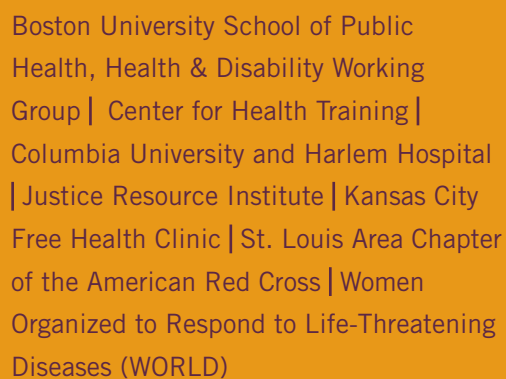# BUILDING BLOCKS TO PEER PROGRAM SUCCESS

A toolkit for developing HIV peer programs

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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About the Peer Education and Training Sites/Resource and Evaluation Center Initiative

This toolkit was produced as part of the Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative, which helps organizations plan and implement successful, sustainable peer programs. Funded through the Health Resources & Services Administration (HRSA) HIV/AIDS Bureau's Division of Training and Technical Assistance with Minority AIDS Initiative (MAI) funding, this initiative offers resources, support and experience to help launch a peer program or strengthen one that's already in place. 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 three national peer education and capacity-building centers, who have extensive hands-on experience with ongoing, successful peer programs:

- Lotus Project in Oakland, CA—a collaboration between the Center for Health Training (CHT) and Women Organized to Respond to Life-Threatening Diseases (WORLD)

- Peer Advanced Competency Training program (PACT) at Columbia University and Harlem Hospital in New York, NY

- 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

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1. INTRODUCTION

▶ WHO ARE PEERS?

The range of terms used to describe community-based, non-licensed health service providers reflects the wide variety of functions that they perform: peer educator, counselor, or advisor; community health worker; lay heath worker; buddy; promotores de salud, or patient navigators. Peers may also be defined as individuals who are from infected or affected communities that share similar characteristics with the clients being served. For the sake of simplicity, this guide uses the term "peer" to refer to all non-licensed professionals in health and social service programs whose qualifications and roles rest on their connection with the community they serve.

This manual focuses primarily on peers who use their own personal experience with HIV in the service of improving the HIV care and treatment of people living with HIV/AIDS (PLWHA).

Introduction

Eliminating health disparities in the United States is a primary goal of the Centers for Disease Control and Prevention's (CDC) 'Healthy People 2010' agenda for national health promotion and disease prevention. However, there is growing awareness that traditional structures of health care delivery have not effectively addressed persistent disparities in health outcomes by race and socio-economic status in the US. In response, policy makers, educators, and practitioners have stressed the importance of cultural competence in the delivery of health care services. Incorporating peers into health care teams is an important step towards culturally competent care. Peer collaboration is part of a long tradition of non-professional, community-based health care ranging from midwifery to naturopathy to palliative care. A 1994 CDC report highlighted the effectiveness of using peers in promoting positive health outcomes in impoverished and poorly served communities, particularly African-American communities[1].

In health care, peers may act as a liaison between providers and clients, translate medical information for their clients, provide education and informal counseling, 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 various disease treatments have demonstrated their effectiveness in improving medication adherence and appointment keeping among clients[2].

How can peers contribute to HIV care?

People living with HIV/AIDS (PLWHA) play an instrumental role in advancing access to and increasing the quality of their health care services. Since the beginning of the epidemic, PLWHA have advocated for resources that prevent new HIV infections, expand availability and accessibility of care and services, and promote improved HIV treatments.

[1]U.S. Department of Health and Human Services (USDHHS), Community Health Advisors: Models, Research, and Practice, USDHHS, Public Health Services, Centers for Disease Control and Prevention, Atlanta, GA, September 1994
[2]World Health Organization, Adherence to Long-term Therapy: Evidence for Action ,Geneva, Switzerland, 2003.

