

The Roles of Peers in HIV Care and Treatment

April 15, 2009

PEER Center
Peer Education & Evaluation Resource Center



Boston University School of Public Health



Objectives

- Identify at least 3 roles for peers as part of HIV care and treatment
- Describe activities that peers can do with clients
- Describe how peers work with other types of providers
- Learn about the challenges and rewards of peer work

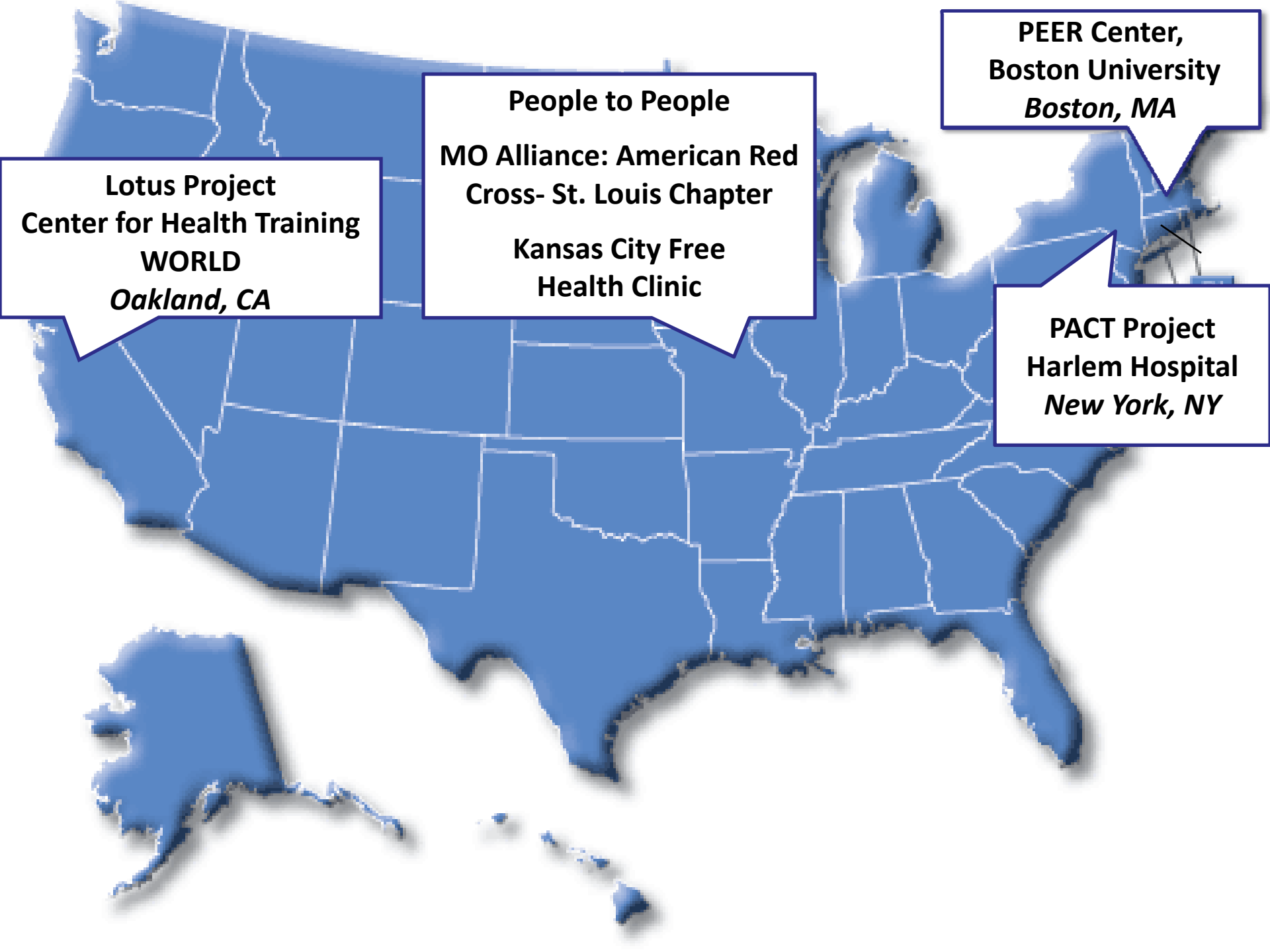
Agenda

- Introduction -BUSPH/PEER Center: Serena Rajabiun
- Speakers
 - **Lotus Project/WORLD:** Sylvia Young & Shalini Eddens
 - **PACT Project/Harlem Hospital:** Harry Dohnert & Paul Colson
 - **People to People/Kansas City Free Health Clinic:** LaTrischa Miles & Jerry Peterson
- Questions & Discussion
- Evaluation

