



2023

PEER NAVIGATOR PROJECT: 18 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 connected youth's (SCY) 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 spring 2024. 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 I 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., SCY, 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 SCY living with HIV start and stay on antiretroviral therapy (ART), and if the PN intervention is equitable and sustainable across all sites.



Dr. Abe Oudshoorn
London site Principal
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Dr. Alex Abramovich
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Dr. Paula Braitstein,
late Principal Investigator,
whose life work was
dedicated to improving the
health and wellbeing of
SCY in Kenya and globally.

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 SCY who inject drugs in large urban areas in North America, Europe, and Asia.

However, there is less known about and services tailored towards SCY at risk of HIV and living with HIV in smaller Canadian cities, marginalized inner-city SCY such as people who identify as 2SLGBTQ+, and SCY 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 SCY 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 SCY to effectively reach these marginalized and at risk populations.**

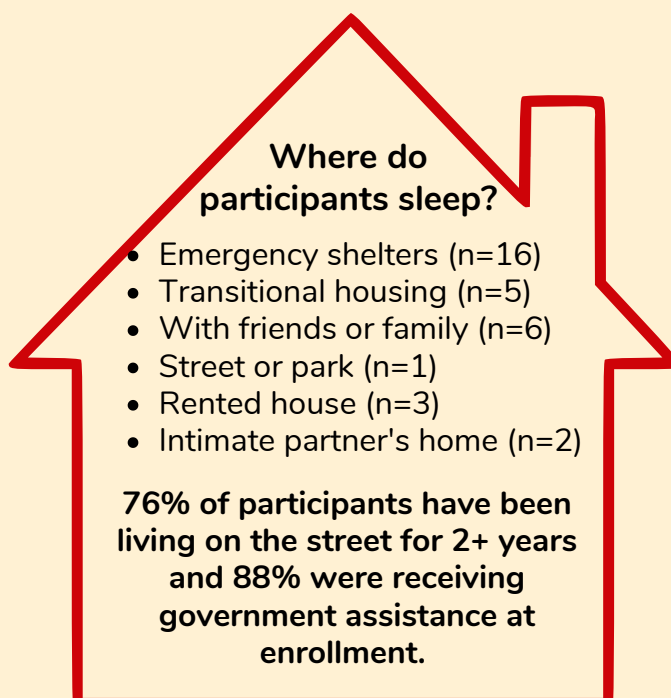
- **April 2021:** A PN was hired on the Middlesex London Health Unit (MLHU) Community Outreach team.
- **Key aspects of the PN role:**
 - A wide range of duties including education and support to SCY living with or at risk for HIV;
 - Advocate, mentor, educate, counsel and assist in problem-solving with clients;
 - Provide supportive care, counselling, coaching and street-level outreach and;
 - Arrange, link, navigate, escort and accompany SCY 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 SCY participants the London site PN has been working alongside from August 2021 to August 2023:

The London site PN has **enrolled 33 SCY*** and completed **238 follow up** encounters. The **average age** of the research participants was 22.5. The majority of SIY were **living in emergency shelters or transitional housing** and **38% slept somewhere they did not feel safe** in the past 4 weeks. While all participants had previously attended school, only **33% of participants had completed high school.**

| Gender | Sexuality |
|---|---|
| 3 cisgender men 3 transgender men 22 cisgender women 1 two-spirit person 2 gender fluid people 1 non-binary person | 11 straight/heterosexual people 9 bisexual people 2 questioning person 1 asexual person 8 pansexual people 1 demisexual person 1 gay person |



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

Peer Navigator Activities

The London site PN provides frequent referrals to local health and social services. Over **80% of participant encounters** with the PN included **receiving a referral** and often **accompaniment** to the service location.

| HIV and sexual health referrals | |
|---|--|
| HIV testing (n=21) HIV treatment services (n=5) PrEP (n=3) Pregnancy care (n=3) | Contraception (n=9) Pregnancy testing (n=2) STI testing (n=22) |
| Physical and mental health referrals | |
| Counselling and other mental health services (n=14) Substance use treatment (n=16) Safe injection or needle exchange programs (n=10) Other medical services (n=24) Sexual assault and abuse support (n=4) | |
| Social services referrals | |
| Transitional housing (n=5) Emergency shelter (n=10) Other housing supports (n=14) | Employment programs (n=7) Nutrition programs (n=18) |

The PN also assisted SCY with other referrals to **holistically support their health and well-being**, such as:

- parenting programs
- setting up cellphones
- pet food and veterinary services
- joining hobby groups
- accessing clothing donations
- navigating paperwork for social assistance programs

Note: This table presents the number of participants who were referred to each program or service. Some participants were referred to services multiple times through the duration of their engagement with the peer navigator project.

