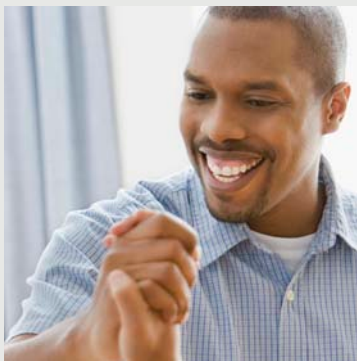




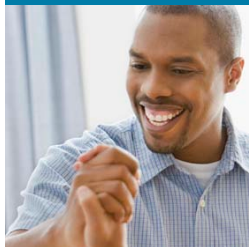
# INTEGRATING PEERS INTO HIV CARE AND TREATMENT TEAMS



**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)



# LESSONS LEARNED: INTRODUCTION

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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.<sup>1</sup>

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

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

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

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

<sup>2</sup>Medley, 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.

<sup>3</sup>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.

<sup>4</sup>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

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><b>Peer education and training sites</b></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: 20%;">Center for Health Training (CHT) Oakland, CA</td> <td style="vertical-align: top; width: 20%;">Women Organized to Respond to Life-Threatening Diseases (WORLD) Oakland, CA</td> <td style="vertical-align: top; width: 20%;">Kansas City Free Health Clinic Kansas City, MO</td> <td style="vertical-align: top; width: 20%;">American Red Cross St. Louis Area Chapter St. Louis, MO</td> <td style="vertical-align: top; width: 20%;">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><b>Peer program resources and evaluation center</b></p>	<div style="text-align: center;">  <p>Peer Education &amp; Evaluation Resource Center</p> </div> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;">Health &amp; 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



# LESSONS LEARNED

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-

\* 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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building toolkit.

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,



*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)

reimbursing them for gas or other 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

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support, supervisory support, and peer 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

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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
<b>Organizations receiving TA that received Ryan White funding: (may receive more than one type of Ryan White funding)</b>	41
Part A	24
Part B	21
Part C	17
Part D	14
AETC	1
<b>Organizations receiving TA that participated in a longitudinal study assessing results of TA</b>	34
<b>Of these organizations, number who participated in a one-year follow-up survey</b>	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](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](http://peer.hdwg.org/training_toolkit)

Spanish versions of many training modules can be found at [http://peer.hdwg.org/capacitacion\\_pares](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](http://peer.hdwg.org/peer_stories)
- Presentations from conferences and workshops:  
<http://peer.hdwg.org/presentations>

This publication was supported by cooperative agreement #U20HA08557-01-00 from the Health Resources and Services Administration (HRSA). This cooperative agreement is funded through the HIV/AIDS Bureau’s Division of Training and Technical Assistance with Minority AIDS Initiative funding. The contents of this publication are solely the responsibility of the PEER Center and do not necessarily represent the views of the funding agencies or the U.S. government.



## CASE STUDY: STRENGTHENING PEER SERVICES IN A COMMUNITY-BASED ORGANIZATION

# CHRISTIE'S PLACE

## SAN DIEGO, CA

### Main challenge(s) addressed by peer program:

Christie's Place was founded in 1996 on a model of peer support for women living with HIV, and has an active peer program supporting women living with HIV. By 2007, the organization wanted to expand from referring clients to outside services to offering more services in house. At the same time, Christie's Place staff was concerned about an increase in burnout and relapse among its peers.

### Capacity building activities:

- Peer training
- Capacity-building summits
- Consultation and training around peer supervision, building community partnerships
- Assistance in applying for funding
- Participating in training-of-trainers workshop
- Support for peer replication trainings

### Peer program funding source(s):

- Ryan White HIV/AIDS Program Part A funding as the sole contractor in San Diego County to deliver Early Intervention Services: Integrated HIV Services for Women, Children and Families
- San Diego HIV Funding Collaborative
- AIDS United
- Ms. Foundation for Women

### Results:

- Peer program serves over 1,100 HIV-positive individuals and their affected family members each year.
- Restructured the peer program to address issues of peer burnout and relapse
- Expanded the role of peers into a clinical case management model
- Increased opportunities for peer training and continuing education
- Created new funding opportunities for the agency
- Improved evaluation capacity and skills
- Christie's Place is now an award-winning, nationally recognized leading AIDS service organization, thanks in part to its peer-support model.

### Benefits to patients:

- One-stop services: peers support clients who access clinical services including clinical case management, mental health services and drug and alcohol counseling
- Better trained and supported peers lead to less turnover and more continuity in client care and more effective peer support for clients
- Improved evaluation capacity helps Program Manager identify and address weaknesses and build on proven strengths, demonstrate results to funders

### Next steps:

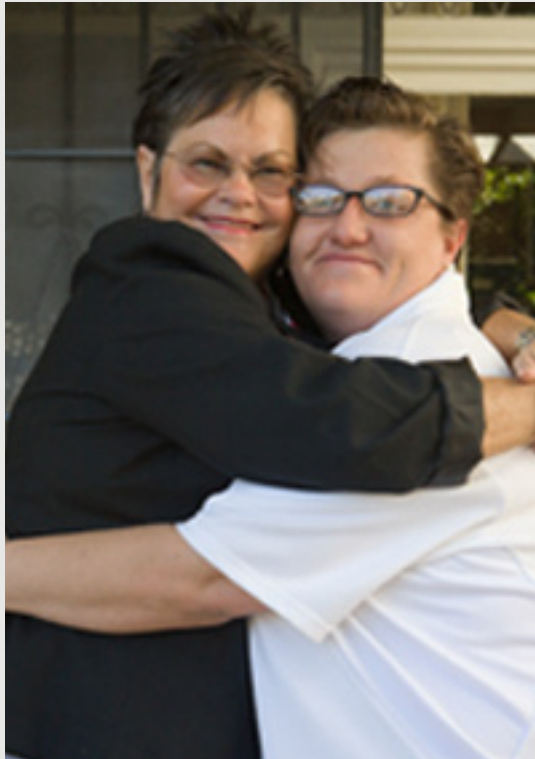
Christie's Place recently received a grant from AIDS United to support an initiative to improve underserved women's access to and retention in HIV care. As part of this project, Christie's Place plans to expand the capacity of the peer navigator model by:

- Placing peers in three clinics in the San Diego area
- Shifting to a mobile/home-based model in which HIV-positive peers meet with clients in their homes and communities to address barriers to care more effectively

### Advice for organizations developing peer programs:

- Figure out what you need and put out the word: you don't get unless you ask.
- Always talk about your work—the stories are very compelling.
- Make sure the peer is supported. Supervision is paramount.
- Learn about best practices from other people doing this work.
- Use the resources provided through the Peer Education and Training Sites/ Resource and Evaluation Center (PETS/REC) initiative and share them with others.





From left: Irene Milton, founder of Christie's Place, and Cinnamon Kubricky, a peer.

