How do I know if my peer program is working to engage people living with HIV/AIDS in care & treatment?

Building evaluation systems for integrating peers into HIV services

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OBJECTIVES

By the end of the workshop, participants will be able to:

Define the components of an evaluation plan for peer programs

Learn about tools to document peer services

Share strategies for evaluating peer roles



QUESTIONS FOR OUR AUDIENCE

- Do you currently use peers as part of HIV services?
- Where do you currently work:
 - Clinic/hospital settings
 - Community-based settings
 - Health departments

Are you <u>directly</u> responsible for monitoring or evaluating HIV and/or peer programs?



WHY EVALUATE YOUR PEER PROGRAM? • Understand processes

- Monitor progress towards goals
- Identify what is working and what is not
- Improve practice and enhance successful activities

Identify outcomes

- Show benefits to target communities and populations
- Provide evidence of effectiveness
- Strengthen arguments for peer service



APPROACH TO EVALUATION OF PEER PROGRAMS

Peers are integrated into HIV services

- Can help to improve the quality and impact of services
- Build peer evaluation into existing program evaluation when possible
 - What systems do I have in place now that could be adapted for peer services? (quality management activities, databases, CAREWare, written forms for case managers)
 - What additional tools and systems need to be developed and implemented to document the effectiveness of peer services?



EVALUATION PLAN "CHEAT SHEET"

1. GOALS: What the program is trying to achieve:

Increase the number of newly diagnosed with HIV are connected to care

2. Objectives	3. Activities	4. Measures/ Indicators	5. Data collection methods	6. Outcomes
Specific targets toward goal, often identified in work plans S: Specific M: Measurable A: Achievable R: Relevant T: Time-bound	Describe what peers, staff, and community partners will do	Provide evidence and tell the program's story Relevant Valid Useful Understandable Feasible to collect Clear, specific	Quantitative or Qualitative methods	Results or effects of the program



EVALUATION PLAN "CHEAT SHEET"

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2. Objectives	3. Activities	4. Measures/ Indicators	5. Data Collection	6. Outcomes
Connect at least 50 persons diagnosed with HIV in the previous 6 months to medical care within calendar year	 HIV peers work weekly with C & T sites with newly diagnosed Peers refer newly diagnosed to HIV case managers to enroll in medical care 	 Number and demographics of newly diagnosed with peer contacts Number and demographics of newly diagnosed referred by peer to Case manager 	methods Encounter forms Referral logs Case management intake forms Focus groups	At least 75 % of those newly diagnosed with HIV in <i>calendar year</i> will have at least 1 medical visit within 6 months of diagnosis

Scenario for Clinic Setting

The setting is a free health clinic that provides comprehensive HIV prevention, testing, primary care and case management as well as general medical, dental, and behavioral health care for under-and uninsured individuals. The HIV primary care team serves approximately 600 patients with approximately 2,500 encounters a year. The purpose of the Peer Treatment Adherence Program is to engage HIV+ individuals in HIV Primary Care, provide the support, education, skills, and resources needed to adhere to antiretroviral (ARV) medications when prescribed, and to help them become successful in managing the complexities of living with HIV/AIDS.

One of the goals is to promote adherence to treatment for HIV+ individuals who are having difficulty with ARV adherence and self-management.

Your task is to develop at least one objective, activity, measures/indicators, data collection method and outcome for the above goal.



Goal: To promote adherence to treatment for HIV+ individuals who are having difficulty with ARV adherence and selfmanagement. Objectives Activities Measures/Indicators Data Outcomes

Provide individual level interventions for at least 100 unduplicated HIV patients who are newly diagnosed, preparing to begin ARV regimen, or have difficulty with ARV adherence or HIV self-management by 05/31/11.

 25 patients new to the clinic will meet with a peer educator at time of their first primary care visit.
 25 patients will attend an Adhering to Wellness

Group

•Number and demographics of HIV patients engaged in sessions with a peer educator

•Number and demographics of HIV patients who attended Adhering to Wellness Group.

Data collection methods

FACTORS
(database)
Reports
Completion of Treatment
Adherence
Survey

Sign-in sheets
 Completion of
 Adhering to
 Wellness
 Survey
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At least 80% of those attending Adhering to Wellness to Group will be maintaining at least 90% adherence.

At least 80% of

those referred

will complete

sessions with a

peer educator

over 4 months.

at least 4



Scenario for Strengthening Case Management

The setting is a community-based health care clinic in the heart of a large northeastern city. The clinic's HIV services are funded through the state's Ryan White Part B program. The HIV clinic staff has identified improved retention in care (keeping regular HIV and other scheduled medical appointments) for both new and existing patients as a priority program goal.

In order to achieve this goal, the staff has decided to focus on strengthening its existing case management services and its referrals to community services such as substance abuse treatment, housing assistance, and mental health services. The strengthened case management team will include peer workers who will facilitate patients' use of the clinic's case management and referral services.

