HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY IMPROVEMENT & INNOVATION

Institute for Healthcare Improvement

Use of Peer Navigators Implementation Guide

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A. What is Peer Navigation?

HRSA defines peers as "individuals who are affected by or infected with HIV, share similar background characteristics with the clients being served, and are not clinically trained health care professionals." They may have the title of peer counselors, community health workers, promoters, outreach workers, treatment educators, peer educators, consumer trainers, and/or peer advocates.

AIDS United defines peer navigators as "HIV-positive, medication- adherent role models living with a shared experience and a shared community membership as the populations with which they work. Peers are trained, often paid, professional staff members rather than volunteers. Their work includes: case finding and community outreach; routine appointment reminder phone calls; accompaniment to appointments; transportation assistance; referrals and associated follow-up; and adherence education and support."

While there is not a standard for what types of work peer navigators may do (this depends on the culture of the clinic and the experience, expertise, and the professional goals of each peer navigator), CQII offers a number of potential roles, recommendations on developing, sustaining and growing a peer navigation program, and considerations in designing and implementing a program that is right for your clinic.

B. Target Population

Peer navigator services are often useful for new clients, clients who have inconsistent engagement, clients who have disengaged, and clients who have requested additional assistance.

C. Core Elements of the Intervention

Many clinics use peers in one form or another and adapt existing peer navigation models for their purposes or develop their own from scratch. This Implementation Guide focuses on common elements of most peer navigation programs and then offers additional elements that might be considered for inclusion.

1. Identifying the Need and Goals for a Peer Navigation Program

- Answer the questions:
  - What needs/challenges are we trying to address with a peer navigation program?
  - Is a peer navigation program the best way to address or begin addressing these needs and challenges?
  - What are the broad goals of our peer navigation program?
  - What does success look like at three months, six months, one year, and beyond?
  - What will peer navigators do? What will peer navigators not do?

2. Assessing the Clinic's or Organization's Readiness for a Peer Navigation Program

- Among the questions to consider when assessing readiness for a peer navigation program are the following:

- Can one or more clinic staff carve out dedicated time (including an extensive amount of time in the 8-12 weeks implementation phase) to effectively implement a peer navigation program?
- Does the clinic have the physical space necessary for a peer navigation program?
- Can the clinic financially support the one-time and ongoing costs of a peer navigation program?
- Can the clinic secure any approvals necessary from funders, government, and/or other governing bodies?
- Are clinic staff open to a peer navigation program?
- Does the clinic have the other resources needed to develop and sustain a peer navigation program?
- Can existing workflows, policies, and procedures be modified to effectively embed peer navigators into the day-to-day functioning of the clinic?
- Does the clinic have some strong candidates for peer navigators among its existing clients?

3. Deciding on the Roles of Peer Navigators

- The specific roles of peer navigators are based upon:
  - Need for peer navigators
  - Goal(s) of the peer navigation program
  - Clinic's culture and readiness for a peer navigation program
  - Experience, expertise, skills, and professional development goals of peer navigators

- Common roles for peer navigators include:
  - Community Outreach
    - For newly diagnosed individuals not yet in care
    - Clients who have fallen out-of-care
    - Clients who request or require additional outreach and engagement
  - Client Follow-Up
    - Weekly/regular calls to check-in with clients
    - Reminder calls for upcoming appointments
  - Accompanying Clients to Appointments
  - Referring and Linking Clients
    - Coordinating and assisting with successful linkage and referral to other services and supports
    - Assistance with transportation
  - Treatment Adherence Education and Support
  - Peer Navigators as Waiting Room Liaisons (see the Waiting Room Liaison Implementation Guide for more details)

4. Integrating Peer Navigators into the Work of the Clinic

- Clearly articulated role for peer navigators in the workflow of the clinic.
- Detailed job descriptions for peer navigators.
- Policies and procedures are amended as needed to explicitly describe the role(s) of peer navigators.