*The peer has always been the most critical piece for us. She is able to look at the client more holistically and bridge the gap for clients who need services.*

Elizabeth Brosnan  
Executive Director  
Christie's Place  
San Diego, CA

## Background

Christie's Place was founded in San Diego, CA in 1996 as a haven where HIV-positive women and their families can turn for practical support, encouragement and connection. What started as a small, grassroots organization has grown into a comprehensive support center, serving over 1,100 HIV-positive individuals and their families annually. From inception, both volunteer and paid peers have been part of the services offered. Christie's Place serves a large Latina population and the majority of the staff are bilingual.

When Christie's Place began working with the Lotus Project in 2006, the agency was at a crossroads. Several peers were experiencing burnout, "compassion fatigue" and lapses in self care. At that time, a needs assessment revealed clients were requesting that services such as mental health, substance abuse treatment and clinical case management be offered within Christie's Place. This would require an expansion of the role of peers within the organization.

## Activities

### Participation in capacity-building summits, ongoing support from Lotus Project

In June 2007 Christie's Place staff attended the first annual Lotus Project two-day capacity-building summit. When WORLD, a peer program affiliated with the Lotus Project, presented a supervision model that addressed issues peers encounter such as client confidentiality and setting boundaries, Christie's Place participants recognized a way to make improvements to their program.

The experience led to profound changes. Drawing on the Lotus Project's expertise, Christie's Place staff worked with its board of directors to develop a strategic plan. First, it hired a licensed marriage and family therapist to serve as clinical supervisor for the peers. This was funded by a grant from the Alliance Health Care Foundation for a two-year pilot project. The supervisor began meeting one-on-one with peers to monitor activities and address concerns. At the same time, the agency restructured peer positions to ensure that peers were spending no more than 30 hours per week in case work, alleviating some of the stress that was leading to burnout.

Having an experienced clinical supervisor on staff enabled the agency to convince the County to increase Ryan White Part A funding to bring family-centered medical case management, mental health services, and drug and alcohol counseling in house. The Lotus Project supported the peer program as Christie's Place

# CHRISTIE'S PLACE CASE STUDY

introduced clinical services to clients. The peer role expanded to become part of a multidisciplinary team, consisting of peer, clinical case manager, mental health counselor, drug and alcohol counselor, child-care coordinator and outreach coordinator. The team adopted a collaborative approach toward client care, with peers participating in weekly case consultations.

Christie's Place attended Lotus capacity-building summits in 2008 and 2009, bringing back new ideas to put into practice. "Every time I came back from a Lotus summit, the binders never left my desk," said Executive Director Elizabeth Brosnan. "Every tool was tremendously helpful. We updated our peer job descriptions and the way we handle peer orientation based on what we learned."

In early 2009, the Lotus Project also assisted Christie's Place to apply for a federal grant, an area where the organization had little prior experience. Lotus staff also worked with Christie's Place to expand the program's evaluation capacity.

## Support for peer training, expansion of training opportunities

Christie's Place partnered with the Lotus Project to conduct an on-site peer training in San Diego in 2006, and has continued to send peers to Lotus training workshops over the past four years. They also encouraged other area AIDS organizations to participate in these trainings. Support from Lotus led Christie's Place to close one day per month to hold continuing education sessions on topics related to peer work, such as working with transgender populations, recognizing intimate

partner violence, or understanding mental health issues women face. Christie's Place built on Lotus's advocacy experience to create the MUJERES empowerment program for Latina women. In 2009, it organized the first annual three-day HIV women's empowerment retreat, based on the Lotus model.

"Here in San Diego, women were underrepresented in the planning process, and there is a direct correlation between where women's services were ranked and how much money they got," explained Brosnan. "Now we have this continuum of training and advocacy support for women. There are five [HIV] positive women on the planning council, and women's services went from being ranked number 22 to number 4, with a corresponding increase in funding."

Christie's Place also attended a national training-of-trainers (TOT) workshop sponsored by the PETS/REC initiative in Tennessee in May 2009. In August 2009, the Christie's Place team held the first replication training for area peers, with support from Lotus Project and PEER Center staff. In March 2010, it conducted the first Spanish version of the replication training. "Of the women we trained, almost all are either actively volunteering or working as a paid staff person in the field now," said Brosnan. "We plan to hold one session in English and one session in Spanish every year as part of our commitment to expand the capacity of other programs to use peers."

## Results and Next Steps

Thanks to all these efforts, there is now a cadre of trained HIV-positive women who are "job-ready, trained and able to

*I can't say enough about how important Lotus has been for our organization's development, for our viability, for our sustainability, for our overall success.*

Elizabeth Brosnan  
Executive Director  
Christie's Place  
San Diego, CA

work in the field," according to Brosnan. At Christie's Place, peers are better trained and better supported, staff skills have increased, and the organization is better able to seek funding and offer more services on site, all factors that contribute to improved services for clients and their families.

Christie's Place has been recognized with several recent awards. The City of San Diego Human Relations Commission recognized the organization with a commendation for promoting activities that protect basic human and civil rights in the community. Christie's Place was also selected as the recipient of the 2010 Public Health Champion Award by the County of San Diego, Health and Human Services Agency, Public Health Services, in recognition of extraordinary achievements in protecting and promoting public health. Brosnan attributes the success of the organization in large part to the central role of peers in supporting women living with HIV.

# CHRISTIE'S PLACE CASE STUDY

In February 2011, AIDS United awarded a major grant\* to Christie's Place to support the development of the Comprehensive and Integrated HIV Services for Women (CIHSW) project. Christie's Place will serve as the lead organization in a collaborative of eight area organizations whose goal is to improve women's timely entry, access to, and retention in HIV care, with an emphasis on underserved Latina communities. Peers are at the heart of this initiative, providing advocacy, coaching, community outreach, and working to address comprehensive needs, increase coordination and expand access to care. Christie's Place has hired an access-to-care coordinator

to work with peers to link HIV-positive women not in care or who have fallen out of care into treatment. It plans to hire six additional peer navigators, three of whom will be integrated into the multidisciplinary health care teams in three San Diego area clinics. It will also expand the peer navigator model to include a mobile/home-based model similar to the "promotora" role used in Latin American communities. This model uses community health workers to meet with women in their homes and neighborhoods to support them in overcoming barriers to care including limited education, language barriers, mental illness, substance abuse and domestic violence. An estimated 69%

*The PEER Center website is a tremendous resource to the field. I'm constantly referring other projects there.*

Elizabeth Brosnan  
Executive Director  
Christie's Place  
San Diego, CA

of HIV-positive women in San Diego County who know their status are not accessing HIV medical care;\*\* Brosnan believes this initiative will help hundreds of HIV-positive women get the life-saving care they need.

