expertise on behalf of the jobseekers and, further, will know how to coordinate workforce and other ancillary services (Livermore & Colman, 2010).

According to Shaheen et al. (2020), the DPN initiative was replaced by the Disability Employment Initiative (DEI). The Disability Resource Coordinator (DRC) was one of the required DEI grant-funded roles. Its mandate was largely the same as that of the DPN: to increase the engagement and success of jobseekers with disabilities in American Job Centers. DRCs appear to have had more freedom in the delineation and design of their role. This was due to their being part of DEI’s larger systems change investment, which provided funds for additional services, supports, and strategies to improve services to individuals with disabilities in a manner unlike the DPN. Duties and activities, as well as models of service delivery, varied by state and even site. As a result, implementation evaluations found a wide variety of DRC roles. For example, DRCs who completed Community Work Incentives Coordinator training, a

common pursuit but not a job requirement, provided benefits counseling. In California, a traveling DRC provided trainings to American Job Center staff, while in Illinois the DRCs had strong partnerships with vocational rehabilitation for referrals to employment and career pathways training.

Personal Navigator

The Centers for Medicare and Medicaid Services (CMS) funded the Demonstration to Maintain Independence and Employment (DMIE) grant. Its goal was to support individuals at risk of becoming unable to work and needing federal disability benefits. The DMIE ran from 2006 to 2009. It was piloted in four states (Kansas, Minnesota, Texas, and Hawaii) under the Ticket to Work and Work Incentives Improvement Act of 1999. The grant sought to demonstrate whether enhanced medical services and employment supports for working adults with potentially disabling conditions could prevent employment loss and subsequent enrollment into federal disability benefit programs (Gimm et al., 2014).

States implementing the demonstration had latitude to design the programs, but they all included components related to enhanced health care coverage and employment-related supports (Gimm & Weathers, 2007). DMIE personal navigators were assigned to individuals with a qualifying diagnosis who were employed full time (Gimm et al., 2014). The purpose of the personal navigators was to support the service recipient with a “wraparound” approach, coordinating resources available through the recipient’s insurance resources and other available services. Services included behavioral health and employment support.

Specific services used by any given service recipient beyond the connection with the personal navigator varied considerably. In Minnesota, for instance, the program included employment supports via a navigator who performed a needs assessment and developed individual plans; medical and behavioral services, employment and peer support services, and employment assistance program services via telephone. DMIE personal navigators were made available to individuals with conditions ranging from mental health to diabetes, with the goal of preventing employment loss and long-term Social Security benefit receipt. The role was both preventative and primarily recipient-facing, with navigators also referred to as “person-centered case managers.” In Minnesota, many navigators were trained in vocational rehabilitation (Linkins et al., 2011). They worked with participants to develop a Wellness and Employment Success Plan to establish goals. Participants could use services available in the provider network to accomplish goals from the plan. Navigators checked in regularly with clients (monthly or biweekly) and coordinated services, connecting services to overcome barriers to effectively make the submission of a federal disability benefit application the client’s last resort.

Housing and Employment Navigator

A consortium from Washington State implemented the Housing and Employment Navigator Program as part of its Workforce Innovation Fund (WIF) grant. The program sought to support low-income families in housing programs to achieve economic self-sufficiency via coordinated services from a navigator, with an emphasis on employment services. Navigators served families

currently residing in a housing or shelter program. The program relied on the navigator being based at the workforce agency to support families in efforts to “attain jobs, gain needed training, move into permanent housing and make progress towards self-sufficiency” (Bolan et al., 2017, p. 1).

The navigator was expected to provide direct support and resources to families (recipient-facing) and to help them navigate the different supports available via other “systems,” bringing in and coordinating providers. The differentiator of this WIF navigator, when compared to the mainstream service delivery model for workforce development services, resided in having the navigator serve as a single point of contact to address interrelated issues (Bolan et al., 2017, p. 1). In this role, the navigator offered regular coordination meetings with housing case managers and welfare department contacts, where the navigator served as the conduit to other services. The WIF intervention provided navigators with access to funds that could help address needs related to stability, career development, and self-sufficiency efforts with clients.

An implementation and impact evaluation of the program documented with detail the work these navigators performed. It collected, among other data, information on specific services and interactions between the navigators and the service recipients. Bolan et al. (2017) described navigators in the intersection of housing and employment as playing this system-bridging role across various needs of the low-income, house-insecure population it served. Among other services, navigators “offer individualized assessment and planning, coaching and service coordination, facilitating connections to counseling, mentorship, and other services as needed to address personal challenges and facilitate retention, while also helping clients to understand and meet the rules and expectations of training programs or employers” (Bolan et al., 2017, p. 6).

