



Summary of recommendations

Chapter 1: Infrastructure assessment for peer health navigation programs

In this chapter, we identify the necessary components of an infrastructure assessment. Infrastructure assessments should assess the capacity of the peer health navigation program host agency to support a peer health navigation program, and the capacity of the agency to work within a GIPA/MEPA framework.

RECOMMENDATION 1: Assess agency capacity to establish, sustain and fund a peer health navigation program using an assessment process (this may be done in conjunction with community members and funders). Through this assessment, an agency should consider whether a navigation program is appropriate for the agency; whether the agency has the necessary structures in place to incorporate a navigation program; and whether the agency can establish the necessary structures to support a navigation program, if gaps in agency structures have been identified. (Type of evidence: research and practice)

RECOMMENDATION 2: Assess agency capacity to work within a GIPA/MEPA framework. (Type of evidence: research and practice).

RECOMMENDATION 2a: Assess agency commitment to working with a GIPA/MEPA framework (Type of evidence: practice)

RECOMMENDATION 3: Assess agency readiness to ensure agency culture is inclusive of peer health navigators. (Type of evidence: practice)

Chapter 2: Peer health navigator roles and responsibilities

In this chapter, we identify core peer health navigator roles and responsibilities, as well as the responsibilities of the agency in developing a clear peer navigator scope of practice that is based on the needs of the clients.

RECOMMENDATION 1: Conduct a local needs assessment that includes input from people with HIV, clients and service providers to determine the breadth of client needs. A needs assessment will help agencies to tailor peer health navigation programs and determine which roles a peer health navigator can take on to meet the needs of clients. (Type of evidence: practice)

RECOMMENDATION 2: Define a clear peer health navigator scope of practice and draft job descriptions that reflect the roles and responsibilities within the scope of practice. Job descriptions should also clearly outline the goals of the program and qualifications and experience that are necessary and preferred. Determine and communicate the roles and responsibilities that are outside the scope of practice of peer health navigators. Ensure job descriptions are clear and straight-forward. (Type of evidence: research and practice)

RECOMMENDATION 3: Involve peer health navigators in the intake and assessment of clients' needs as part of an interdisciplinary team. Using their lived experience to build trust over time, the navigator's role is to help clients identify and assess their strengths and challenges and help them develop a plan to achieve their health and wellness goals. This assessment should take into account all aspects of clients' lives. (Type of evidence: research and practice)

RECOMMENDATION 4: Peer health navigators use advocacy skills to ensure the client's voice is heard during healthcare appointments and in the community. Navigators also have a role in raising systemic issues that impact client care. (Type of evidence: research and practice)

RECOMMENDATION 5: Peer health navigators provide practical assistance to clients such as help with transportation, housing, financial assistance, child/elder care, and other services that can facilitate optimal engagement in healthcare and achievement of health and wellness goals. (Type of evidence: research and practice)

RECOMMENDATION 6: Peer health navigators provide support to clients before and after appointments with healthcare providers, help clients to understand the purpose of a particular medical appointment or specialist, help prepare clients with questions, and provide an explanation of the visit in plain language. Peer navigators can also provide accompaniment to appointments and advocacy during appointments. (Type of evidence: research and practice)

RECOMMENDATION 7: Peer health navigators play a role in providing emotional, cultural and social support to clients and their families (as appropriate) based on a common understanding of the experience of living with HIV. (Type of evidence: research and practice)

RECOMMENDATION 8: Peer health navigators provide culturally safe and trauma-informed education, information, care and support to clients and their families (as appropriate), based on a holistic model that includes the physical, emotional, spiritual and mental needs of clients and their families. Navigators share accurate information using language familiar to clients and their families, where appropriate. Health promotion

information may include living well with HIV, safer sex and treatment adherence. Peer navigators are supported by supervisors to know their limitations and competencies and will seek out other referrals when necessary. (Type of evidence: research and practice)

RECOMMENDATION 9: Peer health navigators provide referrals to appropriate services when needed to facilitate optimal engagement in healthcare and achievement of the person's personal health and wellness goals. When referrals to other professional services are needed, navigators should be aware of services and programs that are culturally safe and appropriate. (Type of evidence: research and practice)

