



Community engagement and development for peer health navigation programs

In this chapter, we explore the ongoing community engagement and development work needed to support peer health navigators to work with external community-based agencies; for example, agencies that provide housing, substance use, mental health, settlement and culturally specific services.

The literature and working group identified five activities related to community engagement and development for peer health navigation programs. The recommendations for the activities are described below, along with a review of the evidence for each. The activities are:

- Consider a community engagement strategy
- Educate and engage other community agencies to support the peer health navigation program
- Create memoranda of understanding with community partners
- Support peer navigators to acquire and maintain up-to-date knowledge of community services
- Facilitate integration of peer health navigators into the community

Consider a community engagement strategy

RECOMMENDATION 1: Consider the need to create a strategy to guide community engagement and development. (Type of evidence: practice)

Evidence

This recommendation emerged from the practice expertise of the working group.

Educate and engage community agencies to support the peer health navigation program

RECOMMENDATION 2: Engage external community agencies to support the peer health navigation program before navigators work with clients in the community. (Type of evidence: research and practice)

Evidence

As part of their role, peer health navigators interact with external community agencies, including making referrals on behalf of clients, accompanying clients to appointments, and attending community events. Extensive community development may be needed before introducing peer health navigators into external community agencies.⁶⁵ Community support for the peer health navigation program can facilitate referrals, the presence of peer health navigators in community agencies, and the work of navigators generally.⁷³

The first step in engaging external community agencies may be creating an inventory of available community services.¹⁴⁸ Such an inventory gives program supervisors a list of agencies that can be engaged. Later it can serve as an inventory of programs and services to which peer health navigators may refer clients.

There are a number of ways that program supervisors can prepare external community agencies for working with peer health navigators. Program supervisors can leverage existing professional relationships to educate other agencies about the purpose of the program and the work of the peers.^{27,71} Community agencies with which the host agency already has some relationships can also help identify other agencies where peer health navigators may need to refer or support clients.²⁷

Program supervisors can also solicit input on the peer health program from external service providers,^{27,65,168} and can attend community events to establish or strengthen relationships with potential partners.²⁴⁰

RECOMMENDATION 3: Engage external community agencies to support the peer health navigation program in an ongoing way after navigators have started to work with clients in the community. In support of GIPA/MEPA, facilitate opportunities for peer health navigators to participate as advisors to this process, as ambassadors for the program, or in other appropriate and relevant ways. (Type of evidence: practice)

Evidence

This recommendation emerged from the practice expertise of the working group.

VIGNETTE *Ryan, the peer health navigation program supervisor, and his team of peer health navigators are excited to have received the Certificate of Community Contribution in Healthcare, which acknowledges their ongoing community engagement work of the last year. Ryan now wants to formalize his team's existing informal collaborations with community agencies and initiate new ones. With input from the navigators, Ryan standardizes the referral process from the local First Nations health centre, secures satellite space for regular shifts for navigators at HIV testing clinics around the city, and signs a memorandum of understanding so that navigators can shadow service providers at two harm reduction agencies as part of their training.*

The high point in the team's community engagement efforts is a finalized agreement between the peer health navigation program and the local medical school. Starting in the fall, peer health navigators will be hired as patient instructors for medical students.

Create memoranda of understanding with community partners

RECOMMENDATION 4: Create new or adapt existing memoranda of understanding with community partners to frame the work of peer health navigators in external community agencies. (Type of evidence: research and practice)

Evidence

Peer health navigation programs should develop memoranda of understandings or partnership agreements with any external community agencies where peer health navigators may have a significant presence.^{27,71}

These agreements can include any information that facilitates a collaborative working relationship between the peer health navigation program and external community agencies. This can include information related to the roles and responsibilities of both the host agency and its partners,²⁷ the process for making policy and process decisions that impact the work of navigators,²⁷ any referral pathways from peer health navigators to other service providers,⁷¹ and the process for sharing information among navigators and program supervisors from the peer health navigation program and their community partners.⁷¹

Support peer health navigators to refer clients to external services

RECOMMENDATION 5: Support peer health navigators to acquire and maintain up-to-date knowledge of available community and clinical services; provide access to information about external programs and services that may be relevant to clients to facilitate referrals from the peer navigator program. (Type of evidence: practice)