College and Career Navigator

Initiatives in the workforce and education fields have incorporated a staff role known as, or akin to, a career navigator. Among the most prominent of these are the various initiatives under the Trade Adjustment Assistance Community College and Career Training (TAACCCT), a DOL-funded grant initiative designed to increase the capacity of community colleges to meet the needs of jobseekers and employers.

According to the *Implementation, Outcomes, and Impact Synthesis Report: Round 4 TAACCCT Third-Party Evaluations*, TAACCCT grantees often created a career navigator role. “Reports commonly highlighted the career navigator/coach role as a useful innovation in promoting participant persistence and completion. Several grantees perceived that tutoring services, intrusive advising models, and financial assistance promoted participant success” (Scott et al., 2020, p. x).

While the term “navigator” was not always used, and while there were significant differences between the exact role of navigators for different grantees, their efforts fell into a similar category of service provision: “These staff members, often with the job title of coordinator, coach, navigator, or case manager, provided one-on-one guidance to participants and helped

them access a range of academic, personal, financial, and employment supports” (Scott et al., 2020, p. 68). As with other navigator models, those referred to in this report were tasked with the dual mandate of increasing service recipient engagement and understanding the system well enough to coordinate services without necessarily providing services directly.

Career navigators are distinct from career counselors. Noting similarities in educational settings between the career navigator role and that of more traditional career counselors, one study distinguishes the roles by stating that “career counselors’ involvement in students’ lives is typically bounded by assumptions of simple linear movement from education to work that assume largely stable employment opportunities and can overlook or disregard the complex, dynamic sociocultural, and economic factors that impact training, educational and employment opportunities and limited by the number of students on their caseloads” (Evans & Kelchen, 2016 as cited in Sylvester & Myran, 2020, p. 153).

In some literature, this role was referred to as an “intrusive advisor” for service recipients. It is a commonly understood aspect of many public service systems that they are there to be accessed, but they tend to not always be proactive in contacting potential service recipients (Jensen et al., 2016). In an evaluation of the TAACCCT grant in Kentucky, Jensen et al. (2016) found that coaches and college administrators felt the intrusive coaching model is important to the success of their services and of the individuals they serve; if a student or jobseeker does not have the discipline or commitment to make and maintain contact, then, the thinking goes, they are likely not to succeed regardless of the professional’s efforts. An intrusive advisor, by contrast, takes a proactive approach to maintaining service recipient engagement.

Career navigators act as intermediaries between students and/or jobseekers and the education and/or workforce development institutions that serve them. Navigators play a variety of roles based on the program and service recipient in question. They have been described as providing system navigation guidance to students, connecting them to support services, government agencies, workforce providers, and employers (Sylvester & Myran, 2020). One TAACCCT grantee had the college and career navigator work in recruitment and enrollment, guiding decisions about career pathways and coursework in addition to connecting to the college’s career services (Javdekar et al., 2016).

In an examination of third-party evaluations of nine Round 1 and 78 Round 2 TAACCCT grantee-sponsored third-party evaluations, Eyster (2019) found that 70 percent of grantees used career coaches and navigators. She noted that such staff typically worked with participants to identify interests, assess job readiness, provide job search counseling, and provide access to supports and services to assist in the transition to the workforce. She noted that the time spent with the career navigator was a key characteristic of the program. She also described how grantees adopted different models, ranging from cohort navigation to intensive individual monthly meetings with the career navigator.

Similarly, the evaluation of TAACCCT Round 4 found common use of career navigators. The report noted that navigators may support the service recipient in developing a career goal and then help coordinate services and trainings that will meet that goal, thus serving as a guide through the complexities of the service delivery system. Career navigators are also frequently

used with service recipients who have what could be regarded or perceived as “barriers to careers,” up to and including an unfamiliarity with the career marketplace. Navigators, in these instances, provide additional supports and build an additional level of engagement to ensure that the service recipient’s career search does not flounder due to lack of direction or adequate information. Many career navigators also employ a peer element to further increase service recipient comfort and engagement. Finally, career navigators often play a system-facing role in which they work, formally or informally, to improve coordination between different service entities and eliminate barriers to access that have been directly experienced by service recipients in the past (Scott et al., 2020).

The term “career navigator” is used in other workforce and career and technical education (CTE) settings, and most roles fall within a similar broad definition of those in the TAACCCT initiative. Services include recruitment, engagement, case management and referrals, system-facing alignment and coordination, and, in at least one case, support in placement. One study further notes that “typically, career navigation is targeted at certain sub-groups of the student population – low-income students, first-time college students, returning veterans, or other under-represented groups” (Sylvester & Myran, 2020, p. 153).

