

Peer Institute 101: Integrating Peers into the HIV Care Team

Options and structures designed to keep HIV+ clients engaged in health care




PEER Center
Peer Education & Evaluation Resource Center
BU
Boston University School of Public Health

people to people
PACT
Peer Assisted Community Treatment

"I think the most important thing my patients get from working with peer advocates is hope for the future. No matter how much I talk to them about the potential for them to live long and healthy lives, seeing someone living that promise is more powerful."

-Dr. Kathleen Clanon, Physician, Alameda County Medical Center, Oakland, CA



Trainees from PACT Program

"You have to let the client know that you are like them, that that you have gone through these things before and that if you can go through it, they can go through it. And you will go through it with them."



-Jackie Howell, former peer advocate of seven years

"The doors have been opened for me to a different world than what I imagined in living with HIV. It is not the end, but the beginning."

-HIV positive client



Anna Jackson and Sylvia Young, Peer Advocates at WORLD and Trainers for the Lotus Project

Institute overview

- Workshop 1: Integrating Peer into the HIV Care Team: Successful Models
- Workshop 2: My organization is ready to start or enhance a peer program— Where do I begin?
- Workshop 3: Developing and maintaining an effective peer support program

Institute objectives

- Identify strategies for using Ryan White funding streams to support integration of peers into care and treatment programs
- Develop goals, objectives, and outcomes for a peer support program
- Create an individualized peer support program implementation plan

History of HRSA's Support of Peers/Consumers

- Consumers are a vital part of Ryan White programming
 - Mandated consumer involvement in all Part A, B, C, D funding streams
 - E.g. Consumer Advisory Boards, Consortia, Planning Councils
- HRSA Experience with Peer Training
 - 1999 Minority AIDS Initiative (MAI) created to improve HIV-related outcomes & reduce health disparities for communities of color
 - HRSA creates first Peer Education Training Program focused on training peers

Goals of HRSA's Peer Education Initiative: 2005-2010

- To improve HIV-related health outcomes for communities of color and reduce health disparities through HIV peer education by:
 - Providing training and education to HIV peer educators
 - Replicating successful peer education programs through training-of-trainers
 - **Building capacity in existing HIV/AIDS peer programs or in organizations developing a peer program**

**Harlem Hospital
Program Model**

- Harlem Hospital's HIV Peer Programs**
- Positive Links (1989)
 - Pathways to Completion Study (1996)
 - Harlem Adherence to Treatment Study (1998)
 - Habari-Bienvenido (newly engaged in care) (2002)
 - Treatment Adherence Partner Alliance Study (2001)
 - Harlem Adherence to Treatment Support in Primary Care (2003)

- Rationale for Using Peer Workers**
- Have greater credibility with clients, due to shared experiences and similar backgrounds
 - Serve as role models
 - Have experience overcoming the difficulties of HIV infection
 - Make a unique contribution on multidisciplinary care teams

Qualifications for Being an HIV Peer Worker

- HIV-infected and adherent to antiretroviral therapy
- Familiar with the Harlem community or a Harlem resident
- Committed to helping others
- Good communication skills
- Not currently abusing drugs

Peer Roles at Harlem Hospital

- Pre- and post-test counseling and linkages to care
- One-on-one and group adherence support
- Tailored health education
- Patient navigation and retention in care
- Harm reduction support group facilitation
- Referrals for in-house services
- Referrals to community resources

Peer Roles – Adherence Program

- Provide social support and promote adherence in weekly contacts
- Help clients adapt regimen to their lifestyle
- Help client obtain services
- Facilitate communication with providers
- Refer client to case managers and/or health educator
- Assist with support group facilitation
- Serve as a role model

Internal Structure

- Initial training and orientation
- Clear job descriptions
- Volunteer or stipend for part-time work; may transition to full-time
- Continuing education/staff development
- Member of interdisciplinary team
- Close supervision

Recruitment

- Nominations by providers and current peers
- Telephone interview
- Required 6-week training course on HIV peer education:
 - HIV/AIDS knowledge
 - Peer roles
 - Communication skills
- Selection from those who complete the training course