\*Supported by a federal grant to AIDS United from the Social Innovation Fund (SIF) to improve the lives of people living with HIV/AIDS

\*\*County of San Diego Health and Human Services Agency HIV/AIDS Epidemiology Unit Unmet Need Framework, 2010.

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

This case study accompanies the report *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*, available on the PEER Center website at <http://peer.hdwg.org/lessons>. 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 works in partnership with the PETS/REC initiative's three national peer education and capacity-building centers:

- 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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**PEER Center**  
Peer Education & Evaluation Resource Center

**PACT**  
Peers in action



people to people



## CASE STUDY: STARTING A PEER PROGRAM IN A CLINIC SETTING

# WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC WATERBURY, CT

### Main goal(s) addressed by peer program:

- Inreach, keeping patients in primary care
- Increase the number of patients who engage in case management or support groups
- Improve the ability of patients to manage their own care

### Capacity-building activities:

- Phone and onsite consultations to create a plan to develop a peer program
- Supervisor training
- Level 2 peer training
- Participation in training-of-trainer workshop
- Ongoing support through periodic check-ins and consultations

### Peer program funding source(s):

One-year capacity grant through August 2010, Part C expansion funds

### Results:

- Launched peer program in July 2009 with three peers
- Former volunteer peer now peer supervisor
- Peer involved with formation and facilitation of new support groups for health, substance abuse, and survivors of abuse
- Greater participation in and recognition for photography group for HIV-positive patients
- Greater participation in other support programs the clinic offers
- Peers presented at a poster session at the Ryan White All-Grantee meeting in August 2010

### Benefits to patients:

- More patients coming to their medical appointments
- More patients adherent to highly active anti-retroviral therapy (HAART)
- Increase in comfort level of new patients coming to clinic
- Social support network through photography, movie groups and other support groups
- Recognition of accomplishments gives patients motivation to remain adherent

### Next steps:

- Hire one additional peer
- Host a peer training workshop
- Find sustainability in funding

### Advice for organizations developing peer programs:

- Hire a peer group that reflects the demographics of the population it will serve
- Work through issues around compensation and disability benefits prior to hiring
- Understand the organization's human resources policies regarding employee background prior to hiring

# WATERBURY HOSPITAL CASE STUDY



*The doctors working with new patients have expressed a need for somebody who can say to those patients ‘I know what you are going through,’ and really mean it.*

Bonnie Gemino  
Ryan White HIV/AIDS Program  
Part C Coordinator and  
Office manager  
Waterbury Hospital Infectious  
Disease Clinic  
Waterbury, CT



As part of its technical assistance around administrative and supportive supervision, PACT provided training for peer program supervisors from Waterbury and other local agencies.

Located in northwest Connecticut, Waterbury is one of many small cities struggling in a post-industrial economy. Waterbury Hospital is a private, nonprofit, acute-care teaching hospital serving Waterbury and 11 surrounding communities. It is licensed for 367 beds, and is affiliated with the Yale School of Medicine, the University of Connecticut School of Medicine, and Connecticut Children’s Medical Center.

As the largest provider of HIV/AIDS services in Waterbury, the Infectious Disease (ID) Clinic serves a growing number of HIV patients. Approximately 28% of these patients are African-American, 37% are Latino(a), and 34% are white. The clinic has three board-certified infectious disease physicians specializing in HIV care and a multidisciplinary team consisting of case managers, health department staff, consumer advisory board members, a nutritionist, social workers, a medication adherence specialist, an onsite psychiatrist, mental health, and suboxone program staff. (Suboxone treatment is used in the management of opioid dependence.) The infectious disease clinic receives Ryan White HIV/AIDS Program Parts A and C funds.

In 2005, a clinic patient, Beverly Leach, began offering support and navigation to patients. In 2007, Waterbury Hospital received a M\*A\*C AIDS Fund grant to start a peer program to increase the number of HIV-positive individuals presenting for care and the number of patients who engage in case management or support groups.

Waterbury Hospital represented great potential: it had seed money, it had a champion in Dr. Mercedes Villanueva, the lead physician in the ID Clinic, and it had a committed group of staff and patients. The Peer Advanced Competency Training (PACT) Project, one of three centers providing capacity building for the Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative, focused technical assistance efforts on expanding Waterbury Hospital’s capacity from using the services of a single volunteer to integrating several peers into the HIV care and treatment team. Clinic staff wanted peers to provide orientation and navigation to new patients, make reminder phone calls, encourage adherence, conduct outreach, help with support groups, and provide emotional support to patients.

## Activities

### Strategy development and ongoing support

Dr. Villanueva contacted the PACT program for technical assistance in developing a peer program. The staff at the ID Clinic viewed such a program as a necessary adjunct to their HIV self-management program and support groups. Over the course of a

# WATERBURY HOSPITAL CASE STUDY

year and a half, the collaboration between PACT and the Waterbury Hospital Infectious Disease Clinic staff led to the launch of a program that incorporated HIV-positive peers into the care and treatment team. During this time, Bill Bower, PACT Advisor for Training and Technical Assistance, provided support and resources as the team implemented that strategy.

## Supervisor training

As part of its technical assistance around administrative and supportive supervision, in May 2008, PACT provided training for peer program supervisors from Waterbury and other local agencies. This course helped to clarify peer roles and address staff questions about such issues as recruitment, hiring, peer activities, and supervision. PACT staff shared job descriptions, recruitment materials, and other resources found in the *Building Blocks to Peer Program Success* peer program development toolkit (available at [http://peer.hdwg.org/program\\_dev](http://peer.hdwg.org/program_dev)). Marcie Brainerd, peer program coordinator, and Beverly Leach, who would assume a supervisory role in the new program, found this training helpful in devising a plan for their new program.

## Peer Training

In 2009, PACT offered a comprehensive peer training course at the clinic to 13 trainees, four of whom were hired for Waterbury's peer program. Building on that training, Bower continued to offer technical assistance through phone calls and visits.

"That support was good," said Leach. "It wasn't like all of a sudden we've had the training and then we're on our own. Bill called regularly to find out how things were going. He was always there to help us if we needed help."

## Participation in training-of-trainer workshop

Leach served as a reviewer for *Building Blocks to Peer Success*, the PETS/REC Initiative's newly developed peer training toolkit, and attended the first training-of-trainer (TOT) workshop in California in February 2009. The purpose of this workshop was to equip individuals to train HIV-positive peers to work or volunteer with organizations that serve people living with HIV. Feedback from participants in this "test drive" workshop led to improvements in both the toolkit (now available at [http://peer.hdwg.org/training\\_toolkit](http://peer.hdwg.org/training_toolkit)) and subsequent workshops. Waterbury Hospital staff benefited from these improvements when they attended the TOT workshop conducted by PACT in New Haven in November 2009.

