



2022

# PEER NAVIGATOR PROJECT: 6 MONTH PROGRESS

## REPORT

LONDON, ON



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# Introduction

**The Peer Navigator Project (PNP) is a collaborative research project, that brings together researchers and community partners in Canada (Toronto, Vancouver, and London) and Kenya (Eldoret, Huruma, and Kitale) to explore and evaluate the use of peer supports for street involved youth's (SIY) access to HIV and AIDS prevention, testing, and treatment.**

The study is funded by the Canadian Institute for Health Research (CIHR). It started in 2018 and will run until 2023. The study works alongside key community partners to engage Peer Navigators (PN) who are between the ages of 16 and 29 years. In Toronto and Vancouver, the PN will also identify as LGBTQ2S+.

Following a mixed method design, **Phase I** of the study assessed the acceptability and appropriateness of the PN intervention with the targeted populations (i.e., SIY, health care providers, and community stakeholders) in the different study sites.

**Phase 2** of the study focuses on evaluating whether the PN intervention is feasible, satisfactory, and ethical. Further evaluation includes whether the PN helps SIY living with HIV start and stay on antiretroviral therapy (ART), and if the PN intervention is equitable and sustainable across all sites.



Dr. Paula Braitstein  
Principal Investigator



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London site Principal  
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# Background

In many ways, social and economic inequities lie at the heart of the HIV epidemic globally. The primary pathways into homelessness for young people globally overlap to some extent with key determinants of HIV risk. HIV and hepatitis C epidemics have been intense and relatively well documented among SIY who inject drugs in large urban areas in North America, Europe, and Asia.

However, there is less known about and services tailored towards populations of SIY in smaller Canadian cities, marginalized inner-city SIY such as people who identify as LGBTQ2S+, and SIY in low- and middle-income countries. These youth are often not well engaged in HIV prevention or treatment. Tools to find, link, and effectively treat people living with HIV and prevent new infections now exist, but for many SIY these interventions seem inaccessible. Carefully adapted and targeted interventions are required.

Peer Navigators connect with those they support through shared experiences. They meet people where they are at and provide referrals to a broad range of services and supports. **Thoughtful and intentional work is needed to adapt and scale-up the delivery of PN's for SIY to effectively reach these marginalized and at risk populations.**

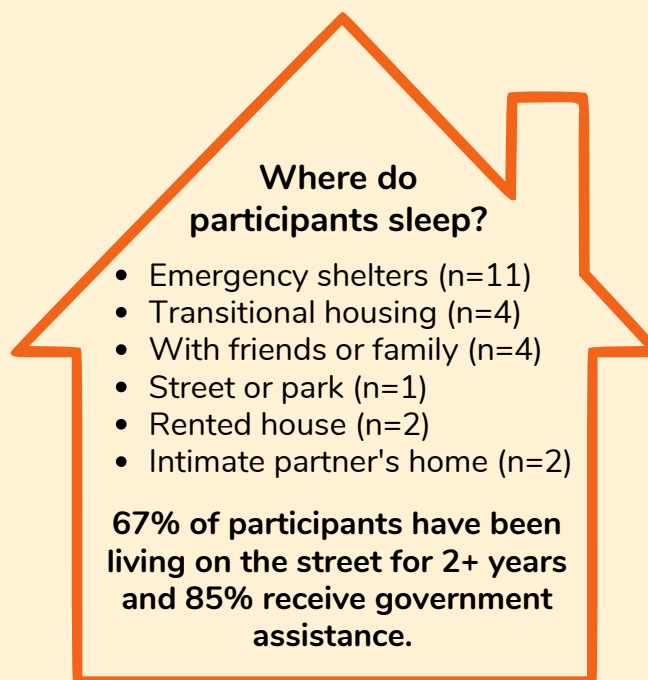
- **April 2021:** A PN was hired on the Middlesex London Health Unit (MLHU) Community Outreach team.
- **Key aspects of the PN role:**
  - A wide range of duties including education and support to SIY living with or at risk for HIV;
  - Advocate, mentor, educate, counsel and assist in problem-solving with clients;
  - Provide supportive care, counselling, coaching and street-level outreach and;
  - Arrange, link, navigate, escort and accompany SIY as necessary to the healthcare system, HIV testing, and treatment.

# SIY Research Engagement

Peer Navigators at each site collect data with consenting youth participants. Below is an overview and description of the SIY the London site PN has been working alongside to date (August 2021- July 2022):

The London site PN has **enrolled 27 SIY\*** and completed **115 follow up** encounters. The **average age** of the research participants was 23. The majority of SIY were **living in emergency shelters or transitional housing**. 22% of participants identified as transgender and 55% identified as LGBTQ+. While all participants had previously attended school, only **33% of participants had completed high school**.

Gender	Sexuality
3 cisgender men 2 transgender men 17 cisgender women 1 two-spirit person 2 gender fluid people 1 non-binary person	11 straight/heterosexual people 7 bisexual people 1 questioning person 1 asexual person 6 pansexual people 1 demisexual person



**\*Note:** These data reflect only the SIY who consented to participate in the research process. The London site PN also works with other SIY in the community who are not represented in these tables and figures.

# Peer Navigator Activities

The London site PN completed at least one follow-up encounter with 74% of the research participants.

## HIV testing

- At baseline, 70% of participants had previously been tested for HIV.
- Among the 19 people who had previously been tested for HIV, 21% reported that they were living with HIV, 74% reported they were HIV-negative, and 5% did not know their test result.

100% of participants who were HIV-negative or did not know their HIV status were willing to get tested with the assistance of the PN.

## HIV care

- Among the 4 SIY who reported they were living with HIV, all were currently involved in HIV care and taking antiretroviral medications at baseline. 75% reported an undetectable viral load at their last viral load test.
- The London site PN completed 50 follow-up encounters with the 4 SIY living with HIV, providing referrals to a wide range of health and social services.

