

EXPLORING THE APPROPRIATENESS AND ACCEPTABILITY OF PEER NAVIGATORS TO INCREASE HIV PREVENTION, TESTING, AND TREATMENT



Presenters:

Abe Oudshoorn, RN, PhD
Assistant Professor
Project Co-Investigator
Western University

Amy Van Berkum, RN, MN
Research Coordinator
Western University

Marilyn Atkin, RN
Manager: Community Outreach
& Clinical Support Services
Middlesex London Health Unit



Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

BACKGROUND

WHAT?

The Peer Navigation Project (PNP) is studying the acceptability and appropriateness of Peer Navigation (PN) as a model to increase access and uptake of HIV prevention, testing, and treatment by LGBTQ2S and cis-heterosexual street involved youth (SIY) in Canada (London, Toronto & Montreal) and Kenya (Kitale & Eldoret).

WHY?

- Youth homelessness is on the rise and involves unique health risks¹
- In Canada 1/3 of Canadians diagnosed with HIV are youth¹
- In Kenya youth make up 15% of the 1.5 million living with HIV²
- Youth have the lowest uptake of HIV services
- Specific youth populations (e.g. LGBTQ2S youth) are at an increased risk of HIV infection³

RESEARCH PROJECT DESIGN



PURPOSE:

TO ADAPT AND SCALE-UP THE PEER NAVIGATOR INTERVENTION TO STREET INVOLVED YOUTH TO IMPROVE UPTAKE OF HIV PREVENTION, TESTING AND TREATMENT.



IMPLEMENTATION SCIENCE:

STUDYING METHODS TO PROMOTE THE ADOPTION AND INTEGRATION OF EVIDENCE-BASED PRACTICES, INTERVENTIONS AND POLICIES INTO ROUTINE HEALTH CARE AND PUBLIC HEALTH SETTINGS.⁴



PROJECT SITES:

TORONTO, ON
LONDON, ON
MONTREAL, QC
ELDORET, KENYA
KITALE, KENYA

RESEARCH PROJECT DESIGN



Project timeline:

The project runs from 2018-2023 and consists of two phases:



Phase 1: Adapting the peer navigation model in preparation for implementation utilizing a mixed methods approach.

Phase 2: Hire and train a PN to work in each site. This phase is focused on evaluating the implementation and sustainability of the PN model.

CATIE PEER
NAVIGATOR
MODELS⁵

Benefits:

- Prevention
- Testing
- Treatment
- Peer Navigator
- Agencies

Challenges:

- Peer Navigator role (in agency)
- Boundaries (with peers)
- Adapting to key populations

PEER NAVIGATION ADAPTATION AND IMPLEMENTATION⁶



ASSESS AGENCY
CAPACITY TO
SUPPORT PN



IDENTIFY CORE
AND PERIPHERAL
PN ROLES

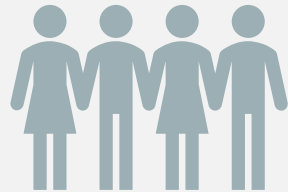


GAUGE
ACCEPTABILITY AND
APPROPRIATENESS
OF PN IN CONTEXT
AND WITH TARGET
POPULATION



SERVICE MAPPING

DATA COLLECTION



WHO?

- STREET INVOLVED YOUTH
- COMMUNITY SERVICE PROVIDERS
- HEALTH CARE PROVIDERS



HOW?

- INDIVIDUAL INTERVIEWS
- FOCUS GROUPS
- THEATRE TESTING

ANALYSIS TECHNIQUE: PHASE I FINDINGS



RESEARCH QUESTION:

WHAT ARE THE FACILITATORS AND BARRIERS TO ACCESSING HEALTH CARE SERVICES FOR STREET INVOLVED YOUTH?



QUALITATIVE DATA ANALYSIS:

- IDENTIFY FACTORS
- REALIZE THEMES
- EXTRACT QUOTATIONS



STREET
INVOLVED
YOUTH
SAMPLE

- Sample size: 24 youth
- Data collection: Individual interviews and focus groups
- Youth self identified as:
 - Gender queer
 - LGBTQ2S
 - Aboriginal
 - Black
 - Varying spiritual beliefs
 - Low income/ below the poverty line
 - Experience with substance use
 - Varying medical diagnoses

OUTCOMES



Facilitators:

- Structural
- Personal



Barriers:

- Structural
- Cultural
- Personal



Themes

FACILITATORS

Structural

- Basic needs provision
- Service related
- Social

Personal

- Desire/willingness to feel well
- Feeling comfortable
- Gaining independence and mastery
- Health literacy
- Supportive relationships

