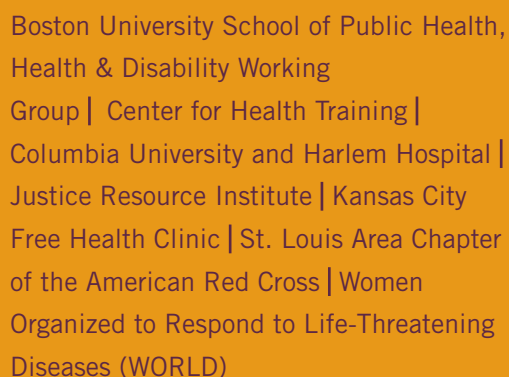




INTEGRATING PEERS INTO HIV CARE AND TREATMENT TEAMS



Lessons Learned from the Peer
Education and Training Sites/
Resource and Evaluation Center
(PETS/REC) Initiative 2005-2010



Boston University School of Public Health,
Health & Disability Working
Group | Center for Health Training |
Columbia University and Harlem Hospital |
Justice Resource Institute | Kansas City
Free Health Clinic | St. Louis Area Chapter
of the American Red Cross | Women
Organized to Respond to Life-Threatening
Diseases (WORLD)





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Christie’s Place

Waterbury Hospital

Project ARK

Florida Department of Health, Bureau of HIV/AIDS

No one understands the reality of HIV better than someone who lives with it every day. Peers—specially trained members of the community who are living with HIV/AIDS—have the power to serve as important role models to others who are learning to cope with the daily challenges of living with HIV. Peer collaboration is part of a long tradition of non-professional, community-based health care ranging from midwifery to naturopathy to palliative care. In health care generally, peers may act as a liaison between providers and clients, translate medical information for their clients, provide education and informal coaching, serve as a “navigator” to help clients locate needed services, and provide linkages to other community services. Peers can also relay information from clients to providers so that services are more accessible and culturally relevant. Studies of peer support for people living with conditions including HIV, tuberculosis, asthma, cancer, and mental and neurological conditions have demonstrated peers’ effectiveness in improving medication adherence and appointment keeping among clients.¹

In the case of HIV, peers have been effective for improving HIV knowledge

and risk reduction behaviors.² There is also promising evidence that peers can play a critical role in linking clients to HIV prevention, care and treatment services.³⁻⁴

In 2005, the Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative was formed to accomplish three goals: 1) train a cadre of HIV-positive peer educators to engage clients in HIV care and treatment, 2) build the capacity of organizations to train peers, and 3) work with organizations to integrate peers into HIV services. The five-year initiative was a collaboration among four projects: a national resource and evaluation center (the PEER Center) and three Peer Education and Training Sites (PETS) who provided regional expertise and resources for technical assistance and training. Each of the PETS had more than ten years of experience working with ongoing, successful peer programs. (See sidebar pg. 3 for more information about the PETS/REC initiative.)

Over the course of the PETS/REC Initiative, the PEER Center and PETS engaged about 60 organizations—called partner organizations in this paper—in intensive technical assistance activities to incorporate peers into HIV care and

¹World Health Organization, *Adherence to Long-term Therapy: Evidence for Action*, Geneva, Switzerland, 2003.

²Medley, M., Kennedy, C., O’Reilly, K., Sweat, M. (2009). Effectiveness of peer education interventions for HIV prevention in developing countries: a systematic review and meta-analysis. *AIDS Education and Prevention*, 21(3), 181–206.

³Broadhead, R. S., Heckathorn, D. D., Altice, F. L., van Hulst, Y., Carbone, M., Friedland, G. H., et al. (2002). Increasing drug users’ adherence to HIV treatment: results of a peer-driven intervention feasibility study. *Soc Sci Med*, 55(2), 235-246.

⁴Molitor, F., Kuenneth, C., Waltermeyer, J., Mendoza, M., Aguirre, A., Brockmann, K., et al. (2005). Linking HIV-infected persons of color and injection drug users to HIV medical and other services: the California Bridge Project. *AIDS Patient Care STDS*, 19(6), 406-412.

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treatment. Partner organizations serving HIV-positive individuals included Ryan White HIV/AIDS Program grantees, clinics, community-based organizations, AIDS service organizations, and state and local health departments.

Results

Over the course of five years, partner organizations worked with the PEER Center and PETS to launch or expand peer programs in 13 states to support clients living with HIV. More than 850 HIV-positive individuals from 21 states were trained to serve as peers supporting HIV care and treatment. More information on results can be found in [Appendix A](#).

The PEER Center and PETS staff also conducted 13 webcasts on subjects related to integrating peers into HIV care and treatment. The average number of participants in these webcasts was 86, with one webcast attracting 119 participants. Participants represented organizations in 32 states. See [Appendix B](#) for a list of recorded webcasts.

