



FOCUS GROUP INTERVIEW GUIDELINES

Role of Interviewer

- Ask enough questions or probes to be sure question is answered
- Make questions specific; not abstract or philosophical
- Offers reinforcement to keep a discussion going
- Be directive by administering a structured or partially structured question format

Important Reminders

- Quality and sequence of questions is important
- 10 to 12 questions are adequate for 2hr session or 5 to 6 for one-hour session
- Honor the participants. Be cautious of assumptions you make about their experiences and views. Do not exhibit a condescending attitude

Follow these steps

1. Have a copy of questions in hand, a pen for writing participants' name and a watch to end session on time.
2. Pre-arrange room so that participants and moderator have eye contact with one-another
3. Explain to participants the purpose of the focus group, what you will do with the results and the rules
Rules include:
 - Everyone's opinion is valuable
 - Speak one at a time
 - Everyone must participate (will call on people if they don't speak up)
 - If tape recorder is involved, ask permission to use it
 - Explain that the discussion is confidential; Use only first names throughout session
4. Ask if there are any questions about the purpose and rules then begin discussion by having participants and moderator (& note-taker, if there is one) introduce self. If there is time to "break the ice" do a short ice-breaker such as during the introductions have participants say their favorite TV show as a kid.
5. Begin discussion.

**Kansas City Free Health Clinic
HIV Primary Care Department
Quality Assurance Program Summary**

Program	Quality Management Components in place
HIV Primary Care	<p>Chart Audits Completed monthly and quarterly per plan. In addition to outcomes monitored under Ryan White Part C/Part A plan, the following are monitored on Clinic patients only:</p> <p>Indicators</p> <ol style="list-style-type: none"> 1. % of patients with an adherence assessment at last visit Definition: An adherence assessment will be considered completed if patient or any member of the health care team documents number of missed doses, percent of missed doses, number of refills since last visit, or number of missed refills since last visit. Goal: 80% 2. % of patients on ARV with at least an annual lipid profile Definition: An annual lipid profile will be considered completed if a fasting lipid profile lab report done in the previous 12 months from date of audit is noted in the chart Goal: 80% 3. % of patients with at least an annual RPR Definition: An annual RPR will be considered completed if an RPR lab result done in the previous 12 months from date of audit is noted in the chart. Goal: 80% 4. % of female patients with a PAP smear in the previous 12 months. Definition: An annual PAP smear will be considered completed if there is a PAP smear lab report done in the previous 12 months from date of audit is noted in the chart. Goal: 80% 5. % of patients with a primary care visit at least every 4 months Definition: A primary care visit will be considered completed if a Physician, Nurse Practitioner, Physician Assistant or Registered Nurse documents a face to face visit in the medical chart. Goal: 80%

**HIV Primary Care Department
Quality Assurance Program Summary**

Program	Quality Management Components in place
HIV Primary Care	<p>6. % of patients on ARV with a viral load every 4 months Definition: A viral load will be considered completed if a lab report done in the previous 4 months is noted in the chart. Goal: 80%</p> <p>7. % of patients on ARV with a CD4 count every 4 months. Definition: A CD4 count will be considered completed if a lab report done in the previous 4 months is noted in the chart. Goal: 80%</p> <p>Process Audits</p> <ul style="list-style-type: none"> • Appropriate implementation of standing orders Audit 2 charts per week. 13 weeks per quarter. 26 charts per quarter. 80% compliance. <p>Reports Monthly activity report to Executive Director 6 month progress report for Part C Annual RDR for Part C and Part A Quarterly administrative and quality management reports to Health Department</p> <p>Patient Satisfaction Survey – Done annually. Mailed to 25% of active patients.</p> <p>Informal Review of Voice Mail log – Log is reviewed to determine timeliness of response, reason for call, action taken. Those with medication refills are compared with chart to determine adherence to standing orders and nursing practice</p> <p>Multidisciplinary Team Meetings: Case Conferencing Tool – Weekly all clients who receive primary care and case management services at the Clinic, who are scheduled for an appointment during the upcoming week, are clinically reviewed. Able to observe Primary Care staff’s knowledge of their patients, plans for care, integration of other services into the care plan and general communication and collaboration with other</p>

HIV Primary Care Department Quality Assurance Program Summary

Program	Quality Management Components in place
HIV Primary Care	<p>departments. Monitor referrals of new positives into primary care. On the spot problems identification and resolution occurs.</p> <p>Ridgemark Statistics – Monthly reports of patient encounters, demographics of new and all patients. Shared with all of Primary Care staff.</p> <p>Bi Weekly Staff Meetings-- Information sharing, problem identification and resolution, review of qm audits and results, development of new services, policies and procedures.</p>
Program	Quality Management Components in place
Peer to Peer Treatment Adherence	<ul style="list-style-type: none"> • Process: Demographics, number of peer contacts, number of primary care visit, viral load, CD4 counts <p>Phone Log Audits—80% of patients with a scheduled appointment and who have given us permission to call will be given an appointment reminder phone call the day before their appointment</p> <p>Did Not Keep Appointment Log Audits- 75% of patients who did not keep their medical appointment and who have given us permission to call will be given phone call prompting them to reschedule their missed appointment</p> <p>Chart Audits 25% client charts audited quarterly to assess client directed goals developed and achieved.</p> <p>Referrals for Just in Time Individual Encounters—80% of patients referred through Multidisciplinary Team Meeting for a peer individual encounter will be contacted.</p> <p>Referrals for Just in Time Group Encounters---80% of patients referred through Multidisciplinary Team Meeting for a peer group encounter will be contacted.</p> <p>Patient Program Evaluation Survey –Completely quarterly. Mailed to 25% of active patients.</p> <p>Reports Monthly activity report 6 month and 12 month CAP/DIFFA report</p>