Goals: HRSA's Peer Education Training Initiative

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





Lotus Project
Center for Health Training
WORLD
Oakland, CA

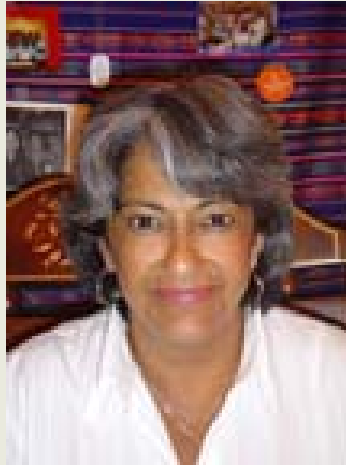
People to People
MO Alliance: American Red
Cross- St. Louis Chapter

Kansas City Free
Health Clinic

PEER Center,
Boston University
Boston, MA

PACT Project
Harlem Hospital
New York, NY

WORLD Peer Model



Sylvia Young, Peer Advocate Program Manager
Shalini Eddens, Director of Training and Education

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.
- Local, national, international programs



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.

Partnerships in the Community

- WORLD works with clinics & other social service agencies to provide peer support to HIV-infected women
 - Part of the Family Care Network
 - Network of social service and clinics providing prevention care and support
 - Part D funding
 - WORLD peers are posted to other organizations every week

Peer Advocate Program

- Current WORLD caseload: 150-200
- Shared amongst 5 peers
- Each peer has 20-50 clients
- Referrals from local clinics, social workers and social service agencies from within network and out

Peer Advocate Activities

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

Supporting and Supervising Peer Advocates

- **Peer Program Manager**
 - Leadership role
 - Provides administrative support
 - Provides mentorship on daily client care
 - Monitors referrals and follow-ups with clients
 - Mentored by clinical supervisor
 - “Open door” policy
 - Member of management team
- **Clinical Consultation**
 - Licensed marriage and family therapist
 - Leads weekly group and individual meetings
 - Provides clinical supervision to peer advocacy team and peer program manager
- **Organizational culture**
 - Promoting self-care
 - Supportive and compassionate policies

Client outcomes

- Decreased isolation
- Increased access to medical and social services
- Increased understanding of HIV
- Strengthened social networks and support systems
 - Increased support group attendance
 - Engaged in other WORLD events (speaker's bureau trainings, retreats)
 - Informal advocacy

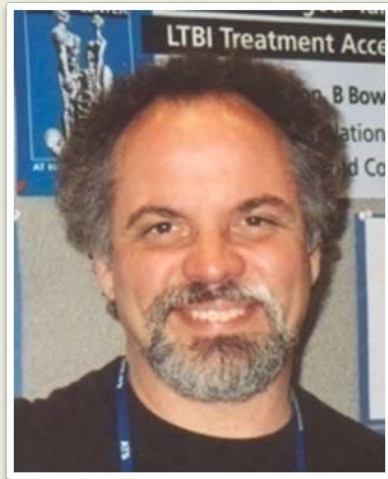
Peer Advocacy Challenges

- Balancing work, personal health and responsibilities
- Emotional and mental health
- Clients falling out of care, substance abuse, homelessness, being adherent to medications
- Death of clients
- Keeping boundaries
 - Within work
 - With clients
- Return to work- high learning curve
- Missing work
- Acknowledgment of the work that peers are doing
- Getting buy-in from clinics

Peer Advocacy Rewards

- Seeing clients succeed
 - Getting into medical care
 - Health improving
 - Attending support groups/trainings/conferences
 - Making connections with other positive women
- Working in collaboration with other peers
 - Opportunity to connect and support each other
 - Learn from other peers
- Recognizing importance of self-care
- Being a role model and mentor for other positive women
- Personal and professional growth

Harlem Hospital



Paul Colson, Project Director
Harry Dohnert, Case Manager

Harlem Adherence to Treatment Study (HATS)

