Peers SPOTLIGHT

WHEN CLIENTS BECOME EMPLOYEES

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Peer Linkage and Re-engagement for Women of Color Living with HIV

AIDS Care Group

AIDS service organizations have an untapped resource to expand their offerings and improve customer service—their clients. Learn how one healthcare nonprofit found effective new employees among their client population, and the practical tips they used to resolve employment barriers and managerial challenges.

SUMMARY

This project spotlight profiles the implementation of a peer linkage and re-engagement program at AIDS Care Group (ACG). ACG is a nonprofit organization that provides medical care, dental care, and a vast range of social support services to uninsured and underinsured, mostly minority residents in Delaware County, Pennsylvania. In 2015, ACG introduced a peer intervention to assist women who were newly diagnosed, lost-to follow-up, or in need of extra support. This replication project is part of the Dissemination of Evidence-Informed Interventions initiative funded by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

Peers hold a unique role in AIDS service organizations. They are typically people living with HIV who are stable in their own HIV treatment. They may or not may not be clients of the organization, but they are often from the communities that they serve, bringing authenticity and inside knowledge to their work. Peers may or may not have prior professional experience, but they often receive training and mentorship during their employment. They draw on training and their own life experiences to fill an important niche in their organizations.

WHY THIS SPOTLIGHT?

Peers provide lived experience that can be particularly impactful when working with hard-to-reach populations, such as women of color who are not engaged in HIV primary care. Because of their peer status, they can support outreach as well as engagement activities. However, because peers are also clients, it requires unique management responsibilities and a delicate balance when navigating and discussing changes in benefits, straddling the role of provider and employer, and possible triggers that peers may encounter either due to working with clients or due to increased income.

CONTRIBUTORS

Ann Ferguson is an expert Administrator at AIDS Care Group, where she manages their peers program.

ACG employs a small staff of peers who, like their clients, are women of color living with HIV. Peers help locate potential clients in the greater Delaware County community who have either never been in HIV primary care, or who have been out of care for at least six months. Through on-the-ground outreach, telephone counseling, and in-person support, they then guide women through the HIV care continuum. The goal is to provide highly focused short-term support to link clients to care and sustain their engagement. After four months, clients then transition to the HIV care team and long-term case management services, which are co-located with the primary care.

"Peers at ACG are full-time compensated employees who participate in the organization's benefits program."

Peers at ACG are full-time compensated employees who participate in the organization's benefits program. At the beginning of this intervention, ACG recruited candidates who were compliant in their HIV care and had relevant job experience, such as volunteer work at HIV clinics. Applicants interviewed for the positions and, once hired, completed orientation and training with educators from ACG and AIDS United.

KEY TIPS & TAKEAWAYS

- Consider what you can invest to help peers succeed. What resources can your organization devote to training, mentoring, and oversight? Peers have much to contribute but achieve their greatest potential in a well-managed and resourced organization. Supervision and support are key for a successful peer program.
- Expect managers to multitask. Just as peers take on dual roles in the organization, their managers will as well. Peers may need support for a broad range of personal and professional issues. Managers should expect to be part supervisor, professional mentor, and client advocate.
- Maintain clear professional boundaries. Peers are committed, enthusiastic staff members who may feel compelled to respond to needs beyond their scope. Training and supervision about roles and responsibilities will help minimize this risk and redirect efforts when needed.
- Let peers be peers. Managers can model professional roles and boundaries, but they must allow peers the freedom to be themselves. Authenticity and relatability are their core strengths and should be respected.
- Set pay rates that compensate for lost benefits. Loss of public benefits is an overwhelming employment barrier for many peers who may be receiving financial assistance such as disability, housing and/or food support. Consider the cost of living in your area and the value of lost public benefits when setting wages. Also consider sustainability at the outset of the program – as peers may have to give up much only to find themselves without a job or their previous level of public benefits at the end of the grant program.
- Be upfront. Changes in income and benefits can be stressful. Hiring managers should work with potential peers to analyze how their new employment could impact their benefits. Explain how your organization can assist with working with benefit offices, including housing, nutrition, Social Security, and Medicaid. Such reassurance can be especially helpful for peers who are not already clients and may not have other sources of social support. Explore fully who will take on that responsibility as it is very time consuming to mentor / case manage new employees who are struggling to adjust to full time employment.

CHALLENGE

ACG reports that the women of color in their client population face entrenched barriers to HIV care. Nearly all cope with chronic poverty, which can force them to make difficult trade-offs. Women who are single mothers, for example, may prioritize caring for their families at the expense of their own health. Clients without transportation may be unable to attend medical appointments and many lack health insurance.

"Poverty is a huge barrier in this community," explains Ann Ferguson, who manages the Peer Linkage and Re-Engagement intervention at ACG. "People just have to worry about survival day to day . . . If they're feeling well, they don't often put their healthcare at the top of the list."

In addition to chronic poverty, many clients experience drug addiction and incarceration, both of which can interfere with regular HIV care. Ferguson explains that once women begin using substances they are less likely to return for follow-up appointments. ACG also serves a cohort of African immigrants who do not realize they may be eligible for services. They, like many ACG clients, also confront racial bias and stigma about their HIV diagnosis.

ACG peers have faced many of these same barriers, but it is their transition to full-time work that can create unexpected new challenges. Peers must learn how to care for themselves as they take on new responsibilities. Increased income, for example, can be an opportunity but also a trigger for individuals with histories of substance use. Work commitments can disrupt their healthcare or strain their ability to find transportation. Managers must be alert to potential barriers and respond proactively when possible.