- Clinic forms/electronic records, etc. are amended as needed to incorporate the work of peer navigators.
- Client satisfaction surveys are amended as needed to help assess the effectiveness of the peer navigation program.
- All clinic staff understand the role(s) of peer navigators and how the work of peer navigators interacts with their role.

5. Recruiting, Hiring, and Orienting Peer Navigators

5.1. Formal process for recruiting and hiring peer navigators (comparable to hiring other staff positions at the clinic).
5.2. Formal interviews and reference checks.
5.3. Consider having clients a part of the interview process.
5.4. Formal orientation (see Section G: Training) completed before peer navigators work directly with clients.

6. Supervision and Professional Development of Peer Navigators

- Role of a Peer Navigation Program Supervisor is explicitly described in the job description of the program supervisor(s).
- Peer Navigation Supervisor has dedicated time each week for group supervision/professional development of peer navigators and one-on-one supervision with each peer navigator.
    - Professional development opportunities (by clinic or others) are offered at least monthly and there are explicit methods for communicating these opportunities to all peer navigators.
    - One-on-One direct supervision provided weekly, if feasible, but no less than bi-weekly.
- Detailed professional development plan, including opportunities for advancement for peer navigators

7. Evaluation and Improving the Peer Navigator Program

- Formal process and materials for evaluating the performance of each peer navigator
- Formal process and systems for assessing the effectiveness of the peer navigation program (See Section J for suggested process, outcome, and balancing measures)
- Process, including formal plans as needed, to continually improve the effectiveness of the peer navigation program and the job satisfaction of peer navigators

D. Adaptable Elements of the Intervention

This is not yet an evidence-based intervention. While the high-level elements are likely sound and should not require adaption (e.g., 4. Deciding on the Roles of Peer Navigators in the Clinic), the detailed sub-elements (e.g., 4.2.1: Community Outreach) have not been thoroughly tested. Because of this, CQII recommends trying to implement the core elements as outlined in this

implementation plan, while noting any adaptions you make and then using continuous quality improvement methods to improve the use of peer navigators over time.
Should you see improved results from one or more adaptations, CQII would be interested in hearing about the adaptations made and the results achieved (see section on contact information in this guide).

E. Length of Time the Intervention is Delivered to Each Client

Depending on the decided role(s) for peer navigators within a clinic, this intervention could involve several to virtually all aspects of a clinic's work, including some or all direct-facing work with clients. It is not time-limited, but rather becomes part of how the clinic works with clients.

F. Staffing Requirements/Roles and Responsibilities

This intervention requires the following staffing:

- One or more peer navigators (a clinic could have multiple peer navigators performing the same or different roles based on the need and the training that can be provided)
- A Peer Navigation Supervisor (often a social worker or nurse) to provide ongoing training, supervision, and professional development to all peer navigators. There should be dedicated time for this supervisor to provide group supervision and professional development as well as individual supervision for each peer navigator (ideally weekly).

G. Staff Training

This training should, at a minimum include the following:

- Client confidentiality/Health Insurance Portability and Accountability Act (HIPAA)
- Cultural humility and cultural affirming practices
- Implicit bias
- Outreach and engagement
- Intake forms and other paperwork required by the clinic
- Clinic, client, and staff safety (including de-escalation techniques)
- Professional boundaries
- Harm reduction principles and practices
- Motivational interviewing principles
- Clinic scheduling and flow policies, procedures, and practices

If the peer navigator will also be serving as a peer health coach, the initial and ongoing training should include a comprehensive training for peer health coaches. Clinics should consider using existing training tools and materials by CQII and others (See Section N: Tips and Tricks).