## Addressing ongoing challenges: hiring peers

Hospital staff called on PACT's expertise to resolve two issues concerning the hiring of peers. The first issue centered on



*The TOT training was very useful. We learned how to pull out what we need to suit our specific clinic. We'll be using it when we do our own training here within the clinic specifically for our clientele.*

Beverly Leach  
Peer Supervisor  
Waterbury Hospital Infectious  
Disease Clinic  
Waterbury, CT

# WATERBURY HOSPITAL CASE STUDY

compensation: how to compensate peers without affecting their benefits or entitlements? After exploring the issue, the hospital hired the peers as hospital volunteers and limited their work hours to eight per week. The peers receive gift cards as compensation.

A second issue came up when a background check revealed recent substance use in one instance. This was resolved by having the peer serve as a volunteer in the clinic on a reduced schedule until the required amount of time had passed and he could be hired as a peer.

## Launch of the new program

The new hospital-based peer program was launched in mid 2009. It now serves over 400 patients and employs three peers who provide outreach to new patients, system navigation, patient education, adherence support and advocacy within the multidisciplinary clinic team. The peers each have a specialized role. One peer provides new patient orientation and makes reminder phone calls, resulting in fewer missed appointments. Leach recalls one patient's reaction on meeting him:

*He told her he was a patient here and that he was also HIV-positive. He talked to her a little about himself and made the patient feel comfortable. The patient was crying at first. When she left, she was smiling. She said she couldn't remember the last time she walked into a doctor's office and left feeling good.*

A second peer facilitates the photography group, part of the mental health program that uses photography to encourage self-esteem and

competence in HIV-positive patients. The group's work has been on display in the hospital and at conferences. Four of their photos were among the top 40 out of 1500 in a recent national HIV photo contest.

"When people come into the photography group, their attitude changes," explains Leach. "Their self-esteem gets lifted up, they become more adherent with their medication, they keep their appointments."

The third peer assists Richard Smith, a social worker in the substance abuse program at the clinic. This peer's main role is as peer facilitator of the substance abuse support group. He has made joint presentations with Smith to medical residents from Yale and University of Connecticut. He recently started a weekly movie club where patients watch a movie together and then discuss it.

"If you have a movie situation that parallels something in someone's life that they won't talk about, they can see how somebody else handled it and get something out of it," said Smith. "[The peer] selects a movie that has to do with some kind of social issue, sets everything up, and leads the discussion. This was his idea."

## Results and Next Steps

Waterbury Hospital staff members plan to use what they learned in the TOT workshop to conduct a peer training on site. They are also exploring new funding sources to expand and sustain the program and to hire an additional peer.

\*The Birmingham Group Health Services provides mental health, substance abuse, domestic violence, and HIV/AIDS services for Connecticut's Lower Naugatuck Valley and surrounding communities.

*Peers can have a whole different dimension that we can't have.*

Richard Smith  
Social Worker  
Waterbury Hospital  
Infectious  
Disease Clinic  
Waterbury, CT

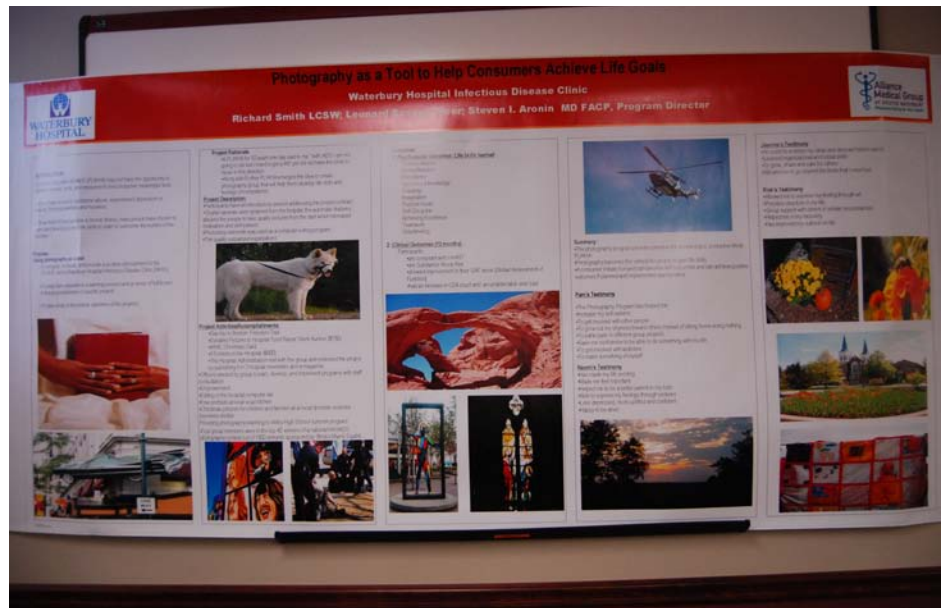
The Waterbury peer program has resulted in greater patient adherence to HAART, fewer missed appointments, an increase in the comfort level of new patients coming into the clinic, and increased participation in the clinic's support groups and programs. Dr. Villanueva left to take a position at Yale University, and a new doctor was hired to replace her in the Waterbury clinic, one who is a strong proponent of integrating peers into HIV services. Since moving to Yale, Dr. Villanueva has contacted PACT about starting a peer program there.

Waterbury Hospital has been instrumental in networking with other area organizations and has emerged as a leader in integrating peers into HIV care and treatment in Connecticut. ID Clinic staff invited participants from the Birmingham Group Health Services\* and Waterbury Health Department to join them at a PACT-sponsored Supervisors Training in May 2008. They invited participants from Waterbury Health Department, Manchester Area Network on AIDS

# WATERBURY HOSPITAL CASE STUDY

(MANA) and Hartford Ryan White HIV/AIDS Program Part A consumers to attend a PACT-sponsored peer worker training in September 2008. Peers from Waterbury presented very effectively at the Medical Adherence Program Nurses meeting in May 21, 2009. Beverly Leach was a featured speaker at a one-day course PACT held for people from the Ryan White HIV/AIDS Program Part B in June 2009. She was also invited to speak with seven new peers trained by the Connecticut Central Area Health Education Center (AHEC) and Connecticut AIDS Resource Coalition (CARC) in July 2010. Waterbury Hospital has also become the lead fiduciary agency for the New Haven Ryan White HIV/AIDS Program Part A.

In August 2010, the peers made a poster presentation showcasing the peer program and their photography group activities at the 2010 Ryan White HIV/AIDS Program All Grantee Meeting in Washington D.C. Their poster, entitled



Peers from the Waterbury Hospital Infectious Disease Clinic received a “Best in Show” award at the 2010 Ryan White All Grantee meeting in Washington D.C. for their poster, “Photography as a Tool for Developing Positive Life Skills.”

“Photography as a Tool for Developing Positive Life Skills,” received a “Best in Show” award in the access and retention category.

Cover photo, from left: Bill Bower and Harry Dohnert, PACT, with Dr. Mercedes Villanueva, lead physician at Waterbury Hospital Infectious Disease Clinic in 2008.