In a case study of navigator use in Mississippi, Jobs for the Future (2019) emphasized that a navigator is particularly important to community college students because so many students are first-generation college goers. These students may not know what steps to take and what resources are available. Therefore, in the Mississippi model, navigators:

provide or connect students to educational supports (e.g., career counseling, financial aid application assistance, tutoring, and employability ‘soft skills’ training), social-emotional development supports (e.g., motivational assistance, mentoring, time management, and interpersonal skills building), barrier removal supports (e.g., assistance with transportation, child care, housing, college financial costs, books, testing fees, food, health care, and mental health care), and career placement assistance (e.g., accessing work-based learning opportunities, resume building, job search assistance, and interview preparation) (Jobs for the Future, 2019, p. 2).

In a report on the navigator model in use at Flathead Valley Community College in Montana, the authors presented this description:

The Workforce Navigator was a staff person who played multiple roles—recruitment, student support, and job placement—and remained flexible to student needs. The Workforce Navigator position was embedded with participants and faculty in programs of study. The Workforce Navigator became an “expert” in the program to be able to help participants with program-specific questions and support their success in courses and transition to employment (Feldman et al., 2016, p. x).

In addition to these overall attributes, the authors go on to describe the relationship between the navigator and the system: “Through a physical presence in the trades department, the Workforce Navigators could build relationships with faculty and offer drop-in services for participants” (Feldman et al., 2016, p. 38). This reflects, in part, the “system-facing” aspect of

the navigator model we have seen in other contexts, i.e., efforts applied to coordination and barrier elimination in the policies and procedures of the system or systems in question. However, this description of career navigators emphasizes that aspect of the navigator role to a lesser extent than, for example, literature on disability-related navigators.

Community College Initiative – Single Stop Site Coordinator

The Single Stop Community College Initiative seeks to support community college students and improve success rates with a focus on nonacademic barriers to college completion. The Single Stop program acknowledges that financial challenges are acute for low-income students. The program focuses on improving access to and use of benefits among students, including the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF), health care coverage, and housing assistance programs (Goldrick-Rab et al., 2014).

The Single Stop site coordinator acts as a navigator of sorts. They provide intensive case management based on needs assessed, connecting students to programs and services, including benefits screening and help with applications, one-on-one tax preparation assistance, financial counseling, legal services with one-on-one legal advising for non-criminal legal issues, and wraparound services on and off campus. To fulfill this role, the site coordinator/navigator delivers direct recipient services and works with systems available in the institution and the community to identify resources and broaden the supports available to students and raise awareness about the program (Daugherty et al., 2016).

Trade Adjustment Assistance (TAA) Navigator

The TAA program provides aid to workers who lost their jobs or whose hours of work and wages are reduced as a result of increased exports (DOL, n.d.). TAA is designed to provide readjustment assistance to workers who suffer dislocation (job loss) due to foreign competition or offshoring. Generally, TAA provides a more robust set of benefits and services than would be available to a worker who lost his or her job for reasons other than foreign competition (Collins, 2018).

The TAA program requires states to conduct outreach to groups of workers that are likely to be deemed eligible under the TAA program (Worden & Theberge, 2021). Oregon and Virginia have implemented a model that pairs a navigator with a petition coordinator model to boost program participation. The TAA navigators centralized certain functions while maintaining alignment with the workforce regions in the states and being a part of the local rapid response teams. Specifically, the TAA navigator in Oregon, whose model was later adopted in Virginia, had duties to promote the TAA programs to increase program knowledge and awareness, help incoming TAA participants, and connect participants to on-the-job training through job development activities. TAA navigators also focus on program performance, innovation, and staff development, while case managers can deliver case management and career development (Smith & Forsberg, 2019).

Affordable Care Act (ACA) Navigator

The ACA created state health exchanges for private acquisition of health care. Individuals and families in states without a health exchange are permitted to use federally facilitated exchanges. ACA set up a complex system of means-tested subsidies for use in the exchanges. The program provides in-person assistance to those seeking to use the health insurance marketplaces via navigators and certified application counselors (Sommers et al., 2015).

Centers for Medicare & Medicaid Services (CMS) set standards for the operation of navigators and other customer assistance services, with specific trainings and clear duties and responsibilities. Specifically, CMS regulations direct

...all Exchanges to award grants to Navigators to conduct public education activities to raise awareness about the Exchange; provide fair, accurate, and impartial information to consumers about health insurance, the Exchange, qualified health plans QHPs [Qualified Health Plan], and insurance affordability programs, including premium tax credits, Medicaid, and the Children's Health Insurance Program (CHIP); facilitate enrollment in QHPs; to provide referrals to consumer assistance programs (CAPs) and health insurance ombudsmen for enrollees with grievances, complaints, or questions about their health plan or coverage; and provide information in a manner that is culturally and linguistically appropriate. Navigators can play an important role in facilitating a consumer's enrollment in a QHP by providing fair, impartial, and accurate information that assists consumers with submitting the eligibility application, clarifying the distinctions among QHPs, and helping qualified individuals make informed decisions during the health plan selection process (Patient Protection and Affordable Care Act, 2013, p. 42824-5).