Summary

This document describes the PETS/REC Initiative's activities and outlines lessons learned as staff worked with organizations to integrate peers into HIV services and improve care and treatment for clients living with HIV/AIDS. The intent is to share ideas and approaches that program planners, policy makers, evaluators, consumer advisory boards, funders, and organizations can build upon as they integrate HIV-positive peers into HIV care and treatment within their communities.

The document includes four case studies that describe the PETS/REC Initiative's development efforts to integrate peers into the care and treatment teams within specific organizations and communities.

The Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative

<p>Peer education and training sites</p>	<div style="display: flex; justify-content: space-around; align-items: center;">    </div> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 15%;">Center for Health Training (CHT) Oakland, CA</td> <td style="vertical-align: top; width: 15%;">Women Organized to Respond to Life-Threatening Diseases (WORLD) Oakland, CA</td> <td style="vertical-align: top; width: 15%;">Kansas City Free Health Clinic Kansas City, MO</td> <td style="vertical-align: top; width: 15%;">American Red Cross St. Louis Area Chapter St. Louis, MO</td> <td style="vertical-align: top; width: 15%;">International Center for AIDS Care and Treatment Programs Columbia University New York, NY</td> </tr> </table>	Center for Health Training (CHT) Oakland, CA	Women Organized to Respond to Life-Threatening Diseases (WORLD) Oakland, CA	Kansas City Free Health Clinic Kansas City, MO	American Red Cross St. Louis Area Chapter St. Louis, MO	International Center for AIDS Care and Treatment Programs Columbia University New York, NY
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<p>Peer program resources and evaluation center</p>	<div style="text-align: center;">  <p>Peer Education & Evaluation Resource Center</p> </div> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;">Health & Disability Working Group Boston University School of Public Health Boston, MA</td> <td style="vertical-align: top; width: 50%;">Justice Resource Institute Boston, MA</td> </tr> </table>	Health & Disability Working Group Boston University School of Public Health Boston, MA	Justice Resource Institute Boston, MA			
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Funded through the Health Resources & Services Administration (HRSA) HIV/AIDS Bureau's Division of Training and Technical Assistance with Minority AIDS Initiative (MAI) funding, the PETS/REC Initiative offers resources, support and experience to help organizations integrate peers into HIV care and treatment teams.

The PEER Center, the initiative's resource and evaluation center, is a collaboration between the Boston University School of Public Health's Health & Disability Working Group and the Justice Resource Institute (JRI). The PEER Center offers resources based on the experience of the three Peer Education and Training Sites (PETS):

- Lotus Project in Oakland, CA—a collaboration between the Center for Health Training (CHT) and Women Organized to Respond to Life-Threatening Diseases (WORLD). The Lotus project focuses on women and provides training and technical assistance to address the disproportionate impact of HIV on women of color in the U.S.
<http://www.lotuspeereducation.org>
- Peer Advanced Competency Training program (PACT) at the International Center for AIDS Care and Treatment Programs, Columbia University in New York, NY. PACT provides training and technical assistance to HIV/AIDS organizations using peer workers.
<http://www.PeerNYC.org>
- People to People in St. Louis and Kansas City, MO—a collaboration between the American Red Cross St. Louis Area Chapter and Kansas City Free Health Clinic. People to People targets HIV-positive individuals, particularly African-Americans, who reflect the epidemic in the St. Louis and Kansas City metropolitan areas and outstate Missouri.



THE PETS/REC INITIATIVE'S APPROACH

The PEER Center and PETS engaged in the following activities to train peers and build capacity within partner organizations to integrate peers into HIV care and treatment within their communities:

Needs assessment and outreach to organizations: The PEER Center conducted a needs assessment focused primarily on Ryan White Parts A, B, C and D grantees to identify current peer activities in care and treatment and gaps in services and training needs.

Peer training courses: The three PETS conducted over 30 training courses for HIV-positive individuals interested in becoming peers. Details on individual training curricula can be found in the the *Building Blocks to Peer Success* peer training toolkit described in [Appendix B](#).

Technical assistance through one-on-one contact: The PEER Center and PETS provided technical assistance to partner organizations through intensive individual consulting and coaching in face-to-face meetings, phone meetings and email exchanges.

Development of resources for organizational capacity building and peer training: To address the need for a centralized repository of resources and knowledge about developing peer programs, the PEER Center and PETS collaborated to create two toolkits:

- *Building Blocks to Peer Program Success*, a toolkit for developing HIV peer programs (called the “capacity-building toolkit” in this document), provides

a step-by-step approach to helping organizations and communities work with peers to engage and retain people living with HIV in care and treatment.

