

Full Length Research Paper

Results of a peer navigation pilot program to link HIV positive clients of harm reduction services with Ryan White Clinical Service Providers

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Accepted 12 March, 2022

Peer navigation programs may improve healthcare accessibility and adherence for hard-to-reach populations. We piloted a peer navigation program at 3 sites within the United States with the aim of linking HIV positive clients of harm reduction services with Ryan White Clinical Services. We compared navigator activity logs and client tracking forms to evaluate the efficacy of the peer navigation program and to determine whether specific navigator duties varied with instances of client navigation. Findings indicated that increased instances of peer navigator activities corresponded with successful navigation of clients. Peer navigation may be a promising model for overcoming barriers to healthcare access for hard-to-reach populations.

Key words: HIV care, peer navigation, Ryan White services, drug use.

INTRODUCTION

While the prevalence of HIV has declined among drug users in the United States, drug users living with HIV continue to face problems accessing treatment and services for HIV. The Ryan White HIV/AIDS Program Clinical Services provides services for many drug users living with HIV; however, barriers such as variable rates of testing, delayed testing and diagnosis, and general healthcare accessibility continue to impact the ability of drug users to access these services (Grigoryan et al., 2009; Lansky et al., 2009). One possible strategy for linking the hard-to-reach population of HIV positive drug users to care is through the use of peer navigation.

Often described as a health-systems intervention, *peer navigation* aims to improve healthcare accessibility and adherence for hard-to-reach populations, or potential clients of healthcare services (Bradford et al., 2007), by providing the client with navigation through the complexities of healthcare. Unlike case management, peer

navigation utilizes peers who share common characteristics with patients (which may include race, gender, age, HIV status, etc.) to build relationships with patients and link patients to care. This model of navigation is considered a health-systems level intervention as it often necessitates hiring new staff and/or training existing staff to assume new roles as peers within healthcare facilities.

The present research endeavor is an evaluation of a pilot peer navigation program implemented in three sites in the United States from 2009 to 2010. Our central research aims were to: (1) Assess the overall efficacy of the peer navigation program in linking HIV positive users into care; and (2) Identify the relationship between specific navigator occupational duties and instances of patient navigation.

METHODS

To examine the relationship between navigator activities and patient navigation, we used archival data to build a database which indicated navigator activities over time, measured in weeks. Seven patient navigators working at three sites maintained weekly activity

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Table 1. The odds of navigation given peer navigator activities, fixed effects model with random intercepts for peer navigators, controlled for relative time period.

Peer navigator activity	Instance		P value	Fixed effects intercept estimate (SE)
	Adjusted odds ratio	95% confidence interval		
Number of instances of navigator				
Communicating with Ryan White Services point-contact	1.3	1.1-1.7	0.013	0.58(0.49)
Provided navigation into harm reduction services	1.4	1.1-1.8	0.005	1.15(0.56)
Making community contacts	0.98	0.96-1.01	0.301	0.96(0.57)
Used telephone for navigation-related activities	1.3	1.1-1.5	0.001	0.87(0.51)
Provided patient education	4.3	2.1-8.8	<0.001	0.0(2.1)

logs which documented instances of navigator duties across the following occupational domains: The number of instances that navigation was provided into Ryan White services, communications with Ryan White services point of contact, number of instances that navigation was provided into harm reduction services, number of community contacts, number of telephone calls made for navigation, number of unduplicated clients served, and number of clients for whom education was provided. For each week, a navigator reported the number of instances they engaged in a given occupational domain specific to navigation; thus not engaging in an occupational activity would receive a frequency of 0 in comparison to a domain for which activities were reported (≥ 1 instance), and were individually treated as count variables. To ensure that a patient was navigated during the week reported in the navigator activity log, we cross validated the time period from the navigator logs with the patient tracking logs that were maintained by the Ryan White Services case worker. The variable representing whether navigation occurred was coded binomially (0, 1) to represent weeks in which navigation occurred (0=time period in which navigation did not occur, 1=time period in which navigation did occur).