Navigator Recipient- and System-Facing Roles and Responsibilities

We described above how navigators perform a variety of activities, ranging from direct support and case management to staff capacity building of the systems in which they are immersed. To summarize the programs we described, we have grouped navigator activities into the seven categories below, ranging from a recipient-facing emphasis of intensive case management to system-facing activities that include coordination of services across systems all the way to system capacity building to better support the population the program is seeking to support. Each one is described below.

1. **Recruitment/Uptake:** Direct recruitment of service recipients to the service system, not including outreach to partners/referral sources.
2. **Engagement:** Activities to build trust with the service recipient to increase follow-through and service retention.
3. **Direct Service:** Engaging in the actual service delivery process of the system in question (i.e., offering medical care or treatment, instruction, or career development support).

4. **Referral/Direction:** Guidance within or between systems and services.
5. **Partner/System Coordination:** Effort to improve inter-system/service functionality, including increased and better referrals and shared case management, planning, and service delivery.
6. **Policy/Procedural Improvement:** Addressing policies and practices that serve as unintentional barriers to access.
7. **Capacity Building:** Staff training to improve practices and support to the service recipient population in question.

Exhibit 2 below summarizes how each of the programs we described incorporate these activities regularly (Y), occasionally (O), or rarely (N).

Exhibit 2: Navigator Roles and Functions Across the Recipient-System Continuum of Activities

	Recipient-Facing			System-Facing			
	Recruitment/Uptake	Engagement	Direct Service	Referral/Direction	Partner/System Coordination	Policy/Procedure Improvement	Capacity Building
Disability Program Navigator	N	Y	N	Y	Y	O	N
Disability Resource Coordinator	N	Y	N	Y	Y	O	N
Personal Navigator	Y	Y	Y	Y	Y	N	N
Housing and Employment Navigator	N	Y	Y	Y	Y	N	N
College and Career Navigator	Y	Y	Y	Y	Y	O	O
TAA Navigator	Y	Y	Y	Y	Y	N	N
Single Stop Site Coordinator	Y	Y	Y	Y	Y	N	N
Affordable Care Act Navigator	Y	Y	Y	N	N	N	O

Source: Developed by the authors for this report.

Do Navigator Programs Work?

Many studies explore the use of navigators in social services; several of these studies are descriptive and depict outcomes that cannot be ascribed to the navigator, even as they are suggestive of relationships and trends. However, few other studies provide an impact analysis that can rigorously answer the question of whether navigator programs work. Studies with rigorous causal designs focus on larger initiatives for which the navigator is only one component. This makes it difficult to attribute any detected impacts to the navigator and not the broader initiative. Appendix A includes the logic model of the Disability Employment Initiative,

which included a grant-funded DRC. It helps demonstrate how the navigator is a component of a larger program.

In this next section, we first summarize key *descriptive findings* of the research on the outcomes of navigator programs. We examine how stakeholders perceive the role and benefit of navigators in different settings. We then turn to the findings of the causal studies, discussing how these studies have assessed the impact of navigator programs.

Outcomes of Navigator Programs

In the previous section, we described the activities, roles, and responsibilities seen across various program navigators in workforce development and related fields. Fifteen studies have explored the outcomes of such programs. Only 5 studies used a causal design, with the rest relying on qualitative explorations of the value of navigators, perceptions of key stakeholders, or performance outcome changes that are suggestive of program results. We describe these analyses below.

Views on Navigators

Two studies assessed the role of the disability navigator in One-Stop Career Centers, now referred to as American Job Centers. They note positive **views on navigators** from both customers and other career center stakeholders. In a point-of-service survey of center customers, Noble (2010) surveyed 41 individuals served by the DPN at two American Job Centers. She found that these individuals scored the services of the navigator favorably across eight quality items. Most respondents (92.7 percent) indicated they were mostly satisfied or very satisfied with the amount of help received. Similarly, 95.1 percent indicated that the services received helped with their problems somewhat or a great deal. Large majorities scored the services of the DPN highly across the other quality items of the Client Satisfaction Questionnaire, including 97.5 percent of respondents who would recommend the program to a friend.