RECOMMENDATION 10: Peer health navigators help clients develop the skills necessary to self-manage their own care and make informed decisions about their health. (Type of evidence: research and practice)

RECOMMENDATION 11: Peer health navigators work in partnership with clients and the healthcare team. Peer health navigators bring gaps in client care and support to the attention of the care team. Effective and collaborative relationships with clients and the healthcare team facilitate this role. (Type of evidence: practice)

RECOMMENDATION 12: Peer health navigators play a role in developing, administering and analyzing the monitoring and evaluation of the peer health navigation program. (Type of evidence: practice)

RECOMMENDATION 13: Peer health navigators plan, coordinate, organize and make meaningful and concrete contributions to activities related to the navigation program, according to the principles of GIPA/MEPA. (Type of evidence: research and practice)

RECOMMENDATION 14: Navigators maintain and sustain effective and collaborative professional relationships with clients and healthcare teams with the support and facilitation of program supervisors. (Type of evidence: research and practice)

RECOMMENDATION 14a: Develop a process that supports relationship development between peer health navigators and external partners. (Type of evidence: practice)

RECOMMENDATION 15: Peer health navigators maintain up-to-date knowledge of available community and clinical services, with the support of program supervisors. Navigators share new knowledge with program supervisors and other members of the healthcare team. (Type of evidence: practice)

RECOMMENDATION 16: Peer health navigators maintain confidential and secure documentation of work with and for clients according to program policies. Documentation standards are determined by program supervisors in conjunction with peer health navigators. (Type of evidence: research and practice)

RECOMMENDATION 16a: Develop a new or adapt an existing documentation policy. (Type of evidence: practice)

RECOMMENDATION 17: Peer health navigators attend relevant meetings. This includes ongoing trainings, case conferences, mentoring, debriefing, support, team meetings and supervision meetings. (Type of evidence: research and practice)

RECOMMENDATION 18: Peer health navigators comply with all agency policies (e.g., communication and punctuality). (Type of evidence: practice)

RECOMMENDATION 18a: Develop a new or adapt an existing communication policy that outlines how and how often peer health navigators are expected to communicate with their program supervisors. (Type of evidence: practice)

RECOMMENDATION 18b: Develop a new or adapt an existing punctuality policy for peer health navigators. (Type of evidence: practice)

RECOMMENDATION 19: Peer health navigators take a client-centred approach to the work that is consistent with program values, such as GIPA/MEPA, trauma-informed practice, harm reduction, anti-oppression, self-determination and resiliency. (Type of evidence: practice)

RECOMMENDATION 20: Peer health navigators proactively engage in preventative self-care and are attentive and responsive to other self-care needs as they arise. This includes taking advantage of self-care options available through the peer health navigation program and other community services. Self-care needs are culturally based, and should be addressed through relevant self-care and health promotion actions. (Type of evidence: practice)

Chapter 3: Ethical considerations for peer health navigation programs

In this chapter, we identify the ethical considerations that may arise in peer health navigation programs.

RECOMMENDATION 1: Peer health navigation programs should adopt an ethical decision-making process to work through the ethical considerations that may come up in these programs. (Type of evidence: practice)

RECOMMENDATION 2: Develop the capacity of peer health navigators to understand, respect and maintain healthy boundaries with clients, staff and volunteers through ongoing training and support. (Type of evidence: research and practice)

RECOMMENDATION 2a: Develop a new or adapt an existing policy that identifies appropriate boundaries between peer health navigators and clients, staff and volunteers. Include a range of specific and clear accountability outcomes related to breach of boundaries. (Type of evidence: research and practice)

RECOMMENDATION 3: Develop the capacity of peer health navigators to maintain the confidentiality of clients, staff and volunteers through ongoing training and support. (Type of evidence: research and practice)

RECOMMENDATION 3a: Develop a new or adapt an existing confidentiality policy to maintain client confidentiality. Include a range of specific and clear accountability outcomes related to breach of confidentiality. (Type of evidence: research and practice)

