

## Program management – Recruitment and selection of peer health navigators

In this chapter, we identify host agency responsibilities related to recruitment and selection of peer health navigators.

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.

### Peer health navigator competencies

There are specific skills and knowledge people living with HIV should have to be peer health navigators. If they do not possess these competencies, they should be able to demonstrate an ability to learn them. The literature and working group identified 16 peer health navigator competencies. The recommendations for the competencies are described below, along with a review of the evidence for each. The competencies are:

- Interest in peer support
- Knowledge of local context and culture
- Commitment and reliability
- Engagement in HIV care
- Personal stability
- Ability to gain the skills and knowledge of a peer health navigator
- Leadership skills
- Ability to set boundaries
- Ability to demonstrate work/life balance
- Ability to identify need for self-care
- Communication skills

- Ability to demonstrate empathy toward others
- Adaptability
- Ability to work within a trauma-informed framework
- Ability to work within a harm reduction framework
- Ability to work within a sexual health framework

## *Interest in peer support*

**RECOMMENDATION 1:** Seek candidates who demonstrate an interest in peer support. (Type of evidence: research and practice)

### **Evidence**

It is important that candidates have an interest in peer work.<sup>13,66,158,169,174,175</sup> Interest can be gauged in a number of ways, including a candidate's interest in working in the community,<sup>66</sup> providing information to their peers,<sup>13,175</sup> or pursuing further training in peer work.<sup>174</sup> Candidate interest can also be assessed through previous experience working as an educator<sup>169</sup> or counsellor<sup>174</sup> (paid and volunteer) in the HIV community,<sup>33</sup>

## *Knowledge of local context and culture*

**RECOMMENDATION 2:** Seek candidates who have the lived experience and understanding of the local context and culture of clients; if this is not possible, seek candidates who have the ability and interest to learn about the local context and culture. (Type of evidence: research and practice)

### **Evidence**

Candidates applying to be peer health navigators should have knowledge of the communities served by the navigation program<sup>33,51,63,71</sup> and be familiar with the culture of clients or have the ability to learn about the cultures of the local clients.<sup>34,44,66</sup> Local knowledge can include knowledge of relevant languages<sup>33,66</sup> or local services and issues in communities.<sup>33,51,66,71</sup>

## *Commitment and reliability*

**RECOMMENDATION 3:** Seek candidates who demonstrate commitment and reliability. (Type of evidence: research and practice)

### **Evidence**

Commitment to the program, reliability and dependability are all important competencies peer health navigator candidates should possess. Candidates should be committed to the position,<sup>51,67,157,160,176</sup> the program's goals,<sup>157</sup> and working with others to improve HIV care.<sup>51</sup>

They should also demonstrate reliability<sup>160,174</sup> which can be assessed by previous examples of how they followed through on the things they said they would do.<sup>160</sup>

## Engagement in HIV care

**RECOMMENDATION 4:** Seek candidates who model meaningful engagement in their own HIV care. (Type of evidence: research and practice)

### Evidence

Peer health navigators are expected to model meaningful engagement in their own holistic health and wellness, including HIV care, for their clients. Candidates for peer health navigator positions should receive regular and consistent care,<sup>71,174,177</sup> attend appointments<sup>178,179</sup> and adhere to HIV treatment.<sup>66,71,178-180</sup>

## Personal stability

**RECOMMENDATION 5:** Seek candidates who have achieved a measure of stability in their lives that allows them to carry out the functions of their position. (Type of evidence: research and practice)

### Evidence

Candidates need to have enough stability in their lives to ensure that they can guide, connect, refer, educate and accompany people with HIV through systems of care.<sup>26,28</sup> Stability is difficult to measure and there is no set threshold.<sup>26</sup> The ability of peer navigator candidates to carry out their roles and responsibilities<sup>23,28,149</sup> and take care of themselves<sup>152,181</sup> when they experience challenges in their lives are key indicators to consider.<sup>26</sup>

Candidates who use drugs can continue to do so if it does not interfere with their ability to fulfill the roles and responsibilities of a navigator.<sup>23,24,28,32,149</sup>

**VIGNETTE** *Skye has been living with HIV for five years. She has been getting treatment for her bipolar disorder and started attending a support group for trans people. She has been able to go to her appointments for HIV care on a regular basis and is now on HIV treatment. Today, she is meeting with the peer health navigation program supervisor about becoming a navigator. Skye's HIV specialist referred her. The program supervisor and Skye talk about her current plan of care, and how she is remaining engaged in her treatment. Together, they make a shared plan to support Skye should she need it. The program supervisor believes that Skye maintains enough stability to do peer health navigation work.*

## *Ability to gain the skills and knowledge of a peer health navigator*

**RECOMMENDATION 6:** Seek candidates who possess the ability to gain the skills and knowledge necessary to be peer health navigators. (Type of evidence: research and practice)

### **Evidence**

Candidates may have some of the necessary skills or knowledge to be peer health navigators before they apply. All candidates should, nevertheless, demonstrate they are able to gain the skills<sup>13,17,19,20,22,27,28,30,31,33,34,44,49,51,67,71,155,158,162,178,179,182-189</sup> and knowledge<sup>17,19,20,27,28,67,71,158,162,183-186,189</sup> necessary to work with clients in this role if they do not already have the skills or knowledge. For more information on peer health navigator training, see Chapter 7.

Candidates should have the ability to learn assessment techniques and peer counselling skills<sup>20,27,71,158</sup> related to offering emotional support to clients, which is one of their roles. They also assist clients to access health and social services and should know about community resources<sup>27,71,183</sup> and how the system of HIV care is set up in the area.<sup>71</sup>

In addition, peer health navigators have a role in educating their clients (either formally or informally) and should have the related skills to perform this role. They should have the ability to learn the factual information necessary for educating their clients.<sup>17,19,20,27,67,71,158,162,183-186,189</sup> Navigators will need to know information on sexual health, HIV and sexually transmitted infections prevention and treatment,<sup>17,19,20,27,71,158,162,183-186</sup> and risk reduction techniques.<sup>27,183,186</sup> In the case of formal, group education, facilitation and presentation skills can be useful.<sup>27,30,185</sup>

Peer health navigators gain the skills and knowledge required to be navigators through training and ongoing supervision. Candidates have to be able to attend peer health navigator training<sup>13,28,31,44,178,179,187,188</sup> and supervision meetings to gain and improve on their skills and update their knowledge.<sup>31,178,179</sup> See Chapter 6 for more information on peer health navigation supervision, and Chapter 7 for more information on training.