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

This case study accompanies the report *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*, available on the PEER Center website at <http://peer.hdwg.org/lessons>. 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 works in partnership with the PETS/REC initiative’s three national peer education and capacity-building centers:

- 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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## CASE STUDY: EXPANDING PEER ROLES TO PROVIDE TREATMENT AND ADHERENCE SUPPORT IN A UNIVERSITY HOSPITAL SETTING

# PROJECT ARK

ST. LOUIS, MO

### Main goals addressed by peer program:

- Increase the number of HIV-positive individuals presenting for medical care
- Increase number of clients who are adherent to HAART
- Expand the network of collaborating agencies

### Capacity-building activities:

- Frequent communication with People to People staff via email, face-to-face meetings and phone throughout the process of developing the program
- Training to educate physicians, case managers, nurses and other clinic staff about how peer services can be integrated into HIV care
- Level 1 and 2 training of five peers by People to People
- Peer/peer supervisor shadowing at Kansas City Free Health Clinic
- Participation in peer retreats, training-of-trainers and capacity-building workshops
- Support for replication of peer training

### Peer program funding source(s):

Funding is provided by Ryan White HIV/AIDS Program Part A through the Saint Louis Targeted Goal Area, City of St. Louis Department of Health, and Ryan White HIV/AIDS Program Part D through Washington University-Project ARK.

### Results:

- Met grant goal for number of minutes of care with clients (a total of 414 hours)
- Referrals to peer services grew from 80 to 120 in the last grant year
- Improvement in peer and staff skills
- Lower turnover rate among peers
- Increase in number of collaborating agencies
- Improved peer supervision capacity
- Improved ability to track and document outcomes

### Benefits to patients:

- Better linkage to care and support at time of diagnosis
- Clients lost to care have returned, increased engagement in care and treatment
- Better-informed clients take charge of their own care

### Next steps:

- Provide continuing education services to peers who have completed People to People Level 1 and 2 peer training
- Continue to build capacity to track and document outcomes
- Improve the referral process
- Offer peer services in a second private physician's office
- Develop education documents for peers to use when teaching clients
- Find sustainability in funding

### Advice for organizations developing peer programs:

- Educate the clinic systems and staff to make sure stakeholders understand the peer's role.
- Find the right peers, train those peers, and create opportunities for peers to network with each other and continue their educational development
- Don't reinvent the wheel—use the resources provided through the Peer Education and Training Sites/ Resource and Evaluation Center (PETS/REC) Initiative and call other agencies to ask for help.



From left: Linda Jones, peer, and Stacey Slovacek, Project ARK

*No one can really understand what a client is going through other than those who have gone through it themselves. [Peers are] critical to providing services to clients.*

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

## Background

Project ARK (AIDS/HIV Resources and Knowledge) coordinates medical care, social support, and prevention services to enhance the lives of children, youth, young adults, women and families living with, or at risk for, HIV infection in the greater St. Louis area. Services include: medical care, medical case management, mental health and substance abuse evaluation, adherence counseling, patient retention activities, support groups, primary prevention education, child care (during clinic), counseling and testing, prevention, early identification, and linkage to care. Funded as a Ryan White HIV/AIDS Program Part D Grantee since 1995, Project ARK operates under the auspices of the Washington University School of Medicine in St. Louis MO. It works with a network of pediatric, youth and adult HIV primary care clinics at both the Washington University and Saint Louis University Schools of Medicine. The network serves to integrate the delivery of HIV primary care, behavioral health, and support services offered in a co-located comprehensive care setting. In 2009, the program provided services to 900 HIV-infected persons including 19 children, 219 youth (ages 18-24) and 662 women; 78% of the clients served are African American, 20% White and 2% Other.

Since Project ARK's inception, HIV-positive peers have served as family advisors, offering support through activities such as collecting and distributing school supplies, holding an annual toy drive, organizing an annual women's retreat, and creating a summer camp for children and their families. In 2007, Project ARK received Ryan White HIV/AIDS Program Part A funding to further integrate peers into the treatment adherence support and education of clients. The goal of the program is for treatment adherence peer counselors to work one on one with newly diagnosed clients, clients struggling with adherence, and clients lost to care so that clients will achieve optimum health outcomes by accessing medical and support services, and reducing barriers to care and adherence. The treatment adherence peer program enables Project ARK to provide a crucial service to older youth (18 -24) and adults living with HIV throughout the greater St. Louis community.

The program has three treatment adherence counselors, working 8-20 hours per week, with an average caseload of 20-25 clients. Two peer counselors work in HIV primary care clinics at Washington University and St. Louis University as employees of Washington University. Through collaboration with another area AIDS service organization, the St. Louis Effort for AIDS, Project ARK has subcontracted a third peer counselor to work eight hours per week,

serving clients in a private physician's office in St. Louis. This peer counselor is an employee of the St. Louis Effort for AIDS, and works closely with Ryan White case managers co-located in the physician's office.

## Activities

### Strategy development and ongoing support

Stacey Slovacek, Family Life Specialist, CCLS, who heads up the treatment adherence peer program, first met the People to People staff at a food outreach workshop at the beginning of 2008. The timing was ideal: Project ARK had secured funding to integrate HIV-positive peers into treatment adherence services and was beginning the planning process just as People to People was intensifying capacity-building efforts in organizations throughout the region. Madison County AIDS Program (MadCAP), an AIDS service organization serving clients in 14 counties in southern Illinois, had received funding through a similar grant, and was also beginning to work with People to People to develop a peer program. Because their program goals were similar, the two organizations participated in a series of joint meetings with People to People staff to formulate a program vision and develop a strategy to achieve it.

### Assessing organizational readiness and obtaining stakeholder buy-in

People to People supported Project ARK as it introduced clinic staff to the idea of integrating HIV-positive peers into the care team. Simone Phillips, Community Outreach Specialist at St. Louis Area Chapter American Red Cross, conducted staff trainings with physicians, case managers, nurses, and other employees, about the benefits of peers and how best to utilize them. This helped stakeholders become more familiar with the peer role, ask questions, and express concerns.

Phillips helped Project ARK to market the peer program to the larger community. "When you don't have a personal relationship with an organization, reaching the right individuals can be challenging," said Slovacek. "Simone had personal relationships with some organizations that we determined would be a good fit for peers. She came to introductory meetings with us."

### Recruiting, hiring, training and orienting peers

The biggest challenge in launching the program was identifying the peers who would be the right fit for the clinics.\* Desired characteristics included individuals who had a passion for the work, who would be able to share relevant experiences with clients, and



*This is my passion. It's something I've always wanted to do—to give them [clients] my story and let them know they can live a long, healthy life if they take care of themselves.*

Linda Jones  
Treatment Adherence Counselor  
Project ARK  
St. Louis, MO

who weren't encountering issues that would interfere with their own self-care or prevent them from being effective. Networking with other organizations was a key factor in Project ARK's recruitment efforts. "The more word of mouth we created, the more phone calls we got," said Slovacek. "Our peers weren't recruited from one place; that brings a greater range of experience to the team."