Boeltzig et al. (2010) reported that a survey found that One-Stop Center staff were highly satisfied with the DPN services, with a rated average of 7.57 out of a 1–9 scale (9=very satisfied). Highest-rated items included their views on DPNs providing jobseekers with greater access to the One-Stops (average rating of 4.45 out of 1–5 scale, 5= strongly agree), providing more effective and meaningful participation at the One-Stops (4.42), providing improved service coordination that benefits jobseekers (4.32), and providing access to new and additional resources to achieve jobseekers' employment goals (4.26).

Access to Services

Similarly, in another study, key stakeholders indicated that they believed navigators increased **access to services**. For example, in interviews with 101 staff members about the DPN initiative, including DPNs, their supervisors, One-Stop staff, and community partners, Emery and Bryan (2006) found that stakeholders reported greater access to individuals with disabilities at the One-Stops and attributed it to the DPN. Specifically, 15 percent of those

interviewed thought more people with disabilities were accessing the One-Stops due to the navigator, 14 percent thought more people of different disability groups and with multiple or more severe disabilities were using the centers, and 11 percent thought that people with disabilities were more aware of the One-Stops.

There are also some signs that DPNs may have made One-Stop Centers a more welcoming environment to people with disabilities. In a descriptive study, Livermore and Colman (2010) found that the implementation of the DPN was followed by a large increase in disclosure of disabilities by jobseekers at the centers. Using Workforce Investment Act administrative data from four states, they examined the share of participants who disclosed a disability at centers and found, compared to years prior to the implementation of the DPN, statistically significant increases in disclosures in Colorado, Iowa, and Oregon, but no significant differences in Maryland. The authors suggest that “the steady and increasing trend despite disclosure being optional and at the discretion of the registrant suggests that the DPN might have directly or indirectly facilitated the disclosure of disability information, possibly by raising awareness of disability issues among staff and creating an environment where disability issues are more likely to be discussed” (Livermore & Colman, 2010, p. 8). While the analysis is suggestive of a relationship, the study design does not allow the researchers to establish that the DPN implementation led to the rising disclosures.

Further suggestive evidence is offered by the TAA navigator and the petition coordinator implemented in Oregon and Virginia, which were followed by an outsize share of national petition filings and new participants by these two states (Worden & Theberge, 2021). Since program implementation (2015 in Oregon and 2018 in Virginia), they documented a 250 percent increase in the use of on-the-job training in the TAA program. Additionally, they recorded a sharp increase in the number of petitions filed and certifications requested as well as a 52 percent increase in spending when comparing figures from the four quarters preceding the new model and four quarters that followed (Smith & Forsberg, 2019).

Similarly, a different study examined the use of navigators in the health care exchanges in three states: Arkansas, Kentucky, and Texas. These states implemented disparate models of ACA, with Kentucky and Arkansas expanding Medicaid, while Texas did not. The states differed as Kentucky created its own state health exchange while Texas and Arkansas are using a federally facilitated one. Kentucky also implemented “aggressive outreach by the governor’s office, navigators and in-person assisters” (Sommers et al., 2015, p. 1011). Based on responses to a survey conducted with 3,000 low-income adults in these three states, Sommers et al. (2015) found the use of a navigator for help in filling out applications to be a key predictor of successful application completion for Medicaid or the health insurance marketplace.

Postsecondary Education Outcomes

Several studies focused on the outcomes of the TAACCCT investments found the use of career and college navigators, using various names, also produced positive outcomes for students. Such studies reported that stakeholders credited the support provided by navigators with positive **postsecondary education outcomes**, including persistence and completion. In an

evaluation of the Credentials to Careers (C2C) Round 2 TAACCCT grant, evaluators commented on the benefits of career navigators' services. They noted the comprehensive role and benefit of the position: "A key finding from our research is that, in synthesizing our observations of the work that career navigators do at the C2C consortium colleges, we found that career navigators did, in fact, provide the kinds of comprehensive and proactive support services the literature emphasizes that students need" (Sylvester & Myran, 2020, p. 12).

In an assessment of lessons learned from TAACCCT, stakeholders attributed benefits and outcomes to the work of the navigator. For instance, career navigators' proactive coaching and support for students and jobseekers in various settings were seen as essential to their ongoing engagement and their success: "Having dedicated staff that support student success—using a variety of titles such as career navigator, success coach, student services specialist, completion or success coach, or advisor was important to guiding participants throughout their program of study and helping them access campus and community supports" (Eyster & Bragg, 2021, p. 146).

In another study of a Round 4 TAACCCT grant (Guided Pathways to Success in STEM), a community college offering CTE found that "prospective students seeking training funds often need guidance in the process which is provided by the College and Career Navigator" (Javdekar et al., 2016, p. 1203). In this initiative, students were offered individual sessions for resume writing, feedback, and review, and services, which were coordinated around an "intrusive advisory" approach. The authors noted that 80 percent of students completed core coursework by the Spring 2016 semester and 40 percent were placed in or completed an internship (Javdekar et al., 2016). However, the study design does not allow a causal relationship to be established between the services and these outcomes.