## *Leadership skills*

**RECOMMENDATION 7:** Seek candidates who possess leadership skills or the ability to develop leadership skills. As peer navigators gain knowledge and confidence, and feel empowered through their engagement in the program, leadership can develop. (Type of evidence: research and practice)

### **Evidence**

Leadership qualities or a desire to build leadership skills are important for candidates<sup>13,157,160,190,191</sup> because they guide and motivate clients to manage their own care.

There are a variety of qualities that can point to leadership skills or the ability to develop these skills among candidates. Candidates could be role models or opinion leaders among their social networks<sup>157,190</sup> or have credibility among their peers.<sup>157</sup> Leadership qualities can also be demonstrated through an ability to motivate other people with HIV,<sup>160</sup> by being respectful of other people (including others with HIV, program staff and program supervisors),<sup>160</sup> and by showing insight into their own needs and limits.<sup>160</sup>

In addition, candidates for peer health navigator positions could demonstrate a desire to gain leadership skills through an interest in learning, comfort when seeking input from others, comfort with constructive feedback, and by being adaptable.<sup>160</sup>

## *Ability to set boundaries*

**RECOMMENDATION 8:** Seek candidates who understand how to set boundaries or have the ability to learn how to set them. (Type of evidence: research and practice)

### **Evidence**

Candidates applying to be peer health navigators should demonstrate they can set boundaries or have an ability to learn how to set boundaries.<sup>49,71,174</sup> Having good boundaries increases peer health navigator effectiveness.<sup>67,70</sup>

Setting boundaries – appropriate limits between personal and professional relationships – can be challenging for peer health navigators because they can have both personal and professional relationships with their clients and service providers.<sup>70,148,150-152</sup> Behaviours and actions that were normal and expected before they became peer health navigators may not be in line with the organizational policies and procedures that impact their role as navigators. Training navigators to identify and avoid inappropriately close relationships with clients is essential to prevent abuse of that relationship by the navigator or the client.<sup>66,148</sup>

Peer health navigators may also appear more accessible to clients than other service providers, which may lead clients to ask peer health navigators for more than they are able to offer. Setting clear boundaries will help to manage expectations related to what peer health navigators can and cannot do for clients.<sup>28,51,66,149,156,157</sup>

Given that navigators may have or continue to experience the same life stressors and challenges that their clients do – HIV stigma, financial concerns, periods of illness – it is important for navigators to have strong emotional boundaries when working with clients. Navigators need to develop an emotional distance from the lives of their clients while still offering the emotional support that can be crucial to successful peer health navigation.<sup>21,47,51,71,151,154</sup> This can reduce client dependence on navigators and navigator burnout.

A display of good boundaries can include separating professional and personal lives. Peer health navigators should suspend judgment on the actions of clients that they may not agree with,<sup>34,67,170</sup> and be clear about the time and energy they can devote to clients or their work.<sup>51,66,156</sup> Part of having good boundaries also means peer health navigators need to have an understanding of the limits of their abilities and when to refer clients to others.<sup>157</sup>

### *Ability to demonstrate work/life balance*

**RECOMMENDATION 9:** Seek candidates who can demonstrate work/life balance. (Type of evidence: practice).

#### **Evidence**

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

### *Ability to identify need for self-care*

**RECOMMENDATION 10:** Seek candidates who are able to identify the need for self-care and/or who have positive self-care practices. (Type of evidence: practice)

#### **Evidence**

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

### *Communication skills*

**RECOMMENDATION 11:** Seek candidates who possess good communication skills or the ability to develop communication skills, such as active listening. (Type of evidence: research and practice)

#### **Evidence**

Candidates applying to peer health navigator positions should be good communicators<sup>13,20,34,49,51,66,67,71,155,177,180,192</sup> or have the ability to learn communication skills.<sup>27,169,182-186</sup>

Good communication skills are crucial to the work of peer health navigators because part of their role is to share information with clients in a way that is understandable,<sup>34,66,182,185</sup> during both one-on-one sessions<sup>48,157,158,169</sup> and, to a lesser extent, presentations.<sup>17,175,184,185</sup> Strong communication skills also include the ability to listen,<sup>34,67,175,183</sup> a willingness to voice opinions,<sup>66</sup> and a willingness to share personal stories to help clients through their own struggles.<sup>34,71</sup>

## *Ability to demonstrate empathy toward others*

**RECOMMENDATION 12:** Seek candidates who are able to create empathic relationships with clients. (Type of evidence: research and practice)

### **Evidence**

Candidates applying for peer health navigator positions should have the necessary social skills, especially empathy toward others, to create relationships with clients.<sup>13,22,31,31,34,51,66,71,155,176,179,180,192</sup>

Building rapport<sup>71,180,192</sup> with clients is an essential step in supporting them to achieve their goals. Peer health navigators need to be credible,<sup>157,192</sup> able to share their experience with HIV and other personal challenges and triumphs,<sup>22,51,66,71,176</sup> demonstrate empathy and warmth,<sup>71,155</sup> and respect other people's opinions.<sup>13</sup>

## *Adaptability*

**RECOMMENDATION 13:** Seek candidates who demonstrate adaptability when addressing the needs of clients and in taking up new knowledge about HIV into their work. Also, seek those who can acknowledge, understand and overcome their biases and respond with compassion to the needs of clients. (Type of evidence: research and practice)

### **Evidence**

Candidates for peer health navigator positions should be adaptable. Peer health navigators work with clients who face unique challenges and possess specific strengths. Each client's needs are different and navigators have to adapt their approach to help clients access the information or services they need to be healthy.<sup>14,30,71</sup>

## *Ability to work within a trauma-informed framework*

**RECOMMENDATION 14:** Seek candidates who demonstrate they can work within a trauma-informed framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

### **Evidence**

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

## *Ability to work within a harm reduction framework*

**RECOMMENDATION 15:** Seek candidates who demonstrate they can work within a harm reduction framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

### **Evidence**

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

## *Ability to work within a sexual health framework*

**RECOMMENDATION 16:** Seek candidates who demonstrate they can work within a sexual health framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

### **Evidence**

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

## **Assessment of candidate readiness**

It is important that people with HIV determine whether they are emotionally, mentally, physically and spiritually ready to work as peer health navigators. Conducting a readiness assessment may reduce the potential for negative impacts on the health and wellness of navigators and, perhaps, also future clients. When considering whether to become a peer navigator, people with HIV need to think about job expectations, their ability to perform the tasks required, and emotional readiness.

