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Early implementation issues in adapting and scaling-up Peer Navigation for homeless and street-connected youth in Canada and Kenya

Katie MacEntee, Abe Oudshoorn, Alex Abramovich, David Ayuku, Amy VanBerkum, Olli Saarela, Thai-Son Tang, Edith Apondi, Juddy Wachira, Reuben Kiptui, Paula Braitstein



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

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Western
UNIVERSITY • CANADA



Introduction

- Youth who are experiencing housing insecurity and are connected to the street (SCY) are at increased risk of HIV and AIDS and encounter numerous barriers when seeking HIV care.¹⁻⁵
- Peer Navigators (PN) with shared characteristics, life experiences as SCY, and professional training can support SCY connect to healthcare and other social supports.⁶⁻¹⁰
 - However, these studies report summative assessments of PN intervention with targeted populations and they provide minimal detail on their early implementation process.
- There is limited documented understanding on what broader factors (e.g. host institution characteristics and policies, greater social systems) contribute to the success of PN intervention implementation in different geographical and public health contexts.

Research Question

What are the challenges and facilitators associated with the *early* stages of implementing a Peer Navigation model to support SCY in Kenya and Canada to access and use HIV prevention, testing and treatment?

- We define 'early' as all implementation activities after consulting community stakeholders on site-specific adaptations and before PNs started providing direct support to SCY.

Research Project:

Site	Target SCY Population	Host Institution Description
Eldoret/Huruma	All SCY ages 16-29	Public Ministry of Health, USAID-AMPATH partnership hospital focused on HIV prevention and care
Kitale	All SCY ages 16-29	Public Ministry of Health, USAID-AMPATH partnership hospital focused on HIV prevention and care
Toronto	2SLGBTQ+ SCY ages 16-29	Large community service organization providing range of SCY supports and programs
London	All SCY ages 16-29	Clinical health unit with active outreach services for individuals experiencing homelessness
Montreal	2SLGBTQ+ SCY ages 16-29	Grassroots organization providing peer-based support for the transgender community.

- The Peer Navigator Project (PNP) is researching the implementation of PNs to support SCY access HIV testing, prevention and treatment in five study sites: (1)Eldoret/Huruma and (2)Kitale in Kenya, and (3)Toronto, (4)London and (5)Montreal in Canada.
- Project partners act as host institutions and are responsible for recruiting, hiring, training and supporting PNs to provide SCY with peer support and individualized referrals to appropriate support services in their region.
- Site assessments, key informant interviews and core characteristic surveys were used prior to implementation to study the appropriateness, feasibility, and acceptability of the PN intervention in each site.¹¹

Methodology: Consolidated Implementation Science Framework (CFIR)¹²⁻¹⁴

- CFIR amalgamates several theories of health intervention implementation into a defined typology
- Five domains present as categories to organize the myriad of factors that can restrict or facilitate intervention implementation
- Domain characteristics further describe domain components and their exclusion and inclusion requirements
- Data: Meeting notes from research team meeting between December 2019 and March 2022
- Analysis: The project's postdoctoral fellow reviewed the meeting notes and identified facilitators and challenges associated with the early implementation of the project. These factors were reviewed by the project team. Then the factors were categorized and articulated according to the CFIR. The categorizations went through two rounds of review by the project's postdoctoral fellow and principle investigator.

Findings

Challenges:

Differences in host institutions' collective agreements meant PN salaries differ across sites, which raised equity concerns for the project. Barriers in some host organizations' policies and practices were identified as systemically excluding people who are young and had experience with street involvement from meaningfully applying for the PN position and from hiring. Targeted PN recruitment, adjusting host organizations' hiring policies, and accommodating PN trainings can help navigate these challenges and support PNs becoming contributing members of their host institutions. Concerns about pay equity, however, remain unresolved.

COVID-19 had cross-domain impacts (e.g. outer setting; process: PN recruitment and training; inner setting: available resources). The PNs, with the support of their host institutions, were able to adapt and find novel ways to engage SCY (e.g. supporting shelter vaccine clinics, distributing personal protective equipment during outreach activities).

HIV criminalization in Canada impacts some PNs more directly than others. All PNs have received HIV non-disclosure training.⁵ Still, the context threatens the abilities of all the Canadian PNs to build trusting relationships with SCY. The London host organization is beholden to legislation that requires the PN internally report HIV non-disclosure (in limited circumstances), raising concerns about whether this institution is an appropriate host for such an intervention. Inspired by Indigenous health scholars exploring ways to work with the healthcare system to transform exclusionary practices, we continue to track if the PN intervention can promote healing relationships within this context.^{5,15}

Domain	Domain Constructrs	Early Implementation factors
Intervention characteristic	Adaptability of intervention	1) First round of PN recruitment failed to attract applicants with recent experience of street involvement. This is likely impacted by COVID-19. 2) PN salaries differ between sites
Outer setting	External policies Cosmopolitanism	3) COVID-19 stressed health services and increased SCY isolation 4) Criminalization of HIV in Canada and the duty to report risks PNs ability to build trusting relationships with SCY 5) Existing service networks and relationships provides PNs with greater options for referrals
Inner setting	Structural characteristics	6) Hiring requirements expected applicants to provide multiple references 7) Greater infrastructure resources and funding allowed for more PN support
Individual characteristics	Stages of change	9) PNs differed with their comfort discussing about personal sexual health issues as a means of providing appropriate referral support
Process	Engaging	10) Cross-site PN training was limited by language differences and educational experience amongst PN. COVID meant training was all virtual 11) PN Champions were instrumental for navigating any challenges

Facilitators:

Previous research in Kenya attributed the success of their PN intervention targetting SCY to be in part due to the project's timing, which coincided with the opening of an adolescent-focused health unit and other SCY-focused interventions in the area.¹⁶ Through the lens of CFIR, this further supports the attributes of cosmopolitan and host institutions that can promote SCY-service networks and stakeholders' confidence in the PN intervention. The PNP findings also suggest that the financial security of the host institution can mitigate unexpected external shocks. Moreover, PN champions and the PNs, through their commitment to the intervention and to support SCY in their region, were highly impactful facilitators to early implementation success.

Study Limitations:

There is a possibility of bias in the data given the research team's willingness for project success. However, conversations during team meetings were candid and meeting notes offered a rich source of data representing the team's reflections on the implementation process over several months. Future research could include interviews with host institutions and PNs to contribute greater diversity of perspective on the research question.

Conclusions:

This study is unique for exploring the early implementation of peer navigation in both high- and low-income contexts. The host institutions are diverse (community-based, healthcare facilities) to consider in relation to the adaptation process. Study findings demonstrate how, even when pre-implementation assessments are conducted, numerous factors can emerge during early implementation while preparing to address the HIV care needs of SCY. Addressing early implementation challenges involved leveraging facilitators to promote optimal implementation in specific service provision contexts. Flexibility and creativity, as well as being larger with more stable funding, are key internal characteristics of host institutions that were able to successfully hire, train and support a new PN. The presence of PN champions are also highly valuable.

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