Evidence

This recommendation emerged from the practice expertise of the working group

Facilitate integration of peer health navigators into the community

RECOMMENDATION 6: Facilitate the integration of peer health navigators into external community agencies. (Type of evidence: research and practice)

Evidence

Agencies should facilitate relationship building for peer health navigators. For example, agencies should facilitate networking between their peer health navigators and external community-based agencies and peer navigators from other health regions/organizations. Peers should not be expected to network on their own. Agencies can also support peer health navigators to meet with external agencies to mutually understand each other's mandate and start to develop a working relationship. Especially in the earlier phases of a peer health navigation program, any interaction between peer health navigators and external service providers will be an opportunity to build relationships.²⁴¹ One of the first ways to facilitate the integration of peer health navigators into external community agencies can be to invite staff from these agencies to lead training sessions for peer health navigators.¹⁵⁸ Participating in training for peer health navigators allows community agencies to share their expertise. It also allows staff from community agencies and the navigators to familiarize themselves with one another.

Peer health navigators should be given an inventory of community agencies with which the host agency has formal partnerships or with which the host agency often collaborates.³⁴ These community agencies should be encouraged to formally affiliate themselves with the health navigation program through a partnership agreement. This may ease peer navigator interactions with external service providers.²⁶

Once peer health navigators start working, program supervisors should also actively introduce peer health navigators to other service providers,^{28,71,194,241} such as intake staff in community agencies where peer health navigators may often refer or accompany clients.⁷¹ Navigators should be encouraged to attend relevant community events where they can establish their own contacts with community partners.¹⁴⁸

Chapter 11

References

26. Penn R, Mulkath S, Henschell C, Andrews J, Danis C, Thorpe M, et al. Shifting Roles: Peer Harm Reduction Work at Regent Park Community Health Centre [Internet]. Centre for Addiction and Mental Health; 2011 [cited 2015 Dec 22]. Available from: <http://www.regentparkchc.org/sites/default/files/files/RPCHCShiftingRolesPeerWorkFinalReport22.pdf>
27. Peer Outreach Support Services and Education. A Guide to Growing POSSE [Internet]. Peer Outreach Support Services and Education; 2008 [cited 2015 Nov 20]. Available from: [http://www.posseproject.ca/wp-content/uploads/Manual_Working_Final_February_18_2008\(1\).pdf](http://www.posseproject.ca/wp-content/uploads/Manual_Working_Final_February_18_2008(1).pdf)
28. Nicolas J. Créer des trajectoires gagnantes pour l'implication de paires en prévention des ITSS: Que nous disent les expériences montréalaises? [Internet]. Stella, l'amie de Maimie; 2014 [cited 2016 Feb 1]. Available from: <http://pulpandpixel.ca/portfolio/project/creer-des-trajectoires-gagnantes/>
34. Massachusetts Department of Public Health, Bureau of Infectious Disease, Office of HIV/AIDS, Boston Public Health Commission, Infectious Disease Bureau, HIV AIDS Service Division. Guidelines for Peer Support Services [Internet]. 2010 [cited 2013 Nov 14]. Available from: <http://www.mass.gov/eohhs/docs/dph/aids/peer-support-guidelines.pdf>
65. Ryerson Espino SL, Precht A, Gonzalez M, Garcia I, Eastwood EA, Henderson T, et al. Implementing Peer-Based HIV Interventions in Linkage and Retention Programs: Successes and Challenges. *Journal of HIV/AIDS & Social Services*. 2015 Oct 2;14(4):417–31.
71. Mosaica. Consumer LINC Project: strategies to involve Ryan White consumers in linking other PLWH into primary medical care and other needed services [Internet]. Mosaica: The Center for Nonprofit development and pluralism; 2011 [cited 2015 Dec 18]. Available from: https://careacttarget.org/sites/default/files/file-upload/resources/Project_LINC_Strategies_2011.pdf
73. Marshall Z, Dechman M, Minichiello A, Alcock L, Harris G. Peering Into the Literature: A Systematic Review of the Roles of People who Inject Drugs in Harm Reduction Initiatives. *Drug and Alcohol Dependence*. 2015;151:1–14.
148. HPTN 061 Investigators. HPTN 061 Peer Health Navigators Operations Manual [Internet]. HPTN 061; 2009 [cited 2016 Jan 21]. Available from: http://www.hptn.org/web%20documents/HPTN061/App_E_PHNOpsComboV2.0.pdf
158. Harris G, Corcoran V, Myles A, Lundrigan P, White R, Greidanus E, et al. Establishing an online HIV peer helping programme: A review of process challenges and lessons learned. *Health Education Journal*. 2015;75(5):507–17.
168. Tips for starting a peer education program for inmates. *AIDS Policy Law*. 1997;12(7):8–9.
194. Boston University School of Public Health, Health and Disability Working Group. Integrating Peers Into HIV Care and Treatment Teams: Lessons Learned from the Peer Education and Training Sites/Resources and Evaluation Center (PETS/REC) Initiative 2005-2010 [Internet]. Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative; 2010 [cited 2015 Dec 18]. Available from: <http://peer.hdwg.org/sites/default/files/lessonslearned.pdf>