The literature and working group identified 10 agency responsibilities related to candidate readiness assessment. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are to support and guide:

- The self-assessment process
- The assessment of the ability to commit to the position
- The assessment of emotional readiness
- The assessment of alcohol and drug use
- The assessment of comfort with disclosure
- The assessment of the ability to maintain boundaries
- The assessment of work/life balance
- The assessment of self-care practices
- The assessment of the compatibility of the peer navigators and the agency
- The assessment of the impact of peer work on health and wellness

## *Support and guide the self-assessment process*

**RECOMMENDATION 17:** Support and guide the self-assessment process of people with HIV who are considering an application for a peer health navigator position. (Type of evidence: research and practice)

## Evidence

People with HIV may need help from service providers to assess their readiness to take on the roles and responsibilities of a peer health navigator.<sup>32,63,168,193</sup> Program supervisors who have established relationships with people interested in peer navigation may be in a good position to help these individuals determine their readiness, their ability to cope with the job, and the potential supports they may need to be a successful navigator.<sup>32</sup>

Providing people with HIV with a thorough description of a navigator's roles and responsibilities will help in the readiness assessment. Allowing people with HIV to attend peer navigator training and/or shadowing a peer navigator without a prior commitment to become a navigator may also help in the assessment of readiness.<sup>161,194</sup>

Agencies should encourage and support candidates to ask themselves the following questions to assess their readiness:

- What is behind my motivation in becoming a peer health navigator?
- Am I comfortable being identified as a person with HIV? Am I comfortable with the consequences of disclosure and how to handle them?<sup>161,195</sup>
- Am I comfortable being identified as a member of a group that is at heightened risk for HIV?<sup>195</sup>
- Do I know the latest information necessary to be a peer health navigator? Am I willing to learn?<sup>161</sup>
- How much time and energy am I willing and able to give?<sup>195</sup>
- What do I enjoy doing? What issues are important to me?<sup>195</sup>
- Is the organization the right fit for me?<sup>195</sup>
- Does the organization offer incentives, supports or opportunities for personal and professional growth?<sup>195</sup>

## *Support and guide the assessment of the ability to commit to the position*

**RECOMMENDATION 18:** Support and guide people with HIV to consider their ability to commit to a peer health navigator's roles and responsibilities. (Type of evidence: research and practice)

## Evidence

Candidates need to understand the requirements of the position of a navigator. People with HIV who choose to apply to be peer health navigators must be able to make a commitment to the position as outlined in a job description.<sup>27,196</sup>

In addition to understanding the expectations of the work that navigators will do, people with HIV need to commit to the job and their clients. This means navigators must be ready to do what they say they will do for both the program and clients, being honest about when they do not understand something or need more information, being open to

the differing ideas and opinions of others, and following instructions offered for how to do the work.<sup>196</sup>

## *Support and guide the assessment of emotional readiness*

**RECOMMENDATION 19:** Support and guide people with HIV to consider their emotional readiness to work with clients facing similar challenges to their own. (Type of evidence: research and practice)

### **Evidence**

Navigator candidates need to be emotionally ready. Emotional readiness involves being able to address mental health stressors as they arise.<sup>21</sup> Personal stressors for navigators can include HIV disclosure to friends, family and others,<sup>162</sup> experiences of stigma and discrimination,<sup>162</sup> and parenting issues.<sup>162</sup> In addition, peer health navigators work with clients who face struggles similar to their own, which can have a negative impact on their mental health.<sup>151</sup>

**VIGNETTE** *Samir is considering becoming a peer navigator with his local clinic. The program supervisor, Dani, has prepared a few written vignettes about typical and challenging situations that the clinic deals with. She sits with Samir and talks through how he would approach each situation. This helps Samir conceptualize some of the emotional and ethical realities of being a navigator. This experience helps Samir to consolidate his interest in being a peer navigator and helps Dani to confirm that Samir understands the kind of work he will be doing and that he is ready to take on this new challenge.*

## *Support and guide the assessment of alcohol and drug use*

**RECOMMENDATION 20:** Support and guide people with HIV who use alcohol and/or other drugs to consider the impact use has on them, if any. Discuss whether current patterns of use are compatible with what the navigator needs to be successful in their role, and what the agency could do to facilitate success. (Type of evidence: practice)

### **Evidence**

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

**VIGNETTE** *Sébastien is a volunteer with a local community-based organization. He has expressed interest in becoming a peer health navigator, and the volunteer coordinator, Sylvia, agrees that he could be a great asset to the team. However, recently, Sylvia has noticed Sébastien's absences for volunteer shifts after weekends. Sylvia sets time up to talk to Sébastien privately and asks how things are going. She shares her observations with him in a supportive way. Sébastien acknowledges he has been using crystal meth on weekends. Together, they work out a plan so that Sébastien can take volunteer shifts on Tuesdays and Wednesdays, instead of on the weekend. Sylvia reassures Sébastien that the agency does not require abstinence from navigators, but does expect them to be reliable. Sylvia and Sébastien make a plan to see how his new volunteer schedule works and then re-evaluate whether he is ready to be a peer health navigator.*

**RECOMMENDATION 20a** Develop a new or adapt an existing policy related to alcohol and drug use in the work place. (Type of evidence: practice)

#### **Evidence**

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

### *Support and guide the assessment of comfort with disclosure*

**RECOMMENDATION 21:** Support and guide people with HIV to consider whether they are comfortable being open about their HIV status and other relevant personal experience. People with HIV should consider their comfort with their own HIV status becoming known to healthcare staff, their clients, their communities and other service providers. (Type of evidence: research and practice)