- *Building Blocks to Peer Success*, a toolkit to help organizations plan a peer training program (called the “peer training toolkit” in this paper) for new or existing peers, focuses on three areas of core competency for peers to engage and retain people in HIV care and treatment: 1) HIV knowledge 2) communication skills and 3) peer roles.

See [Appendix B](#) for details about these two toolkits.

Outreach and education through workshops, webcasts and presentations: As the number of partner organizations grew, the PETS and PEER Center provided a series of

capacity-building workshops to help these organizations incorporate peers as part of their clients’ HIV care team. They also developed and delivered **training-of-trainer (TOT) workshops** to empower partner organizations to conduct their own peer training. Peer Center and PETS staff supported these organizations as they conducted a total of 35 replication trainings within their communities as a result of these workshops.

The PEER Center and PETS staff conducted over 20 presentations or workshops at regional and national conferences, such as the annual U.S. Conference on AIDS (USCA), the Ryan White HIV/AIDS Program All Grantee meeting, the Association of Nurses in AIDS Care (ANAC), and the International Association of Physicians in AIDS Care (IAPAC).



Participants lead a discussion in a peer training session conducted by the PACT program.

THE PETS/REC INITIATIVE'S APPROACH

They also conducted webcasts on subjects related to integrating peers into HIV care and treatment. (See Appendix B for a list of recorded webcasts available on the PEER Center website.)

Continuing Education: The PETS organized a variety of **retreats** and **reunion meetings** for program managers, peers and supervisors. These events gave staff from different organizations the opportunity to receive continuing education, learn from one another and compare notes about successes and challenges.

Other continuing education approaches included a **preceptorship program**, in which a newly trained peer was matched up with an experienced peer mentor, and **peer/peer supervisor shadowings**, where newly hired peers or peer supervisors from partner organizations observed peer work in action within a well established peer program.

Virtual Knowledge Center for HIV peer programs: All of the efforts described above were reinforced through the PEER Center website, which served as a knowledge center

for peer program development. Toolkits, peer program resources, news items, announcements and other information was posted on the site regularly. Additional communication tools included brochures, case studies of successful peer programs, videos demonstrating the benefits of peers in HIV care and treatment and a quarterly email newsletter. See [Appendix B](#) for a list of resources that continue to be available on the PEER Center website.



The PEER Center website at <http://peer.hdwg.org> serves as a knowledge center for peer program development.



LESSONS LEARNED

The goals of the PETS/REC Initiative focused on expanding the number of trained peers and enhancing peer services within organizations. The PETS began efforts by adopting a phase-in approach, with training peers as phase one and capacity-building activities within partner organizations as phase two. It soon became apparent that training HIV-positive individuals to work as peers was not sufficient to make a program successful. Organizations were not ready to put trained peers to work within their multidisciplinary teams. In some cases, staff didn't understand the role peers could play in helping clients with care and treatment. In other cases, staff expressed concern around confidentiality and boundaries between peers and clients. Providers were reluctant to allow peers to work directly with their clients. Case managers were concerned peers might infringe on their relationship with clients. Trained peers placed in agencies sometimes did not receive the support, training and guidance they needed to be effective, resulting in peer burnout. Funding for peer programs was a struggle for many small grassroots organizations. In short, a lack of resources, lack of understanding of the peer role, and lack of buy-in among staff impeded the success of fledgling peer programs.

These experiences led to a shift in focus from what the individual needed to engage in peer work to what the organization and peers, working together, needed to make a program successful within the context of the agency. The PETS/REC Initiative adopted a strategy

of building the capacity of organizations to integrate peers into services, while at the same time training prospective peers to work within those organizations. The lessons derived from these experiences, outlined below, can provide a starting point for future efforts to integrate peers into HIV care.

1 Develop an “internal champion” within the organization or community

One factor that differentiates partner organizations where peers thrive from those where peers encounter challenges is the presence of an “internal champion,” someone who believes in the benefits of integrating peers into HIV care, and who has the vision, energy and commitment to keep things moving forward when issues arise. At the

community level, an internal champion may serve as a thought leader who creates an awareness of how peers can make a difference. They may provide resources or education to members of the community.

At the organizational level, an internal champion has a working relationship with key stakeholders, understands the inner workings of the organization, may garner support and buy-in, and represent the peer program to administration—all invaluable assets to sustain a program when setbacks occur.

All of the case studies accompanying this paper include a strong, internal champion who spearheaded development efforts and promoted the benefits of peers within the organization and larger community. For example, at Waterbury Hospital, the role of Mercedes Villanueva, lead physician in the infectious disease clinic, was

“The champion understands what’s different about a peer program and the need to integrate those differences into the organization.”

Sally Neville, RN MSN and Director of HIV Primary Care, Kansas City Free Health Clinic, St. Louis, MO

“I feel ready to ...meet with community stakeholders to share a peer program model that meets the needs of agency, clients and community.”