**HIV Primary Care Department
Quality Assurance Program Summary**

Program	Quality Management Components in place
Peer to Peer Treatment Adherence	B-Weekly Supervision – Treatment Adherence Specialist meets with each peer counselor on a bi-weekly basis. Reviews progress notes and verbal reports of interactions with clients. Offers coaching, mentoring and support.
Program	Quality Management Components in place
Peer Education Training Site (PETS)	Reports Quarterly activity reports Organizational Capacity Building Activity Log completed monthly
Program	Quality Management Components in place
Part C	<p>Quarterly Chart Audit At each site Kansas City Free Health Clinic staff or site staff will audit 10% of the patients supported by Part C for the same indicators as noted in HIV Primary Care. Per Part A contract, 80% compliance is expected.:</p> <p>Kansas City Free Health Clinic staff will complete at least 1 administrative, clinical and fiscal site visit per year at each site.</p> <p>Annual Site Visit – Site visit to assess fiscal, clinical and administrative compliance with legislative mandate, program requirements and contract.</p> <p>Registration/Billing – Systems are in place to assure that patients are registered as a Part C patient by each site prior to payment of any submitted bill. Systems are in place to assure that only outpatient care is reimbursed.</p> <p>Informal Assessment of sites – Done on an ad hoc basis through contact with sites at meetings and on phone. Problem identification and resolution.</p> <p>Reports 6 month progress report Annual RDR Bi-Monthly call with Project Officer</p>



For a healthy community

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Kansas City Free Health Clinic HIV Patient Satisfaction Survey

Personal Information

1. Today's Date:	5. Ethnicity: (Check all that apply)
2. Your Age:	<input type="checkbox"/> White/Caucasian
3. Your Zip Code:	<input type="checkbox"/> Black/African American
4. Your Gender:	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Other (Please write in) _____
Transgender	
<input type="checkbox"/> Male to Female <input type="checkbox"/> Female to Male	

	All of the time	Most of the time	Sometime	Rarely	Never	Does not Apply
6. While I checked in & waited for my visit, staff was unfriendly to me.						
7. When I leave a message someone calls me back within 24 hours.						
8. I know how to contact the physician after hours.						
9. When I asked my providers questions about my HIV care, it was hard to understand their answers.						
10. I found my providers to be accepting & nonjudgmental of my life and healthcare choices.						
11. My providers explained the side effects of my HIV medications & ways to help me remember to take my medication.						
12. My providers talked to me about how to avoid passing HIV to other people & how to protect myself from getting Hep C & other STDs.						
13. My providers asked me about my physical & emotional needs & made sure I got a referral (to my case manager or directly to mental health, substance abuse counseling, dental or support groups)						
14. The staff and providers kept my HIV status confidential						

Overall Quality of HIV Care

15. I am satisfied with the services I receive at KCFree.		
<input type="checkbox"/> Definitely Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> Definitely Not <input type="checkbox"/> Not Sure
16. At any point, did you feel treated poorly at the Kansas City Free Health Clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, to question 16 please check all the reasons you felt you were treated poorly. If no, skip to question 17.		
My Race/Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	My Age <input type="checkbox"/> Yes <input type="checkbox"/> No	My Gender/Sex <input type="checkbox"/> Yes <input type="checkbox"/> No
My Sexual Orientation <input type="checkbox"/> Yes <input type="checkbox"/> No	My Appearance <input type="checkbox"/> Yes <input type="checkbox"/> No	My Difficulty Speaking English <input type="checkbox"/> Yes <input type="checkbox"/> No
My Alcohol/Drug Use <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not using alcohol/drugs		

Other (Please write in) _____

17. Additional Comments

Thank you for completing this survey.



Kansas City Free Health Clinic Encuesta de satisfacción a pacientes VIH positivos

Información Personal

1. Fecha de hoy:	5. Grupo étnico: (Check todas las que apliquen)
2. edad:	<input type="checkbox"/> Blanco/Caucásico (a)
3. Código Postal:	<input type="checkbox"/> Negro/ Afro-Americano (a)
4. Genero:	<input type="checkbox"/> Hispano/ Latino (a)
<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	<input type="checkbox"/> Otro (Por favor escríbalo) _____
Transgenero	
<input type="checkbox"/> Hombre a Mujer <input type="checkbox"/> Mujer a Hombre	