H. Resources Required for Implementing the Intervention

In addition to staffing, to successfully implement a peer navigation program requires:

- Ongoing training for peer navigators (see Section G: Staff Training)
- Dedicated time for ongoing supervision and professional development of peer navigators
- Orientation for all clinic staff on the role of peer navigators

- Updating policies, procedures and workflow processes of the clinic based on the role(s) of peer navigators
- Peer education materials (if peer navigators are serving as a peer health coach)
- A method for assessing the extent to which having peer navigators improves viral suppression rates (see Section J. Data Collection and Reporting)

I. Implementation

Each clinic's actual implementation plan will be different, but the core pieces of a peer navigator implementation plan are to:

- Develop a draft flow chart to visualize:
    - What the workflow looks like (from the time a peer navigator begins their shift until they end their shift).
    - How the work of a peer navigator will be embedded into the day-to-day workflow of the clinic, including the overall care plan for each client.
    - What the peer navigator can/should do as well as what roles/functions the peer navigator should not/cannot perform.

- Develop a draft iterative work plan to have a peer navigation program fully implemented at the clinic in approximately 8-12 weeks. Among the items to be included in the work plan are the following:
    - How the Peer Navigator Supervisor will free up additional time during this 8-12 week-period to effectively plan and launch a peer navigation program.
    - How the work of the peer navigator(s) will be integrated into the workflow at the clinic.
    - How the clinic will provide ongoing training, professional development, and supervision of peer navigators.
    - How the clinic will orient all clinic staff on the work and role of peer navigators.
    - How the work of the peer navigator will be integrated into the electronic medical record (if they are provided access) and/or related systems.
    - How the information that peer navigators obtain from clients during both formal and informal interactions will be shared with other clinic staff.
    - How the clinic will keep track of scheduling peer navigators.
    - How the clinic will assess the effectiveness of peer navigators.
    - How the clinic will improve the effectiveness of peer navigators.

- Start small testing with a training one to two peer navigators to determine:
    - What pieces of the training are clear.
    - What parts of the training require more clarification.
    - What works.
    - What needs to be improved.

- After training, if possible, test having a Peer Navigator work a two-hour shift with close supervision to determine:

    - What works and needs improvement in terms of:
        - Work of the peer navigator
        - Workflow and integration of the peer navigator into the broader clinic
        - The reaction of clients to a peer navigator
        - Supervision and support for the peer navigator

- Continuously get feedback from peer navigators and other clinic staff on what is (and isn't) working.

- Continuously improve the system, process, procedures, and forms used based on the feedback from staff.

- The next steps of the implementation plan are based on what you have learned from the previous step (regardless of what your draft iterative work plan says) as the clinic gradually trains more peer navigators and, once they are fully trained and oriented, the peer navigators work more hours with less direct supervision.

CQII recommends that clinics test components of a peer navigator training and role in as small of tests as feasible before rolling out a peer navigation program at full scale. This evidence-based approach to implementation makes it much more likely the intervention will become well integrated into the overall workflow of the clinic, make the change process easier for clinic staff, and result in better outcomes for clients.

J. Data Collection and Reporting

CQII recommends that clinics continually assess the effectiveness of the peer navigation program by developing systems to collect and analyze the following data.

Process Measures

- % of clients offered to be linked to a peer navigator
- % of clients offered a peer navigator who accept/use peer navigation services
- % of peer navigators who indicate they have the training and ongoing support they need to succeed in their jobs

Outcome Measures

- % of clients that have a peer navigator that agree or strongly agree that their peer navigator helps them achieve their HIV treatment and other life goals
    - Overall client population
    - Segmented by race, gender identity, housing status, substance use status, and other relevant subpopulations
- % of clients that have peer navigators with improved viral suppression rates within six months
- % of clients with peer navigator that achieve viral suppression (percentage of clients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Balancing Measures

Comparison of improvement of viral suppression and achieving viral suppression (see outcome measures above) between clients with a peer navigator and clients that do not have a peer navigator.

K. Implementation in Action: Waco-McLennan County Public Health District

With a caseload of about 160 clients, of whom approximately 10 percent are not virally suppressed, the Health District wanted to take a more hands on approach in supporting clients who face challenges in achieving viral suppression. As part of their participation in the create+equity Collaboration, Laurel Churchman, program manager, and a client, Toby Kurosky, who volunteered to take part in the collaborative, reviewed the possible interventions.