Employment and Earnings

Finally, a few studies go a step further to measure the level of engagement with navigators and participant outcomes. In particular, these studies found that participants with more **intensive contact** with navigators had better **employment and earnings** outcomes. Three studies collected data on navigator contact or activities with participants. This enabled researchers to compare outcomes of treatment group participants who received more intensive navigation support to those who did not. The DMIE study showed that lower-functioning participants who used intensive employment supports had a higher increase in earnings between baseline and 12 months, an average increase of \$3,400 compared to only \$200 for those who did not access intensive services (Linkins et al., 2011).

Similarly, Bolan et al. (2017) found that participants who engaged with navigators more often and consistently had, when compared with participants who had less interaction with the program, higher longer-term employment and retention rates, as well as higher long-term housing permanency rates. Specifically, the study found higher figures for long-term employment and retention those who engaged navigators in 15 or more activity sessions in the first 10 months of their participation in the program. Additionally, participants who worked more consistently on employment with the navigator and had a higher proportion of navigator

sessions focused on career, job search, placement, and retention also achieved better employment and retention outcomes.

Finally, Daugherty et al. (2016) used Single Stops database of services to examine how different supports provided by the program were associated with postsecondary student success. This study found that tax services had a particularly strong relationship with outcomes. Based on interviews with program staff, the authors note that this relationship has to do with the fact that “tax services can be particularly productive in terms of benefits confirmed, meaning that nearly every low-income student who participates in tax assistance receives some money through the Earned Income Tax Credit.” (Daugherty et al., 2016, p. 65) Additionally, tax services are provided in Spring, so that most students who receive it have persisted for at least one term.

These results are compelling, although the authors note that the positive outcomes cannot exclude concerns about self-selection. Because the programs allow participants to engage with navigators, more or less at will beyond an initial assessment, researchers cannot exclude the possibility that more motivated participants are the ones seeking the most support and that this motivation is leading to better outcomes.

Impacts of Navigator Programs

Five studies in our review used rigorous causal designs to assess the interventions’ impacts. These studies examine multiple outcomes. We have organized the findings below by outcomes assessed: postsecondary success, employment and earnings, housing stability, and public benefit receipt and well-being.

The studies described below enable us to attribute outcomes to the program navigator intervention. However, we emphasize that the studies examine programs that include navigators as one but not the only component of the intervention. In some cases, this limits our ability to ascribe any impacts the studies identify to the navigator role exclusively. With this caveat in mind, we summarize the findings below.

Postsecondary Student Success

Two studies examined the impact on **student success** of Single Stop implementation in different campuses across the United States. Both studies used quasi-experimental designs and meet, with reservations, What Works Clearinghouse standards.

Daugherty et al. (2016) used institutional and Single Stop data from first-time freshmen at four community colleges (N=34,487) to examine student postsecondary outcomes. The study used multiple regression and a coarsened exact matching approach to compare those who received Single Stop services to those who did not. The study showed that students who received Single Stop services, in particular those students who received tax preparation services, were more likely to persist into the next college semester, with nearly 15 percent higher rates than students who did not.

A second study (Zhu et al., 2018) used propensity scores to match a treatment group of 1,152 students served by Single Stop at the Community College of Philadelphia. The study showed statistically significant impacts for students participating in the program on semester-to-semester persistence, with effect sizes large enough to be considered substantively important; higher rates of completed- to –attempted-degree-bearing credits than comparable students; and a significantly higher weighted grade point average than similar nonparticipants.

Both studies conducted subgroup analyses to explore whether program results were more pronounced among certain groups. Daugherty et al. (2016) found that Single Stop results were more positive and statistically significant for adult learners ages 25 and older, independent, and nonwhite students. The authors find this variation not surprising as these groups had been expected to be more likely to qualify for public benefits, a cornerstone of the services provided by the program. Zhu et al. (2018) found that students with some previous experience in college were more likely to achieve greater persistence, degree-bearing pass rates, and GPAs when compared to their matched counterparts. The authors note that both first time college students and those with some college experience that participate in Single Stop show greater persistence than the matched comparison group.

Employment and Earnings

Bolan et al. (2017) used a randomized controlled trial to estimate the impact of the WIF Housing and Employment Navigator on employment, earnings, and housing stability. The study shows that the WIF Navigator Program led to gains in **employment**. The randomized control trial recruited 659 participants, collecting survey data and secondary data on activities from program start until up to 42 months. Two out of three participants were assigned to the navigator treatment. At 18 months, the study showed that the treatment group’s employment rate was approximately three percent higher than the control, rising to seven percent at 24 months. These differences are statistically significant. At 24 months, the employment retention rate was over 10 percent, a statistically significant higher rate than the control group (Bolan et al., 2017).