	Todo el tiempo	La mayoría del tiempo	Algunas veces	Raramente	Nunca	No aplica
6. Mientras checaba con recepción y esperaba por mi cita, el personal de recepción fue poco amistoso.						
7. Cuando dejo un mensaje alguien me regresa la llamada dentro de 24 horas.						
8. Yo se como contactar al doctor después de horas de oficina.						
9. Cuando le pregunto a mis proveedores acerca de mis cuidados del VIH, fue difícil entender sus respuestas.						
10. Me di cuenta que mis proveedores aceptan y no juzgan mi estilo de vida ni mis decisiones acerca de mis cuidados de salud.						
11. Mis proveedores me explicaron acerca de efectos secundarios de medicinas del VIH y maneras que me ayudaran a recordar tomar mis medicinas.						
12. Mis proveedores me hablaron acerca de como evitar pasar el VIH a otras personas y como protegerme de contraer hepatitis C y otras Enfermedades Transmitidas Sexualmente (ETS).						
13. Mis proveedores me preguntaron acerca de mis necesidades físicas y emocionales y se aseguraron que fui referido (a) (con mi manejadora de casos o directamente con un profesional de salud mental, consejería de abuso de sustancias, dental, o grupos de apoyo).						
14. El personal y los proveedores mantuvieron mi estatus de VIH confidencial.						

En General la Calidad de Cuidados del VIH

15. Estoy satisfecho (a) con los servicios que recibo en la clínica KCFree.			
<input type="checkbox"/> Definitivamente Si	<input type="checkbox"/> Quiza	<input type="checkbox"/> Definitivamente No	<input type="checkbox"/> No estoy seguro (a)
16. En algún momento, se sintió tratado (a) de mala manera en la Clínica Kansas City Free Health? <input type="checkbox"/> Si <input type="checkbox"/> No			
Si su respuesta fue si a la pregunta 16, por favor cheque todas las razones que usted sintió fue tratado (a) mal. Si no, pasé a la pregunta 17.			
Mi Raza/etnicidad <input type="checkbox"/> Si <input type="checkbox"/> No	Mi Edad <input type="checkbox"/> Si <input type="checkbox"/> No	Mi Genero/sexo <input type="checkbox"/> Si <input type="checkbox"/> No	
Mi Orientación Sexual <input type="checkbox"/> Si <input type="checkbox"/> No	Mi apariencia <input type="checkbox"/> Si <input type="checkbox"/> No	Mi dificultad hablando Ingles <input type="checkbox"/> Si <input type="checkbox"/> No	
Mi Uso de drogas/alcohol <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> porque no estoy usando drogas/alcohol			
<input type="checkbox"/> Other (Please write in) _____			

17. Comentarios adicionales

Gracias por completar esta encuesta.



HIV Treatment Adherence Survey

I. Please answer true or false to each question.

		True	False
1.	You can tell if a person has HIV because they look sick.		
2.	It is not harmful for an HIV positive person to have unprotected anal or vaginal sex with another HIV positive person because they are both already HIV positive.		
3.	Viral load is a measure of how many copies of HIV were detected in your blood test.		
4.	I feel that everyone should start taking HIV medications as soon as they are diagnosed so they can live a long healthy life.		
5.	Moderate exercise may help lessen some of the side effects associated with HIV and HIV treatments.		
6.	Good nutrition plays a vital role in the ability of the immune system to fight HIV and prevent AIDS related infections.		
7.	Using tobacco, caffeine, recreational drugs, and alcohol does not have an impact on the immune system.		
8.	If you have problems with your appetite or digesting your food, you should talk to your health care provider about it.		
9.	I take more than half of my HIV medications (ART) which I think is better than taking none at all.		
10.	If I have side effects from my anti-HIV medications, I stop taking them until my next doctor's visit.		
11.	If I lived with or took care of a person with HIV, I would definitely avoid using the same eating utensils as precaution against catching HIV.		
12.	I will not become resistant to my anti-HIV (ARV) medications when I adhere to medications at least 95% of the time.		
13.	I eat a variety of foods from the food pyramid because I believe that good nutrition plays a vital role in fighting HIV/AIDS related infections.		
14.	When I take my HIV medications as scheduled/prescribed I feel in control of my HIV.		

II. Please circle the most appropriate response to each question below.

1. When I have a busy or changing schedule, it is OK to take doses a few hours early or late.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

2. I believe my medications for HIV will have a positive effect on my health.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

3. Disclosure is a very personal and private decision; therefore, I disclose only when I feel comfortable enough with the person(s) in my life.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

4. People who have AIDS get opportunistic infections because:
 - a. When HIV enters the body, the virus replicates itself and causes infections
 - b. The drugs used to treat HIV cause infections
 - c. HIV weakens the immune system and makes it difficult to fight disease
 - d. All of the above

5. Health care workers use universal precautions when caring for:
 - a. Patients known to have AIDS
 - b. Patients who may have HIV
 - c. Patients with any diagnosed infectious disease
 - d. All patients

6. HIV is more likely to be transmitted during oral sex:
 - a. To the person receiving semen or vaginal fluids in his or her mouth.
 - b. To the person having oral sex performed on him or her.
 - c. On in man-to-man oral sex.
 - d. Only in woman-to-man oral sex.