Peer Navigator Activities

HIV testing

- At baseline, 76% of participants had previously been tested for HIV.
- Among the 25 people who had previously been tested for HIV, 20% reported that they were living with HIV, 72% reported they were HIV-negative, and 8% did not know their HIV status.

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 5 SCY who reported they were living with HIV, all were currently involved in HIV care and taking antiretroviral medications at baseline. 50% reported an undetectable viral load at their last viral load test.
- The London site PN completed 77 follow-up encounters with the 5 SCY living with HIV, providing referrals to a wide range of health and social services.

Methods

The peer navigator project 18 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-August 2023 from the following participant stakeholder groups (n= 12):

- London site PN,
- 4 community stakeholders,
- 4 SCY, 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-connected 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 | 100% |
| I feel safe with the PN | 100% |



SCY: Within the ways of understanding what I'm going through, most workers I have are like, "I don't get it." And it's like, dude, well if I have to sit here and spell it out for you, there's no point fighting anymore. It's just going to take a lot of my time that I don't need to take up. And she's already knowledgeable about it and knows the risks of stuff, and she seems to know really what you need to work on. Even just by talking to her once she seems to know what you need. But she'll have a thousand things already ready for me, by the time I'm done my conversations, of where I can go and get the services of help for different, and other things, so she's really, really helpful.

Interviewer: Yes, and do you ever take her up on some of those suggestions?

SCY: Yes, oh yes."

-SCY-L-4

Key Qualitative Findings



PN Activities:

The PN role is dynamic, and involves several activities such as: access to health and social services; education; provision of advocacy and empowerment; and mental health support. The PN works effectively across primary, secondary, and tertiary elements of health promotion and disease prevention.

"She's just like, kind of like that person who just helps me with everything. She has helped me with anything that I need help with, because I can't go to my appointments, because I forget about them because of my brain injury. And she helped to advocate for me, like when I, if go to the hospital or if I go to a doctor, she's there to say like, "Yes, no, she's actually in this pain, she's not just another drug addict." That wants meds, that wants painkillers." -SIY-L-3



Community Integration:

With role duration, participants report ongoing PN community integration, including enhanced working relationships and system knowledge which improves workflow and youth service access. This includes growing awareness and acceptance of the PN role.

"Again, I honestly don't really know about a lot of other [HIV] services in the community. I feel like that says a lot though if Jenna's the one that I know about. I just think she's more accessible. And yeah, I'd have to do a Google search if someone was asking about that specifically." -CS-L-1



Service Access:

Assertive engagement links clients to otherwise un-accessed services; attending client appointments; transportation; effective relationships with service providers to improve system navigation; improvements to HIV care cascade; scarcity of health and social services.

"She gets right down to the bottom of things right away. I have about four personal support workers in the community, and none of them have gotten even close to the amount that Jenna's gotten done in the last two months, in the years that I've worked with them." -SCY-L-4



Relationships:

The PN role is centered around building effective and trusting relationships- with youth and their peers/families, and other health and social service workers.

"... being able to have that one-on-one with someone that is kind of lived experience or someone that they feel they can really relate to. There's really a lot of trust that they've built with her, which is so great because when she builds that relationship that can spill over to add to a relationship with a nurse, and then the physician, and then the whole healthcare system, which ultimately, in my mind, for a lot of these folks is really a great end goal." -HCP-L-3

Outcomes



Successes:

Effective working relationships; improved access to services; improved interactions with health/social services; enhanced knowledge; improved client health/wellbeing/safety; youth crisis and substance use support, empowerment, and independence; positive impact of youth engagement in research; and benefits to the HIV care cascade.

“I did not really know much about opioid treatment before meeting Jenna. I kind of just knew what I’d read online or in textbooks and whatnot. But Jenna is the first person I’ll go to if I have a question about a youth who’s on some form of treatment. ...I’ve learned a lot from Jenna. And she’s able to put it into words that actually makes sense to me where it’s not too confusing.” -CS-L-2



Challenges:

Complex challenges of the client population; demands of the PN role; boundaries; ethical issues; barriers to accessing care; intervention sustainability; role clarity/restrictions; need for technology (e.g., laptop, phone) and data tracking issues (i.e., reporting software); workload/capacity; and role equity and stigmatization.