#### **Evidence**

Effective peer health navigation hinges on the shared experience of living with HIV and other complex challenges. Part of being a navigator involves discussing one's own experiences as a method to support clients. This includes disclosing their HIV status,<sup>15,48,161</sup> drug use history,<sup>156</sup> and other personal experience.<sup>71</sup>

**VIGNETTE** *Aniso is keen to be part of the peer navigation program. Her husband and close family in Canada know about her HIV status, but she has not yet shared this with her children or religious community for fear of discrimination. The program supervisor talks Aniso through the realities of being a navigator and explores with her the consequences of other community members finding out her status. Aniso decides that before becoming a peer herself she would first like to work with a peer on helping her plan for her own personal disclosure in her community and with her children.*

**RECOMMENDATION 22:** Support and guide people with HIV to understand the agency's disclosure policy. Discuss the potential for public disclosures, including on social media, to occur during work with clients. (Type of evidence: practice)

#### **Evidence**

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

**VIGNETTE** *Margo has been living with HIV for three years and has applied to become a peer health navigator at the clinic where she receives care. The health navigators at this clinic provide support to clients at the clinic and through outreach services in the community. Nasir, the program supervisor, meets with Margo to discuss the navigator role, including the outreach component. Margo is taken through the agency's disclosure policy. Nasir talks to Margo about how the role involves disclosure of her HIV status both at the clinic and when performing outreach. Margo realizes that her disclosure will involve a wider audience than just the clinic patients, and she feels she needs to think about this and talk it over with her partner who may also be impacted by this wider disclosure.*

**RECOMMENDATION 23:** Develop a new or adapt an existing HIV-status disclosure policy for staff, including peer health navigators and volunteers. (Type of evidence: practice)

#### **Evidence**

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

## *Support and guide the assessment of the ability to maintain boundaries*

**RECOMMENDATION 24:** Support and guide people with HIV to consider and explore whether they are ready to navigate the complex boundary challenges they may face as both service providers and service users. (Type of evidence: research and practice)

### **Evidence**

Becoming a peer health navigator creates new relationships between peers, the healthcare team and program staff, which have to be navigated.<sup>40</sup> Personal relationships can become challenging for peer navigators when their peers become clients and their service providers become colleagues.<sup>15,26,40,69,70,150,151,158</sup> Peer navigators may lose the level of support they used to have from service providers<sup>15,150,151</sup> and other people with HIV.<sup>150,151</sup> New expectations related to boundaries may mean that navigators can no longer seek support from their traditional support system.<sup>69,70</sup> Assessing the ability to set and maintain boundaries is important. Host agencies can develop or use existing tools that support and empower peer navigators to identify and successfully deal with issues related to their personal and professional boundaries.<sup>69</sup>

## *Support and guide the assessment of work/life balance*

**RECOMMENDATION 25:** Support and guide people with HIV to consider how they will manage work/life balance to reduce potential burnout. Assess and ensure that the person has a support system of their own (formal and/or informal supports). (Type of evidence: practice)

### **Evidence**

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

## *Support and guide the assessment of self-care practices*

**RECOMMENDATION 26:** Support and guide people with HIV to consider personal self-care practices that could help them maintain their own health and wellness as navigators. (Type: of evidence: practice)

### **Evidence**

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

## *Support and guide the assessment of the compatibility of the peer navigators and the agency*

**RECOMMENDATION 27:** Support and guide people with HIV to consider whether the agency's structures, processes and policies are compatible with their values and ethics. (Type of evidence: practice)

### **Evidence**

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

**RECOMMENDATION 27a:** Develop a process that supports peer health navigators when incompatibilities arise between their values and ethics, and the agency's structures, processes and policies. (Type of evidence: practice)

### **Evidence**

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

## *Support and guide the assessment of the impact of peer work on health and wellness*

**RECOMMENDATION 28:** Support and guide people with HIV to consider the impact (both positive and negative) that working as a peer health navigator will have on their health and wellness. (Type of evidence: practice)

### **Evidence**

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

## **Recruitment and selection**

A successful recruitment and selection strategy based on the competencies needed to be a peer health navigator will help to identify the best candidates for the position. The literature and working group identified two agency responsibilities related to navigator recruitment and selection. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are

- Recruitment
- Selection

## Recruitment

**RECOMMENDATION 29:** Recruit peer health navigators through a transparent, flexible and accommodating process. Recruitment strategies, including targeted recruitment and general recruitment, may vary depending on the local context and the number of navigators needed. (Type of evidence: research and practice)

### Evidence

Agencies hosting peer health navigation programs are responsible for recruiting peer health navigators through a flexible and accommodating process that meets the needs of peer workers.<sup>51</sup> Recruitment activities include establishing a recruitment and selection process, advertising vacant peer health navigator positions, and identifying potential candidates.

Agencies hosting peer health navigation programs can recruit navigators through referrals from other programs and services that work with people with HIV.<sup>17,28,32,40,47,51,66,70,164,165,183,193,197-199</sup> Referrals can also come from healthcare providers.<sup>31,47,51,66,71,179,200</sup> In addition, clients and other peer workers can refer or nominate their own peers to programs seeking navigators.<sup>28,164,165,174,182</sup>

Agencies should develop recruitment materials to promote new positions. Materials should clearly state the nature of the work of a navigator and necessary qualifications<sup>66</sup> and use plain language and visual cues to account for varying degrees of literacy.<sup>176</sup> Advertisements in local publications,<sup>17,186,188,198</sup> flyers<sup>17,27,51,201</sup> and newsletter articles<sup>63,201</sup> can all be used to recruit candidates. These materials can also be shared or posted through websites<sup>46,51,63,202</sup> and on social media.<sup>28,202</sup>

Recruitment materials can be posted where potential candidates are likely to congregate, such as community-based programs,<sup>24,27,28,46,63,66,158,184,195,201-205</sup> clinical services,<sup>19,22,25,27,32,33,66,180,184</sup> schools and universities,<sup>17,18,30,33,183,184,190,205</sup> bars,<sup>24</sup> strip clubs,<sup>24</sup> housing projects,<sup>14,184</sup> in courts and legal aid clinics,<sup>24</sup> and during street outreach.<sup>42,186</sup>