Revised 11/05/2007

Form: Adherence to Wellness Groups



7. Most women with HIV/AIDS became infected by:
 - a. Their fetuses during pregnancy
 - b. Sharing needles or having sex with someone who has HIV
 - c. Taking care of people with AIDS
 - d. No one really knows for sure how women become infected
8. People who are infected with HIV can infect others:
 - a. Only after they have had a positive HIV test result.
 - b. If they have symptoms of AIDS
 - c. After they become infected, even if they look and feel healthy
 - d. If they develop an opportunistic infection
9. The risk of HIV infection from blood donated by a family member or friend:
 - a. Is much lower than the risk from blood donated by the general public.
 - b. Is about the same as the risk of getting HIV from a transfusion of blood from the general public.
 - c. Is so low that testing of the blood is not required.
 - d. Is not an issue because this type of donation is no longer an option in the United States.
10. Blood from a person with HIV may test negative for signs of HIV if the person:
 - a. Was recently infected
 - b. Currently has a sexually transmitted disease (STD).
 - c. Has not yet developed opportunistic infections.
 - d. Is in good physical health.
11. HIV+ mothers may transmit the virus to their infants:
 - a. Before birth
 - b. During the birth process
 - c. Through breastfeeding
 - d. All of the above
12. For many people with HIV, combination therapy can:
 - a. Extend and improve the quality of life
 - b. Block the ability of HIV to multiply
 - c. Protect the immune system for some time
 - d. All of the above
13. How many doses of medications have you missed in the last three days?
 - a. None
 - b. One
 - c. Two
 - d. Three
 - e. More than three
 - f. I am not taking any medications
14. I clean my “works” (drug-injecting equipment) correctly with water and chlorine bleach several times, each time.
 - a. I do not use “works”
 - b. Most of the time
 - c. Never
 - d. Every time
15. How often did you use condoms or dental dams when you had sex with other people in the past month?
 - a. I did not have sex with anyone in the past month
 - b. Every time
 - c. More than half the time
 - d. Less than half the time
 - e. Never
 - f. Cannot remember/don't know

Thank you for completing this questionnaire!

Revised 11/05/2007

Form: Adherence to Wellness Groups

Logic Model—Brainstorm Notes

Draft an overall problem or goal and then list possible answers/ideas for resources/inputs, activities, outputs, outcomes, and impacts.

- **Goals**—overall project purposes
- **Inputs**—resources available to a program as well as “object” (e.g. clients) of program activities
- **Activities/Interventions**—planned tasks that define the program or service
- **Outputs**—level of activities actually implemented or initial results of services
- **Outcomes**—short or intermediate indicators of progress toward a goal
- **Impacts**—long-term progress toward a goal



Logic Model

RESOURCES or INPUTS	ACTIVITIES	OUTPUTS	SHORT & LONG- TERM OUTCOMES	IMPACT
<i>In order to accomplish our set of activities we will need or already have the following:</i>	<i>In order to address our problem or issue we plan to do the following:</i>	<i>What we actually did. The initial results were:</i>	<i>We expect that if accomplished these activities will lead to the following progress toward our goal: Time frame TBD</i>	<i>We expect that if accomplished these activities will lead to the following major changes: Time frame TBD</i>

Problem/Goal:





**Process Evaluation
Peer Education Training Site Grant
Missouri AIDS Alliance**

Goals	Data Collection Strategies	Data Source	Data Collection Schedule	Data Themes	Data Analysis Technique
1. Staff feedback is used as a means to identify success and barriers to program implementation.	Interview Alliance staff	Program staff	Quarterly	Communication Use of program and evaluation protocols	Content Analysis
2. Work Plan reviewed quarterly to determine gaps in tasks and timeline.	Review Work Plan	Work Plan Quarterly meeting minutes Curriculum materials Organizational Action Plans	Quarterly	Quantity & quality of products	Discrepancy Analysis
3. Participants are satisfied with program.	Collecting surveys	Participant feedback forms Overall participant program satisfaction surveys	Quarterly	Quality of program service delivery	Number & Percentages Crosstabs

Communicating and Reporting Plan

Step 1: List single audience below: (individual or group).	2. Audience Characteristics								
	How Accessible?	Reading Ability?	Familiarity with program or evaluation?	Attitude toward/interest level in program?	Role in decision making about program or evaluation?	Familiarity with research and evaluation in general?	Attitude toward/interest level in this evaluation?	Experience using evaluation findings?	
1	Easily	High Level	Very Familiar	Positive/High	Crucial	Very Familiar	Positive/High	Substantial	
	With some effort	Mid Level	Somewhat Familiar	Neutral	Important	Somewhat Familiar	Neutral	Some	
	With substantial effort	Low Level	Not Familiar	Negative/Low	Minor	Not Familiar	Negative/Low	None	
		Non-Reader			No Role				
Step2: For each characteristic to the right, mark the response that best describes this audience.	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	
<p>Step 3: check the purposes for communicating with this audience.</p> <p>Step 4: Considering the audience and the purpose, prioritize each communicating and reporting task.</p> <p>Step 5: Note Implications that the characteristics of this audience may have for the contents of communications reports.</p> <p>Step 6: Indicate the appropriate formats to use.</p> <p>Step 7: Indicate date for for communication/report.</p> <p>Step 8: Indicate resources needed</p>		3. Communicating/Reporting Purpose		4. Priority	5. Implications for Content	6. Formats to Use	7. Dates	8. Resources Needed	
	During the Evaluation	<input type="checkbox"/>	Include in Decision Making about Evaluation Design and Implementation.		HI MED LO				
		<input type="checkbox"/>	Inform About Specific Upcoming Evaluation Activities.		HI MED LO				
		<input type="checkbox"/>	Keep Informed About Overall Progress of the Evaluation.		HI MED LO				
		<input type="checkbox"/>	Communicate Interm Findings		HI MED LO				
	After the Evaluation	<input type="checkbox"/>	Inform About Program and Evaluation to Build Awareness and/or Support		HI MED LO				
		<input type="checkbox"/>	Communicate Final Findings to Support Change and Improvement		HI MED LO				
		<input type="checkbox"/>	Communicate Final Findings to Show		HI MED LO				
		<input type="checkbox"/>	Other		HI MED LO				