BARRIERS

Structural

- Basic needs provision
- Service related
- Social

Cultural

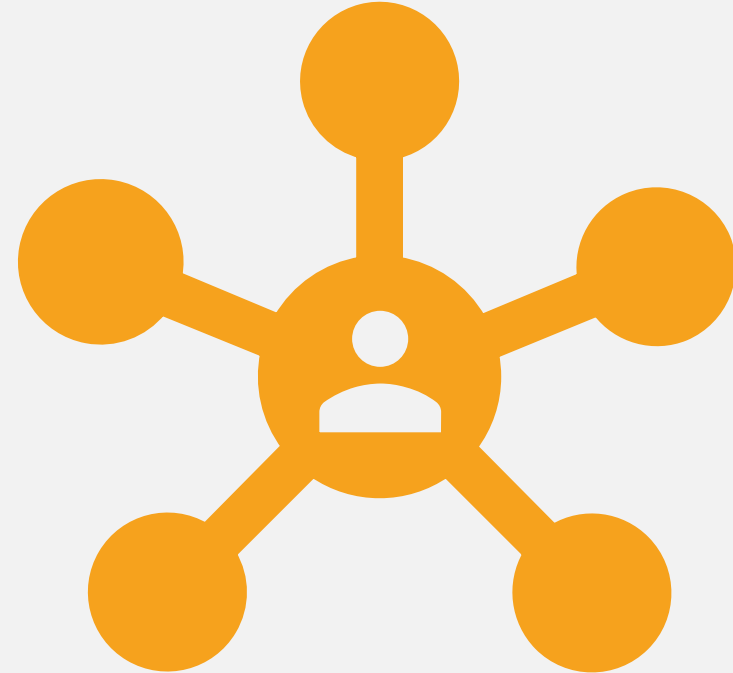
- Medication adherence
- Experience of trauma
- Substance use
- Mental/emotional health
- Unemployment
- Hidden homelessness
- Racism
- Stigma
 - Youth sexuality
 - Transphobia
 - Substance use & homelessness

Personal

- Mistrust of Western medical system
- Anxiety with HIV testing
- Embarrassment
- Medication adherence
- Personal attachment/dependence on service provider
- Lack of disease specific knowledge
- Fear
- Lack of support system

LET'S ALL THINK...

- How might a Peer Navigator help to eliminate/overcome barriers to accessing health care services for street involved youth?



THEME I: INTERSECTORAL EXCLUSION

- Street involved youth occupy one or more marginal social locations that serve as barriers to accessing services. These can be sources of explicit or implicit stigma and discrimination.



"A lot of doctors are just very dismissive of their identity and it's like, "Oh, you're trans, but I'm going to call you she and I'm going to do this." And just be really condescending. That's why a lot of queer people don't want to seek healthcare" (Participant T6).

THEME 2: MEET US...

- **EARLY IN OUR JOURNEY**
- **WHERE WE ARE AT**
- **CONSISTENTLY**

- Prevention and early intervention can improve the lives of youth
- Youth desire low barrier, harm reducing services that don't require pre-conditions to access.
- Youth require continuity in care



“Dr. ABC comes here to see a lot of us. I feel if a lot of the doctors did, like if they came once a week or like twice a month to the shelters to see the clients, then it would probably be easier or if they did outreach or whatever to go out and see where their clients could be” (Participant T6).

THEME 3: IT'S ALL ABOUT RELATIONSHIP

- Youth want trusting, respectful relationships either with health providers directly, or with those who can connect them into health services.



“It’s embarrassing. They talk down to us like we’re children” (Participant L3).

“I just feel like I need to build some sort of like rapport with the practitioner” (Participant T1).

THEME 4: BASIC NEEDS ARE A PRIORITY

- Basic needs (e.g. housing, food, safety, mental and physical health care) will take priority before youth focus on primary/preventative health care.



“The priorities are different so, it’s like no, I really don’t care if I have high cholesterol or I might have Chlamydia, I think I need to find out where I’m going to shower today you know, like situations like that is definitely a barrier” (Participant T1).

THEME 5: WE ARE DEVELOPING AGENCY

- Recognizing and responding to youth's health knowledge.
- At times, youth want to advocate for themselves. Other times, youth want someone (with permission) to step in and advocate on their behalf.



“I guess maybe like say things that... sometimes I have a hard time saying something or maybe I should say something and I can't. You know, kind of be my voice when I need them to be” (Participant L1).

CONCLUSIONS



There are structural barriers preventing youth from accessing health services.



Supports for street involved youth need to be relational and responsive.



Health services need to be provided hand-in-hand with basic needs provision.



A PN intervention has the capacity to improve youth access to HIV prevention, testing, and treatment



NEXT STEPS

Enacting Phase 2 of the research project:

- Site specific adaptations
- Hiring the PN in collaboration with community partners
- Ongoing data collection, analysis and knowledge translation
- Measuring sustainability of the PN model

RESEARCH & COMMUNITY PARTNER TEAM



Dr Paula Brastein,
Principle Investigator

Alex Abramovich, Co-
Investigator
Olli Saarela
Katie MacEntee
Thai Son Tang



Abe Oudshoorn, Co-
Investigator
Amy Van Berkum

Marilyn Atkin,
Middlesex London
Health Unit



Edward Ou Jin Lee,
Co-Investigator
Sue-Ann MacDonald
Renata Fuchs Miltzer



Dr. David Ayuku, Co-
Investigator
Dr. Juddy Wachira
Dr. Edith Apondi
Reuben Kiptui



<https://pnpstudy.net>

AUDIENCE
QUESTIONS?



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