



## Webcast Questions and Answers

**Technical Assistance Call for “Roles of Peers in HIV Care and Treatment”  
April 15th, 2009, 2:00 – 3:30 PM ET**

**Health Resources and Services Administration  
HIV/AIDS Bureau, Division of Training and Technical Assistance**

The below questions and answers include both questions submitted electronically and those taken over the phone during the Webcast. They have been organized according to topic: Webcast Content/Format, Peer Role, Recruitment/Hiring, Peer Training, Supervision, Program Evaluation, Funding, and general questions about the individual peer programs represented.

### Webcast content and format

**Q: When is this training being offered again?**

A: We will be offering another seminar on recruiting and hiring peers in June. On this topic about peer work-we will make slides available at the end of the seminar. Feel free to email us with questions. (Serena Rajabiun, PEER Center)

**Q: Will this call be recorded so folks that missed the webinar can still benefit?**

A: Yes, the recording is available on the Target Center website at <http://careacttarget.org/habconferences.asp>. (Click the “Recording” button next to the April 15 listing “Role of Peers in HIV Care and Treatment.”)

**Q: I was unable to save the presentation. Can I have a copy e-mailed to me?**

A: Yes, the presentation will be emailed following the call. [View [presentation](#) on PEER Center website]

**Q: Is this presentation fundamentally different from the previous “Models for Integrating Peers into HIV Care and Treatment” Web Broadcast?**

A: This seminar gives more detail about peer work that we didn't cover in the previous seminar. Some information may be repetitive (like the introduction to the PEER Center initiative) (Serena Rajabiun, PEER Center)

**Q: Is the question/answer section also going to be emailed as well as the slides**

A: Yes, and they will also be posted on our website. (Serena Rajabiun, PEER Center)

## The role of peers

**Q: How can a peer educator be helpful without threatening the medical case manager?** I have seen medical case managers feel threatened by their presence.

**A:** We explain to case managers that we are here to advocate for the client and work together with the case manager. This takes time--building trust and a good relationship with the case manager. Buy-in is really critical. Lotus Project can also do training with providers, including case managers, to help with this process, or we can work with you on doing in-service workshops with staff to education them regarding multidisciplinary care teams. (Shalini Eddens, WORLD)

**A:** We express the importance of the peer worker/client relationship in achieving optimal health for clients – the importance of creating and building a bonding relationship through a team effort. (Harry Dohnert, Harlem Hospital, PACT)

**Q: Can peers be trained as case managers?**

**A:** At WORLD, the peer advocates are not trained to provide services as case managers but are trained to provide emotional and practical support. WORLD's peer advocates refer our clients out for other services such as housing and counseling, which are services provided by case managers at other network agencies. With experience, however, many peers can and are hired as case managers at other agencies we have worked with. (Shalini Eddens, WORLD)

**A:** At KC Free, a peer on staff is currently in school to obtain a Social Work degree. Case managers generally have degrees in social work, nursing, can be licensed or go through special programs to become licensed. Formal training (a 2-4 year degree) is generally required. (LaTrischa Miles, Kansas City Free Health Clinic)

**A:** As long as they're physically, emotionally and mentally stable, I don't see why not. I know of several peers who have accepted positions as case managers, and are doing a fine job. I've known peers to accept high-level positions in the work force. I feel peers are no different than anybody else – just like an HIV-negative person, peers possess similar qualities needed to develop capacity and knowledge to be effective in their field of interest. (Harry Dohnert, Harlem Hospital, PACT)

**Q: Do peers participate in mental health groups?**

**A:** WORLD's peer advocates do not participate in mental health groups per se, but do attend several mental health trainings throughout the year. Some peers independently attend and/or facilitate NA or AA groups. (Shalini Eddens, WORLD)

**A:** Yes, one of our peer educators at KC Free participates in a substance abuse/mental health group that meets on a weekly basis. (LaTrischa Miles, Kansas City Free Health Clinic)

**A:** It's not unusual to see peers facilitating mental health groups under close supervision. (Harry Dohnert, Harlem Hospital, PACT)