Massachusetts Department of Public Health
Peer Support Service Evaluation
Focus Group Guide
Service Coordination & Collaboration Groups (SCCs) & Consumer Advisory Board
(CAB)

Confidentiality Statement

The purpose of this evaluation is to learn more about the benefits, challenges and perceived outcomes of peer support services for people living with HIV/AIDS. We plan to assess the various models of peer support identifying effective models as well as exploring ways in which peer support services in Massachusetts can be improved. Information that you provide during the focus group will be kept completely private and used solely for the purpose of this evaluation. Your name will not appear on any of the data collected. The information will not be reported in a way that anyone can tell who you are without your written permission. All the information from this group will be combined with the data from other focus groups with SCCs and the CAB in the state of Massachusetts. Once all the focus groups have been completed evaluators from Boston University will summarize the information obtained and write a final report to be submitted to the Massachusetts Department of Public Health.

Focus Group questions

- 1) What types of activities do you prefer to work with a peer as opposed to other professionals?
What activities do you not comfortable working with a peer ?
- 2) What types of activities are you comfortable sharing in group in settings? Are there times you prefer to work individually with a peer? Can you give examples?
- 3) What are the challenges/reasons to peer led activities in their area?
- 4) What are examples of how peer led activities have helped them personally or their community?
- 5) What do peer leaders accomplish in your agency, in the lives of PLWHA and in their community? What do peer leaders bring that other professionals (case managers) do not?
- 6) What are areas for improving peer support activities?

PETS Qualitative Study

Background

Most peer intervention studies in the HIV literature examine changes in clients' knowledge, risk reduction behaviors, and emotional coping strategies. (Broadhead, 2002, Kalichman, 2001, 2005, Purcell, 2004) These studies examined interventions using peer support groups and one-one interventions usually of a relatively short duration of six months or less. Yet few published studies describe from the client's perspective the role and impact of the peer relationship on client use of HIV services and adherence to appropriate treatment. Furthermore, most published studies of peer-based interventions for HIV care and prevention have not described in detail the peer support provided through these interventions.

The purpose of the PETS qualitative study is to examine in-depth the impact of peer support on client's use of health care services, as well on their HIV knowledge, attitudes & beliefs, self-care, and overall quality of life. The study will also result in a detailed description of HIV peer support provided by a sample of trained HIV peer educators. The results will be used to develop a series of products (publications, instructional materials, etc) for policy makers and program planners to integrate effective peer educator/advocate programs in HIV service delivery.

Multisite questions

1. Does client interaction with peers impact a client's access to care, health care utilization, self-care practices, quality of life, HIV knowledge, attitudes/beliefs, unmet needs, experience of HIV stigma, self-efficacy and empowerment?
2. How do trained peer educators apply their skills and knowledge in their work with clients and in their community?

Study Design

- Longitudinal design for clients—Year 3 baseline interviews; repeat Year 4 (6-9 months);
- Cross-sectional for peers

Methods:

- In-depth interviews: conducted face-to-face or telephone by local staff request tape recording for transcription; study guide to developed by study team
- Purposeful sampling frame-
 - (Region, gender, race/ethnicity, length of time in program)
- 5-8 clients per site;
- 5-8 peers/site

Description of sample

1. HIV-positive Clients.
 - a. Time since living with HIV:
 - Newly diagnosed clients (living with HIV \leq 12 months)
 - Non-newly diagnosed clients (living with HIV more than 12 months)
 - b. Level of retention in care
 - Clients living with HIV with history of inconsistent health care

(having a gap of 6 months or more in the past 2 years)

- Clients at-risk for dropping out of care
- c. Length of time working with a peer
- New clients: minimum of 5 contacts
 - Experienced clients: at least 6-12 contacts

Recruitment:

PETS will work with partner program staff to identify clients of PETS-trained peers who have been working together for a minimum of 5 contacts. A client participant is a person living with HIV who has a relationship with a PETS-trained peer either through the peer's employment, volunteer position, *or* may be associated with the PETS trained peer in the community (i.e. with or without an organization). Client participants may be recruited through community or clinic settings depending on the local PETS partner organizations. There is no requirement for the number of hours that a client works with a peer.

