

Navigating Together: Empowering refugee and immigrant youth with special health care needs

Submission date 29/11/2025	Recruitment status Not yet recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 28/01/2026	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 21/04/2026	Condition category Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Youth with special healthcare needs often face complex challenges when transitioning from pediatric to adult healthcare services, and migrant youth experience additional barriers to care. This study aims to evaluate whether a co-designed patient navigator intervention can support migrant youth and their families during this transition by improving transition readiness, care coordination, family empowerment, and access to culturally safe care, while decreasing health-related family stress.

Who can participate?

Primary caregiver of youth 14-18 years old who is:

1. First- or second-generation migrant (defined as born outside of Canada or having parents born elsewhere, respectively). Migrants include immigrants, resettled refugees, refugee claimants (asylum-seekers), temporary workers or international students, and other individuals without formal immigration status (undocumented).
2. Youth with special healthcare needs aged 14-18 as defined by the CYSHCN Screener®, which identifies children who are experiencing one or more functional limitation or service use due to a physical, emotional, behavioural, developmental, or other health condition that has lasted or is expected to last at least 12 months
3. Caregiver living in Canada <15 years

What does the study involve?

Participants will receive support from a patient navigator for 12 months, including individualized transition planning, care coordination, and culturally safe guidance. The navigator will contact families regularly (every 2–4 weeks initially, then every 3 months) via in-person visits, phone, video, text, or email. Participants will complete questionnaires at baseline, 6 months, and 12 months on transition readiness, care coordination, quality of life, and satisfaction. A subset of parents may be asked to take part in two interviews (at 6 and 12 months) about their experiences.

What are the possible benefits and risks of participating?

Risks:

Participation may involve answering personal questions about healthcare experiences and

feelings of stress, which could cause emotional discomfort. Completing questionnaires and interviews may also be time-consuming. There may be other unforeseen risks. Participants may skip any question or withdraw at any time without providing a reason. If distress occurs, the research team will offer support and refer participants to appropriate resources. There may be other unforeseen risks.

Benefits:

Participants may experience reduced barriers during the transition to adult care and receive personalized support from a patient navigator. While personal benefit cannot be guaranteed, the study aims to improve transition processes for migrant youth with special healthcare needs and their families.

Where is the study run from?

The study will run from Montreal, Quebec, primarily at the Montreal Children's Hospital.

When is the study starting and how long is it expected to run for?

The study is expected to start on June 15, 2026, and will run for approximately 24 months, including recruitment, intervention delivery, and evaluation.

Who is funding the study?

TD Canada Trust Ready Commitment Grant.

Who is the main contact?

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Study information

Scientific Title

Evaluating the implementation and impact of a co-designed patient navigator intervention for migrant youth with special healthcare needs transitioning to adult care

Acronym

MiNav-Ado

Study objectives

To evaluate the implementation and impact of a co-designed patient navigator intervention for migrant youth with special healthcare needs transitioning from pediatric to adult care, using a mixed-methods design guided by RE-AIM to assess transition readiness, family experiences, and implementation outcomes at individual and setting levels

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 18/03/2026, MUHC Research Ethics Board (REB) (5100, boul. de Maisonneuve Ouest, 5th floor, Office 596, Montréal, H4A 3T2, Canada; +1 514-934-1934 ext 36077; reb@muhc.mcgill.ca), ref: 2026-12136

Primary study design

Interventional

Allocation

N/A: single arm study

Masking

Open (masking not used)

Control

Uncontrolled

Assignment

Single

Purpose

Health services research

Study type(s)**Health condition(s) or problem(s) studied**

Transition from pediatric to adult healthcare for migrant youth with special and/or chronic healthcare needs (e.g. asthma, diabetes, sickle cell disease, cerebral palsy, and developmental and behavioural disorders)

Interventions

Participants will receive a 12-month transition-focused Patient Navigator (PN) intervention. The PN is a full-time professional with training in trauma-informed care, cultural safety, systems navigation, care coordination, and communication skills. The intervention includes: (1) assessment of transition readiness at multiple time points (baseline, 6 months and 12 months); (2) tailored information and support; (3) co-created individualized transition plans; (4) care coordination; (5) introduction to adult services; and (6) support through transfer completion for youth aging out during the study. The PN will contact participants within 7 days of consent, then every 2–4 weeks for the first 3 months, every 3 months thereafter, and as needed. Contacts will occur in person (prioritized for first visit), or via video, phone, SMS, or email. All interactions will be tailored to participant needs and documented in a care plan. An interpreter will be used for participants who require language support during interactions.