Examples of Training Content

- HIV 101 (HAART, OIs, etc.)
- Secondary Prevention
- Complementary Therapies
- Counseling Techniques
- Clinical Trials and Participant Rights
- Advocacy
- Mental Health Issues
- Role of the Peer Worker
- Adherence Strategies



Supervision and Support

- Weekly individual case review (peer and supervisor)
- Bi-weekly case management meetings (all staff)
- Mutual aid support group
- Quarterly peer forum
- On-going in-service trainings

Retention

- Valued as member of team
- Opportunities for growth
 - Training
 - Presentations at conferences and meetings
 - Promotions to full-time positions
- Support and supervision
- Clear expectations
- Opinion is valued



Outcomes

- Tangible outcomes from our peer programs:
- Improved medication adherence
 - Greater retention in care
 - Greater clinic enrollment among people testing HIV+
 - Increased use of support services (substance abuse treatment, social services, etc.)

Challenges

- On-going need for training
- Effective collaboration among staff and peers on managing boundaries
- Addressing peer workers' personal issues
- Health crises (peers' and clients')
- Dealing with loss (e.g., death of a peer or client)
- Dealing with hard-to-reach and non-adherent clients

Kansas City Free Health Clinic Program Model

Peers in a Primary Care Setting

Kansas City Free Health Clinic



Peers in a Primary Care Setting

- Clinic has provided comprehensive HIV care and prevention since 1986
- Largest HIV care and prevention provider in Kansas City area
- Responsive to changes in the epidemic and to community input

Peers in a Primary Care Setting

- Prevention Services
 - Outreach to community partners
 - Churches, treatment settings, jails, juvenile facilities
 - HIV/Hepatitis Testing
 - On site and in community locations
 - Over 3,000 tests per year
 - Highest seropositive rate in Missouri at 1.5%
 - Evidence Based Interventions
 - Street Smarts
 - Mpowerment
 - LIFE

Peers in a Primary Care Setting

- Care Services
 - Primary Care
 - Over 500 patients
 - Full range of HIV Primary care
 - Case Management
 - Standard, Family Centered, Linkage to Care and Youth focused
 - Behavioral Health
 - Mental Health and Substance Abuse
 - Medication management

Peers are integrated into all these services

Peers in a Primary Care Setting

- History of the Peer Program
 - 1998—educational groups to HIV+ community members
 - Groups focused on HIV prevention and treatment issues
 - 2000—Ryan White Title I (Part A)
 - Trained Peer Educators
 - Utilized pharma Navigator to Pilot training
 - Focus on linking to case management
 - Linking to prevention case management
 - 2001-2002—Continued Part A funding
 - Hired Coordinator
 - Hired Peers (Stipend)
 - Focus on Clinic primary care patients and case management clients

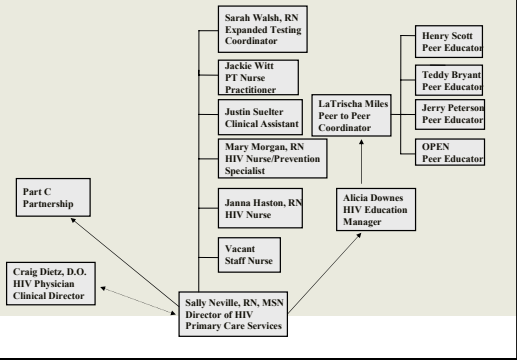
Peers in a Primary Care Setting

- 2002-2005 (various funding sources)
 - Expanded training
 - Developed curriculum focusing on HIV transmission, prevention, disease process, drugs, treatment adherence, client centered communication, boundaries, goal setting
 - Developed integration into multidisciplinary team
 - Primary Care
 - Case Management
 - Behavioral Health

Peers in a Primary Care Setting

- 2005-2008
 - Focus on expansion of peer role and professional development of peers
 - Goal Planning with clients
 - Co-facilitate educational/support groups
 - Linkage to Care

Organizational Structure



Peers in a Primary Care Setting

- Recruitment/Hiring/Retention
 - Under the direction of Human Resources
 - Follows same process as all other hires
 - Recruit in community specific media, word of mouth
 - Application
 - Screening by Human Resources
 - Initial interviews by Hiring Manager
 - Group interview
 - HR checks references/makes offer