PETS Qualitative Study
1st Interview Guide
Clients

[INTRODUCTORY SCRIPT]

Thank you for agreeing to be interviewed today. We (Name of site) are working with HRSA on a national program to train people living with HIV/AIDS to become peers to work with others in managing their life with HIV. HRSA is interested in understanding how peers impact the lives of people living with HIV. I'm going to ask you questions about your experience living with HIV and then about your experience in working with a peer.

The information you share with us today is completely confidential. You will be assigned (or you can give us one!) a pseudonym and your responses will not have any identifying information. Your responses will only be shared with members of the study team and will be compiled with other participants across the country. The information we gather here today will be used to develop materials for other peer programs across the country.

To ensure that we are able to capture accurate and complete responses, we would like to record this interview. As I mentioned, the recording will be transcribed and all names and places will be removed so as to protect your identity. Recordings will be destroyed after transcription.

Do we have permission to tape record?

- 1) In what year did you test HIV positive?
- 2) Let's go back to the time before you started working with [peer].
What were your feelings about HIV and being HIV positive?
In the long term, what were your expectations about living with HIV?
What kinds of things did you do to take care of yourself?
- 3) Now I'd like to ask you about the HIV-related health care you have used since you have tested positive.
 - a. Think about your experiences in gaining *access to* HIV healthcare services. Tell me about your good experiences in getting HIV healthcare. Tell me about the challenges you have faced in getting HIV healthcare.
 - b. Now think about your experiences with your healthcare treatment providers. What challenges have you had in *sticking to* the HIV treatment and care plan recommended/prescribed to you by your provider(s)? (By HIV treatment and care plan I mean your visits to the doctor, HIV treatment adherence, medication, visits to the dentist for oral related care)

Probes: How has your relationship with your health care provider influenced you in sticking to your HIV treatment and care plan?

- 4) How is your health affecting your daily life right now?

Probe: Have you had to change your routines?

Probe: Have you stopped doing things you used to do?

5) Who do you turn to for support (for example, emotional, moral or practical support) during difficult times?

Have there been any recent changes in your support system?

When and how often do you turn to [peer] for any type of support?

Now I would like to ask you a few questions about your relationship with [peer].

6) When did you start working with [Name of peer]? Did you ask to work with a peer advocate/worker, or were you referred/assigned to work with [peer]? Who referred/assigned you? Why did you decide to start working with the [peer]?

What are your goals for working with [peer]? *Probe:* What do you expect to get out of the relationship with [peer]?

7) How often do you see [peer]? What is working with [peer] like?

Probe: Where do you usually see or talk to [peer]?

Probe: What are your meetings/talks like?

Probe: How does meeting with [peer] compare to meeting with your other providers (i.e., doctor, social worker)?

Probe: How does your cultural identity (your gender, race/ethnicity) influence your relationship?

8) What is your relationship with [peer] like now, as compared to when you first met?

9) Please provide examples of skills or knowledge about HIV that you have learned from working with [peer]?

(Interviewer note: use suggestions from list of peer core competencies, modified as appropriate for clients receiving peer support. Suggestions include the following: coping with HIV; HIV lifecycle; sticking or adhering to HIV treatment plans; self-care, etc.)

What else have you learned from working with [peer]?

Probe: Life skills like getting other services? Finding a job? Getting an education, etc. Connecting to support groups?

10) Please provide examples of how [peer] has influenced you with the following:

- Your use of HIV health care services, your HIV treatment and taking medications
- Relationship with providers such as doctors, case managers and dentist
- Self-worth (how you feel about yourself)
- Your ability to act in helping yourself and others
- Finally, in what way has the relationship with [peer] influenced you the most?

11) What future treatment and healthcare goals do you have?

Probe: Could you imagine working with [peer] to reach these goals? What might be helpful?

The most helpful?

Interviewer note: Thank participant and notify that he/she will be contacted in approximately 6 months (give an approximate month e.g. June) to get an update on his/her experience with the program.

**PETS Qualitative Study
Follow-up Interview Guide
Clients**

[INTRODUCTORY SCRIPT]

Thank you for agreeing to be interviewed today. We (Name of site) are working with HRSA on a national program to train people living with HIV/AIDS to become peers to work with others in managing their life with HIV. HRSA is interested in understanding how peers impact the lives of people living with HIV. My questions today will focus on your experience with the peer program since our last visit.

The information you share with us today is completely confidential. You will be assigned a pseudonym and your responses will not have any identifying information. Your responses will only be shared with members of the study team and will be compiled with other participants across the country. The information we gather here today will be used to develop materials for other peer programs across the country.

To ensure that we are able to capture accurate and complete responses, we would like to tape record this interview. As I mentioned, the tape recording will be transcribed and all names and places will be removed so as to protect your identity. Tape recordings will be destroyed after transcription.

Do we have permission to tape record?

-
1. How has your health been since the last time we talked?

Probes: Have you been seeing a doctor for your HIV? Taking medications? Experienced any challenges with your health as it relates to HIV? How has [peer] helped you to meet your HIV health care needs?

