PEER HEALTH NAVIGATION:

Scope of practice, roles and responsibilities

PRESENTED BY

Amanda Giacomazzo, Moderator

Glen Bradford

Jamie Crossman

Krista Shore

August, 23rd, 2018

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Canada's source for HIV and hepatitis C information

Webinar Agenda (1 hour)

- Welcome and introduction

- Overview of scope of practice, roles and responsibilities and relevant sections of the Peer Health Navigation Guidelines

  Glen Bradford,12 minutes

- Scope of practice, roles and responsibilities in the Saskatchewan Health Authority Peer Program

  Jamie Crossman,12 minutes

- Perspectives on scope of practice, roles and responsibilities from a peer mentor

  Krista Shore,12 minutes

- Audience question and answer period

  10 minutes

- CATIE convened a 13-member expert working group to develop the *Practice Guidelines in Peer Health Navigation for People Living with HIV*
- Guidelines are both practice and evidence-based and contain 11 chapters
- Guidelines, as well as accompanying resources, can be found on the CATIE website

Practice Guidelines in Peer Health Navigation for People Living with HIV

Print-friendly PDF 🖨

CATIE and a national working group have developed national evidence-based guidelines on peer health navigation in HIV. The guidelines provide agencies with research- and practice-based information and recommendations to develop, implement and strengthen peer health navigation programs. Peer health navigation programs have been shown to improve health and wellbeing outcomes for people living with HIV.

Practice guidelines

General programming resources and tools

Programming resources and tools by chapter

Practice guidelines

Practice guidelines in peer health navigation for people living with HIV (complete guidelines PDF) 🗗

Summary of recommendations (PDF) 🗗

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Practice Guidelines in Peer Health Navigation for People Living with HIV

Print-friendly PDF

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Agencies issue caution about use of dolutegravir by pregnant HIV-positive women

Study uncovers high rates of loneliness among older HIV-positive people

HepCinfo Update 9.10: Fatigue improves after cure; POC testing acceptable to people who inject drugs; increased adherence when HCV treatment combined with OST

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CATIE ANNOUNCES

Call for Nominations to the Board of Directors

CATIE webinar: Peer Health Navigation: GIPA, MEPA and Your Organization

Monday 4 June, Noon EDT

- Today's webinar will focus on Chapter 2 of the guidelines, in addition to content related to recruitment and training of peers (Chapters 4, 6 and 7)

Glen Bradford

Glen is the Director, Director of Programs and Services at The Positive Living Society of BC in Vancouver, Canada.

He has been living with HIV for 24 years and has been the past Chair of the Board for two HIV organizations in Vancouver.

Jamie Crossman

Jamie Crossman is a registered social worker and the Peer Program Coordinator with the Saskatchewan Health Authority.

Jamie is a passionate advocate for harm reduction and social justice, and strives to promote and maintain strong linkages between the community and health region, encouraging holistic care for all.

Krista Shore

Krista Shore belongs to the Peepeekisis First Nation and has been involved in the HIV movement since her diagnosis in 2007. Krista is Peer Mentor with the Saskatchewan Health Authority. She is the Vice Chair of All Nations Hope AIDS Network, Board Secretary of the Canadian Aboriginal AIDS Network and sits on the National Aboriginal Research Advisory Council.

Krista is a co-researcher on the Visioning Health project and was recognized by the Assembly of First Nations with the Young Eagles Challenge Award for her passion, dedication and commitment to the HIV movement in Canada in 2010.

Scope of Practice, Roles and Responsibilities Across Peer Health Navigation (PHN) Programs

**Glen Bradford,
Manager
- Peer Navigation and Prison Outreach Programs**
Email: glenb@positivelivingbc.org

General Overview of Scope of Practice

20 Recommendations that encompass scope of practice as well as roles and responsibilities, you could easily design a job description from these recommendations.

- The **scope of practice** starts with your job description and includes the procedures, actions, and guidelines that a PHN is permitted to undertake in keeping with the terms of their job. Your program practice guidelines determine the boundaries within which a Peer operates.

- The main purpose of **our scope of practice** is to direct and maintain safe and competent peer to peer interactions for both the PHN and the client. Peers don't always understand boundaries until they experienced them in their work.

Roles and Responsibilities

It is important to define a clear PHN job description outlining the goals of the program, qualifications and experiences that are necessary and preferred.