**Q: Is the support group a mental health group? What is the peer function in the support groups? How qualified are peers to facilitate support groups?**

**A:** It's a support group--the peer functions as a facilitator and arranges for speakers. There is a support and educational component to the group. The peers receive on-the-job training on facilitation and support from the clinical consultant. (Shalini Eddens, WORLD)

**Q: How do you help peer mentors maintain appropriate boundaries with clients?**

**A:** At WORLD, we really encourage working with the supervisor to create boundaries for themselves. (Shalini Eddens, WORLD)

**A:** There is no simple answer for this. Peers are on the “front line” of helping HIV+ people with a variety of problems, and they have explicitly different relationships with their clients than do non-peer staff. In the PACT training, we spend a considerable amount of time discussing boundaries – helping trainees understand various gradations and create a working definition of boundaries for themselves. (Paul Colson, PACT)

**Q: One of the things that I have difficulty with is distinguishing between a volunteer type program role and an employee role for the peers. I'm wondering if any of you have had to deal with this?**

**A:** At KCFree, our peers started as volunteers training HIV-positive individuals and worked into the role of linking clients to Case Management. Our peer educators now are salaried part-time permanent, receiving benefits. I believe you have to start with what the goals of your peer program are and recruit peers who can meet the goals. (LaTrischa Miles, Kansas City Free Health Clinic)

**Q: As a peer educator, how difficult is it when a client is not receptive to the peer, if race, gender, age or even a different life experience exists?**

**A:** At WORLD, if there is a client who is not receptive to a peer, the program manager checks in with the client and we do our best to accommodate the client. Our peer advocates do range in age from 30 to 55. We have two Latina peer advocates and the other peer advocates are African American. (Shalini Eddens, WORLD)

**A:** It is clear that peer programs should attempt to have a workforce that mirrors the community they are trying to serve. That said, I would say that trying to get an exact match of such characteristics as race, gender, language, sexual orientation, etc. is difficult (having many fewer peer workers than clients) and less important than people assume. Our work suggests that there is a commonality of experience which is subtly expressed and is quite powerful. Those who have worked with diverse populations have certainly also noted that it's often the caring attitude expressed by the peer that can overcome “differences” in skin color, gender, etc.

We've generally had about five peers working at a time, split between men and women, Spanish language capability, sexual orientation. We've always had at least one peer who is African-- not African American but African, because they have a large African population in Northern Manhattan. I'd like to suggest a caution: there are not infinite choices, if someone is not happy with someone, because the matching on race, sexual orientation, language etc. is limited. (Paul Colson, PACT)

**A:** This has not been a big issue for us because our peers work with everyone. I make it my business to make sure that I meet with each client that comes in. I'm introduced as the supervisor for the peers. If there are any issues that come up, I let the client know that they can call me directly. I would rather they work things out with their peer, because the peer is establishing that relationship with them. If it's an issue of race or they can't get along with the peer for some reason, then they have my information at that first visit. Also, if this is a barrier for the client, we want to definitely have them continue the program so they can get the education for themselves instead of quitting the program. (LaTrischa Miles, Kansas City Free Health Clinic)

**Follow Up:** Thanks but I am the sole peer educator here and I do not have the luxury to offer the client another peer.

**Q:** One thing that you mentioned is **the importance of the other staff members to make that peer feel part of the team.** Sometimes I see that is a struggle. Maybe there's a struggle between the peer being the right person to go to? They probably feel more comfortable going to a pharmaceutical representative than a peer sometimes. How do you cope with that?

**A:** There was some skepticism among the care team in the beginning in our program. We are now 11 years into the program, and the peers are fully integrated into the health care team. Now the team feels very comfortable working directly with the peers. The peer will get the emails from the case manager with regard to questions about clients, and they are a part of the health care team.

