

PEER HEALTH NAVIGATION:

GIPA, MEPA and Your
Organization

PRESENTED BY

Amanda Giacomazzo,
Moderator

Murray Jose-Boerbridge

Susanne Nicolay

Glen Bradford

June 4, 2018



Webinar Agenda (1 hour)

- Webinar and speaker introductions (5 min) – *Amanda Giacomazzo*
- The importance of GIPA/MEPA (12 min) – *Murray Jose-Boerbridge*
- Assessment of the capacity of an agency to work within a GIPA/MEPA framework (12 min) – *Susanne Nicolay*
- Question and answer period (15 min) – *Glen Bradford (moderator), Murray Jose-Boerbridge, Susanne Nicolay*
- Audience question and answer period (10 min)



Practice Guidelines in Peer Health Navigation for People Living with HIV

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



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Practice Guidelines in Peer Health Navigation for People Living with HIV

[Print-friendly PDF](#)

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

[Practice guidelines](#)

[General programming resources and tools](#)

[Programming resources and tools by chapter](#)

Practice guidelines

[Practice guidelines in peer health navigation for people living with HIV \(complete guidelines PDF\)](#)

[Summary of recommendations \(PDF\)](#)

NEWS

[Juluca approved in Canada for HIV treatment](#)

[Agencies issue caution about use of dolutegravir by pregnant HIV-positive women](#)

[Study uncovers high rates of loneliness among older HIV-positive people](#)

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

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CATIE webinar: [Peer Health Navigation: GIPA, MEPA and Your Organization](#)

Monday 4 June, Noon EDT



Chapter 1: Infrastructure assessment for peer health navigation programs

- Today's webinar will focus on Chapter 1, with a particular focus on assessing an agency's capacity to work within a GIPA/MEPA framework
- Recommendations:
 - Assess agency capacity to support a peer health navigation program.
 - Assess agency capacity to work within a GIPA/MEPA framework.
 - Assess agency readiness to ensure agency culture is inclusive of peer health navigators.

Chapter 1: Infrastructure assessment for peer health navigation programs

[Print-friendly PDF](#) 

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.

[Chapter 1: Infrastructure assessment for peer health navigation programs \(PDF\)](#) 

[Back to guidelines table of contents](#)

Programming resources and tools

The following resources can be used to help assess whether your organization has the capacity to host and support a peer health navigation program and work within a GIPA/MEPA framework. Where a resource addresses a specific recommendation from the chapter, the recommendation number is provided.

Overall agency infrastructure assessment

[Practice guidelines in peer health navigation for people living with HIV: Policy development checklist](#) 

CATIE

Organizations can use this checklist of policy recommendations from the *Practice guidelines in peer health navigation for people living with HIV* to assess if they have the policies in place to best support a peer health navigation program. (supports recommendation 1)

Murray Jose-Boerbridge

As an HIV positive individual with a level of privilege that allows him to be public about his status, Murray appreciates the fact that he is in the rare position of doing meaningful work that he truly loves. Murray champions the many diverse ways that PHAs can be meaningfully involved in the HIV response, particularly Peer roles and programming. Murray was diagnosed HIV positive in 1991 and has been working within the field since 1994. He has worked with AIDS Service Organizations in Guelph, Kitchener, Hamilton and most recently, the Toronto People With AIDS Foundation as well as being a Founding Co-Chair of the Ontario HIV Treatment Network. He is just beginning in his new role as Toronto HIV/AIDS Network Director.



Susanne Nicolay

Susanne graduated from the University of Saskatchewan's College of Nursing. She is Registered Nurse who achieved AIDS Certified Registered Nurse (ACRN) certification in 2012. Susanne has more than 20 years of front-line experience working with people who are both living with HIV or at-risk of HIV. She worked directly with peers in Regina to help implement one of Saskatchewan's first Peer Programs supporting people living with HIV, in 2012.

Susanne is a settler woman, living in Treaty 4 territory, in Regina, SK. She is passionate about her work with people living with and at-risk for HIV. Currently Susanne works with Dr. Stu Skinner and other committed health care providers who are part of Wellness Wheel. Wellness Wheel aims to deliver enhanced access to primary and chronic disease care, including for HIV, directly with and for Indigenous communities in Saskatchewan.



Glen Bradford

Glen is the Manager of the Peer Navigation and the Prison Outreach Programs at The Positive Living Society of BC in Vancouver, Canada. He has been living with HIV for 24 years and has been the past Chair of the Board for two HIV organizations in Vancouver.