Working in partnership with their client, PHN play a role in :

➢ helping clients develop the skills necessary to self-manage their own care,

➢ providing emotional and culturally sensitive support, HIV education, health care system linkages and accompaniments,

➢ identifying strengths and challenges of clients and

➢ using advocacy skills to assistance clients when they are not feeling heard or don't understand.

Roles and Responsibilities continued

Early in the evolution of our PHN program outside agencies and clinical care understandably were unfamiliar with what the role of our PHN's was. We had to make it clear Peers cannot be all things for all people. Communicate what roles and responsibilities are outside the scope of practice of PHN.

➢ PHN's are not home support workers – they do not bath people, clean their homes or cook for them.

➢ They do not provide child care.

➢ They are not movers.

➢ They do not transfer people in and out of wheelchairs, beds or showers.

➢ Talking to the media to promote the program or an HIV issue should be optional not required.

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Recruitment

- In this chapter, there are 32 recommendations identifying host agency responsibilities related to recruitment and selection of PHN. These include:

  ➢ defining peer health navigator competencies,

  ➢ developing a strategy to support candidates to assess their readiness to be navigators, and

  ➢ defining a recruitment and selection process that is transparent, flexible and accommodating.

  .

Recruitment continued

Peers are not likely to have obvious skill sets like an educator or social worker. But, they may have volunteered as workshop presenters, group facilitators or shown strong helper skills within their community. Therefore, seek candidates who:

- have the lived experience and understanding of the local context and culture of clients

- demonstrate stability, commitment and reliability

- model meaningful engagement and self care in their own HIV care

- possess the ability to gain the skills and knowledge necessary to be peer health navigators

Supervision, Support and Mentorship

- Identify qualified and appropriate individuals who can provide administrative and clinical supervision support for PHN.

- Provide PHN with a suite of consistent and ongoing individual and group supervision and peer-to-peer supports.

- Support PHN to maintain a health therapeutic alliance with clients through close supervision and access to professional development.

- Support PHN to seek and/or connect them to adequate and appropriate external support services, when necessary, such as therapist, recovery groups, etc.

- Discuss with PHN their self-care practices, social networks and external support system.

  Nurture an environment of safety to discuss alcohol, drug use and harm reduction with PHN.

Training

Using 27 recommendations to guide you, we identify the responsibilities of the host agency related to training methods and a detailed list of training content.

- Consult PHN about the learning materials that work best for them and take into account varying levels of literacy, and different ways of learning when training them.

- Assess the knowledge and skills of new PHN as part of the training process.

- Identify and facilitate mentorship opportunities. Shadowing experienced peers, agency staff and partner agency staff are appropriate on-the-job training techniques.

- Training should be ongoing.

Peer-to-Peer Program

Scope of practice, roles, & responsibilities

August 23, 2018

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Acknowledgements

Peer-to-Peer Program

- **Peer Mentor**
- **Mentee**
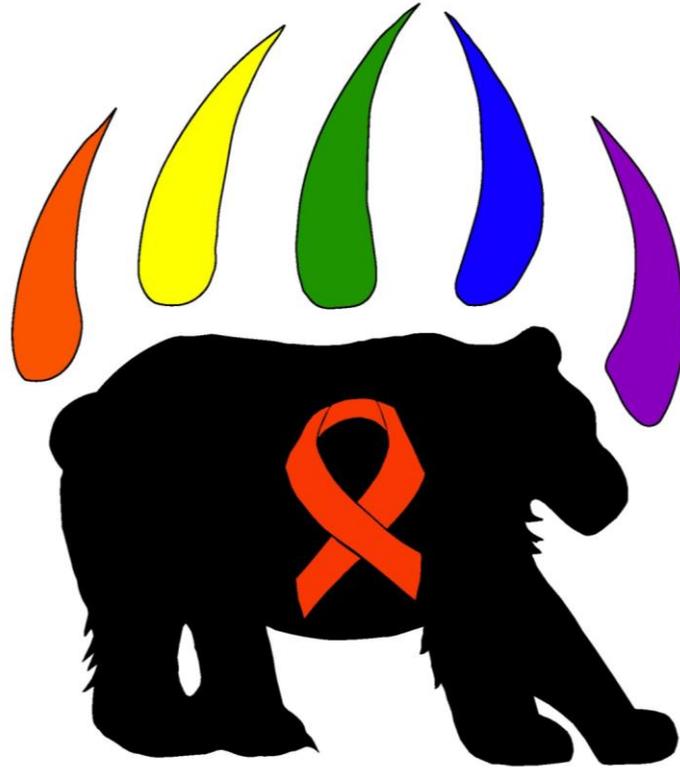
Recruitment