Training was a requirement of the recruitment process as well. Prospective peers were expected to go through both Level 1 and Level 2 training provided

\*Slovacek presented her observations on recruitment challenges at Project ARK in a HRSA-sponsored webcast entitled "Recruiting, Hiring, and Supporting Peers." For details, visit the PEER Center website at <http://peer.hdwg.org/webcasts>.

by People to People. This training not only provided peers with skills necessary to function in their new role, but helped them determine if peer work was something they wanted to take on. Of the peers trained by People to People, five were hired as treatment adherence counselors at Project ARK. Project ARK also worked with People to People to develop a three-day intensive workshop for peers as follow up to attending Level 1 and 2 training. This orientation used extensive role playing to introduce peers to all aspects of working with clients, from the initial phone call when a referral comes in, to transitioning a client out of the program when he or she has met the goal.

## Addressing ongoing challenges

Referrals to the program came in slowly at first, Slovacek recalls. Project ARK enlisted People to People's expertise to help build relationships between peers and staff, and to educate physicians, nurses, and case managers on how best to present the program to clients, and to make referrals to the peer.

"Part of the peers' training is learning how to establish a working relationship with clinic staff through face-to-face connection," according to Slovacek. "I believe that face time is very important to becoming part of that team," she said. "Our peers have been really good about meeting every staff person, talking about the program, and making sure that they're seen at the clinic to remind staff 'I'm here as a peer.'"

## Program evaluation

Program staff identified kept appointments, CD4 counts, and viral loads as measures to track for program evaluation purposes. Peer counselors monitor clients' kept medical appointments and laboratory test results, and document their work in the client's medical chart. One grant requirement is that the program track encounters with clients. Peers use a weekly staffing sheet (included in the [sample forms for documenting peer work](#), a resource in the capacity-building toolkit *Building Blocks to Peer Program Success*) to record the clients they worked with, how many minutes of care the client received, and what services were provided.

## Developing programs through capacity-building and training-of-trainers workshops

In July 2009 People to People conducted a three-day capacity-building and training-of-trainers (TOT) workshop. Project ARK staff came away from this workshop with a concrete plan to conduct their own peer training. In March 2009, staff from Project ARK and MadCAP who had participated in the workshop collaborated with Phillips to conduct a joint three-day training in St. Louis, MO. Of the eight peers who participated in the training, one has gone on to volunteer as a counselor for Project ARK's family camp, another works as a peer in the treatment adherence program, and a third works as a family advisor, helping to plan women's retreats, eat-and-learn sessions for clients, and assist with Ryan White HIV/AIDS Program Part D programming.



*When I was interviewing peers, the one thing that every single person told me was 'I wish this program had been around when I was newly diagnosed.'*

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



## Networking to support peers and their supervisors: peer and supervisor shadowing

As peer supervisor, Slovacek meets with each peer every other week. She also organizes monthly group supervision meetings where peers discuss challenges, and receive continuing education training in areas they identify themselves. One of Project ARK's mental health professionals has begun participating in these monthly meetings and serves as a resource when peers have difficulties with certain clients. But the best way to support peers and their supervisors, Slovacek believes, is through networking. She considers the opportunities for networking that People to People provides as the most valuable component of its capacity-building assistance. In 2009 Project ARK and MadCAP peers participated in two People to People-sponsored peer shadowing events conducted at the Kansas City Free Health Clinic (KC

Free), an organization that has integrated peers into its HIV care for more than ten years.

The peers involved were so enthusiastic that their supervisors wanted to learn more about the shadowing program, and saw great benefits in meeting with supervisors from other programs as well. So a third peer shadowing included a component for peer supervisors where they had the opportunity to meet and compare notes on work issues with other peer supervisors on site at both the Kansas City Free Health Clinic and the Truman Medical Center in Kansas City, an organization that has incorporated peers into its practice since 2000.\*

In addition, Project ARK peers and supervisors have gone on two peer retreats sponsored by People to People

where peers participated in continuing education workshops on topics including communication, self-care, Hepatitis C coinfection, and new medications.

But the highlight of the retreats was the opportunity for peers and supervisors to develop working relationships with each other. Through these retreats, staff from partnering organizations in Missouri and Illinois have built relationships that continue beyond the retreats.

## Results and Next Steps

Slovacek has ambitious goals for the program. She plans to continue to foster working relationships with regional organizations through networking sessions with other agencies providing peer services. Now that the process is in place and referrals are coming in steadily, program staff will focus on streamlining it. Slovacek hopes to build on the successful St. Louis Effort for AIDS relationship with area private physicians to place a peer counselor in a second office next year. The program will also focus efforts on the evaluation process to gain a better understanding of the strengths and weaknesses of the program, including automating the entry of data.

“We are working on training our peers to enter their data into a database that our case managers use,” said Slovacek. “By having these notes in one place, we’ll have more opportunity to track measurable outcomes so that our quality management team can run reports to determine how adherent

clients are after they’ve signed on with a treatment adherence counselor [peer].”

Slovacek takes pride in how far the program has come. “We have excellent peers who have really gone above and beyond,” she notes. The collaboration with People to People has led to improved peer and staff skills, increased peer supervision capacity, more collaboration with agencies in the region, and better tracking and documenting of outcomes. The number of referrals continues to increase as staff and peers work together; it went from 80 to 120 in the last grant year.

In terms of evaluation, the biggest achievement occurred when the program met the goal stipulated in the grant for 24,840 minutes (414 hours) of care with clients.

But the greatest success comes in the difference the program is making in the lives of clients. “We had one woman who tested positive several years ago who was very resistant to coming to clinic,” Slovacek recalls. “It was common for her to have panic attacks, and she said she would never be back, would never take medication. At home, she would not eat off glass plates—she converted everything to paper because she did not want to spread HIV to her children. The clinic team worked hard with her to provide education, but it just would not resonate with her. We linked her with a peer, and that relationship has really blossomed and grown. This woman has been working with her peer very diligently, coming to clinic, and taking her medications. To me, that is an amazing success.”

*When Linda [a peer] came over and said, ‘The doctor was looking for me and wouldn’t let me leave until I saw a client,’ ...that makes me feel that things are going well. People are getting the process.*

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

\*For more on peer shadowing and other Level 3 peer training, visit the PEER Center website at <http://peer.hdwg.org/mentoring>.

Cover photo from left: Project ARK staff Kelly Nolan, Linda Jones and Stacey Slovacek take a break during Camp Hope, a summer camp program for children infected and affected by HIV and their families.