Participant in capacity-building workshop in Tampa, FL

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instrumental not only in introducing peers into the care team, but in sustaining the effort over time. Under her guidance, the program's success led to strong support from clinic staff, engendering a "peer culture" within the organization. When Dr. Villanueva left for a new position, the ability to work with peers was a key criterion for her replacement. "We didn't have to 'sell' them on the idea of peers," said peer supervisor Beverly Leach. "They already bought it."

2 Tailor the strategy to the organization's needs and monitor how well that strategy is working

Peer programs are as varied as the organizations that house them. Although PEER Center and PETS staff relied on the step-by-step methodology of the capacity-building toolkit as a general roadmap in working with partner organizations, they recognized that there is no "one size fits all" when it comes to integrating peer services into an HIV care team. Webcasts, workshops, presentations and toolkit examples drew from active peer programs in clinics, community-based organizations, AIDS service organizations and other settings, to provide a range of experiences and models on which an organization might base a new peer program.

One-on-one technical assistance was critical in understanding an organization's need as it developed and implemented the program plan. In each of the case study organizations, the PETS staff worked with the community to assess its unique strengths and challenges and create an individualized program-development

The challenges were as individual as the organizations that encountered them:

- At Project ARK, People to People helped to refine the referral process and address issues of organizational buy-in.
- At Christie's Place, the Lotus Project worked with staff to develop a peer supervision plan to address peer burnout and increase peer retention.
- PACT worked with staff at Waterbury Hospital on issues around hiring and compensation of peers.
- At the Florida Department of Health, the PEER Center/PETS staff trained Consumer Advisory Group members in presenting the benefits of using peers in HIV care within their consortia.

strategy for integrating peers into its care team. Equally important was monitoring and adjusting that strategy as new challenges and requirements surfaced. Partner organizations cited individualized support in the form of "willingness of PETS personnel to come to the clinic for one-on-one TA [technical assistance]," "keeping in touch" and PETS staff's "level of commitment, organization and follow-up" as important to the success of the collaboration.

3 Create an infrastructure that includes peers as equal members within the organization

The partner organizations that incorporated peers most successfully into their HIV services were those that developed a supportive environment where peers were integrated into the functions and mission of the organization. Suggestions for creating an environment conducive to peer work are outlined below:

Develop peer-inclusive policies and procedures

Incorporating peers into the agency or institution at the organizational level is the foundation for creating a supportive environment, according to Sally Neville, RN, MSN and Director of HIV Primary Care, Kansas City Free Health Clinic. "It's important to have the same policies and procedures for peers as for other employees," observed Neville. "It sends a message to staff and peers alike that peers are considered full members of the organization. At the same time, those policies need to be flexible enough to accommodate peers."

For example, because peers are HIV-positive, they may require flexible sick leave. Building flexibility into an organization-wide sick-leave policy also benefits other employees in the organization who may be living with a chronic condition.

This consistency also applies to physical resources and facilities—the organization should designate physical space and the same access to phone and computer to peers as it does for other staff. Before bringing peers on board, the peer program manager/supervisor

should meet with the organization's human resources department to ensure that recruitment, hiring, orientation, and procedural policies for part-time, full-time and volunteer positions are flexible enough to accommodate the needs of peers. Working with staff to think through these considerations before bringing peers into the organization creates a welcoming environment for new peers.

Involve stakeholders and the community in the planning process

Peers cannot work in isolation; from an early stage, it is critical to understand the level of support for integrating consumers in care and treatment at all levels. An important first step is to identify key stakeholders, and help them to understand the unique value of peers in supporting clients through the shared experience of living with HIV. Meeting with stakeholders to establish

goals, objectives, and vision for a peer program (see sidebar below) gives them an opportunity to help shape the program and share perspectives on how peer services will best fit into the organization's mission. Seeking this input creates community buy-in and builds a stronger program.

Train peers as part of a larger organizational strategy

While HIV-positive individuals require training to function as peers, it is equally important to plan for all aspects of integrating peers into an organization. The kind of services peers provide—HIV prevention, outreach and testing, clinical HIV care and treatment, case management support, substance abuse or mental health services—will dictate the role that peers will play and the kind of training they will require. PEER Center and PETS staff worked with partner organizations on parallel

tracks, using the capacity-building toolkit as a foundation to prepare organizations to include peers while also conducting workshops on training individuals for their role as peers within the organization. This process guided program managers as they identified program goals, defined peer roles, developed program policies, and determined relevant evaluation measures. It resulted, as one partner observed, in a “more organized approach to staff development, better peer supervision, better support for peers, and an ability to expand peer services.”