2. In terms of support, who do you turn to now during difficult times? *Probe:* Can you give me an example of how [peer] has given support to you since we last talked?
 - a. How often do you see [peer]? What is your relationship like now, as compared to when you first met? Is your relationship what you hoped for or imagined it would be? To what extent does your cultural background (race/ethnicity, gender, age) affect your relationship with [peer]?
3. Since we last talked, can you give examples of skills or knowledge about HIV that you have learned from working with your [peer]? (*Interviewer note:* use suggestions from list of peer core competencies, modified as appropriate for clients receiving peer support. Suggestions include the following: coping with HIV; HIV lifecycle; sticking or adhering to HIV treatment plans; self-care, etc.)

4. What else have you learned from working with [peer]?

Probes: Life skills like getting other services? Finding a job? Getting an education, etc.
Connecting to support groups?

5. Please provide examples of how [peer] has influenced you with:

- Your use of HIV health care services, your HIV treatment and taking medications
- Relationship with providers such as doctors, case managers, and dentist
- Self-worth (how you feel about yourself)
- Your ability to act in helping yourself and others
- Finally, in what way has the relationship with [peer] influenced you the most?

6. Since we last talked, can you give me an example of a goal or something that you wanted to get done that [peer] helped you to do?

7. Is there anything you want to say that I haven't asked about?



WORLD Peer Advocacy Record of Community Service

Your Name: _____ **Today's Date:** _____

Date of Service: _____ **Location:** _____

Check all that apply: ___ Outreach ___ Prevention ___ Education ___ Support

Type of Service (Check all that apply):

- Public Speaking Engagement
- Conference Presentation or co-Presentation
- Panel Participant
- Facilitate or Co-Facilitate HIV/AIDS Educational Seminar
- Provide Information or Education to Public Health Facility
- Provide Information or Education to Health Care or Health Care Providers
- Provide Information or Education to Mental Health or Social Workers
- Guest Speaker at Community Service Project or Program
- Guest Speaker at Community Support Group
- Interfacing with Media (e.g. news or magazine interview and/or photo shots)
- Other _____

Estimated total time spent on project: _____
(Please include preparation, phone calls/email, meetings, actual time spent in the community, follow-up)

Please briefly explain your understanding of why your services were requested:

Please briefly explain the outcome (How many people were there, quality of event):

Please briefly explain how the provision of this service relates to the objectives of your position at WORLD:

Peer Educator Contact Form

Date of Contact ___/___/___ Date

Peer ID _____

Client ID: _____

Partner agency/organization _____

Type of Contact (check one)

Face-to-face (Individual)	1
Group	2
Telephone	3
Letter	4
Email/internet	5
Other (specify): _____	6

Duration of Contact (In Hours)

Less than 5 minutes	___
More than 5 minutes less than 1 hour	___
More than 1 hour	___

Appointment reminders/coordination	
Provide general HIV education	
Provide information about HIV medications	
Provide information about the program	
Provide harm reduction supplies (condoms, bleach)	
Accompany to medical visit	
Accompany to social services	
Refer to medical services	
Provide specific HIV risk reduction/counseling	
Refer to or make appointment for health care	
Refer to or make appt. for housing services	
Refer to substance abuse treatment	
Refer to needle exchange	
Refer to or make appt. for mental health care	
Refer to or make appt. for other services	
Relationship-building	
Provide mental health counseling	
Provide other counseling	
Other 1: (specify) _____	
Other 2: (specify) _____	

For Local Site Use-Notes about client contact



In a multidisciplinary, clinic-based ART adherence support program, peers actively reach out to their caseload of about 15 clients each in order to engage clients in care, help them identify and resolve barriers to becoming adherent, and help them build long-term adherence skills. Peers work collaboratively with the program case manager and health educator. The peer contact form, below allows peers to document all aspects of their work with clients in a user-friendly format. Peers complete the form as soon as possible following each contact. The program coordinator reviews the contact forms weekly for completeness and discusses issues documented in the 'notes' section in bi-weekly individual peer supervision sessions.

Peer Contact Form

HATS (Harlem Adherence to Treatment Study)

Client Code: _____ Peer Code: _____ Date of Contact ____/____/____

Description of the contact: Please circle the appropriate item:

<u>Who Initiated Contact?</u> <input type="checkbox"/> Client <input type="checkbox"/> Peer <input type="checkbox"/> Other Staff <input type="checkbox"/> Other individual	<u>Who was Contacted?</u> <input type="checkbox"/> Client <input type="checkbox"/> Family/Friends <input type="checkbox"/> Case Worker <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	<u>Type of Contact</u> <input type="checkbox"/> Face to face <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Left message only <input type="checkbox"/> Phone; no answer <input type="checkbox"/> Other	<u>Adherence Questions</u> Did you talk about adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the client say she or he is adherent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Where?</u> <input type="checkbox"/> Unsuccessful contact <input type="checkbox"/> Phone contact <input type="checkbox"/> Program office <input type="checkbox"/> ID clinic <input type="checkbox"/> Other clinic <input type="checkbox"/> Street <input type="checkbox"/> Hospital wards <input type="checkbox"/> Drug Program <input type="checkbox"/> Other Location <input type="checkbox"/> Client's Home	<u>Life Stressors Addressed</u> <input type="checkbox"/> None <input type="checkbox"/> Health <input type="checkbox"/> Anxious/depressed/lonely <input type="checkbox"/> Benefits/insurance <input type="checkbox"/> Problems with partner/kids <input type="checkbox"/> Money <input type="checkbox"/> Housing <input type="checkbox"/> Family's health <input type="checkbox"/> Death of family/friend <input type="checkbox"/> Legal problems <input type="checkbox"/> Any accident <input type="checkbox"/> Other (Explain)	<u>Referrals Made</u> <input type="checkbox"/> None <input type="checkbox"/> Program Case Mng <input type="checkbox"/> Health Educator <input type="checkbox"/> Medical Provider <input type="checkbox"/> Outside referral <input type="checkbox"/> Program support group <u>Incentive Provided</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you discuss T-cells or viral load? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the client mention missed days or medication holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No If the client has missed meds, about how many days? _____ days