In addition, the role of the peer has to be clearly defined by the organization. Defining the role of the peer is the most important task, with the exception of having good supervision and training for peers. Peers need to feel valued and respected for what they bring to the team which is significant to clients. In the case of the peer working with the pharmacist, the pharmacist realized that the client often will open up more to the peer so they can work together in the best interest of the client. (LaTrischa Miles, Kansas City Free Health Clinic)

## Recruitment/hiring of peers

**Q: Are the peer advocates full time? What benefits do they receive?**

**A:** WORLD's peer advocates are not full time. They work 20 – 32 hours per week. Benefits include health, dental, and vision plans, the option to join a 403B program, and paid vacation. (Shalini Eddens, WORLD)

**A:** At Kansas City Free Health Clinic, the peers start as volunteers, then move to monthly stipends and now are part-time employees earning hourly wages and sick/vacation/holiday benefits. (LaTrischa Miles, Kansas City Free Health Clinic)

**A:** Generally speaking, at Harlem Hospital – HATS, peer workers are usually hired as part-time workers and paid a stipend. Because the majority of peer workers receive public assistance benefits, benefits are not provided so that a conflict with benefits does not occur. (Harry Dohnert, Harlem Hospital, PACT)

**A:** At the current time, peers are hired under normal University hiring practices. However, a part-time person must work a certain number of hours in order to receive benefits and I think most peers don't work that many hours. However, they all receive medical insurance through Medicare or Medicaid. (Paul Colson, PACT)

**Q: What are the main challenges you face in recruiting peer advocates and how do you overcome these?**

**A:** At Lotus/WORLD, the main challenges are: finding trained peers, peers who are “out” about their status, and educational level, especially in terms of what is needed for treatment education. (Shalini Eddens, WORLD)

**A:** People applying for peer positions often do not have resumes or extensive work histories. It is much more important to understand their motivations and backgrounds. Recommendations then become much more important than other jobs. When seeking peers, we depend on nominations from clinic staff and others. (Paul Colson, PACT)

**Q: What is the average pay for a peer educator?**

**Q: What kinds of salary and benefits are provided for the peer advocates?**

**A:** At WORLD, a peer advocate's pay starts at \$15-\$17 per hour (based on Northern California cost of living). This is a little higher than current local minimum wage. (Shalini Eddens, WORLD)

**A:** It depends on the type of funding and the amount of funding available for peer salaries. At Harlem Hospital – HATS, on average peer workers are paid \$10-\$12/ hour for a ten-hour work week. The \$10 - \$12 pay rate is maintained so as to not conflict with benefits provided by public assistance agencies. (Harry Dohnert, Harlem Hospital, PACT)

**Q: Do you have any formal screening procedures/guidelines you use to help you select individuals that are appropriate for the role of peer advocate?**

**A:** We have a job description, interview questions, we check references and we have the current peer advocates do a second interview with candidates. (Shalini Eddens, WORLD)

**A:** At Harlem Hospital – HATS – for the most part, we tend to choose peers who are referred by health care professionals and have been trained in-house. Harlem Hospital has several programs that utilize peer workers – the majority of the peers have been trained by the HATS or PACT program. (Harry Dohnert, Harlem Hospital, PACT)

**Q: (Addressed to WORLD) How does your agency address or advertise the identification of HIV status as a requirement in the Peer Job Descriptions?** This has been a discussion in our meetings recently.

**A:** WORLD is known for being a support and information organization for positive women. Eight percent of our staff is HIV positive. In the interview we do ask the candidates--what is your relationship to HIV? On the job description, one of the requirements states “You must have HIV experience.” (Shalini Eddens, WORLD)

**Q: What are hiring guidelines or criteria for Peers who have Alcohol and drug problems or MH issues themselves?** eg # of years clean and sober?

**A:** We ask direct questions during the interview regarding drug and alcohol use. We also stress a no-tolerance policy here at WORLD. We encourage self-care and support if a peer advocate needs that around substance abuse issues. (Shalini Eddens, WORLD)

**Q: Are peers hired and paid by the clinic?**

**A:** Yes, they are hired by the clinic. The program receives Ryan White Part C, D and a local community grant. Our peers are considered part-time permanent, meaning that they do earn vacation as well as sick time. (LaTrischa Miles, Kansas City Free Health Clinic)