Peers in a Primary Care Setting

- Job Description
 - Same format as all other job descriptions
 - Minimum Requirements
 - Essential Functions
 - Physical Demands/Working Conditions

Peers in a Primary Care Setting

- Selected Essential Functions
 - **Peer educators will provide individual contact with patients** to identify and develop client directed treatment plan goals and monitor ongoing achievement of goals.
 - **Work collaboratively with primary care and case management staff** to identify newly diagnosed patients who can benefit from peer support, by offering hope and living proof that living with the disease is possible
 - **Support patients in navigating** the clinic system and community resources
 - **Provide individual and group educational skill building opportunities** to foster adherence to medications, identify strategies to improve adherence to health routines, communication with providers and additional issues to increase engagement in care and adherence to treatment ;
 - **Enhance engagement in care and adherence** by assembling next day appointment charts, complete patient reminder and DNKA calls per Protocol and Operational Activities Manual;

Peers in a Primary Care Setting

- Orientation
 - Completes orientation with other new hires
 - Program specific orientation
- Compensation
 - Paid, regular part time employees
 - Earns benefits according to our personnel policies (based on hours worked)

Peers in a Primary Care Setting

- Peer Training
 - New Peers **must** have completed PETS training
 - On-going training
 - Individualized
 - Provided by Coordinator, internal staff (primary care, behavioral health etc) or outside
 - Internet based
 - Team based
 - Community Based Trainings
 - Collaborative Trainings with other local peer programs
 - National Trainings
 - HIV and Stigma
 - Voices

Peers in a Primary Care Setting

- Supervision
 - Treatment Adherence Specialist
 - Relevant Education/Experience
 - Promoted from Peer Educator
 - She is supervised by a LMSW
 - Clinical supervision is important when dealing with clients!

Peers in a Primary Care Setting

- Peer Roles and Responsibilities
 - Provide short-term individual support-education, emotional support--goal directed
 - Just In Time Sessions
 - Linkage to Care
 - Medication Clinic-weekly with Pharmacist
 - Reminder phone calls, f/u on DNKA, pull patient charts
 - Groups
 - Grupo Quitzia
 - Adhering to Wellness
 - Monthly Support Group
 - Educational Lunch Presentations

Peers in a Primary Care Setting

- Member of Multidisciplinary Team
- Access to Medical Records
 - Documentation
 - FACTORS Database (integrated case management dbase)
- Access to system wide case management database
 - Documentation
 - Only people they work with
- Work in clinic with providers

Peers in a Primary Care Setting

- Evaluation/Quality Management
 - Monthly reports for internal use
 - Process oriented
 - Quarterly/6month reports for funders
 - Outcome oriented
 - Engaged in care
 - On ARV's
 - Viral Loads
 - Client satisfaction survey

WORLD Program Model

Women Organized To Respond to Life Threatening Diseases (WORLD)

Peer Advocacy Program



San Francisco AIDS Walk 2008

Women Organized to Respond to Life Threatening Diseases (WORLD)

- Founded in 1991 by & for women living with HIV
- Provide support, information & advocacy for HIV+ women, families, friends, & loved ones.
- Programs:
 - Retreats & support groups
 - Peer advocacy program
 - Speaker's Bureau
 - Lotus Project-National Peer Advocacy Training
 - National and International newsletter
 - Prevention program (POWERR)
 - Positive Women's Network
 - Consumer Input Task Force
 - Member of various local and national task forces, coalitions and networks.

Peer Advocacy--A philosophy

“When I was diagnosed I felt like nobody could possibly understand what I was going through. I would have given anything to have another HIV+ woman to talk to right away. When I finally did meet another HIV+ woman, she gave me hope. She had information. She gave me courage. Now we can give other women what we only dreamed of before.”

Rebecca Denison, Founder of WORLD on receiving funding to support ten peer advocates.

Current WORLD Peer Advocacy Program

- Five peer advocates
- Clinical Supervisor
 - Licensed marriage and family therapist
 - Provides clinical supervision to peer advocacy team
- Peer Advocacy Coordinator
 - Leadership role
 - Provides administrative support and mentorship on daily client care
 - Monitor referrals and follow-ups with clients
 - Mentored by clinical supervisor
- Part of the Family Care Network
 - Network of social service and clinics providing prevention care and support
 - Part D funding

WORLD Peer Advocacy Program

- Peers are a member of the **WORLD** staff
- Paraprofessionals with competitive hourly pay and benefits
- Work part time
 - 20-30 hours a week

What do our peers do?