RECOMMENDATION 3b: Develop a new or adapt an existing confidentiality policy to maintain the confidentiality of peer health navigators, agency staff/volunteers, partner agency staff and the agency itself. Include a range of specific and clear accountability outcomes related to breach of confidentiality. (Type of evidence: research and practice)

RECOMMENDATION 3c: Require all staff and volunteers, including peer health navigators, to sign a confidentiality agreement. (Type of evidence: research and practice)

RECOMMENDATION 4: Develop the capacity of peer health navigators to understand and navigate the ethical and legal implications around client disclosure and the criminalization of HIV non-disclosure through ongoing training and support. Ensure peer navigators understand when to seek support from other professionals. (Type of evidence: practice)

RECOMMENDATION 4a: Develop a new or adapt an existing disclosure policy that addresses the legal implications around client disclosure and the criminalization of HIV non-disclosure. (Type of evidence: practice)

RECOMMENDATION 5: Acknowledge the ethical implications that may arise because peer health navigators are both service providers and service users. Train and support peer health navigators, agency staff/volunteers and partner agency staff to understand, respect and adjust to the dual roles of peer health navigators as service providers and service users. (Type of evidence: research and practice)

RECOMMENDATION 6: Ensure peer health navigators have the autonomy to choose how to navigate their dual roles as service provider and service user, including where they access services. Ensure they can either receive services from external agencies or from a colleague at the host agency who is not a direct supervisor, depending on their preference. (Type of evidence: research and practice)

RECOMMENDATION 7: Acknowledge the ethical implication that may arise when agency staff become colleagues with and care providers for peer health navigators. Train and support peer health navigators and agency staff/volunteers to understand, respect and adjust to the new dual roles of agency staff when this arises. (Type of evidence: practice)

RECOMMENDATION 8: Recognize and accommodate the health and wellness needs of peer health navigators and understand that these needs are contextual and culturally depended. Recognize that navigators may continue to have complex lives that can require agency flexibility to maintain their health and wellness. Help the peer health navigators to recognize that, at times, the program may need to be flexible and accommodating to the health and wellness needs of some peer navigators more than

others; supporting peer navigators to understand the concept of 'equity' can be useful. (Type of evidence: research and practice)

RECOMMENDATION 9: Provide peer health navigators with ongoing training and support to address conflicts of interest. (Type of evidence: research and practice)

RECOMMENDATION 9a: Develop a new or adapt an existing conflict of interest policy. The policy should be fair and flexible and may need to be applied on a case-by-case basis. Policies may vary from agency to agency depending on local contexts and culturally relevant approaches to conflict resolution. (Type of evidence: research and practice)

RECOMMENDATION 10: Develop the capacity of peer health navigators to understand the impact that culture and identity have on health and wellness. (Type of evidence: research and practice)

RECOMMENDATION 11: Support peer health navigators to understand the principles of cultural humility and to provide culturally safe environments. (Type of evidence: practice)

RECOMMENDATION 11a: Develop a new or adapt an existing policy to promote a culturally safe environment. (Type of evidence: practice)

RECOMMENDATION 12: Undertake a concrete and timely process to identify and address the ethical implications related to power imbalances. Power imbalances may arise amongst peer health navigators; between peer health navigators and agency staff/volunteers; between peer health navigators and external agency staff; and between peer health navigators and clients. (Type of evidence: research and practice)

RECOMMENDATION 13: Address issues related to power imbalances through ongoing training and support for peer health navigators, agency staff/volunteers and external agency staff. (Type of evidence: practice)

RECOMMENDATION 14: Provide peer health navigators with ongoing training and support on conflict resolution. (Type of evidence: research and practice)

RECOMMENDATION 15: Offer support to peer health navigators that maximizes their ability to transition to other employment, should they want it. Building the capacity of peer health navigators to transition to other employment is in line with the principles of GIPA/MEPA and is one way to sustain the benefits of working as a peer health navigator over time. (Type of evidence: research and practice)

RECOMMENDATION 16: Develop a process to transition peer health navigators from the program in a supportive way in the rare instances that a peer navigator is not fit to continue their role as a navigator. This transition process should ensure that the peer navigator is able to continue to access their own HIV services at the host agency or elsewhere, as appropriate. (Type of evidence: practice)

Chapter 4: 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.