Programs recruiting peer health navigators can host information sessions<sup>149,181</sup> and tables at community events to promote the program,<sup>14</sup> and make presentations<sup>201</sup> and announcements<sup>25,63</sup> at support groups<sup>25,63</sup> and other meetings.<sup>63</sup> Word of mouth can also be used to recruit candidates.<sup>14,17,18,27,33,47,63,164,186</sup>

## Selection

**RECOMMENDATION 30:** Develop a selection process to identify strong peer health navigator candidates. (Type of evidence: research and practice)

## Evidence

Agencies are responsible for selecting peer health navigators. Peer health navigators can be selected from recruited candidates using applications<sup>28,40,149,181</sup> and interviews.<sup>24,28,51,63,66,70,166,176,181,183,190,199,206</sup>

Agencies should not expect candidates for peer health navigator positions to have the same skill level as other staff.<sup>24,51,176</sup> Instead, agencies should consider candidates who have the relevant skills, interests and/or professional education or training related to the skills and knowledge needed to be a navigator. The application and selection process should be as simple as possible to account for differing levels of professional experience, literacy and ability.<sup>28,40,149</sup>

Application forms should encourage applicants to describe their personal experience,<sup>40,149,181</sup> their interest in becoming a peer health navigator,<sup>40,149,181</sup> what they can contribute to the program,<sup>40,149</sup> how much time they are able to commit,<sup>40</sup> and any previous work experience.

Interviews should be part of any selection process because they let agencies assess candidates' experience,<sup>66,183</sup> confidence<sup>183</sup> and commitment.<sup>183</sup> which can all demonstrate a candidate's potential to fulfill the position. Interview questions should focus on the candidates' previous professional and personal experience,<sup>66</sup> their knowledge of the community,<sup>66</sup> and their ability to work with diverse clients.<sup>66</sup>

**VIGNETTE** *Mimi applies to be a peer health navigator, but she is not hired. She wants to know why she didn't get the job and contacts the agency for more information. Julio, the program supervisor, meets with Mimi and reviews the information package that all prospective peer health navigators receive. In the package is a copy of the job description, the process for applying, and a description of the skills and assets that the candidate needs to demonstrate to be eligible for the position. Through the conversation with Mimi, Julio is able to demonstrate how they arrived at the decision to hire someone else and helps Mimi develop a learning/skill development plan that will help her to improve her chance the next time she applies.*

**RECOMMENDATION 31:** Convene a selection committee that includes people with lived experience similar to that of clients. If necessary, provide training and support to these individuals related to the interview, assessment and selection processes. Assess and address conflicts of interest in the review committee. (Type of evidence: research and practice)

## Evidence

Agencies are responsible for convening a selection committee to interview candidates. Interviews should be conducted by both program supervisors and other peer workers.<sup>24,28,51,63,66,166,176,181</sup> The presence of peer workers on an interview panel lets candidates know there are other peer workers at the agency, and also that the agency

values the expertise of peer workers.<sup>24</sup> Peer workers, because of their lived experience, also have a unique perspective on the potential of candidates, which can be useful when selecting new navigators.<sup>66</sup>

**RECOMMENDATION 32:** Develop an interview guide that incorporates the peer health navigator competencies. This practice allows agencies to select navigators who have or can develop the competencies necessary to fulfill the position's roles and responsibilities. (Type of evidence: practice)