### Referrals

- HIV treatment services
- ART adherence counselling
- Antenatal care
- Postnatal care
- Contraception
- COVID-19 testing and vaccination

- Sexually transmitted infection (STI) testing
- Mental health services (e.g., therapy, support groups)
- Harm reduction services (e.g., needle exchange, safe injection site)
- Addiction treatment services
- Food banks

# Methods

The peer navigator project 6 month evaluation used mixed methods (i.e., interviews and surveys) to assess the effectiveness of the PN intervention to date. Data was collected between May-July 2022 from the following participant stakeholder groups (n= 15):

- London site PN,
- 6 community stakeholders,
- 4 SIY, and
- 4 healthcare providers.

## Quantitative Findings

### Community stakeholders and healthcare providers

Item	Response (% agree or strongly agree)
The PN is providing a useful service for SIY	100%
I feel comfortable referring SIY to the PN	100%
The PN has increased SIY access to HIV prevention, testing, and treatment	100%

### Street-involved youth

Item	Response (% agree or strongly agree)
My interactions with the PN have been helpful	100%
The PN has increased my knowledge of HIV/AIDS	75%
I feel safe with the PN	100%



*"To be honest, if she [PN Jenna] hadn't came into my life I don't think I would be doing as well as I am right now.*

*My health is starting to get better, I'm starting to gain weight again, I'm not using nearly as much of the drugs as I was.*

*I'm in a place in my life right now where I can say that Jenna was a huge part of getting me there. I'm actually working on getting a job right now and possibly going to be going back to school and I have her to thank for that."*

*-SIY-L-4*



# Qualitative Findings



## PN Activities:

The PN role has been shaped to include several activities including (but not limited to): access to health and social services; education; provision of advocacy and empowerment; and mental health support.

"I'd say it's very valuable. She [PN] was able to connect with some youth that historically have not been well connected to our clinic, which was extremely valuable in getting those people to come to those appointments work on med adherence, support with things like that. [PN] can do things like helping pick up medication or helping with reminders to take meds, get meds, that kind of thing, which is really valuable." - HCP-L-1



## Key Successes:

Effective working relationships; improved access to services; improved interactions with health/social service organizations; enhanced knowledge; improved client health/wellbeing/safety; youth empowerment and independence; and benefits to the HIV care cascade. Benefits of the intervention included an impact on other community service providers knowledge and care.

"[PN]'s role, being able to be an outreach worker who works with people who are at risk of developing HIV or AIDS, is incredibly unique and necessary, because it's also preventative, it's not just an intervention after things have already happened. She's able to counsel youth to understand what activities are going to put them at risk and what to do to prevent that risk." -CS-L-4



## Key Challenges:

Complexity of the client population; demands of the PN role; scarcity of health and social services; intervention sustainability; role clarity/restrictions; workload/ capacity; and perceived threats to role equity.

"And then there are some that I think take up more of her time than others and I think kind of navigating that piece can be difficult. Then I think because there is only one of her it's a bit more difficult for her to share her load..." -HCP-L-2&3



## Unique Role:

Trusting relationships based on shared/similar experiences; PN fosters unique connections with SIY; goals are youth led; outreach and meeting youth where they at; PN readiness and; professionalism & boundaries are at forefront of the PN-youth relationship.

"Knowing that even she came from a background of addiction too, like I know that she understands like where I'm coming from totally. So it's just like I can trust that she's not just like going by some book or something, like she really does get it." -SIY-L-1



"Yeah, we were doing great, everything was awesome - [youth] liked us, trusted us and seemed good."

And then Jenna worked with them and it was like, oh, wow, like now they're doing more stories and they're showing up more often and they're getting into like trauma stuff and they're going deeper."

-HCP-L-2&3

# Conclusion

At this early stage of our implementation analysis, the research team is struck by the **overwhelming positive feedback** regarding the PN intervention in London. The qualitative findings, in particular, highlight that the PN has provided **life-saving support to clients**. The youth-focused peer navigation model is a unique contribution to service provision that opens up access to supports for youth who wouldn't otherwise reach out. Having a PN as a member of the team has expanded what MLHU is able to achieve in communicable diseases outreach, particularly with a marginalized population.



Therefore, we see strong evidence that this is a highly successful intervention. Given that research is a time-limited process, our first and key recommendation is to consider opportunities for funding the PN as a permanent role.

# Recommendations

Based on the London 6 month PN intervention evaluation data, the research team recommends the following:



## 01

### Sustain the PN Role

- Identify permanent position funding
- Commitment to ongoing, youth-focused health promotion and disease prevention
- Consider capacity by increasing the number and diversity of PNs

## 02

### Enhance Role Clarity

- Maintain a broad, flexible, and expansive approach to the PN role
- Carefully consider any youth eligibility criteria and its potential for service restriction
- Provide a clear and publicly available description of the PN role

## 03

### Ensure Role Equity

- Ensure all peer-based positions are paid equitably in comparison with other staff
- Ensure the PN is valued as an integral and unique member of the care team
- Provide adequate support and resources to the PN to ensure a fair workload and prevent burnout

## 04

### Raise Awareness

- Publicize the PN role across the London community
- Conduct regular PN intervention evaluations
- Share evaluation findings more broadly with relevant stakeholders/communities

"... we definitely need this role, and specifically in London. I hope that this gets renewed, and I hope that this is something that's going to be here for the long-term, because it's very much needed. And Jenna is the perfect peer; she just is so great in her position. I just hope that she can get it [job] permanently." -CS-L-1

## Peer Navigator Research Team:

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## Peer Navigator Project website:

<https://pnpstudy.net>

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