240. French PP, Latka M, Gollub EL, Rogers C, Hoover DR, Stein ZA. Use-effectiveness of the female versus male condom in preventing sexually transmitted disease in women. *Sexually Transmitted Diseases*. 2003;30(5):433–439.
241. Coupland H, Maher L. Clients or colleagues? Reflections on the process of participatory action research with young injecting drug users. *International Journal of Drug Policy*. 2005 Jun;16(3):191–8.

© 2018, CATIE (Canadian AIDS Treatment Information Exchange).
All rights reserved.

Contact: www.catie.ca • 1-800-263-1638



CATIE would like to thank the following people for working with us to help produce these guidelines. Their time and knowledge were invaluable and much appreciated.

Author

Logan Broeckaert

Editors

Jason Altenberg, South Riverdale Community Health Centre
Glen Bradford, Positive Living BC
Laurel Challacombe, CATIE
Miranda Compton, Vancouver Coastal Health
Holly Gauvin, Elevate NWO
Amanda Giacomazzo, CATIE
Scott Harrison, Providence Health Care
Kira Haug, ASK Wellness Centre
Shazia Islam, Alliance for South Asian AIDS Prevention
Christie Johnston, CATIE
Murray Jose-Boerbridge, Toronto People With AIDS Foundation
Erica Lee, CATIE
Marvelous Muchenje, Women's Health in Women's Hands
Community Health Centre
Susanne Nicolay, Regina Qu'Appelle Health Region
Mary Petty, Providence Health Care
Sudin Sherchan, Alliance for South Asian AIDS Prevention
Carol Strike, University of Toronto

Copy Editor

Zak Knowles

Translation

Alain Boutilier
Alexandra Martin-Roche

Design and Layout

David Vereschagin/Quadrat Communications

Reviewers

Jamie Crossman, Regina Qu'Appelle Health Region
Samantha Francois, Regina Qu'Appelle Health Region
Nelson Hollinger, Regina Qu'Appelle Health Region
Alexandra King, Lu'Ma Medical Centre
Elgin Lim, Positive Living BC
Bernie Mathieson, Regina Qu'Appelle Health Region
Beth Rachlis, Ontario HIV Treatment Network
Glyn Townson, Positive Living BC
Gloria Tremblay, Regina Qu'Appelle Health Region
Danita Wahpoosewyan, Regina Qu'Appelle Health Region

About CATIE

CATIE strengthens Canada's response to HIV and hepatitis C by bridging research and practice. We connect healthcare and community-based service providers with the latest science, and promote good practices for prevention and treatment programs. As Canada's official knowledge broker for HIV and hepatitis C, you can count on us for up-to-date, accurate and unbiased information.

Permission to Reproduce

This document is copyrighted. It may be reproduced and distributed in its entirety for non-commercial purposes without prior permission, but permission must be obtained to edit its content. The following credit must appear on any reprint: *This information was provided by CATIE (Canadian AIDS Treatment Information Exchange). For more information, contact CATIE at 1-800-263-1638 or info@catie.ca.*

Disclaimer

CATIE endeavours to provide the most up-to-date and accurate information at the time of publication. However, information changes and users are encouraged to ensure they have the most current information. Any opinions expressed herein or in any article or publication accessed or published or provided by CATIE may not reflect the policies or opinions of CATIE or any partners or funders.