Your task is to develop at least one objective for the above goal and related activities, measures/indicators, data collection methods, and outcome/s.



Goal: Ensure that all patients use case management to access services and remain in care.

Objectives

Activities

Measures/Indicators

Navigate 80% of new patients in program's 1st quarter Schedule 60% of other new patients for intake w/in 1 month Navigate 75% of existing pts to intake Develop plan w/in 2 weeks of intake for 85% of pts Provide follow up for all pts w/in 3 months of intake Assess satisfaction w/ 85% of referrals w/in 3 months

Navigate pts to case managers Develop ind'l case mgt plans Navigate referrals and medical appts Log outcomes of referrals Follow up w/ pts Update ind'l plans Conduct pt satisfaction survey

Number of: Intake forms completed Ind'l plans completed Patients who accept navigation Navigation sessions completed **Referrals completed** Plans updated w/in 3 months Pt satisfaction surveys completed

Data collection methods

Extract data on completed case mgt intakes and individual plans from statewide pt service database

Extract data from: Peer activity logs Pt chart referral logs Pt satisfaction survey data

base

75% of new and existing patients will have at least 1 clinical case management visit in the measurement

Outcomes

Pt needs identified through intake and ind'l plans

year

Pt needs addressed through completed referrals

Barriers to care



FOR MORE INFORMATION

http://www.hdwg.org/peer center/program dev

Fill http://www.hdwg.org/peer_center/program_dev

NII Building Blocks to Peer Program Suc...

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Building Blocks to Peer Program Success

A toolkit for developing HIV peer programs



Purpose of this toolkit: to support organizations and communities who work with peers to effectively engage and retain PLWHA in care and treatment. Primary audiences: directors/managers, supervisors of social services, clinic managers and medical directors, nurses and case managers, state and county health officials in charge of HIV program dollars, planning councils, consumer advisory committees and anyone interested in building, enhancing or incorporating peers into a program

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Additional uses: Organizations can review and select relevant sections based on their program's needs and use the tools and resources available.

1. Introduction (PDF)

2. Organizational readiness for peer programs (PDF)



3. Destening a peer program

- # 4. Peer roles and responsibilities
- 5. Recruiting, hiring and orienting peers

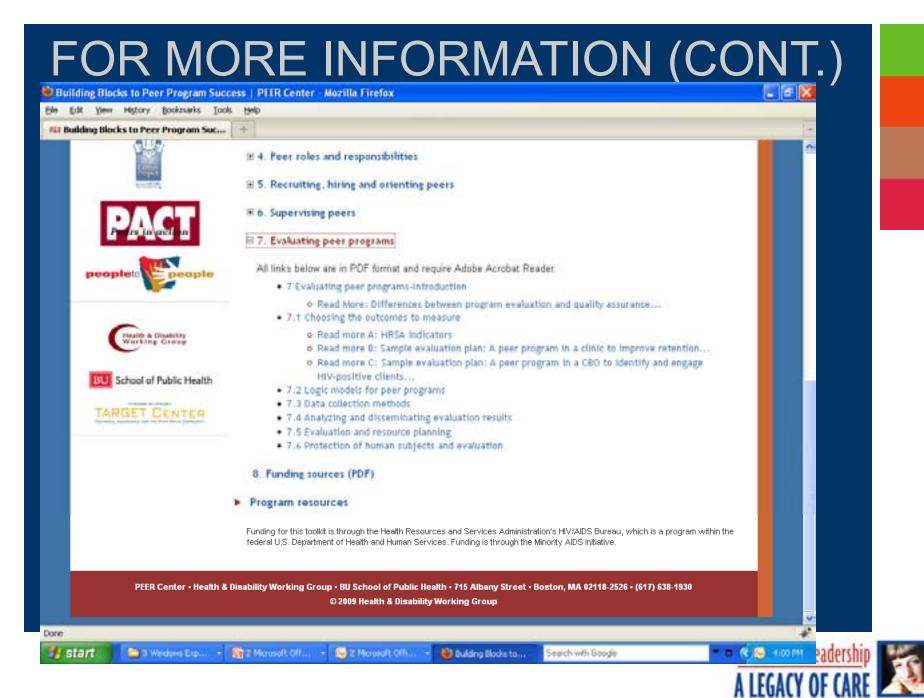
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6. Supervising peers

- 7. Evaluating peer programs
- 8. Funding sources (PDF)
- Program resources



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Resources

Websites:

PEER Center <u>www.hdwg.org/peer_center</u>
 Kansas City Free Health Clinic: <u>www.kcfree.org</u>
 Lotus project: <u>www.lotuspeereducation.org</u>
 PACT project Columbia University: <u>www.peernyc.org</u>
 WORLD: <u>www.womenhiv.org</u>
 TARGET Center <u>http://careacttarget.org/</u>



THANK YOU!

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