Quantitative data were analyzed using STATA 10 analytic software ("Stata 10", 2007). Means and standard errors were examined for tracking peer navigator program activities. Two tailed T-tests were used to examine mean differences between groups. In order to model the binomial outcome (of whether a patient had been navigated during a specific time period), we used fixed effects models to generate adjusted odds ratios (aOR), and adjusted for inter-navigator variability (in the intercept) and time of observation.

RESULTS

In total, navigators identified and navigated 20 clients into Ryan White Clinical Services. Among patients navigated, 53% were male and 47% were female; 75% were 25 to 44 years old and 25% were 45 to 64 years old; 15% identified as being of Hispanic or Latino origin; 10% as Asian, 70% as Black or African American, and 5% as White/Caucasian.

Across navigators and sites, the peer navigation program resulted in a cumulative total of: 42 novel navigation engagement attempts made by navigators; 26 new clients for whom at least one navigation attempt was made; 172 instances of navigator communication with the Ryan White services point-contact; 177 instances of navigation provided into Harm Reduction services; 3,085

instances of community contacts; 290 navigation related telephone calls; 573 new client orientations conducted; and 212 clients for whom education was provided.

Results in Table 1 exhibit that instances of navigator-specific activities corresponded with instances of patient navigation. Results indicate that periods in which a patient was navigated corresponded with an increase in patient navigators communicating with Ryan White services points of contact (aOR=1.3), making telephone calls (aOR=1.3), providing patient education (aOR=1.3), and navigating patients into harm reduction services (aOR=1.4).

Quantitative results point to the efficacy of peer navigators in recruiting and navigating hard-to-reach, predominantly ethnic minority drug users into Ryan White services. Increases in navigators' instances of communication with drug users were associated with increases in the number of users linked to services, reported navigation activities, in the number of users navigated into care, peer navigators increased their communication and telephone calls during periods of navigation, suggesting that first, the model exhibited success in recruiting and navigating hard-to-reach, predominantly ethnic minority drug users into Ryan White services. Peer navigators increased their communication and telephone calls during periods of navigation, suggesting that their devoted role as peer navigators was beneficial to the navigation process.

DISCUSSION

Providing stable HIV care services for active drug users is a challenging task. Research on harm reduction interventions surrounding drug users aims at enrolling drug users into harm reduction programs and reducing HIV transmission risk (Des Jarlais et al., 2007; Finlinson et al., 2008; Li et al., 2007; Mesquita et al., 2008; Miller et al., 2006). While this approach targets a low-threshold of behavior change for drug users in line with the harm reduction model, the navigation of HIV positive clients into Ryan White services is an additional step which can

ensure access to treatment and care services for HIV positive clients. This is not to be taken lightly. In one study of regular heroin users in Australia, it was found that 35% were not engaging in overdose prevention practices, and common interview themes included indifference toward life, death as an occupational hazard of drug use, and death as a welcome relief (Miller, 2009). Indeed, low-threshold measures of behavior change, such as entry into HIV clinical services, can represent a comparatively large change in behavior from the perspective of certain drug using populations. This reflects the need for a devoted patient navigator to address the array of client issues which arise in attempting to bridge a healthcare accessibility gap for HIV positive drug users.

ACKNOWLEDGEMENTS

Support for this work was provided by the Minority AIDS Initiative through the HIV/AIDS Bureau, Health Resources and Services Administration. We also gratefully acknowledge the staff at the Albuquerque Health Care for the Homeless, the Truman Street Health Services Clinic in Albuquerque, Cooper Health Systems, Department of Medicine (Harm Reduction and Ryan White), Northern Jersey Community Research Institute (NJCRI), and St. Michael's Medical Center, Peter Ho Memorial Clinic, without whom this project would not be possible.

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