Intervention Type

Behavioural

Primary outcome(s)

1. Transition Readiness measured using Transition Readiness Assessment Questionnaire 6.0 (TRAQ 6.0) at baseline, 6 months and 12 months

Key secondary outcome(s)

1. Effective care coordination measured using 6 questions from the National Survey on CSHCN at baseline, 6 months and 12 months

2. Youth health related quality of life measured using PROMIS Pediatric Global Health 7 (PGH-7) sub-items at baseline, 6 months and 12 months
3. Perceived family stress measured using a Distress Thermometer at baseline, 6 months and 12 months
4. Family empowerment measured using the Parental Empowerment Scale - 12 item "Service System" subscale at baseline, 6 months and 12 months
5. Successful transition measured using a self-reported item asking youth or caregivers if the youth has had at least one appointment with an adult healthcare provider at baseline, 6 months and 12 months
6. Patient satisfaction with patient navigator measured using the Patient Satisfaction with Interpersonal Relationships with Navigators (PSN-I) at 6 and 12 months
7. Reach measured using : 1) tracking the total number of eligible participants from the multicultural clinic records; 2) collecting demographic data (e.g. age, gender, migration status, diagnosis etc.); 3) documenting reasons for participation or non-participation at baseline (upon consent) and monitored continuously throughout the recruitment period
8. Implementation measured using Fidelity checklists, implementation cost tracking, and tracking any adaptations to the protocol and materials at multiple time points; ongoing throughout the study
9. Stakeholder perceptions on reach, effectiveness, adoption, implementation and maintenance on intervention measured using semi-structured qualitative interviews at 6 and 12 months

Completion date

15/06/2028

Eligibility

Key inclusion criteria

Current key inclusion criteria as of 21/04/2026:

1. Primary Caregiver of youth 14 to 18 who is First- or second-generation migrant, defined as born outside of Canada or having parents born elsewhere, respectively. Migrants include immigrants, resettled refugees, refugee claimants (asylum-seekers), temporary workers or international students, and other individuals without formal immigration status (undocumented)
2. Youth with special healthcare needs aged 14-18 as defined by the CYSHCN Screener®, which identifies children who are experiencing one or more functional limitation or service use due to a physical, emotional, behavioural, developmental, or other health condition that has lasted or is expected to last at least 12 months
3. Caregiver living in Canada <15 years

Previous key inclusion criteria:

1. Primary Caregiver of youth 14 to 18 who is First- or second-generation migrant, defined as born outside of Canada or having parents born elsewhere, respectively. Migrants include immigrants, resettled refugees, refugee claimants (asylum-seekers), temporary workers or international students, and other individuals without formal immigration status (undocumented)
2. Youth with special healthcare needs aged 14-18 as defined by the CYSHCN Screener©, which identifies children who are experiencing one or more functional limitation or service use due to a physical, emotional, behavioural, developmental, or other health condition that has lasted or is expected to last at least 12 months
3. Followed by at least one pediatric care service expected to continue into adult care
4. Caregiver living in Canada <15 years

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

14 years

Upper age limit

18 years

Sex

All

Total final enrolment

0

Key exclusion criteria

1. Caregiver who lived in Canada for over 15 years.

Date of first enrolment

15/06/2026

Date of final enrolment

15/12/2027

Locations

Countries of recruitment

Canada

Sponsor information

Organisation

McGill University Health Centre

ROR

<https://ror.org/04cpxjv19>

Funder(s)

Funder type

Funder Name

TD Bank Group

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available