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## CASE STUDY: BUILDING STATEWIDE SUPPORT FOR INTEGRATING PEERS INTO HIV CARE AND TREATMENT

# FLORIDA DEPARTMENT OF HEALTH, BUREAU OF HIV/AIDS

### Main goal(s) addressed by peer program:

- Ensure better linkage of people newly diagnosed with HIV to care and treatment
- Help to reduce number of people lost to care throughout Florida

### Capacity-building activities:

- Ongoing involvement of Consumer Advisory Group (CAG) in determining need and promoting peer programs
- Needs assessment around using peers to engage others in HIV care and treatment
- Development of presentation and training of CAG members to deliver information about benefits of peers within each of 14 consortia throughout the state
- Workshop on integrating peers into HIV services at Florida Ryan White All Grantee meeting
- Two-day capacity-building workshop
- Four-day training-of-trainers workshop
- Peer navigator trainings within individual consortia
- Ongoing support through periodic check-ins and consultations

### Peer program funding source(s):

Varies according to individual consortium

### Results:

- 14 Florida organizations participated in capacity-building workshops
- Four peer training workshops held, with several more planned
- Three consortia currently in the process of setting up new peer programs, with several more considering development of programs

### Benefits to patients:

- Easier linkage to care at time of diagnosis
- Clients lost to care returning to care and treatment
- Easier linkage to other services
- Better informed clients taking charge of their own care
- Assistance with entering into a Patient Assistance Program

### Next steps:

- Standardization of levels of peer training
- Development of “best practice” standards around integration of peers into HIV care and treatment teams throughout Florida
- Additional regional capacity building and training-of-trainer workshops
- Continued marketing efforts in agencies throughout Florida
- Continued support to develop new peer programs

### Advice for organizations developing peer programs:

Work with your Consumer Advisory Group to promote the integration of peers into care and treatment



*I see the peer program as a way to overcome clients' fear: the fear of being found out, the fear of not knowing what's going to happen. Because of those fears, people aren't coming for treatment. If we get somebody who's positive to work with them one on one, that can help them get to a point where they can figure out how to live with this disease.*

*I can say the same thing to [clients] that their case manager says, but they listen differently. It's so much more effective coming from someone who's been there.*

Valery Wojciechowicz  
CAG Member and  
volunteer peer  
Sarasota Department of  
Health

## Background

Ranked third in the U.S. for incidence of HIV, Florida is divided into 14 consortia, which are groups of agencies contracted to provide Ryan White HIV/AIDS Program Part B services to people with HIV in the service region. Within each consortium, one or more members of the statewide Consumer Advisory Group (CAG) act as a liaison between the local consortium and the state Department of Health (DOH). CAG members provide valuable consumer perspectives on the quality of local HIV care and prevention services, and help to coordinate efforts between the Florida DOH and the local consortia.

Bruce Campbell, Community Program Coordinator for the Florida DOH, Bureau of HIV/AIDS, manages the activities of the Consumer Advisory Group. At the 2008 U.S. Conference on AIDS (USCA) in Ft. Lauderdale, Florida, Campbell attended a seminar titled "HIV Peer Educators as Part of the Health Care Team," conducted by the Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative. During this workshop, several HIV-positive peers discussed their experiences working to engage and retain patients in care and treatment.

Campbell recognized the integration of peers into HIV care and treatment as a way to address several HRSA priority themes that the HIV/AIDS Bureau had adopted as key goals: improving linkage to care for people newly diagnosed with HIV; finding

and helping HIV-positive individuals who have been lost to care to access services; and eliminating disparities in accessing services among affected subpopulations. He saw an opportunity for the Consumer Advisory Group to play a key role in improving services to assist clients in Florida. When Campbell presented the idea of introducing peer programs in their consortia to the CAG, the members endorsed it, and Campbell contacted the PEER Center, the evaluation and resource center of the PETS/REC Initiative.

## Activities

PETS/REC Initiative staff met with Campbell and the CAG to develop a vision for integrating peers into HIV services in Florida. Together, they developed a plan of action.

### Needs-assessment survey

At the end of 2008, PETS/REC Initiative and Florida DOH staff collaborated through a series of phone and on-site meetings to develop a needs assessment. CAG members within each consortium administered the survey to determine if agencies were incorporating peer services into the care of clients, if they were interested in including peers in that care, and how they thought peers might be beneficial.

Out of 60 organizations returning the survey, fifteen already incorporated HIV-positive peers into their practice, either as a member of the staff, through a stipend program, or on a volunteer basis. Peers within those organizations



had a range of responsibilities including prevention education, linkage to services, outreach for testing and counseling, treatment education and adherence support, and one-on-one emotional support. Of those organizations that did not have a program in place, a majority believed that peers would improve the services to their clients, and were interested in integrating peers into their care and treatment teams.

## Strategy development

Based on these results, PETS/REC staff, Campbell and the CAG developed a strategy to market and develop peer programs in organizations throughout Florida. They determined that CAG members would market the idea to the lead agencies and organizations within their consortia. The CAG developed two working groups: one to develop a presentation to introduce the benefits and roles of peers in HIV care and treatment, and the other to catalog the skills within their group and pull together resources to help organizations develop peer programs.

## Presentation at Ryan White all-grantee meeting

A statewide Ryan White all-grantee meeting in April 2009 provided a forum to present these findings to a wider audience. The CAG, Florida Department of Health and PETS/REC staff conducted a joint workshop on peer programs to a standing-room only crowd of over 100 Ryan White HIV/AIDS Program-funded organizations. Campbell presented the situation in Florida and the findings from the needs assessment and Laura Fizek, Justice Resource Institute, introduced the

## The HUG Me peer mentoring program at the Howard Phillips Center for Children and Families

The HUG Me (Help Understand and Guide Me) clinic at the Howard Phillips Center for Children and Families in Orlando, FL, began as a medical pediatric program for HIV-infected children and their families. In 2000, the program expanded to provide family-centered comprehensive services to all people living with HIV. It specializes in providing care to HIV-positive pregnant women and serves about 60-90 pregnant women annually. The program is recognized for the virtual elimination of HIV transmission from HIV-positive mothers to their infants. In October 2009, administration of the program moved from the Arnold Palmer Hospital to the Florida Department of Health (DOH).

Peer counseling services are integrated into the model of care, and full-time peers have an active caseload of 35-50 patients.