The study also found that the program impact on **earnings** was limited. The evaluation found no statistically significant difference in the hourly wages of treatment and control groups (Bolan et al., 2017). The authors did note that participants who enrolled earlier in the project appeared to have more success, with higher retention rates and higher hourly wages.

Similarly, one randomized control study of the DMIE found the program’s impact on earnings was limited to participants with the lowest functioning scores. Participants in treatment and control groups saw an increase in earnings without significant differences between the two groups. Among individuals scoring lower on the *global assessment of functioning* score, control group individuals saw a statistically significant decrease in earnings, with an average of \$6,487 lower than the individuals in the treatment group (Linkins et al., 2011).

Housing Stability

The WIF Housing and Employment Navigator Program did not produce anticipated benefits in **housing stability**. Bolan et al. (2017) found modest but statistically insignificant differences in

housing permanency rates between treatment and control groups for the entire sample. However, there were differences across the three implementation sites. Additionally, researchers found that later participants reaped more benefits in terms of housing permanency. The researchers hypothesized based on in-depth interviews with staff that as the program matured, navigators gained more skills and confidence and were able to identify new strategies and resources to achieve better outcomes, while at the same time, the public and Section 8 housing stock rose in implementation regions.

Public Benefit Receipt and Well-being

In two programs evaluated, there were mixed results of navigator programs in reduction of public benefit receipt. The WIF Housing and Employment Navigator Program did not lead to a reduction in receipt of **public benefits**. The study found no statistically significant differences between the two groups, including receipt and amount of TANF support, utilization rates or amount of food assistance, or eligibility for Medicaid (Bolan et al., 2017). Researchers speculated that this follows a pattern of convergence between the treatment and control groups. They noted that participants' improvements in employment would lead to less benefit use, while at the same time, by the very nature of the navigator role, the navigator connected individuals to services and programs, with participants who were eligible for TANF, but were not accessing the resources previously, were able to start receiving it. This may explain the lack of expected reduction in the use of public benefit assistance.

Alternatively, the DMIE led to lower federal disability benefit applications and benefit receipt. Linkins et al. (2011) showed that treatment group individuals were significantly less likely to apply for Social Security Disability Insurance. Another randomized control study examined two out of four DMIE states, Texas and Minnesota, to test whether participants were less likely to receive federal disability benefit programs when compared with similar individuals in the control group. The study analytic sample included 926 participants from Minnesota and 1,353 from Texas. The study surveyed individuals in the treatment and control groups 12 months after the DMIE intervention to determine employment status and benefit receipt. The study found a significantly lower likelihood of federal disability benefit receipt among the treatment group, as 2.5 percent of those in the treatment group were receiving benefits at 12 months compared to 3.6 percent in the control group. While the authors emphasized the results cannot be attributed to the role of the navigator as the program involved a variety of supports, they noted how navigators were a vital part of program implementation and a critical part of implementing intensive case management and service coordination (Gimm et al., 2014).

Finally, the DMIE showed that the program led to positive outcomes in **health and well-being**. The DMIE demonstration included a randomized control study with an analytic sample of 1,257 individuals in the treatment group and 300 in the control. The study showed that in Minnesota, the treatment group had greater access to health and mental health services and greater improvements in functioning 12 months after implementation (Linkins et al., 2011).

Summary and Conclusion

This literature review explored the utilization, roles, and impact of navigators across social services, workforce development, and education programs. It showed how navigators adopt specific responsibilities that range from intensive case management to system-facing activities. As the programs are created to address specific challenges, the combination of navigator activities in each program varies.

We reviewed multiple studies to address the question of whether navigator programs work. Fifteen studies were descriptive, providing stakeholders assessments of the effectiveness of navigators or suggestive trends about their influence on outcomes of interest. Five causal studies using randomized controlled or quasi-experimental designs provided some evidence of the impact of the programs. Even though some of the evaluated initiatives included features that go beyond the navigator itself, the studies provided evidence that navigator programs can be effective. Specially, these studies demonstrated that navigator programs had positive impacts on certain program goals but more mixed results in others.