The need for preparation, planning, and staff education, as well as peer training, was a “lesson learned” for many organizations as well. “You can't just hire peers and have this program exist,” said Stacy Slovacek, Family Life Specialist, CCLS, who directs the treatment adherence peer program at Project ARK in St. Louis, MO.

Recognize and involve the peer as an equal member of the team

When introducing the peer role to an existing team of employees working together, it is important to communicate the role the new position will play, and how it will interact with the rest of the team. It is also vital to listen to any concerns team members may have and address questions as they arise. One key message to stress is the unique nature of the peer role. Because of shared background and seropositive status, clients will often share information with peers that they may be uncomfortable communicating to a provider. Including the peer perspective provides unique insight into a client's situation, which may help the team provide optimal care to that client. Including peers in staff meetings, training seminars, and other

WHO ARE YOUR STAKEHOLDERS?

To ensure program success, it is critical to identify key stakeholders in the organization or community to assist in establishing goals, objectives and vision for peer services. Here are a few suggested individuals or groups to involve as stakeholders:

- Consumers
- Statewide or organizational Consumer Advisory Boards
- Medical and social service providers working with people living with HIV/AIDS
- Planning Councils
- Community partners
- Board of directors, executive director or other key decision makers, human resources
- Supervisors/department heads where potential peers will be assigned
- Funders and other donors

Taken from *Building Blocks to Peer Program Success*, a toolkit for developing HIV peer programs

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team events demonstrates recognition of the peer as an equal member of the team, and helps staff and peers to better understand the role each play in clients' care.

Educating providers is key to gaining peer acceptance as part of the team. Sharing the structured training peers receive around health information, confidentiality, workplace behavior, and boundary setting can help providers become more comfortable accepting peers as part of the team. As a way to demonstrate the peer role, several partner organizations showed providers the video, [The Power of Peers to Change Lives](#), in which two clinicians share their experiences integrating peers into their practice

Offer supportive supervision

Because supervision plays such a key role in retaining peers and helping them become effective in their roles, the PEER Center and PETS staff devoted a large section of the capacity-building toolkit and several workshops and webcasts to this topic. For many peers, this work is their first paraprofessional position. As with all employees, they require supervision to assist them in meeting expectations, following policies and regulations, and blending into the work culture of the organization.

Beyond this, peers require a supportive form of supervision that focuses on the impact that peer work has on them as individuals. Practitioners in helping roles may periodically experience elevated levels of emotional stress as

a result of working with distressed clients, and professionals are educated to recognize and manage this stress. As paraprofessionals, peers have less training in this area, yet they may be more susceptible to such stress, because they may find themselves reliving challenges similar to those facing the clients they are working with. Pioneer peer programs such as Women Organized to Respond to Life Threatening Disease (WORLD) have found that the implementation of supportive supervision positively affects peer retention rates. To support peers to



Aries Brown (second from right) serves as a peer in the multidisciplinary care team at Highland Hospital in Oakland, CA.

be successful, organizations should offer a supervisory structure that provides frequent and consistent opportunities to receive encouragement, individualized support, coaching on how to perform a helping role, and guidance on how to address personal challenges that arise.

“The most important function a supportive supervisor can play is witnessing the powerful work that peers do, and reflecting to them how they are

helping clients and the community by using illustrative examples from peers' own narratives,” wrote Janie Riley, prior clinical supervisor at WORLD and consultant to the Lotus Project, in a recent article on peer supportive supervision.* “In this way, peers develop a keen sense of their value and feel motivated to keep going even when the work gets tough.”

Document peer work

As an equal member of the team, peers need a process to share information about their clients. Prior to bringing

peers on board, it is important for the organization to create an infrastructure that peers can use to document their work and that will be integrated into the processes used by the rest of the team. Depending on their role within an organization, peers may be allowed to enter notes into the electronic medical records, or they may enter separate records of their interactions. In either case, the organization should

establish a documentation plan that peers can use to record their progress with clients. Documenting the peer's work provides a fuller picture of a client's situation, contributing to better coordinated care for the client. Several [examples and tools for documenting peer work](#) are included in the capacity-building toolkit.

* Riley, J. (2010). A Supportive Approach to Supervision for Peers Living with HIV. *The Source*, 20(1), 26 – 29, accessed at <http://aia.berkeley.edu/media/pdf/TheSourceSpring2010.pdf> on Feb. 2, 2011.

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Beyond the benefit to client care, the peer's work should be monitored, recorded and evaluated; feedback on performance can help the peer build on strengths and improve weaker areas. Having documentation of peer work also provides information that can be used to evaluate the effectiveness of the program, as will be discussed below.

4 Evaluate your program and its contributions to HIV services

In a survey conducted with partner organizations as they began working with the PETS/REC initiative, about one third of organizations listed the ability to track and document outcomes as a goal for their peer program. A simple-to-use system for documenting and evaluating peer work can help an organization demonstrate the effectiveness of its peer program. It can help monitor progress towards goals, identify what is working and what is not, and help the organization improve its practice.