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

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)

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

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

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)

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)

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)

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)

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

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)

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)

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

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)

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)

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)

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)

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)

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)

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)

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)

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

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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

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)

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)

Chapter 5: Program management – Compensation for peer health navigators

In this chapter, we identify the responsibilities of the host agency that are related to peer health navigation compensation.

RECOMMENDATION 1: Compensate peer health navigators equitably, providing a fair and reasonable living wage. (Type of evidence: research and practice)

RECOMMENDATION 2: Determine how to structure compensation (salaries, stipends or honoraria) for peer health navigators in conjunction with the agency's financial expert to ensure the agency is not in violation of any employment standards. (Type of evidence: practice)

RECOMMENDATION 3: Involve peer health navigators in the development of compensation policies that address their needs. Policies should reflect the limits on earnings of social assistance and disability programs. They should also clearly define the benefits to which navigators who receive salaries, stipends, wages or honoraria are entitled. Compensation policies need to comply with other agency policies and provincial and territorial legislation related to payment and benefits. (Type of evidence: research and practice)

RECOMMENDATION 4: Develop an expense account policy for peer health navigators that ensures both that peer navigators are rarely expected to incur costs in association with their navigation role and reimbursement is provided in a very timely manner. Reimburse peer health navigators for pre-approved work-related expenses according to the policy. (Type of evidence: research and practice)

Chapter 6: Program management – Supervision, support, and mentorship for peer health navigators

In this chapter, we identify the responsibilities of the host agency related to program management.

RECOMMENDATION 1: Identify an appropriate supervisory structure for the peer health navigation program. Identify qualified and appropriate individuals who can provide administrative and clinical supervision support for peer health navigators. Determine if one or more supervisors should be responsible for providing this support. (Type of evidence: research and practice)

RECOMMENDATION 2: Provide peer health navigators with a suite of consistent and ongoing individual and group supervision (where possible) and peer-to-peer supports. (Type of evidence: research and practice)

RECOMMENDATION 3: Support peer health navigators to seek and/or connect them to adequate and appropriate external support services, when necessary, through a systematic approach that includes a regular debrief process. (Type of evidence: research and practice)

RECOMMENDATION 4: Wherever possible, match peer health navigators with appropriate clients using an approach that prioritizes the needs and preferences the client has identified, the strengths of the navigator, and the identity (or identities) most relevant to each. (Type of evidence: research and practice)

RECOMMENDATION 5: Assess peer health navigator and client matches in an ongoing way. A formal or informal process can be used for assessing matches. (Type of evidence: research and practice)

RECOMMENDATION 6: When a health navigator and client match is not working, try to determine why and assess whether the issue can be resolved before transitioning a client to another navigator. (Type of evidence: practice)

RECOMMENDATION 7: Develop a process to transition clients to another navigator, or a different support program, if appropriate, when a client needs different supports than those they are receiving from their current navigator, when the match isn't working for some reason, or when a navigator is no longer available to work with the client. (Type of evidence: research and practice)

RECOMMENDATION 8: Support peer health navigators to maintain a therapeutic alliance with clients once matched through close supervision and access to professional development. (Type of evidence: research and practice)

RECOMMENDATION 9: Create a supportive environment for peer health navigators to take time for self-care. (Type of evidence: research and practice)

RECOMMENDATION 10: Discuss with peer health navigators their self-care practices, social networks and external support system. Demonstrating peer health navigators' connections to their own diverse personal networks can reduce the potential for burnout. (Type of evidence: practice)

RECOMMENDATION 11: Nurture an environment of safety to discuss alcohol, drug use and harm reduction with peer health navigators. Proactively develop a plan with individual peer health navigators if alcohol or drug use begins to impact the quality of support clients receive, to ensure that the client receives the best possible services from the program/agency and that the peer navigator is supported. (Type of evidence: practice)

RECOMMENDATION 12: Be flexible with time for self-care. (Type of evidence: research and practice)

Chapter 7: Program management – Training for peer health navigators

In this chapter, we identify the responsibilities of the host agency related to peer health navigator training, which are specifically related to training methods and training content.