**Evidence**

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

# Chapter 4

## References

13. Ott MA, Evans NL, Halpern-Felsher BL, Eyre SL. Differences in Altruistic Roles and HIV Risk Perception Among Staff, Peer Educators, and Students in an Adolescent Peer Education Program. *AIDS Education and Prevention*. 2003;15(2):159–71.
14. Downing M, Knight K, Vernon K, Seigel S, Ajaniku I, Acosta P, et al. This is my story: a descriptive analysis of a peer education HIV/STD risk reduction program for women living in housing developments. *AIDS Education and Prevention*. 1999;11(3):243–61.
15. Luna G, Rotheram-Borus M. Youth living with HIV as peer leaders. *American Journal of Community Psychology*. 1999;27(1):1–23.
17. Haignere C, Freudenberg N, Silver D, Maslanka H, Kelley J. One Method for Assessing HIV/AIDS Peer-Education Programs. *Journal of Adolescent Health*. 1997;21(2):76–9.
18. McLean D. A Model of HIV Risk Reduction and Prevention Among African American College Students. *Journal of American College Health*. 1994;42(5):220–3.
19. Harris R, Kavanagh K, Hetherington S, Scott D. Strategies for AIDS Prevention: Leadership Training and Peer Counseling for High-risk African-American Women in the Drug User Community. *Clinical Nursing Research*. 1992;1(1):9–24.
20. Slap G, Plotkin S, Khalid N, Michelman D, Forke C. A Human Immunodeficiency Virus Peer Education Program for Adolescent Females. *Journal of Adolescent Health*. 1991;12(6):434–42.
21. Pustil R. Chatty CATIE: Peer support. *Positive Side* [Internet]. 2007 Summer [cited 2015 Dec 18]; Available from: <http://www.catie.ca/en/positiveside/summer-2007/chatty-catie-peer-support>
22. 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.
23. Balian R, Cavalieri W. An HIV/AIDS Prevention Outreach Program in Scarborough for People Who Inject Drugs [Internet]. *Canadian Harm Reduction Network*. 2004 [cited 2016 Jan 12]. Available from: <http://canadianharmreduction.com/node/861>
24. Balian R, White C. Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs [Internet]. *Open Society Foundations*; 2010 [cited 2016 Jan 15]. Available from: <https://www.opensocietyfoundations.org/sites/default/files/work-harmreduction-20110314.pdf>
25. De Pauw L. GIYP A Guidebook: Supporting Organisations and Networks to Scale Up the Meaningful Involvement of Young People Living with HIV [Internet]. *Global Network of People Living with HIV*; 2012 [cited 2016 Jan 15]. Available from: [http://www.gnpplus.net/assets/2012\\_Y\\_GIYP A\\_guidebook\\_organisations.pdf](http://www.gnpplus.net/assets/2012_Y_GIYP A_guidebook_organisations.pdf)
26. Penn R, Mukkath 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/>
30. Backett-Milburn K, Wilson S. Understanding Peer Education: Insights from a Process Evaluation. *Health Education Research*. 2000 Feb;15(1):85–96.
31. Marino P, Simoni JM, Silverstein LB. Peer Support to Promote Medication Adherence Among People Living with HIV/AIDS: The Benefits to Peers. *Social Work in Health Care*. 2007 Jul 2;45(1):67–80.
32. Harper GW, Carver LJ. “Out-of-the-mainstream” youth as partners in collaborative research: exploring the benefits and challenges. *Health Education & Behavior*. 1999;26(2):250–265.
33. Simoni J, Weinberg B, Nero D. Training Community Members to Conduct Survey Interviews: Notes from a Study of Seropositive Women. *AIDS Education and Prevention*. 1999;11(1):87–8.
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>
40. Roose R, Cockerham-Colas L, Soloway I, Batchelder A, Litwin A. Reducing Barriers to Hepatitis C Treatment Among Drug Users: An Integrated Hepatitis C Peer Education and Support Program. *Journal of Health Care for the Poor and Underserved*. 2014;25(2):652–62.
42. Weeks MR, Dickson-Gómez J, Mosack KE, Convey M, Martinez M, Clair S. The risk avoidance partnership: Training active drug users as peer health advocates. *Journal of Drug Issues*. 2006;36(3):541–570.
44. Circle of Care Program. Peer Support Component Operations Manual. Circle of Care Program; 2013.
46. Greene S, Ahluwalia A, Watson J, Tucker R, Rourke SB, Koornstra J, et al. Between skepticism and empowerment: the experiences of peer research assistants in HIV/AIDS, housing and homelessness community-based research. *International Journal of Social Research Methodology*. 2009 Oct;12(4):361–73.
47. Raja S, Teti M, Knauz R, Echenique M, Capistrant B, Rubinstein S, et al. Implementing Peer-Based Interventions in Clinic-Based Settings: Lessons from a Multi-Site HIV Prevention with Positives Initiative. *Journal of HIV/AIDS & Social Services*. 2008 Apr 24;7(1):7–26.
48. Boudin K, Carrero I, Flournoy V, Loftin K, Martindale S, Martinez M, et al. ACE: a peer education and counseling program meets the needs of incarcerated women with HIV/AIDS issues. *Journal of the Association of Nurses in AIDS Care*. 1999;10(6):90–8.
49. Ciatelli Associates Inc. An Assessment of A Pilot Peer Navigation Program Linking HIV Positive Clients of Harm Reduction Services with Ryan White Clinical Service Providers [Internet]. New York, NY: U.S. Health Resources and Services Administration; 2011 Jul [cited 2015 Nov 20] p. 1–45. Available from: [https://careacttarget.org/sites/default/files/file-upload/resources/HRSA\\_MAI\\_Pilot\\_Evaluation\\_CAI\\_06-2011.pdf](https://careacttarget.org/sites/default/files/file-upload/resources/HRSA_MAI_Pilot_Evaluation_CAI_06-2011.pdf)
51. Boston University School of Public Health, Health & Disability Working Group, Centre for Health Training, Columbia University and Harlem Hospital, Justice Resource Institute, Kansas City Free Health Clinic, St. Louis Area Chapter of the American Red Cross, et al. Building Blocks to Peer Program Success A toolkit for developing HIV peer programs [Internet]. 2009 [cited 2013 Nov 14]. Available from: <http://peer.hdwg.org/sites/default/files/PeerProgramDevelopmentIntroduction.pdf>
56. First Nations Health Authority (FNHA). Cultural humility [Internet]. FNHA. 2017. Available from: <http://www.fnha.ca/wellness/cultural-humility>

63. Laszlo AT, Nickles LB, Currigan S, Feingold A, Jue S. Organizations That CARE: A Toolkit for Employing Consumers in Ryan White CARE Act Programs [Internet]. Circles Solutions Inc.; n.d. [cited 2015 Dec 18]. Available from: [https://careacttarget.org/sites/default/files/file-upload/resources/OrgsThatCAREtoolkit\\_2005.pdf](https://careacttarget.org/sites/default/files/file-upload/resources/OrgsThatCAREtoolkit_2005.pdf)
66. Harlem Adherence to Treatment Study. Peer Support for HIV Treatment Adherence: A Manual for Program Managers and Supervisors of Peer Workers [Internet]. Harlem Hospital; 2003 [cited 2015 Dec 22]. Available from: [http://hdwg.org/sites/default/files/resources/Peer%20Adherence%20Support%20Manual%20\(HIV\)1.pdf](http://hdwg.org/sites/default/files/resources/Peer%20Adherence%20Support%20Manual%20(HIV)1.pdf)
67. Health Resources and Services Administration. The Utilization and Role of Peers in HIV Interdisciplinary Teams: Consultation Meeting Proceedings [Internet]. 2009 Oct [cited 2013 Oct 24]. Available from: <http://hab.hrsa.gov/newspublications/peersmeetingssummary.pdf>
69. Howard T. Peer Worker Support Project: Developing Industry Support Standards for Peer Workers Living with HIV [Internet]. Positive Living BC, HIV Community-based Research Division; 2015 [cited 2016 Jan 5]. Available from: <https://positivelivingbc.org/wp-content/uploads/2015/02/Peer-Worker-Support-Project-v2.pdf>
70. U.S. Department of Health and Human Services. The Use of Peer Workers in Special Projects of National Significance Initiatives, 1993-2009 [Internet]. U.S. Department of Health and Human Services (HHS); 2010 [cited 2016 Jan 5]. Available from: [http://hab.hrsa.gov/abouthab/files/spns\\_useofpeersreport.pdf](http://hab.hrsa.gov/abouthab/files/spns_useofpeersreport.pdf)
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](https://careacttarget.org/sites/default/files/file-upload/resources/Project_LINC_Strategies_2011.pdf)
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\\_PHNOpsCombo2.0.pdf](http://www.hptn.org/web%20documents/HPTN061/App_E_PHNOpsCombo2.0.pdf)
149. Penn R, Kolla G, Strike C, The CTC Team. Change the Cycle Peer Training Program: Facilitator's Manual and Reflections. University of Toronto; 2012. Personal communication
150. Wales J. Costs and benefits of empowerment: The impact on access to support and self-care when PHAs become service providers. 22nd Annual Canadian Conference on HIV/AIDS Research; 2013; Vancouver.
151. Li AT-W, Wales J, Wong JP-H, Owino M, Perreault Y, Miao A, et al. Changing access to mental health care and social support when people living with HIV/AIDS become service providers. *AIDS Care*. 2015 Feb;27(2):176–81.
152. Hallum-Montes R, Morgan S, Rovito HM, Wrisby C, Anastario MP. Linking peers, patients, and providers: A qualitative study of a peer integration program for hard-to-reach patients living with HIV/AIDS. *AIDS Care*. 2013 Aug;25(8):968–72.
154. Greene S. Peer Research Assistantships and the Ethics of Reciprocity in Community-based Research. *Journal of Empirical Research on Human Research Ethics*. 2013;8(2):141–52.
155. Hilfinger Messias DK, Moneyham L, Vyavaharkar M, Murdaugh C, Phillips KD. Embodied Work: Insider Perspectives on the Work of HIV/AIDS Peer Counselors. *Health Care for Women International*. 2009 Jun 22;30(7):570–92.
156. Baker D, Belle-Isle L, Crichlow F, de Kiewit A, Lacroix K, Murphy D, et al. Peerology: a guide by and for people who use drugs on how to get involved [Internet]. Canadian AIDS Society; 2015 [cited 2015 Dec 18]. Available from: <http://librarypdf.catie.ca/pdf/ATI-20000s/26521E.pdf>
157. Smith M, DiClimente R. STAND: A Peer Educator Training Curriculum for Sexual Risk Reduction in the Rural South. *Preventive Medicine*. 2000;30(6):441–9.