- Practical and emotional support
- Assist with navigating healthcare system
- Facilitate weekly support groups
- Weekly clinic hours
- Work with social workers at clinics and social service agencies to identify clients
- Member of multidisciplinary teams and case conferencing
- Sit on various task force committees

"I do what I do, not only because it was done for me, but because if I don't who will. If not now when, if not me who? I see the struggles of the women I work with everyday. It is a delicate balance and sometimes it gets out of balance, that's when I take a step back, take a deep breathe and make any necessary changes."



Anna Jackson-
Peer Advocate/Lotus Trainer

Recruitment and Retention

Recruitment

- Hired from within the community
- Often clients or affiliated with WORLD
- Circulate job announcement to local orgs.
- Group interview with all peers

Retention

- Provide holistic support and employment policies
- Opportunities for professional development
- Mini trainings
- Advocate and teach self-care methods

Peer Advocate Orientation

- On the job training
- Peer Handbook
- Mini trainings at weekly group meetings
- Senior peers mentors
- Shadowing-taking to clinics where we work
- Send to conferences and trainings

Supervision of Peers

- Weekly group meetings
 - Stress reduction
 - Personal check-in
 - Administrative
 - Trouble shoot client issues
 - Mini-trainings
 - Success stories
- Individual bimonthly meetings
 - Personal check in
 - Discuss clients/Troubleshoot

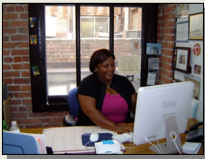
Success Stories

"One of my clients tested positive in 2007, two weeks later she was at WORLD's retreat. And now to this day she has passed the US citizens' exam to now become a citizen. She is on a path of achieving her quest."

"I referred a client to Oakland Adult Night classes to study English, she is now studying at a higher level English than most of her fellow students."

Sylvia Young, Peer Advocacy Coordinator/Lotus Trainer





"I do what I do because I am a woman living with the virus and I love helping other women who are living with the same thing I am living with. I truly believe we help each other."

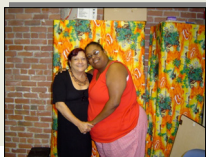
Felecia Greenly, Peer Advocate

"The work we do as peer advocate is something one has to want to do as well as have the desire and passion to give it to others without HIV/AIDS. I feel that I should take care of myself so that I can be around to help those that come after me."

Sharon Gambles, Peer Advocate



Our Peers and their Clients



Prevention Outreach with Women Empowering Risk Reduction (POWER)

- A seven-part workshop series that empowers young women of color to protect themselves from HIV and other STDs.
- Emphasizes communication and negotiation skills as tools for increased self-efficacy.
- Designed for implementation in an urban setting, with 14-19 year old African-American girls.



Positive Women's Network-USA

- Strengthen the strategic power of women living with HIV
- Founded in June 2008 in SF by 28 HIV-positive women from throughout U.S.
- Decision making is by HIV-positive women
- Identifying, support and cultivate leadership among HIV-positive women (especially new leadership)
- Build capacity for collective action

Resources

Questions to ask your Project Officer

- Identify strategies for using Ryan White funding streams to support integration of peers into care and treatment programs
 - Is a peer program considered a Core Medical Service or Support Service?
 - Which service categories do peer programs fall under?
 - What peer responsibilities are fundable?

Resources

- Workshop 2 1:30-3:00pm
 - My organization is ready to start or enhance a peer program— Where do I begin?
- Workshop 3 3:30-5:00pm
 - Developing and maintaining an effective peer support program

Websites:

- PEER Center: www.hdwg.org/peer_center
- Kansas City Free Health Clinic: www.kcfree.org
- Lotus project: www.lotuspeereducation.org
- PACT project Harlem Hospital: www.peernyc.org
- WORLD: www.womenhiv.org

Thank you!

Yolanda Cavalier
HRSA

Paul Colson
PACT Program

Sally Neville
People to People

Shalini Eddens
The Lotus Project

For more information please visit
www.hdwg.org/peer_center/