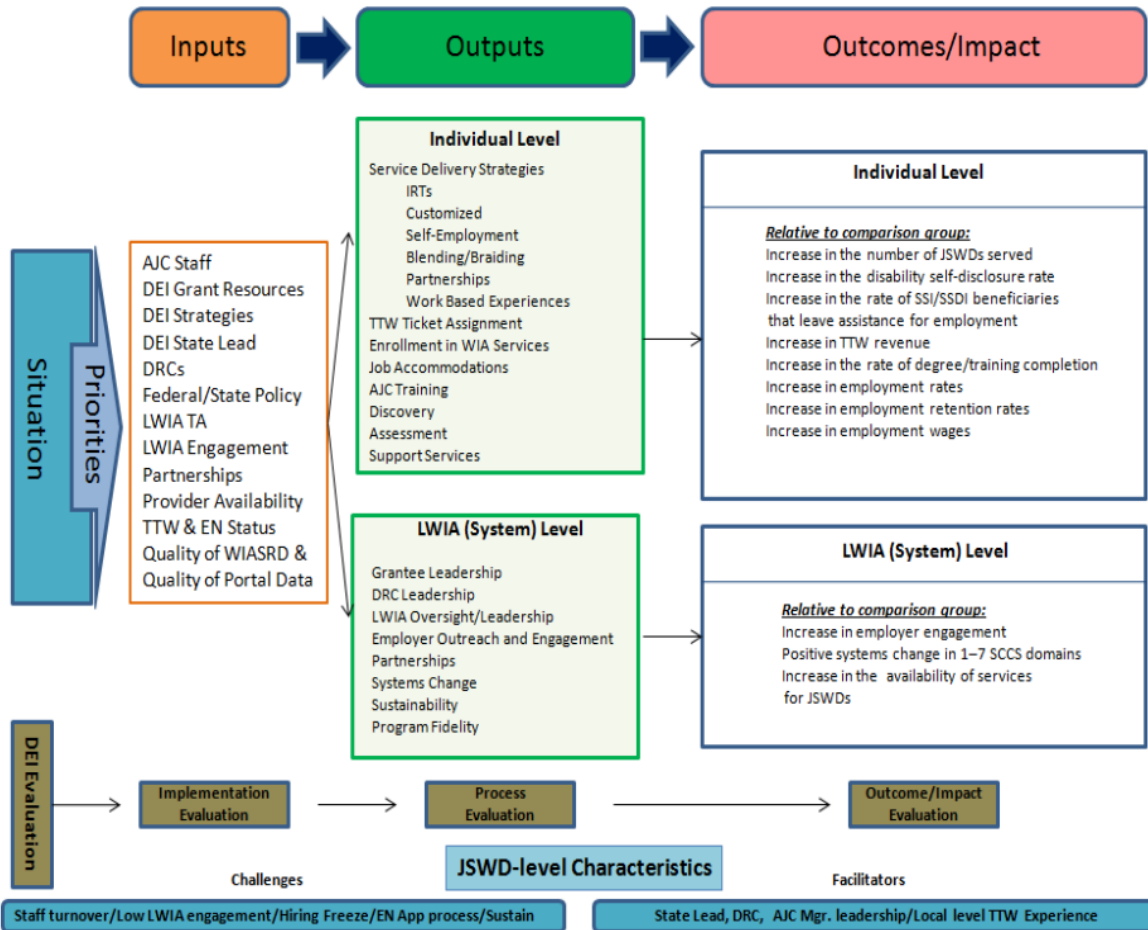
- Two quasi-experimental studies examined the impact of navigator support on postsecondary student success. They found positive impacts on semester-to-semester persistence (Daugherty et al., 2016; Zhu et al., 2018), and higher rates of completed-to-attempted degree bearing credits, and higher weighted grade point average (Zhu et al., 2018). Daugherty et al. (2016) found larger impacts for students who received tax preparation services.
- A randomized study of the WIF Navigator found gains in employment among participants randomly assigned to the navigator services (Bolan et al., 2017). However, the impact on earnings of the program was limited, with higher hourly wages only for early participants. A study of the DMIE program also found a difference in earnings only among participants with lowest functioning scores (Linkins et al., 2011). Linkins et al. (2011) found that the participation in the DMIE led to positive outcomes in health and well-being, with greater access to health and mental health services and improvements in functioning.
- The WIF Navigator did not lead to anticipated results in housing stability or public benefit receipt with no statistically significant difference between the treatment and control groups (Bolan et al. 2017). Another randomized study, focused on the DMIE, found significantly lower likelihood of federal disability benefit receipt among the treatment group (Gimm et al., 2014).

Importantly, there is evidence that individuals in the treatment group, who received more direct contact with their navigators, fared better in postsecondary outcomes (Single Stop) and employment (WIF Housing and Employment Navigator). The studies, however, did not find average differences in earnings between treatment and comparison groups (Bolan et al., 2017; Linkins et al., 2011).

Appendix A

The Logic Model of the Disability Employment Initiative

The Logic Model of the Disability Employment Initiative showing inputs, outputs, and outcomes/impact of situations/priorities and DEI evaluation



Source: Klayman et al. (2019).

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