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.
160. Toronto People With AIDS Foundation. Peer Leaders Program: Terms of Reference. Toronto People With AIDS Foundation; 2009.
161. Canadian AIDS Society. One foot forward: a GIPA training toolkit Module 1: Community-based Groups [Internet]. Canadian AIDS Society; n.d. [cited 2015 Dec 18]. Available from: [http://www.cdnaids.ca/files.nsf/pages/62938\\_CAS\\_M1\\_Eng\\_B-Ir/\\$file/62938\\_CAS\\_M1\\_Eng\\_B-Ir.pdf](http://www.cdnaids.ca/files.nsf/pages/62938_CAS_M1_Eng_B-Ir/$file/62938_CAS_M1_Eng_B-Ir.pdf)
162. Medjuck M, Barrett B. You are not alone: The power of peer support for women living with HIV. 20th Annual Canadian Conference on HIV/AIDS Research: Honouring our History, Embracing our Diversity; 2011; Toronto, ON.
164. Remple VP, Johnston C, Patrick DM, Tyndall MW, Jolly AM. Conducting HIV/AIDS Research With Indoor Commercial Sex Workers: Reaching a Hidden Population. *Progress in Community Health Partnerships: Research, Education, and Action*. 2007;1(2):161–8.
165. Colon RM, Deren S, Guarino H, Mino M, Kang S-Y. Challenges in Recruiting and Training Drug Treatment Patients as Peer Outreach Workers: A Perspective From the Field. *Substance Use & Misuse*. 2010 Jul;45(12):1892–908.
166. Jose-Boerbridge M. Policy Resource Guide--Peer Engagement. Turning To One Another Network; 2015. Personal communication
168. Tips for starting a peer education program for inmates. *AIDS Policy Law*. 1997;12(7):8–9.
169. Enriquez M, Cheng A-L, Banderas J, Farnan R, Chertoff K, Hayes D, et al. A Peer-Led HIV Medication Adherence Intervention Targeting Adults Linked to Medical Care but without a Suppressed Viral Load. *Journal of the International Association of Providers of AIDS Care*. 2015 Sep 1;14(5):441–8.
170. Enriquez M, Farnan R, Neville S. What Experienced HIV-Infected Lay Peer Educators Working in Midwestern U.S. HIV Medical Care Settings Think About Their Role and Contributions to Patient Care. *AIDS Patient Care and STDs*. 2013 Aug;27(8):474–80.
174. Wolfe H, Haller DL, Benoit E, Bolger KW, Cancienne JC, Ingersoll KS, et al. Developing PeerLink to engage out-of-care HIV+ substance users: Training peers to deliver a peer-led motivational intervention with fidelity. *AIDS Care*. 2013 May 8;25(7):888–94.
175. Correctional Service Canada. National HIV/AIDS Peer Education and Counselling Program: Resource and Training Manual. Correctional Service Canada; 1998.
176. Gurm J. GIPA in Practice: Community Leadership Guides the Development of an Inclusive, Transparent and Accessible PRA Hiring Process. 23rd Annual Canadian Conference on HIV/AIDS Research; 2015 May 1; St. John's, Newfoundland.
177. Koester KA, Morewitz M, Pearson C, Weeks J, Packard R, Estes M, et al. Patient Navigation Facilitates Medical and Social Services Engagement Among HIV-Infected Individuals Leaving Jail and Returning to the Community. *AIDS Patient Care and STDs*. 2014 Feb;28(2):82–90.
178. Simoni JM, Huh D, Frick PA, Pearson CR, Andrasik MP, Dunbar PJ, et al. Peer support and pager messaging to promote antiretroviral modifying therapy in Seattle: a randomized controlled trial. *Journal of Acquired Immune Deficiency Syndromes (1999)*. 2009;52(4):465–473.
179. Simoni JM, Pantalone DW, Plummer MD, Huang B. A randomized controlled trial of a peer support intervention targeting antiretroviral medication adherence and depressive symptomatology in HIV-positive men and women. *Health Psychology*. 2007;26(4):488–95.
180. Cully JA, Mignogna J, Stanley MA, Davila J, Wear J, Amico KR, et al. Development and Pilot Testing of a Standardized Training Program for a Patient-Mentoring Intervention to Increase Adherence to Outpatient HIV Care. *AIDS Patient Care and STDs*. 2012 Mar;26(3):165–72.