Peer Mentor

Referral

Application

Interview

Intent to participate

Commitment and reliability

Training

Referrals for program participants

Public Health

ID Clinic

Community Based Organizations

Self Referral

Peer Mentor Roles & Responsibilities

Intake & Assessment

Meeting with mentee match

Identify strengths of mentee

Support mentee with goal setting

Identify tasks, strategies, and activities that outline the responsibility of the peer mentor and mentee to achieve goals

Advocacy

Advocate with service providers at mentees request

Empower mentees to advocate on their own behalf

Advocating through all methods of communication (phone, email, in-person)

Advocate on a larger scale for social issues (i.e. HIV stigma, housing, food security, etc.)

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Peer Mentor Roles & Responsibilities

Practical Assistance

Address barriers such as transportation, child care, food security, and housing

Appointment reminders or coordination

Assist to access harm reduction supplies

Adherence check-ins

Health Care Support

Provide support before, during, and after the appointment

Peer health navigators work in collaboration with ID Clinic and Public Health team within their role

Uphold participant and staff confidentiality

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Peer Mentor Roles & Responsibilities

Emotional and Social Support

Relationship building through one-on-one visits with mentee (by phone, email, text, or face-to-face)

Address and/or listen to life stressors of mentee

Help people cope with daily struggles in a health way

Provide support for mentee when attending community events and support groups

Education

Provide general HIV Education

Provide resources on basic HIV medication

Provide information on holistic health

Peer Mentor Roles & Responsibilities

Referrals Support

Referrals to peer program/provide information about the program

Refer to medical services

Referral to HIV risk reduction/counselling

Referral to housing services

Referral to substance use programing

Referral to mental health services

Referral to ID Clinic, Public Health, or Case Management

Referrals to cultural support

Referral to Community Based Organizations

Program Planning

Peer mentors provide input to program policies, forms, advertising, planning, and evaluation

Scope of Practice

Professional, trustworthy, and respectful peer support

Program meetings and trainings

Participant and staff confidentiality

Commitment to achieving the goals and objectives of the Peer-to-Peer Program, including:

- Decrease hospital admissions for HIV-related illnesses
- Reduce stigma and increase understanding of HIV among the residents of Saskatchewan
- Increased support to HIV-positive people by their families and communities
- Increased community, social, and leadership engagement to address community related risk factors
- Help to support PLWHIV to improve and maintain physical, emotional, mental, and spiritual well being

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Final Thoughts

Refer if outside scope of practice

Revisit and review roles, responsibilities, and scope of practice

Lay of the Land

Peer-to-Peer Program

Krista Shore, Peer Mentor

August 23, 2018

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Lived Experience of a Peer Mentor on the Ground

Intake and Assessment
Close knit community
Strengthen and empower

Goal Setting
Trauma Informed
People's First (privilege, navigating-needs)
Professional
Reduce Harm

Need for Cultural Safety
Substance User
Service Provider
Acute Care Setting

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Lived Experience of a Peer Mentor on the Ground

Advocacy

-Reflective and responsive with team and coordinator

-Role modeling

-"Othering"

Practical Assistance

-GIPA/MEPA/MEWA

-Systemic barriers/visibility

-Community readiness

-Lay of the land

Adherence

-Mentees personal goals for adherence

-Symptoms

-Retainment /navigation

Lived Experience of a Peer Mentor on the Ground

Health Care Appointment Support

-Re-establish/build trust in health care setting

-Power imbalance within team

Emotional & Social Support

-Self stigma

-Breaking silos (case management)

-Supporting harm reduction

-Burn out

-Safety

-Communication

Education

-Resistance to reconciliation

-Visibility of minorities/key populations

-Trauma informed

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Lived Experience of a Peer Mentor on the Ground

Referral Support

-Need for communication

-Visibility, relevancy, engagement and retain

Collaboration

-Community readiness (scan?)

-Nourish cultural safety

-Need for engagement and visibility of program

Evaluation

-Encourage regular evaluation (besides training)

-Strength-based documentation to remain objective

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Contact Information

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Audience questions?

Please type your question or comment into the chat box.

Thank You

Email: programmingconnection@catie.ca

Please complete the webinar evaluation that will be provided following this webinar.

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