Being able to show results strengthens the case for peer services and may help the organization demonstrate results to funders and stakeholders. For example, at Project ARK, having peers fill out a form following each client encounter enabled the organization to track the time peers spent with clients and illustrated to the funding organization that it had met the funder's goal for time spent with clients.

Whatever the size of the program or the role of the peers, it is important to demonstrate outcomes. A small, well-defined program that demonstrates the impact of peers can build on that success to gain credibility and grow

over time. An organization may save time and energy and prevent duplication of effort by adapting existing monitoring systems to track peer activities. For example, if a primary care clinic monitors the frequency of patient visits, the peer program evaluation can compare the number of visits by patients with peer support to the number of patient visits that did not involve peers. Or the peer program manager may want to include questions on a patient satisfaction survey regarding patient interactions with peers.

5 Focus on program sustainability

Partner organizations often cited program sustainability as a major challenge: how to create a program that will continue to provide services to clients when the initial funding runs out, the administrative landscape changes, or the initiative that provides capacity-building expertise comes to an end. Two ways to contribute to program sustainability have been described above: identifying an internal champion who can advocate for the peer program and demonstrating results through program evaluation. Additional efforts that yield results that may continue beyond the life of the initiative are outlined below:

Funding

Partner organizations mentioned limited funding and resources more frequently than any other challenge to operating a peer program. The PETS/REC Initiative worked with several organizations to discover creative ways to support peers when resources were constrained. For example, providing peers with gift cards in lieu of wages, reimbursing them for gas or other



“In supervision, I’ve learned how to help without getting too involved. But that is hard emotionally. I need to be able to talk about how it feels when I can’t help someone enough.”

Liz Bates, WORLD Peer Advocate (on left with peer supervisor Sylvia Young)

transportation expenses, and providing opportunities for additional training and work experience were indirect ways that organizations found to compensate peers for their work. The Lotus Project provided grant writing support to some partner organizations in an effort to find funding for new or continuing programs. The PEER Center researched and posted funding opportunities on its website and in its electronic newsletter to make organizations aware of them. The PEER Center and PETS also provided seed money to partner organizations to defray startup costs for training, transportation to attend training, continuing education support, supervisory support, and peer

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retreats. Ideas for funding sources are also included as part of the capacity-building toolkit.

Another approach recommended to partner organizations was to determine if currently available funds could be used to introduce peers into their HIV care team. When resources are constrained, framing the integration of peers as a way to improve delivery of existing care services may prove more feasible than introducing a new program in an organization struggling to maintain its current level of services.

The community can be the catalyst for funding as well. For example, when St. Louis area organizations that had increased their capacity to include peer services had no funds to expand their programs, the community began working within the structure of the Part A EMA Ryan White Planning Council and successfully used that system to develop a service-category definition for peer treatment adherence. The Planning Council prioritized that category and allocated funds to it. The Part A grantee then put contracts out for bid and funded two agencies to provide peer services to engage HIV-positive individuals in care and to increase adherence to treatment.

Create an ongoing learning network of support

Partner organizations frequently cited the opportunity to connect with other organizations doing peer work as a benefit of participating in the PETS/REC Initiative. At the national level, participation in workshops enabled program managers to compare notes and share resources. Interactive webcasts with lively question-and-answer sessions provided virtual networking opportunities. Through peer and supervisor shadowing

opportunities, peer retreats, workshops, summits, reunions and conferences, organizations connected with each other at the program manager, supervisor, and peer levels.

The desire for continuing contact and networking across organizations was the most frequent suggestion partner organizations gave for future collaborations. “An organized quarterly meeting with other peer supervisors in the area,” “quarterly conference calls where success, challenges and brainstorming can happen to improve programs,” and “a reunion of peers,” were some of the ideas partner organizations suggested to enhance the support network.

At Project ARK, Slovacek found that peers particularly benefitted from opportunities to connect with each other. “Anyone in this line of work gives so much of themselves, but peers give even more,” said Slovacek. “They need the peer-to-peer support to sustain their level of engagement.”

Slovacek reports that peers in the Missouri area are continuing the relationships they have built through retreats and networking sessions by meeting quarterly via teleconference to stay connected with peers in different organizations in their area.

Provide supportive resources and tools

Another way of increasing sustainability is by making capacity building resources available to organizations seeking to begin or expand peer services. Throughout the initiative, online resources created a virtual network to support peer programs. Individuals and organizations are relying increasingly on tools that are available through the PEER Center website (see [Appendix B](#) for a list of these resources). More

than 120 organizations across 30 states and 14 countries have requested CDs containing one or both toolkits via the website, and 43 organizations have downloaded videos for use in peer trainings or to present at meetings with organization staff. Users from all 50 states and the District of Columbia and from 115 countries have visited the PEER Center website over the past two years.