RECOMMENDATION 1: Develop a training program for peer health navigators that uses culturally safe and appropriate methods, materials, information, knowledge and skills relevant to the local context, and includes mandatory training such as health and safety training. (Type of evidence: practice)

RECOMMENDATION 2: Consult peer health navigators about the learning materials that work best for them and take that into account when training them. (Type of evidence: practice)

RECOMMENDATION 3: Use and share relevant and appropriate training materials. Materials should take into account varying levels of literacy, and different ways of learning. (Type of evidence: research and practice)

RECOMMENDATION 4: Use a variety of methods to train new peer health navigators. Methods should take into consideration the different ways adults learn. (Type of evidence: research and practice)

RECOMMENDATION 5: Conduct on-the-job training for peer health navigators. Shadowing experienced peers, agency staff and partner agency staff are appropriate on-the-job training techniques. Identify and facilitate mentorship opportunities. (Type of evidence: research and practice)

RECOMMENDATION 6: Assess the knowledge and skills of new peer health navigators as part of the training process. Encourage training participants to reflect on what they have learned and assess whether being a peer health navigator is right for them. (Type of evidence: research and practice)

RECOMMENDATION 7: Evaluate the peer health navigator training. Use this feedback to improve the training program. (Type of evidence: research and practice)

RECOMMENDATION 8: Identify and provide ongoing relevant training and professional development opportunities to peer health navigators based on peer navigator and client needs, and developments in HIV, hepatitis C and sexually transmitted infections (STI) knowledge. Navigators should also identify additional topics for further learning. (Type of evidence: research and practice)

RECOMMENDATION 9: Create an orientation or on-boarding checklist for each peer health navigator that identifies areas of strength and areas of improvement. After training, use the checklist to identify areas of further training that the navigator and supervisor both agree may be necessary. (Type of evidence: practice)

RECOMMENDATION 10: Orient peer health navigators to the host agency and the peer health navigation program. (Type of evidence: research and practice)

RECOMMENDATION 11: Orient peer health navigators to the job description – the roles and responsibilities of the position (and what is not part of their roles and responsibilities) – to ensure they remain within their scope of practice. (Type of evidence: research and practice)

RECOMMENDATION 12: Introduce and orient peer health navigators to the host agency's organizational culture. (Type of evidence: research and practice)

RECOMMENDATION 13: Train peer health navigators on the GIPA/MEPA Principles and how these principles will be operationalized in program planning, delivery and evaluation. (Type of evidence: practice)

RECOMMENDATION 14: Train peer health navigators on the ethical issues and program policies related to service provision to people with HIV. Training on these issues should be tailored to the culture and community of the peer navigators, as much as possible. (Type of evidence: research and practice)

RECOMMENDATION 15: Include basic HIV information in peer health navigator training. (Type of evidence: research and practice)

RECOMMENDATION 16: Include basic information on sexually transmitted infections (STI) and hepatitis C in peer health navigator training. (Type of evidence: research and practice)

RECOMMENDATION 17: Include basic information on a range of evidence-based interventions related to alcohol and drug use and addiction, including harm reduction, in peer health navigator training. (Type of evidence: research and practice)

RECOMMENDATION 18: Include basic information on behavioural health, mental health, violence and trauma in peer health navigator training (Type of evidence: research and practice)

RECOMMENDATION 19: Train peer health navigators to work with clients in a culturally safe way. (Type of evidence: research and practice)

RECOMMENDATION 20: Train peer health navigators on self-care techniques and provide information on burnout, compassion fatigue and vicarious trauma. (Type of evidence: research and practice)

RECOMMENDATION 21: Train peer health navigators on communication skills. This includes training on how to document work with, and on behalf of, clients; how to communicate with healthcare and service providers; and how peer health navigators should express themselves in meetings they attend. (Type of evidence: research and practice)

RECOMMENDATION 22: Train peer health navigators on leadership and advocacy skills. (Type of evidence: practice)

RECOMMENDATION 23: Train peer health navigators on the basics of active listening to support clients. (Type of evidence: research and practice)

RECOMMENDATION 24: Train peer health navigators to understand when and how to refer clients to other members of the healthcare team when necessary. (Type of evidence: practice)

RECOMMENDATION 25: Train peer health navigators on the principles of trauma-informed practice. (Type of evidence: practice)

RECOMMENDATION 26: Train peer health navigators on the specific documentation and evaluation processes used by the program. (Type of evidence: research and practice)

RECOMMENDATION 27: Train peer health navigators to identify potentially harmful situations and to use basic de-escalation techniques. (Type of evidence: practice).