NOTES: Share with us anything you want about the contact

The program's funding source requires that it report numbers of peer-client contacts each month, along with other patient indicators such as HIV primary care and case management appointments kept, most recent CD4 and HIV RNA measures, and any new diagnoses. Peer-client contacts are abstracted from peer contact forms each month by a



clinic data form and entered into the clinic's electronic information reporting system. Monthly reports of patient-level program data are generated through the electronic system.

In addition to required reporting, the program's evaluation team has determined to answer several evaluation questions and has proposed corresponding indicators that the program will track, collected from the peer contact form. The evaluation questions and indicators are:

Evaluation Questions	Evaluation Indicators
Do peers successfully reach program clients?	Ratio of successful contacts to attempted contacts
Do peer services address potential barriers to adherence?	Life stressors addressed
Do peers contribute to comprehensive service provision?	Referrals to program, hospital, and outside service providers
Do peers address adherence behavior in their interactions with clients?	Adherence questions

The program case manager and health educator responsible for entering evaluation indicators into a program evaluation database every week. The program coordinator generates reports summarizing the indicators every month and presents them to the evaluation team at monthly evaluation meetings



**Peer Contact Form
HATS (Harlem Adherence to Treatment Study)**

Client Code: _____ Peer Code: _____ Date of Contact ___/___/___

Description of the contact: Please circle the appropriate item:

<p><u>Who Initiated Contact?</u></p> <p><input type="checkbox"/> Client <input type="checkbox"/> Peer <input type="checkbox"/> Other Staff <input type="checkbox"/> Other individual</p>	<p><u>Who was Contacted?</u></p> <p><input type="checkbox"/> Client <input type="checkbox"/> Family/Friends <input type="checkbox"/> Case Worker <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable</p>	<p><u>Type of Contact</u></p> <p><input type="checkbox"/> Face to face <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Left message only <input type="checkbox"/> Phone but no answer <input type="checkbox"/> Other</p>	<p><u>Adherence Questions</u></p> <p>Did you talk about adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the client say she or he is adherent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Where?</u></p> <p><input type="checkbox"/> Unsuccessful contact <input type="checkbox"/> Phone contact <input type="checkbox"/> Program office <input type="checkbox"/> ID clinic <input type="checkbox"/> Other clinic <input type="checkbox"/> Street <input type="checkbox"/> Hospital wards <input type="checkbox"/> Drug Program <input type="checkbox"/> Other Location <input type="checkbox"/> Client's Home</p>	<p><u>Life Stressors Addressed</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Health <input type="checkbox"/> Anxious/depressed/lonely <input type="checkbox"/> Benefits/insurance <input type="checkbox"/> Problems with partner/kids <input type="checkbox"/> Money <input type="checkbox"/> Housing <input type="checkbox"/> Family's health <input type="checkbox"/> Death of family/friend <input type="checkbox"/> Legal problems <input type="checkbox"/> Any accident <input type="checkbox"/> Other (Explain)</p>	<p><u>Referrals Made</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Program Case Mng'r <input type="checkbox"/> Health Educator <input type="checkbox"/> Medical Provider <input type="checkbox"/> Outside referral <input type="checkbox"/> Program support group</p> <p><u>Incentive Provided</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did you discuss T-cells or viral load? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did the client mention missed days or meds holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the client has missed meds, about how many days? _____ days</p>

Notes: Share with us anything you want about the contact

Peer Weekly Staffing Report

The peers at Project Ark in St. Louis, MO, use the below peer weekly staffing report to document their contacts with clients on a weekly basis. The peers fill out the form during the week and turn the document in, together with any client chart notes, to their supervisor on Fridays. The supervisor uses this information to prepare for supervisory meetings with the peers and to track the number of minutes peers are in contact with clients, a requirement for the grant that funds the peer program. Using this tracking system, the staff was able to document that the program had met its goal for time peers spent with clients for the year.

Peer Weekly Staffing Report

Peer Name: _____

Date: _____

Date	Client Name	New or Existing Client	Program Site	Phone Contact	Mail/Email	Educational Meeting	Intake	Support Group	Clinic Visit	Total Time In Minutes	Total Units (1 Unit = 15 min)
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								

Challenges of the Week: _____

Highlights of the Week: _____

Please photocopy your progress notes for this week and attach them to this report.
 Please turn this report into Stacey by FRIDAY of each week. Thank you!!!