No one understands the reality of HIV better than a person living with HIV. Peers, defined as trained consumers living with HIV who work with clients, bring a unique perspective of the reality of HIV that trained health care professionals, social workers or other staff members not living with HIV are unable to offer a PLWHA.

There is ample literature about the benefits of using peers as a part of the health care team for PLWHA and other chronic illnesses. Peer support programs play four important roles:

1. Provide information and support through shared experiences.
2. Model skills.
3. Offer emotional support, including encouragement, reinforcement and decreased isolation.
4. Bring mutual reciprocity through shared problem solving and by giving and receiving help on a shared medical issue.

In the chronic disease literature, these types of peer programs have been shown to effectively improve self-efficacy for managing illness, maintaining health-related quality of life and healthy behaviors, and decreasing hospitalization[3].

A study of peer outreach workers trained as patient advocates found that HIV-positive clients who worked with a peer improved their adherence to medical care by keeping appointments, responding to physician referrals, and picking up HIV medications[4]. Peer outreach workers, both HIV-positive and from the same community, were also more likely to find and link other HIV-positive individuals to medical care and support services[5].

What is the purpose of this guide?

The purpose of this guide is to effectively integrate peers as part of the multidisciplinary care team. Depending on the needs of an organization, peers can work in the following ways: participating as part of an advisory board; working in teams with case managers and other staff to find people who are out of care or at risk of dropping out of services; providing support and education individually or in groups; engaging clients in HIV care; helping clients navigate the service system; and supporting adherence to treatment.

This guide provides information, tools and resources to help organizations and communities work with peers to effectively engage and retain PLWHA in care and treatment.

This guide will help address the following questions:

- What are the goals of peer programs?
- What roles do peers play in improving HIV services for clients?
- What methods can be used to determine community and internal resources available to develop a program or enhance an existing program?
- Who is responsible for the design and implementation of the peer program?
- Who should be involved in generating commitment (from within both the organization and community)?
- What systems, specifically training and supervision, need to be in place to effectively use peers?
- What tools are available for peers and other staff to keep clients engaged in care and treatment?
- What approaches and methods can be used to monitor and evaluate the effect of peer programs on clients' access to and utilization of HIV services?

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[3]California Health Care Foundation. Building Peer Support Programs to Manage Chronic Disease: Seven Models for Success. December 2006.

[4]Broadhead, 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.

[5]Molitor, 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.

INTRODUCTION

Paul Colson (right) with a peer trainer and participant at a PACT graduation.

"This is not a typical professional relationship. We're asking people to reach out in a personal way to help somebody. We give guidance around health-promoting behaviors we want peers to help clients develop: things like building a good relationship with providers, creating a social support network, identifying personal barriers to keeping appointments or adhering to medication, and focusing on self-care."

Paul Colson
PACT Project Program Director
Harlem Hospital
New York, NY

This guide is divided into sections that follow the general sequence of peer program development. Different parts of this guide may be applicable to a particular peer program, depending on that program's developmental stage.

Who should use this guide?

Successful peer programs are implemented across various organizational settings from small, community-based organizations in rural areas to large, urban hospital based programs[6]. Specifically, this guide is for:

- Program directors/managers
- Supervisors of social services
- Clinic managers and medical directors
- Nurses and case managers
- State and county health officials in charge of HIV program dollars
- Planning councils
- Consumer advisory committees
- Anyone interested in building, enhancing or incorporating peers into a program

How can this guide be used?

This guide serves as a resource outlining a step-by-step process to develop a new peer program or enhance an existing one. This guide begins with conceptualizing a peer program, and each section addresses key activities that foster a sustainable peer program that meets program goals. Suggestions for using this guide include:

- If starting a new program, review all sections in the guide and use the tools and resources available.
- If enhancing an existing peer program, select and review relevant sections based on the program's needs and use the tools and resources available.
- Photocopy/download any sections that may be helpful.

This section is part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, please visit: http://peer.hdwg.org/program_dev

[6] Circle Solutions Inc. Organizations that CARE: A Toolkit for Employing Consumers in Ryan White CARE Act Programs. 2006