**Peer Health
Navigation:
GIPA, MEPA and
Your Organization**

June 4, 2018

Panelist:

Murray Jose-Boerbridge



GIPA/MEPA: Definition

Recognizing PHA contribution

Creating space, dialogue and relationships



Chapter 1: Infrastructure Assessment for Peer Health navigation Programs

- **Recommendations:**

1. Assess agency capacity to establish, sustain and fund a peer health navigation program
2. Assess agency capacity to work within a GIPA/MEPA framework
3. Assess agency readiness to ensure agency culture is inclusive of peer health navigators



Benefits of Peer Health Navigation

- **Client**
 - ✓ Improved access to services
 - ✓ Improved health and wellness
- **Peer**
 - ✓ Aspect of self-care
 - ✓ Meaningful contribution
- **Agency**
 - ✓ Accountability & relevance
 - ✓ Connection to community

“

“learning my status could have been a tragedy, but it was turned into an opportunity. I became an educator in my group of friends, and I am glad I have this experience and the strategies it gave me to discuss with people their health in a non-stigmatizing way.”

“

“I learn and share my knowledge with the community. I now work in the field, so it is the way I make my living. Overall my life is enriched, and in it I’ve learned how to apply POZ Prevention ideals. I now more easily disclose my sero-status and apply harm reduction strategies in my own life. I’m more health-conscious, enjoy self-care and eat right.”

“

“particularly regarding sharing my status with others. I feel empowered, not upset... I feel empowered and learned not to feel shame. I’ve found support and people who have not judged me for being sexually active and POZ.”

“

...major benefits for him being the connections that were made, both with other peers and within the community; for this participant, “feeling connected with other poz folks” was a highlight of their involvement

“

“we are groundbreaking – the first organization of this size and stature to implement this and the Poz Prevention Program is being done well. It is another branch of community building.”



Tensions

- Agency culture of GIPA/MEPA
- Funding opportunities
- Financial
- Clinical outcomes



Program Structure Requirements

- Coaching
- Supervision
- Group debrief
- Capacity building
- Reimbursement

“

“training is one of the best parts of this program. ‘*Coordinator*’ is a great trainer and has comprehensive knowledge but can present it in an engaging manner.”

“he uses street talk and appropriate language to engage people.”

“

“our monthly meetings allow for discussion, to vent, share experiences and to learn how to deal with issues.”



Policy & Practice

- Multiple identities
- Service provision
- Capacity building
- Professional growth
- Agency positions

“


It was also identified that PWA as an agency itself fostered a very supportive environment for the program to take place within.

“

Staff commented that “it seems very effective”, but all three staff members reported no direct knowledge of the program; much of their information came by way of self-reports by peers, clients, and other staff members.

“

“peer workers emphasized the positive impact their involvement has had on their own lives and health.”



**Discussion and
Learnings from
the Regina Peer
Program:
How and Where to
Begin**

June 4, 2018

Panelist:

Susanne Nicolay, RN
Wellness Wheel



Assess agency capacity to support a peer health navigation program

- Assess agency capacity to establish, sustain and fund a peer health navigation program
 - ✓Is a navigation program appropriate for the agency?
 - ✓Are the necessary structures in place to incorporate and support a navigation program?



In my experience...

- Original direction from funder
 - ✓ **To public health department in the RHA**
 - ✓ **Initial goals assigned**
- Processes, policies and framework
 - ✓ **Review of existing peer programs in Canada**
- Absence of GIPA/MEPA
- Expectations were clinically focused



Assess agency capacity to work within a GIPA/MEPA framework

- Assess the agency capacity to ensure the greater involvement and meaningful engagement of people living with HIV
- Assess agency commitment to GIPA/MEPA



In my experience...

- Peers were recruited
- Processes were established prior to recruitment
- Efforts to implement GIPA/MEPA with Peer Coordinator role
- Negotiation of roles, confidentiality



Assess agency readiness to ensure agency culture is inclusive

- Assess the agency culture – is it inclusive of peer health navigators?



In my experience...

- Clients vs colleagues
- Remuneration
- Power imbalances exist

What I learned...

- Expectations related to success
- Empowerment and legitimacy
- Power imbalances
- Commitment
- Remuneration
- Sustainability

What I learned...

- GIPA/MEPA needs to be considered at the start of any peer navigation program.
- Agency capacity, commitment and preparedness is absolutely necessary.
- Health care providers and peers may struggle with the client/colleague transition.
- Success is qualitative first and may be difficult to tangibly measure.
- Peers are invaluable to engagement



**GIPA, MEPA and
Your Organization:
Questions and
Answers**

Glen Bradford, Moderator



Questions

1. What are the perceived difficulties implementing the GIPA/MIPA principle in community organizations? In a clinical setting?
2. When organizations do develop advisory teams, the HIV+ participants tend to be mostly white, gay men. Is creating diversity challenging or are there other systemic barriers in play?
3. Often, when seeking to form programs that meet the GIP/MIPA principles, organizations seek out fully formed HIV+ representatives. How does capacity building and mentorship fit into this framework?



Audience questions?

Please type your question or comment into the chat box.

Thank You

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