Chapter 8: Program management – Monitoring and evaluation for peer health navigation programs

In this chapter, we identify a host agency's program monitoring and evaluation responsibilities.

RECOMMENDATION 1: Develop a culturally and organizationally appropriate and relevant evaluation strategy to assess the peer health navigation program and plan to integrate learnings back into the program. (Type of evidence: research and practice)

RECOMMENDATION 2: Ensure that GIPA/MEPA Principles are integrated into evaluation planning, execution and analysis, and in the integration of learnings from the program. (Type of evidence: practice)

RECOMMENDATION 3: Identify the client outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program funder. (Type of evidence: research and practice)

RECOMMENDATION 4: Identify the peer health navigator outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program, funder. (Type of evidence: research and practice)

RECOMMENDATION 5: Capture descriptive information after every client encounter, including demographic information for new clients, and the peer health navigation services that were provided. This information should be captured using a client contact sheet developed by or adapted for the peer health navigation program. (Type of evidence: research and practice)

RECOMMENDATION 6: Use a variety of evaluation methods to assess the peer health navigation program. (Type of evidence: research and practice)

Chapter 9: Integrating peer health navigators into a host agency

In this chapter, we explore how to integrate peer health navigators into a host agency.

RECOMMENDATION 1: Provide all host agency staff with training on GIPA/MEPA. Practising GIPA/MEPA Principles increases the effectiveness of policies, programs and services for people with HIV. (Type of evidence: research and practice)

RECOMMENDATION 2: Provide all host agency staff with an orientation on the peer health navigation program. (Type of evidence: research and practice)

RECOMMENDATION 3: Provide all host agency staff with training on the roles and responsibilities of peer health navigators. (Type of evidence: research and practice)

RECOMMENDATION 4: Provide all host agency staff with a clear understanding of how peer health navigators are situated within an agency's structure to help guide respectful interactions between staff and peers and ensure appropriate boundaries are kept. (Type of evidence: practice)

RECOMMENDATION 5: Provide peer health navigation program supervisors with specific training on supervision and support of navigators. (Type of evidence: research and practice)

RECOMMENDATION 6: Facilitate the introduction of individual peer health navigators to host agency staff. (Type of evidence: Practice)

Chapter 10: Integrating peer health navigators into healthcare settings

In this chapter, we explore issues related to integrating peer health navigators onto teams in healthcare settings such as hospitals and clinics.

RECOMMENDATION 1: Integrate peer health navigators into teams in healthcare settings and related environments as equal and engaged members of the healthcare team. (Type of evidence: research and practice)

RECOMMENDATION 2: Create new or adapt existing memoranda of understanding with healthcare teams to establish an official relationship between the peer health navigation program and the healthcare setting, if the program is not part of a healthcare organization. (Type of evidence: practice)

RECOMMENDATION 3: Orient social workers, nurses, pharmacists, doctors and other staff on the healthcare team who will work with peer health navigators. Before navigators join the team, discuss GIPA/MEPA and the importance of these principles; the specific roles and responsibilities of navigators; how their work can complement that of the rest of the healthcare team; how their work can improve the health and wellness of clients; and the potential for power imbalances to arise when service users become service

providers. Discuss the need for flexibility and adaptation on the part of the navigators and the rest of the healthcare team to ensure peers are integrated equitably. Provide ample time to address staff concerns. (Type of evidence: research and practice)

RECOMMENDATION 4: Establish open communication channels between peer health navigators and other healthcare team members. Communication channels may develop over time or may need to be established using mechanisms such as guidelines for respectful communication or regular all-team meetings. (Type of evidence: research and practice)

Chapter 11: 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.

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

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)

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)

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)

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)

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

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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.

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