**Peer program founded:** 1998

**Program mission:** Engage HIV-infected patients in the Orlando area in care and treatment

**Number of peer counselors:** 4 full-time peers and a peer supervisor with a reduced patient caseload

**Number of clients peers have served:** In 2009, peer counselors provided services to over 1,100 clients.

**Funding source:** Ryan White HIV/AIDS Program Parts C & D, and local funding

**Work Schedule:** All full-time peers

**Compensation:** Peers are paid an hourly rate and receive the same benefits as other DOH employees

### Peer responsibilities:

- Provide one-on-one support to HIV-positive patients, working with clients to develop treatment plan goals and monitor progress toward those goals
- Work with primary care and case management staff to counsel newly diagnosed patients
- Help patients navigate the clinic system and community resources
- Coach patients in adapting treatment regimens to their lifestyle
- Facilitate communication between patients and providers
- Facilitate support groups
- Make appointment reminder/missed-appointment phone calls

**Success measures:** Retention in care

PEER Center (the resource and evaluation center for the PETS/REC Initiative) and resources to help organizations develop peer programs. Then two peer program directors outlined their programs: CAG member Alelia Munroe, Program Manager of the HUG ME peer program at the Howard Phillips Center for Children and Families in Orlando [see sidebar on previous page] and LaTrischa Miles, peer supervisor at the Kansas City Free Health Clinic, an organization that has integrated peers into the interdisciplinary team for HIV patient care since 2000.

## **CAG members reach out to organizations in their consortia**

To reach a wider audience within the state, the PETS/REC staff and CAG held a workshop for CAG members. There they refined the presentation created by the CAG task force about integrating peers into HIV services. The workshop also helped CAG members develop skills to present it effectively. By August 2009, all CAG members had delivered the presentation to agencies within the 14 consortia to explain the concept, address questions and concerns, introduce resources available on the PEER Center website, and determine the level of support.

## **Capacity-building and training-of-trainer workshops**

Through the CAG's efforts, a number of organizations expressed interest in developing programs, but were unsure where to begin. In February 2010, staff from the PEER Center, PETS, and

Florida DOH collaborated to conduct two workshops in Tampa. The first was a two-day capacity-building workshop based on the principles of the *Building Blocks to Peer Program Success* toolkit (at [http://peer.hdwg.org/program\\_dev](http://peer.hdwg.org/program_dev)). Seventeen participants from eight Florida-based organizations drafted program visions, peer job descriptions, training plans, supervision models, and program evaluation criteria - all with the goal of creating or enhancing peer programs to help HIV-positive clients link to care and adhere to treatment in their organizations.

Participants came away from the workshop with an operational plan to integrate peers into HIV services in their area. As one participant expressed it, “[I feel] ready to meet with community stakeholders to share [a peer program] model to meet needs of agency, clients and community.”

The second workshop was a four-day training of trainers to teach facilitators how to conduct a training of HIV-positive peers. Fifteen participants from 12 organizations developed their peer training skills, covering topics including training curriculum planning, recruitment strategies, facilitation skills and training evaluation, based on the *Building Blocks to Peer Success* toolkit ([http://peer.hdwg.org/training\\_toolkit](http://peer.hdwg.org/training_toolkit)) for training HIV-positive peers.

CAG Member Valerie Wojciechowicz, who volunteers as a peer at the Sarasota Department of Health and who has been living with HIV for 24 years,



*In treating families, and especially working with women, you need to have role models, individuals who can show that it's possible to live with the disease.*

Alelia Munroe  
Program Director  
HUG Me peer mentoring  
program at the Howard  
Phillips Center for Children  
and Families  
Orlando, FL

participated in both workshops in February 2010. “When I left the capacity-building training, I knew I wanted to put a program together,” said Wojciechowicz. “When I returned from TOT [the training-of-trainers workshop], I had a good outline of the training I was to provide.”

## Replication trainings

To date, workshop participants have held four replication training workshops in Sarasota, Pensacola, Tampa and Tallahassee, with support from PETS/REC Initiative staff. Feedback from CAG members who facilitated these replication workshops attribute their success in part to the expertise provided by the PETS staff. “I could have done this training without Shalini [staff member from the Lotus Project], but could not have done it nearly as well,” said Wojciechowicz.

“The experience was of immense value to me, as it allowed me a hands-on peer training class from a very capable and experienced trainer from other successful peer programs,” added CAG member James Talley, who trained six peers in Pensacola assisted by LaTrischa Miles. “We now have a secure cornerstone for the growth and development of our new peer program to proceed. We see this not only as our consumers’ opportunity to benefit from this training, but as a possible example to others who might be considering peer programs as an answer to their unmet consumer/client needs.”

## Results and Next Steps

In the near term, Campbell plans to support more replication trainings resulting from the TOT workshop. He plans to repeat the capacity-building and TOT workshops, held in Tampa in February 2010, in other regions in Florida. He is assembling a mobile training team, including experienced CAG member-facilitators like Wojciechowicz, Talley, and Janet Kitchen, who conducted a training in Tampa, to assist him in these efforts.

Longer term, Campbell is focused on developing standards around peer programs statewide for peer training, continuing education, and professional development. For example, he envisions a prescribed initial training course for new peers, followed by a time period when a new peer would partner with an experienced peer mentor to work with a limited number of clients before reaching the next level.

“I want to make sure that there is a basic set of training and experience that every peer goes through, so if a peer wants to move from one organization to another within the state, that peer has the credentials to fit into that organization’s peer program,” Campbell explained.

Campbell recognizes that the AIDS Drug Assistance Program (ADAP) crisis in Florida has slowed efforts to integrate peers into HIV care and treatment, as organizations have little choice but to use the Ryan White dollars intended for funding peer services to ensure their clients receive the medications they depend on. Despite this major setback,



From left clockwise: Participants in replication training in Pensacola, FL in May 2010: Deborah Carty, Contract Manager, HIV/AIDS Program, Area 1, Escambia County Health Department; Bruce Campbell, Community Program Coordinator, Florida Department of Health (DOH) HIV/AIDS Bureau; Jennifer Benz, MSW, Center for Prevention and Treatment of Infections; Thomas Taylor, Peer Navigator Trainee; Brock Herren, Peer Navigator Trainee, OASIS; LaTrischa Miles, Treatment Adherence Specialist, Kansas City Free Health Clinic. Photos by James Talley.

programs in Pensacola, Tallahassee and Jacksonville continue to gain momentum.

“It’s thrilling for me to see the activities going on around the state, thanks to people realizing the importance of having a consumer out there who can talk to other consumers,” said Campbell. “Thanks to all these activities, I can give agencies some true technical assistance and really get something started.”



*One rural county health department wants to use peers with the hospitals so that as clients are being discharged—either newly positive or lost to care—the discharge planners will contact the peer navigators to meet [clients] in their hospital room and make that one-on-one contact. It’s no longer a referral.*

Bruce Campbell  
Program Director  
Community Program Coordinator  
Florida Department of Health  
HIV/AIDS Bureau  
Tallahassee, FL

Cover photo: The Florida Department of Health Bureau of HIV/AIDS Consumer Advisory Group in 2008.

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

This case study accompanies the report *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*, available on the PEER Center website at <http://peer.hdwg.org/lessons>. 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 works in partnership with the PETS/REC initiative’s three national peer education and capacity-building centers:

- 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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