**A:** At Harlem Hospital, we have many programs in the Division of Infectious Diseases which use peers. In most cases, it is not the “clinic” who hires them but rather the specific grant for that program. But it is also possible that a clinic itself may hire peers; several of our partner organizations do this. (Paul Colson – PACT)

**A:** At WORLD, peers are hired and supervised by WORLD and are placed in clinics and other organizations who request their services. (Sylvia Young, WORLD)

**Q: So what if I only have 6 months positive, can I be a peer for others, how much more do I need to know?**

**A:** At WORLD, if a person is diagnosed only 6 months ago, we would not turn her away from a peer job interview but would probably try to get her involved in other ways at WORLD if she does not seem ready for a peer position during the interview: encourage her to volunteer with the organization's speaker's bureau, advocacy events such as AIDS Walk, etc. (Shalini Eddens, WORLD)

**A:** Yes, you can be a peer. One would like to think that years of experience make the biggest difference in any position, but it depends on a lot of things, such as desire to help others, maturity, willingness to learn, etc. AT KC Free, every peer, whether volunteer or part-time, is required to have two weeks of individual and on-the-job training. (LaTrischa Miles, Kansas City Free Health Clinic)

**A:** In my opinion, a person's readiness to be a peer cannot and should not be measured by the length of time a person has been diagnosed HIV+. Willingness to help others and having empathy for others is key. A person should receive formal training before being considered for a position. (Harry Dohnert, Harlem Hospital, PACT)

## Training of peers

**Q: Is there a specific training program utilized by all 3 sites to train the peers?**

**A:** Yes, all the sites use a basic framework for training peer on core competencies: HIV, communication and peer roles. Each site has an individual curriculum for their specific target population. As an initiative we are in the process of producing a TOT curriculum. [View the [Building Blocks to Peer Success](#) training toolkit on the PEER Center website] (Serena Rajabiun, PEER Center)

**Q: What other training outside of experience, do the peer advocates receive?**

**A:** The Lotus project is a peer training program for positive women. All of our peers have gone through that training, trainings on topics such as trauma, countertransference, and substance abuse/mental health. (Shalini Eddens, WORLD)

**A:** In addition to the core competencies modules, PACT peers are trained in a variety of topics relevant to the needs of the community/client. (Harry Dohnert, Harlem Hospital, PACT)

**Q: Are these trainings/job training, facilitation and support etc. available on your website?**

**A:** We will be posting a Training curriculum shortly on our website (in the next week). This will include some tools about facilitating groups. [View the [Activities Section](#) of the Building Blocks to Peer Success training toolkit for ideas on facilitating groups.] (Serena Rajabiun, PEER Center)

**Q: Can the Peer Center post the different curriculums for peers?**

**A:** These are available on the website mentioned above. (Serena Rajabiun, PEER Center)

**Q: What's the standard People to People training for peers?** Can you talk a little bit about that?

**A:** People to People training is a training curriculum that is part of the initiative to train positive individuals to become peer educators. ( [Building Blocks to Peer Success](#) training toolkit contains the People to People curriculum) (LaTrischa Miles, Kansas City Free Health Clinic)

**Q: (Addressed to KC Free) Do you get RW funds for training/conferences etc.?**

**A:** Yes, we receive Part D funding and the Heart of America DIFFA grant (a local community grant) and have incorporated increasing education of peer educators through attendance at trainings or conferences. (LaTrischa Miles, Kansas City Free Health Clinic)

## Supervision of peers

**Q: How often do the peers get clinical supervision?**

**A:** Clinical supervision is done weekly for newly hired peers until they feel confident in the work they do, then it is bi-weekly. (LaTrischa Miles, Kansas City Free Health Clinic)

**A:** Here at WORLD, the peer advocates get clinical supervision once a week. We also have a peer advocate meeting every Wednesday for two hours where we do peer advocate support and client troubleshooting with our clinical consultant. (Sylvia Young, WORLD)

**Q: (Addressed to Kansas City Free Health Clinic) How do you ensure that peers continue their own adherence?** Do you do a monthly check with them or a weekly check with them?