Perhaps the biggest barrier is the loss of public support services. Increased income can disqualify peers for critical resources, such as public housing, nutrition assistance, and Medicaid. Accepting a position means learning how to live without or a reduction in these benefits, a stressful process for someone who has experienced chronic income insecurity. Qualifying for public support programs is lengthy and difficult, but many peer positions only have short-term funding. As a result, peers are left with a frank dilemma: should they risk losing their current benefits for a job that might not exist in a few years?

STRATEGY/ACTIVITIES

Invest Managerial Resources to Help Peers Succeed.

ACG mangers help peers address these and other challenges. Peers undoubtedly benefit the organization, but their successful integration requires training, mentoring, and supervision. ACG staff guide peers on how to work in a professional environment, keep detailed records, and comply with federal privacy laws. Peers learn how to participate in staff meetings, use technology, and conduct outreach. This investment in professional development ultimately results in well prepared and effective employees, but it demands significant time and managerial involvement.

As peers gain proficiency and confidence, a new challenge can emerge. Managers must remember that peers are also clients with HIV who may have their own personal struggles. Ferguson describes one peer who is "just so comfortable being part of the staff that we must be alert to the fact that she's a patient as well." ACG staff check in with her to "make sure that she's not neglecting her own stuff while she's trying to take care of other people."

Managing the boundary between colleague and client requires empathy and attention. Managers listen to concerns, monitor for countertransference (i.e., triggers or feelings peers may encounter when working with clients that impact peer health), provide feedback, and accommodate scheduling needs, such as time off for medical care. They also address specific concerns, such as learning to live without their previous income supports. Like the peers, managers also balance multiple roles: employer, mentor, advocate, and provider. This is not a casual management structure and can require a particularly delicate balance if a peer's health or work performance declines, given the manager's role as both the peer's employer and their health provider. It requires a significant time and organizational resources. The payoff, however, can be a group of committed and dynamic employees who know their clients' needs.

Mitigate the Cost of Working as a Peer.

Income is the number one concern for peers and the biggest obstacle to their employment. ACG pays their peers between $20 to $22 an hour (2018 rates), a relatively higher income made possible through grant funding and supplemented by revenue from their organization's 340B pharmaceutical program. Managers calculated the value of lost public benefits, such as food stamps and housing vouchers to arrive at this rate. They also considered new expenses peers

would incur, like insurance co-pays and transportation. None of the current ACG peers need childcare, but that would be an additional expense to consider.

ACG can also guarantee employment for any peer with a good job performance. Long-term security further mitigates concerns about losing public benefits. ACG can offer this commitment because they supplement their program budget with other income streams and tightly integrate peers into their overall outreach program. ACG also provides a company car for work-related travel, transportation reimbursement, and cellular phones for conducting outreach to clients. These benefits help lower the cost of working and make it possible for peers to accept full-time status.

All the current peers wanted full-time work, but ACG would accommodate an eligible candidate who felt part-time work would be a better arrangement. Fewer hours would give part-time employees more time to manage their healthcare and lower their income so they could continue to receive Social Security Disability, housing, or other benefits. ACG emphasizes flexibility is key to help peers succeed.

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Define Roles but Allow Peers to Be Themselves.

ACG believes that peers are most effective when they work within their scope, while being authentic and relatable to clients. First, they clearly define the job description to avoid conflicts between peers, case managers, and other support staff. ACG conducts trainings about roles and responsibilities. Managers and the clinical supervisor regularly meet with peers to reinforce these expectations and spot issues before they escalate.

Despite best efforts, peers may still try to participate beyond their scope of work. They may perceive unmet needs and try to help out of genuine desire to resolve problems. Peers can provide invaluable support to clients, but they are not trained to intervene with complex issues, like substance use treatment or housing insecurity. Allowing their role to blur into case management or mental health treatment is against professional ethics and delays care for clients who may need medical case management. When ACG managers observe peers trying to work beyond their scope, they will meet individually with them to help redirect their efforts and offer feedback to prevent future issues.

While managers are actively engaged with peers, they do not force peers to conform to unnecessary standards. "We're either recognizing the value of having a peer," says Ferguson "or we're trying to turn them into somebody else." For example, managers don't typically correct grammar in paperwork. They encourage interaction with clients and staff in a way that is both respectful and authentic.

"I think that we can teach them professional roles and boundaries," explains Ferguson, "but the bottom line is the reason they're so effective is because they are who they are."

EARLY IMPACT

The Peer Linkage and Re-Engagement intervention at ACG is still ongoing but its impact has already been felt among staff and clients. Ferguson states that peers "have added a new and more dynamic and more motivated piece to our outreach team." Peers continue to work with clients and have expanded their role to attend conferences and represent the organization among the broader public health community. ACG has invested considerable time and resources, but they have gained committed and successful staff members.

Peers are also among the organization's most flexible staff members. They can respond quickly and change priorities based on clients' needs. They often relate with clients more effectively and their connection to the community enables ACG to find women who have previously been difficult to locate. Peers have been especially helpful finding women who have been out of HIV primary care for more than six months and linking them back into care.

Peers at ACG are so effective in part because they bring life experience and empathy to their work. They point to women who have just been diagnosed as a particularly rewarding audience to help. Peers want to provide the knowledge, support, and caring they wish they had when they first received their diagnosis. This first-person perspective drives their commitment and offers ACG insights on how to improve services.

"They add a piece for the patients that a lot of us can't do," explains Ferguson. "Somebody that's in the same situation, that's walked in their shoes . . . a patient should be able to have that kind of support."

FIND OUT MORE

To learn more about the initiative and access additional project resources, visit: *https://nextlevel.targethiv.org*

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