- Started 1998 as a research study, funded by NY AIDS Institute, NIDA, HRSA
- Goal: antiretroviral treatment adherence
- Components:
 - Peers
 - Case management
 - Health education
- HATS continues as a service program in our HIV Clinic

The Peer's Contribution: Using Personal Experience

- Client's health was failing
- Client stopped meds on weekends because of drinking
- Staff wanted him to stop drinking
- Peer shared his experience with substance abuse and recommended a compromise
- Client was fully adherent while continuing drinking

The Peer's Contribution: Establishing Relationships

- Client had bad experiences with health care – didn't trust doctors and wasn't adherent
- Peer had trouble connecting with him
- Peer discussed sports instead of adherence
- As their relationship grew, trust grew and they were able to discuss adherence

The Peer's Contribution: Emotional Support

- Client overwhelmed by # of meds
- Her health was declining – many Ols
- Alternative therapies not working
- Taking pills interfered with her activist work
- Peer described how he fit adherence into frequent travel
- Peer provided tips and adherence tools

The Peer's Contribution: Partnership with Provider

- Client diagnosed with schizophrenia and multiple personality disorder:
 - Hallucinations
 - Self-mutilation
- Poor adherence to psychotropic meds
- Built trust with peer
- Peer reached out to client's psychiatrist, brought both teams together

The Peer's Contribution: Role Modeling

- Fashionable peer
- Modeled strong sense of self-worth and high quality of life
- Clients admire her style, associated her adherence with recovery and well-being

Challenges and Successes

- Lack of behavior change seen in clients
- Stress of seeing clients get sick or die
- Disclosure of the peer's HIV status
 - Staff agreed to let peer disclose
- Clients turn their lives around
- Clients start to open up
- Peers make changes in their own lives

Kansas City Free Health Clinic



**LaTrischa Miles, Treatment Adherence Specialist & Peer
Educator Supervisor**

Jerry Peterson, Peer Educator

Kansas City Free Health Clinic Peer Program

- History of the Peer Program
 - 1998 - educational groups to HIV+ community members
 - Focus was on HIV prevention and treatment issues
 - 2000 Ryan White Title I (Part A)
 - Trained Peer Educators to work with HIV+ patients
 - Utilized a pharmaceutical – Navigator to Pilot training
 - Focus on linking to case management
 - Linking to prevention case management
 - 2001 Peer Program –funding from Title I (Part A)
 - Peer Coordinator
 - Peers (stipend)

Peer Services

- Emotional Support
 - Individualized
 - One-on-one sessions
 - ‘Just-in-Time’ encounters
 - Group
 - Monthly Support Group
 - Adhering to Wellness (quarterly 4 week groups)
 - Substance Abuse Group works with Mental Health (weekly)

Peer Services

- Education (Individualized and Group)
 - HIV 101 (transmission and prevention)
 - Viral Life Cycle
 - HIV Medications and possible side effects
 - Understanding Laboratory Values
- Self-Advocacy

Relationship with Providers

- Partnership
 - Open door policy with HIV Primary Care Team
- Communication
 - Weekly Multi-Disciplinary Team Meeting (Client Case conference with Staff)
 - Client Referrals
 - Behavioral Health Support
- Mutual Respect
 - Documentation in a shared database

Supporting Peer Educators

- Peer Training
- Supervision (weekly/bi-weekly)
- Quarterly continuing educational training
- Conference attendance
- Participation in RW Planning Council and/or Community speaking to foster leadership skills

Client successes

- Adherence
- Engagement in Care
- Sense of self-empowerment
- Client Example

Challenges working as a Peer/Supervisor

- Know and learn your limitations
- Know that everyone has a different experience
- Support and not enable
- Caring for clients more than they care for themselves
- Boundaries
- Focus on treating peers as fellow employees

Challenges working as a Peer/Supervisor

- Training new staff on the role of a Peer
- Return to work issues
- Documentation of services provided to clients
- Peer work hours are limited
- Retention of Peers on the team

Rewards Working as a Peer

- Message of hope, wellness and a holistic approach to their own healthcare
- Client reaction and acceptance
- Strengthens interpersonal skills
- Peers have opportunity to be a part of a multi-disciplinary team approach to care

Questions & Discussion

Resources

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!

Serena Rajabiun

PEER Center

Paul Colson & Harry Dohnert

PACT Program

LaTrischa Miles & Jerry Peterson

People to People

Shalini Eddens & Sylvia Young

The Lotus Project

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

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