"I think it more depends on who the peer navigator is. I think we need to be looking at folks who can talk the talk and walk the walk, and also have had enough training and personal grounding that they can be in that world. It’s not an easy job. It’s one of the hardest jobs, you know, and it should be valued as such, in my opinion. But I think that’s the key, it’s who can connect. It’s not what groups, right, it’s who can connect to these kids.” -CS-L-4



Sustainability:

The PN role fills an important service void. There is concern about role sustainability and the client and community impact in the absence of the PN role. Should the PN role be discontinued/end after March 2024 when research funding is finished?

“Well we’ve managed to keep Sarah (psuedonym) alive. It’s because of all of our concerted efforts and coordinated efforts that we have managed to help her navigate and to make sure that she receives the services that she needs. And it would – if I had to do this alone, I don’t know what would have happened to Sarah, honestly.”-HCP-L-4



Unique Role:

PN fosters unique connections with SCY: authenticity; listening and presence; trust is based on shared/similar experiences; goals are youth led and focused on youth readiness; high degree of professionalism and boundaries; outreach and meeting youth where they at.

SCY: “She is actually there to help me when I’m in a crisis, when I have nobody else to talk to about having HIV and stuff like that. And she has a lot of knowledge on that stuff, where more, like a nurse doesn’t have that.

Interviewer: Yes. And are you speaking about Jenna’s lived experience?

SCY: Yes.” -SCY-L-1

Implications

Eighteen months post PN implementation, our findings have highlighted how the PN role has continued to evolve based on the needs of the community. Where services are more limited (e.g., supporting pregnant SCY, or SCY who have become isolated from/avoidant of mainstream services), the PN has proven invaluable.

“So, a pregnant woman who has syphilis who’s perhaps not connected to healthcare, she’s underhoused, needs treatment. And there was one recently that the only reason they were treated appropriately is because of their relationship with Jenna. She would go find them, escort them to their appointments to see an infectious disease physician, and because of that they were treated appropriately as was partner. And subsequently baby is born and does not have congenital syphilis. I mean, to me, that’s a huge win.” -HCP-L-3

The broad scope of London’s PN role was determined to prevent service restrictions to primary prevention and addressing social determinants of health. However, navigating varying SCY needs/goals within the backdrop of a strained social service sector has presented challenges related to workload and capacity. These challenges have a direct impact on the health and wellbeing of the PN and the youth she supports.

The London PN created the “Guide for Peer Supported Work with Marginalized Populations,” which provides further insight into the multidimensional PN role.

With continuity of the PN role, we see more immersion and integration into the network of SCY, the social service sector, and within the PN’s team at the host partner site. The service deficit would be greatly felt without the PN- for youth, for social service workers, and for co-workers.

“I think it’s great. I think it’s the first time that I have – when I’ve been in this situation before in different roles, capacities, whatever, and I feel, you know that feeling that you get when you’re helpless at your desk and you don’t know what else, who else to call or what else to do? It’s really nice to know that the health unit has stepped in and has really assumed this role, and I think it’s valuable. I don’t know what other work she does but the work she does with my client is exceptional.” -CS-L-4



"I think it's amazing. Jenna [PN] has a connection with both of the clients that we work with together that I will just never have because I don't understand what they're going through. I don't have that lived experience. And I've watched Jenna in conversations with both of them where they're trying to navigate things and be able to bring in her own personal experience. And I think the clients really benefit from having someone to relate to, and also seeing someone that has gone through similar experiences, but has made change in their life. So, yeah, I think it's a really neat program. Jenna does so much for them, like it's - yeah, it blows my mind how supportive she can be."

-CS-L-I

Conclusion

As we approach the end of our implementation study, 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 one of a kind, **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 18 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 PN's

02

Advance Role Clarity

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

03

Ensure Role Equity

- Peer-based positions are treated equitably- the PN is valued as an integral and unique member of the care team and compensated accordingly
- Include peer participation in role based decisions
- Provide adequate support and resources to the PN to ensure a fair workload and prevent burnout

04

Continued Community Integration

- Increase awareness of the PN service by publicly circulating descriptions of the PN role
- Conduct regular PN intervention evaluations
- Share evaluation findings more broadly with relevant stakeholders/ communities

"I just think everything that's going on in our community with, so increased rates, basically, the substance abuse and underhoused I'm even going to say crisis that we have going, I would think that it would be a role that we would not want to let go. I mean, I think it's been proved that it's a very valuable role. I would think that everyone would agree with that." -HCP-L-3



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Peer Navigator Project website:

<https://pnpstudy.net>

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