181. Lazarus L, Shaw A, LeBlanc S, Martin A, Marshall Z, Weersink K, et al. Establishing a community-based participatory research partnership among people who use drugs in Ottawa: the PROUD cohort study. *Harm Reduction Journal*. 2014;11(1):26.
182. Latkin CA, Hua W, Davey MA. Factors Associated with Peer HIV Prevention Outreach in Drug-Using Communities. *AIDS Education and Prevention*. 2004;16(6):499–508.
183. O'Hara P, Messick BJ, Fichtner RR, Parris D. A peer-led AIDS prevention program for students in an alternative school. *Journal of School Health*. 1996;66(5):176–182.
184. Guthrie B, Wallace J, Doerr K, Janz N, Schottenfeld D, Selig S. Girl Talk: Development of an Intervention for Prevention of HIV/AIDS and Other Sexually Transmitted Diseases in Adolescent Females. *Public Health Nursing*. 1996;13(5):318–30.
185. Shulkin J, Mayer J, Wessel L, de Moor C, Elder J, Franzini L. Effects of a Peer-Led AIDS Intervention with University Students. *Journal of American College Health*. 1991;40(2):75–9.
186. Mihailovic A, Tobin K, Latkin C. The Influence of a Peer-Based HIV Prevention Intervention on Conversation About HIV Prevention Among People Who Inject Drugs in Baltimore, Maryland. *AIDS and Behavior*. 2015 Oct;19(10):1792–800.
187. Nyamathi A, Flaskerud JH, Leake B, Dixon EL, Lu A. Evaluating the impact of peer, nurse case-managed, and standard HIV risk-reduction programs on psychosocial and health-promoting behavioral outcomes among homeless women. *Research in Nursing & Health*. 2001;24(5):410–422.
188. French R, Power R, Mitchell S. An evaluation of peer-led STD/HIV prevention work in a public sex environment. *AIDS Care*. 2000 Apr;12(2):225–34.
189. Bauman D. Peer Education in the Residential Context. *Journal of American College Health*. 1993;41(6):271–2.
190. Cupples JB, Zukoski AP, Dierwechter T. Reaching Young Men: Lessons Learned in the Recruitment, Training, and Utilization of Male Peer Sexual Health Educators. *Health Promotion Practice*. 2010 May 1;11(3 Suppl):19S–25S.
191. Mahat G, Scoloveno MA, De Leon T, Frenkel J. Preliminary Evidence of an Adolescent HIV/AIDS Peer Education Program. *Journal of Pediatric Nursing*. 2008 Oct;23(5):358–63.
192. Borgia P, Marinacci C, Schifano P, Perucci CA. Is peer education the best approach for HIV prevention in schools? Findings from a randomized controlled trial. *Journal of Adolescent Health*. 2005 Jun;36(6):508–16.
193. Kostick KM, Weeks M, Mosher H. Participant and Staff Experiences in a Peer-Delivered HIV Intervention with Injection Drug Users. *Journal of Empirical Research on Human Research Ethics: An International Journal*. 2014 Feb;9(1):6–18.
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>
195. De Pauw L. GIYPA Roadmap: Supporting Young People Living with HIV to be Meaningfully Involved in the HIV Response [Internet]. Global Network of People Living with HIV; 2012 [cited 2015 Dec 18]. Available from: [http://www.yplusleadership.org/sites/www.yplusleadership.org/files/uploads/resources/2012\\_Y\\_GIYPA\\_roadmap\\_youth.pdf](http://www.yplusleadership.org/sites/www.yplusleadership.org/files/uploads/resources/2012_Y_GIYPA_roadmap_youth.pdf)
196. Canadian AIDS Society. One foot forward: a GIPA training toolkit Module 2: Assessing Your Agency [Internet]. Canadian AIDS Society; n.d. [cited 2015 Dec 18]. Available from: [http://www.cdnaids.ca/files.nsf/pages/62938\\_CAS\\_M2\\_Eng\\_C-Ir/\\$file/62938\\_CAS\\_M2\\_Eng\\_C-Ir.pdf](http://www.cdnaids.ca/files.nsf/pages/62938_CAS_M2_Eng_C-Ir/$file/62938_CAS_M2_Eng_C-Ir.pdf)

197. Rice E, Tulbert E, Cederbaum J, Barman Adhikari A, Milburn NG. Mobilizing homeless youth for HIV prevention: a social network analysis of the acceptability of a face-to-face and online social networking intervention. *Health Education Research*. 2012 Apr 1;27(2):226–36.
198. Ross MW, Harzke AJ, Scott DP, McCann K, Kelley M. Outcomes of Project Wall Talk: An HIV/AIDS Peer Education Program Implemented Within The Texas State Prison System. *AIDS Education and Prevention*. 2006 Dec;18(6):504-17.
199. Dickson-Gomez J, Weeks M, Martinez M, Convey M. Times and Places: Process Evaluation of a Peer-Led HIV Prevention Intervention. *Substance Use & Misuse*. 2006 Jan;41(5):669–90.
200. McKirnan DJ, Tolou-Shams M, Courtenay-Quirk C. The Treatment Advocacy Program: A randomized controlled trial of a peer-led safer sex intervention for HIV-infected men who have sex with men. *Journal of Consulting and Clinical Psychology*. 2010;78(6):952–63.
201. Medina C. The Speakers' Bureau Manual. Toronto People With AIDS Foundation; 2006. Personal communication
202. Jaganath D, Gill HK, Cohen AC, Young SD. Harnessing Online Peer Education (HOPE): Integrating C-POL and social media to train peer leaders in HIV prevention. *AIDS Care*. 2012 May;24(5):593–600.
203. Young SD, Jaganath D. Online Social Networking for HIV Education and Prevention: A Mixed-Methods Analysis. *Sexually Transmitted Diseases*. 2013 Feb;40(2):162-7.
204. Safren SA, O'Cleirigh C, Skeer MR, Driskell J, Goshe BM, Covahey C, et al. Demonstration and Evaluation of a Peer-Delivered, Individually-Tailored, HIV Prevention Intervention for HIV-Infected MSM in their Primary Care Setting. *AIDS and Behavior*. 2011 Jul;15(5):949–58.
205. Hunter G, Ward J, Power R. Research and development focusing on peer intervention for drug users. *Drugs: Education, Prevention, and Policy*. 1997;4(3):259–270.
206. Raja S, McKirnan D, Glick N. The Treatment Advocacy Program-Sinai: A Peer-Based HIV Prevention Intervention for Working with African American HIV-Infected Persons. *AIDS and Behavior*. 2007 Sep;11(S1):127–37.

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

Contact: [www.catie.ca](http://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](mailto: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.