“The PEER Center website is a tremendous resource to the field. I’m constantly referring other projects there as we try to get providers here in San Diego on board with this peer work,” said Elizabeth Brosnan. “An Ethiopian delegation came to Christie’s Place last summer because the epidemic in Ethiopia affects the same populations that we are serving here: women, children and families. I shared with them the PEER Center [website] as a resource—some tools to take back to their community in Ethiopia, some concrete things that they can do without a lot of money. Not only is it making an impact nationally but we’re seeing that folks can use it internationally.”



One of the best things that has come out of this [collaboration with People to People] has been networking with other agencies where peers have support from peers from other parts of the country.

Stacy Slovacek, Family Life Specialist, CCLS, Project ARK, St. Louis, MO



CONCLUSION

Over the course of the PETS/REC initiative, several themes emerged among successful efforts within organizations and communities incorporating HIV-positive peers into HIV care. Among these themes are: 1) developing an internal champion who will serve as point person for the program within the organization/community, 2) tailoring the capacity-building strategy to the organization's needs, 3) developing an infrastructure supportive of peers at all levels of an organization, 4) incorporating program evaluation into the development strategy, and 5) focusing on ways to sustain the program over the long term. As organizations seek ways to improve the quality and delivery of HIV services, integrating peers may be an effective contribution. However, the infrastructure to support peers and staff must be in place. Specific ideas and tools to create that infrastructure and support continue to be available on the PEER Center and HRSA's Target Center websites. Future initiatives to develop capacity for incorporating peers into HIV care and treatment are encouraged to explore and build on these resources.

For resources and tools to help integrate peers into HIV care and treatment:

▶ The PEER Center website
<http://peer.hdwg.org>

▶ The HRSA Target Center website
<http://careacttarget.org>



APPENDICES: RESULTS AND RESOURCES

APPENDIX A: RESULTS OF THE PETS/REC INITIATIVE

Total number of peers trained: 854

Peers trained, by race/ethnicity (where data available)	
African American/Black	484
White (non-Hispanic, non-Black)	184
Hispanic	136
American Indian/Alaskan Native	16
Asian	3
Native Hawaiian/Pacific Islander	3
Other	21

Total number of organizations that received technical assistance: 59

Community-based organizations	38
Clinic/hospital/health centers	15
State/county health departments	6
Organizations receiving TA that received Ryan White funding: (may receive more than one type of Ryan White funding)	41
Part A	24
Part B	21
Part C	17
Part D	14
AETC	1
Organizations receiving TA that participated in a longitudinal study assessing results of TA	34
Of these organizations, number who participated in a one-year follow-up survey	26

Follow-Up Survey Findings:

- 8 of the 19 providers who wanted to start a peer program were successful
- 10 of the 13 providers whose goal was to use peers to inform clients about HIV medications reported achieving that goal
- 9 providers reported success in meeting their goal of increasing capacity to provide peer supervision
- Several organizations reported integrating new roles for peers:
 - Providing treatment adherence support: 5
 - Accompanying clients to HIV services: 6
 - Accompanying clients to medical appointments: 5
 - Assisting clients with practical support: 6 (food and other resources)

APPENDIX B: RESOURCES FOR PEER PROGRAMS

The PEER Center website

<http://peer.hdwg.org>

One-stop shopping for all of the initiative's resources. Here are some of the resources available on the website:

Toolkits

Building Blocks to Peer Program Success: A toolkit for developing HIV peer programs

This toolkit provides information, tools and resources to help organizations and communities work with peers to effectively engage and retain people living with HIV in care and treatment, covering topics from organizational readiness through evaluation. Each topic is reinforced by relevant resources provided by a number of active peer programs, such as a peer program planning tool, sample peer job descriptions, a peer policy and procedure manual, and forms peers use to document their work. Individual sections of the toolkit were reviewed by external experts in peer program management, supervision, and evaluation to ensure accuracy.

http://peer.hdwg.org/program_dev

Building Blocks to Peer Success: A toolkit for training HIV-positive peers

This toolkit is designed to train HIV-positive peers to engage other people living with HIV in care. It includes a toolkit guide, toolkit modules, and comprehensive training curricula. The toolkit focuses on three core competencies: 1) HIV knowledge including HIV life cycle, medications and resistance, risk and harm reduction 2) communication skills including listening skills, open-ended questions, styles of communication, cultural

awareness, and non-judgmental behaviors and 3) the role of a peer, including workplace expectations, boundaries, confidentiality, counseling, navigating the health care system, working as part of a clinical team, communicating with providers, readiness to be a peer, and self-care. The toolkit development process included review by peer trainers and peers active in providing support to clients to ensure the toolkit was effective and easy to use.

http://peer.hdwg.org/training_toolkit

Spanish versions of many training modules can be found at http://peer.hdwg.org/capacitacion_pares

Digital Stories (Videos)

The Power of Peers to Change Lives

In this five-minute video, Kathleen Clanon, MD, Alameda County Medical Center in Oakland, CA, and Sally Neville, RN, MSN, Director of HIV Primary Care at Kansas City Free Health Clinic in Kansas City, MO, talk about the role that peers play in helping their HIV-positive patients.