Based on the needs of clients, they selected peer navigation. Laurel has watched efforts to implement peer-related programs in the past, only to see them rushed and then never come to fruition. As a result, she is committed to taking a methodical approach to implementing the intervention.

Researching how to implement the intervention is the top priority. Laurel and Toby have contacted programs across the county to see how they have implemented peer navigation. They also visited an organization in Ft. Worth and talked with both supervisors and navigators to see firsthand the intervention in action. They have received technical assistance and resources from KC CARE Health Center. The next step is for Laurel and Toby to receive peer navigator training from KC CARE. The intent of this training is to provide the two with a thorough understanding of the role of a peer navigator. This understanding will guide them as they fully implement the intervention.

The plan is to begin a pilot phase with one navigator, Toby, after he has been trained. A challenge that has been identified is how a single “peer” can serve the entire population. Since peers are supposed to reflect the target population, can one peer (a bisexual white man) identify with, and help a wide variety of clients?

Other challenges have been identified as the team thinks of scaling up the program. Eventually, Laurel would like to have more than one peer navigator. These would be paid positions. Given that these would be city/county employees, she anticipates some issues related to hiring, such as how to word the job announcement (i.e., limiting the position to a person with lived experience) and negotiating the county’s hiring process.

While some of the county’s bureaucracy may be a barrier, Laurel reports that they have been very supportive. Regularly reporting back to the county about progress in implementing the intervention has kept Laurel and Toby motivated and on task.

Contact for More Information:
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Program Manager

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Implementation Staff/Volunteers
Toby Kurosky participated in planning and implementing the intervention.

L. Assessing Fidelity to the Intervention

As mentioned previously, the core elements of this intervention have not yet been sufficiently tested to ensure that fidelity to them will result in better viral suppression rates for the target population. The core elements, have, however, been developed in consultation with a range of experts including people with HIV and are believed to be best practices.

M.Suggestions for Improving Effectiveness

As you begin implementing a peer navigation program at your clinic, it is likely beneficial to conduct brief surveys of clients and staff to assess their satisfaction, identify areas for improvement, and solicit ideas for improvement. Monthly surveys (taking five minutes or less to complete) for the first six months of implementation and then quarterly or semiannual surveys thereafter (these questions could be embedded into a larger survey) can help ensure that staff and clients are seeing value in a peer navigation program and that peer navigators are feeling adequately supported.
As you identify an area for an improvement and a change idea you think might result in improvement, unless you have a high degree of belief that the change idea will result in improvement, CQII recommends that you test the change idea at the smallest increment possible. This could be testing the change idea with one peer navigator for one day, or even just one peer navigator for one client. As you develop evidence these small tests of change appear to be working (with or without modifications) you can scale them up over time to be a formal part of your peer navigation program.

N. Tips and Tricks

There are many good resources available for helping clinics effectively implement a Peer Navigator program.

- U.S. Health Resources and Services Administration (HRSA) - **Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates**
- HRSA's TargetHIV - **Building Blocks to Peer Program Success: Toolkit for Developing HIV Peer Programs**
- AIDS United's **Best Practices for Integrating Peer Navigators into HIV Models of Care**
- ECHO Collaborative Video Presentation **– Peer Programs: A Community Health Worker Program**

O. Contact Information

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P. References

1. Melanie A. Thompson, Michael J. Mugavero, K. Rivet Amico, Victoria A. Cargill, Larry W. Chang, Robert Gross, Catherine Orrell, Frederick L. Altice, David R. Bangsberg, John G. Bartlett, Curt G. Beckwith, Nadia Dowshen, Christopher M. Gordon, Tim Horn, Princy Kumar, James D. Scott, Michael J. Stirratt, Robert H. Remien, Jane M. Simoni, and Jean B. Nachega. Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons With HIV: Evidence-Based Recommendations From an International Association of Physicians in AIDS Care Panel. Annals of Internal Medicine 2012 156:11, 817-833
2. Bradford, J. B., Coleman, S., & Cunningham, W. (2007). HIV System Navigation: an emerging model to improve HIV care access. *AIDS patient care and STDs*, *21 Suppl 1*, S49–S58. https://doi.org/10.1089/apc.2007.9987
3. AIDS United. Best Practices for Integrating Peer Navigators into HIV Models of Care. Washington, DC. 2015.