<http://peer.hdwg.org/clinician>

The Peer Program Makes a Big Difference

In this four-minute video, a peer and client at Kansas City Free Health Clinic describe their experience working together to further the client's goals.

<http://peer.hdwg.org/peer-client>

Webcasts

Descriptions and links to the following Webcasts hosted by the HRSA

HIV/AIDS Bureau can be found on the PEER Center website at

<http://peer.hdwg.org/webcasts>

- Models for Integrating Peers into HIV/AIDS Care and Treatment (December 16, 2008)
- The Roles of Peers in HIV Care and Treatment (April 15, 2009)
- Recruiting, Hiring, and Supporting Peers in HIV Care and Treatment (July 1, 2009)
- Training Peers to Support Clients in HIV Care and Treatment (August 5, 2009, December 9, 2010)
- Supervising Peers Who Support Clients in HIV Care and Treatment (Part 1) (October 7, 2009)
- Supervising Peers Who Support Clients in HIV Care and Treatment (Part 2) (November 3, 2009)
- Evaluating Peer Services in HIV Care and Treatment (February 11, 2010)
- Continuing Education for Peers: Disclosure (May 3, 2010)
- Continuing Education for Peers: HIV Resistance: The Intersection Between Treatment and Prevention (June 3, 2010)
- Integrating Peers into HIV Care and Treatment (November 17, 2010)
- Strategies for Supervising HIV Peers (January 19, 2011)
- Tools for Monitoring and Evaluating HIV Peer Programs (January 26, 2011)

Newsletters

Between January 2008 and August 2010, 12 quarterly newsletters were sent to a subscriber list which grew to almost 1,000 recipients. Each issue included resources and information related to integrating peers into HIV care and treatment. An archive of these newsletters can be found on the PEER Center website at <http://peer.hdwg.org/newsletter>.

APPENDIX B: RESOURCES FOR PEER PROGRAMS (CONT.)

Journal articles

“Peer Knowledge and Roles in Supporting Access to Care and Treatment,” *Journal of Community Health*, March 19, 2010 .

This article, published by staff from the PEER Center and peer education and training sites, describes the knowledge and roles of working/volunteering HIV peers prior to training through the PETS/REC initiative and recommends areas for further enhancements in HIV peer education. A link to the article, available on the Springerlink website, can be found at

<http://peer.hdwg.org/peer-knowledge>

Brochures

Closing the Gap: The Role of Peers in HIV Care

This brochure outlines the role peers play in helping clients link to and stay in care.

<http://peer.hdwg.org/resources/brochure/closing-gap-role-peers-hiv-care>

Peer Program Description: Harlem Hospital Infectious Diseases Division

A brochure on the Harlem Hospital’s peer adherence support program including information on the services peers provide and their role in a multidisciplinary team setting.

<http://peer.hdwg.org/resources/brochure/peer-program-description-harlem-hospital-infectious-diseases-division>

Peer Program Description: Kansas City Free Health Clinic

A brochure on the Kansas City Free Health Clinic’s peer program including information on the services peers provide and their role in a multidisciplinary team setting.

<http://peer.hdwg.org/resources/brochure/peer-program-description-kansas-city-free-health-clinic>

Peer Program Description: WORLD

A brochure on the WORLD peer program in Oakland, CA, including information on the services peers provide and their role in a multidisciplinary team setting.

<http://peer.hdwg.org/resources/brochure/peer-program-description-world>

Tools and training to help you start a peer program

This brochure provides a short description of the initiative and a list of toolkits, Webcasts and digital stories available for use by organizations wishing to start or strengthen a peer program to support clients in HIV care and treatment.

<http://peer.hdwg.org/resources/brochure/brochure-tools-and-training-help-you-start-peer-program>

Additional Information:

In addition to the resources described above, the PEER Center website contains:

- Answers to Frequently Asked Questions (FAQs) about peer programs:
<http://peer.hdwg.org/FAQ>
- Descriptions of peer programs within different organizations:
<http://peer.hdwg.org/peerprograms>
- Profiles of HIV-positive individuals working as peers:
http://peer.hdwg.org/peer_stories
- Presentations from conferences and workshops:
<http://peer.hdwg.org/presentations>

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