Q. Appendices

I. Peer Navigator Interview

Appendix I. Peer Navigator Interview

Waco_Peer Navigator
Laurel Churchman
Program Manager
Waco-McLennan County Public Health District
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The HD has a caseload of about 160 people with HIV. While most people (and patients) live in Waco, the health district also covers five rural counties, which make up the greater part of the geographic area covered by the health district. Of the caseload: approximately 15-20 percent have not achieved viral suppression.

What motivated your organization to pick this intervention? Who was involved in the decision (i.e., were patients involved) ?

The program manager and a patient volunteers were participating in the create+equity Collaborative. When asked to select an intervention they reviewed the options, considered the barriers patients were facing and ultimately thought that the most helpful one for those clients

with challenges in achieving viral suppression would be peer navigation. A key element of this effort is to start small—this project is being taken on on top of an already heavy workload.

Recognize that this is a very ambitious step for the organization in terms of implementing an intervention. This is a long-term process and there could be multiple iterations.

Just want to take the time to do this right. Have seen other programs rush the process and spend a lot of resources and time (staff and volunteer) to see it not be sustainable because there were so many problems with the proposed program.

Fundamental Questions for this type of program: What is a peer? If you only engage one peer (e.g., gay white male) will that work for your patient population, especially those out of care (how do the demographics match?)

What were your steps to implement it? Did you follow the steps in the guide or were there modifications from the beginning, or at some point?

The pair (Laurel and volunteer PWH) have done a lot of research, taking a methodical approach. Looked through CQII interventions

Reached out to many programs across the country – through CQII collaborative and otherwise Visited peer navigator program in Ft. Worth. Talked to both supervisors and peer navigators. Reached out to KC Cares for more intensive assistance. Got tools to use in implementation. Are in the process of setting up training with KC Cares for Laurel and volunteer.

Will start small: train two people (Laurel and volunteer) in peer navigation. That way, they will have a thorough understanding of the training process to help them when they implement it on a larger scale..

After training, will conduct a pilot with the volunteer (1) as peer educator. Based on that, will try to roll it out. Expand role of one peer, possibly bring on another. Eventually would like paid peers but this is very difficult in a county health department—given that peer would need to be hired by county and go through that process. There are questions related to how to phrase job announcement (i.e., specifying that the applicants must be people with lived experience).

What barriers did you experience?

Having only one peer (in pilot). Does not really reflect much of the target population. Will he be able to relate to other people with HIV.

How to hire peers (e.g., HD bureaucracy, where to advertise, how to word job announcement and qualification). In talking to other programs they have not had answers.

Finances. While there have been minimal costs related to the planning and pilot, to scale it up will require resources.

What facilitated the process?

Enthusiastic volunteer.

Help (advice, training, TA) from other programs.

Admin agency has been supportive. They keep us accountable. We need to keep moving forward. Since this project is in addition to our actual workload/duties, it would be easy to put it off

We have a new data system, pulling data out has been difficult. It is hard for us to know how we are doing. The admin agency has been helpful getting the data I want to guide our work. This has been very challenging – not being able to run the reports and get the data when I need it.

What recommendations do you have for other organizations wanting to implement this intervention?

Don't rush implementation (you need to have policies in place, forms, etc.) You need to be very deliberate. If you are slow and deliberate, you can tweek things that don't work along the way. If you rush, you can end up with a complete failure that cannot be fixed.

It has really helped to talk to existing programs about their experiences.