**A:** We do have supervision, but that's not just the time that we spend talking about clients. I'm interested to know how that peer is doing as well, on a personal level with their medications that might come up. That weekly supervision helps. (LaTrischa Miles, Kansas City Free Health Clinic)

**Follow Up:** We have weekly supervision-- so you incorporate it during that timeframe?

**A:** Yes.

**Q: How might you deal with the situation where a peer is having difficulties with adherence and mental health, substance use,** and despite the intervention and help that the clinic team are giving them, their lack of adherence or their mental health issues are concerning and it may not be appropriate for them to continue in their role, at least temporarily, as a peer mentor or as a peer advocate?

**A:** One thing we always keep in mind here at WORLD, in regards to the peer advocate team, is that they take care of themselves. If there is a peer advocate who is having problems with substance abuse, mental health illness, we always ask that she take medical leave and take care of herself, get well. We've done that with several peer advocates, not in regards to substance abuse and mental health, but medically, so that they can appropriately take care of themselves. (Shalini Eddens, WORLD)

**A:** We want the peers to take care of themselves, and we have had cases where we have asked the peer to take a medical leave to take care of themselves to get help. Regarding the peer that works primarily with substance-challenged clients, I'm very careful as a supervisor not to give the peer who has dealt with substance abuse in their past all clients that have challenges with substance, but to give them a mixture of clients so that they get a little bit of relief there. (LaTrischa Miles, Kansas City Free Health Clinic)

## Evaluation of peer programs

**Q: How do you measure outcomes? Tools?**

**A:** There are some general tools for documenting peer work on our website: [www.hdwg.org/peer\\_center](http://www.hdwg.org/peer_center). [View [Evaluation Instruments](#) resources] (Serena Rajabiun, PEER Center)

**Q: How are the programs evaluated?**

**A:** At Kansas City Free, the program is evaluated and monitored using monthly/quarterly reports and client satisfaction surveys that measure attitude, behavior and knowledge. A pre- and post-reflective test [included among the Evaluation Instruments mentioned above] designed to measure change is used for clients. A post-reflective survey for the monthly support group and the quarterly group is used to learn more about the impact of the sessions; two open-ended questions are included. (LaTrischa Miles, Kansas City Free Health Clinic)

## Funding of peer programs

**Q: Will there be discussion today of potential funding sources for projects that are not Minority AIDS Initiative funded, and whether they are permissible by Part A or B funding (and under what category)?**

**A:** We won't have a specific discussion today about funding, but you can ask the sites about how they are funded. As for peer programs being permissible by Ryan White Part A or part B, it's best to talk with the project officer for your areas. (Serena Rajabiun, PEER Center)

**Q: It appears to me that your funding for the PEER Center is from the Minority AIDS Initiative. Is that correct?**

**A:** Yes. Our funding comes through HRSA as part of the Minority AIDS Initiative and the Division of Training and Technical Assistance at the HIV AIDS Bureau. We are grant funded for the work that we do. (Serena Rajabiun, PEER Center)

**Follow Up:** The individual providers on this presentation get money through their local grantee, most likely? **What funding sources do you use for your peer program?**

**A:** While Ryan White funding is a good source, there are a variety of other sources - maybe not huge, but our peer program here at Harlem has been supported by the New York State AIDS Institute for about 10 years. It is a grant, but it's a very long-running grant. (Paul Colson, PACT)

**Follow Up:** The State Institute in New York-- isn't that your Ryan White Part B, or is that different?

**A:** Yes, I think you're right. We do access Ryan White funding as well, and we do work off of a community grant.

**A:** At WORLD the funding source for our peer advocate program is through Ryan White Part D. Other peer programs we know also get funding from private foundations, and some use Ryan White Part A and B funding and strategically call their peers "case workers" so they can utilize "75% medical funds" from Ryan White dollars. (Shalini Eddens, WORLD)

**A:** At Kansas City we received Ryan White Part A, C and D funding. The majority of the funding for the peer program is from a local community grant. (LaTrischa Miles, Kansas City Free Health Clinic)

**Q:** (Addressed to Kansas City Free Health Clinic) I am the grants manager at a health center and we're writing a grant for expansion of services. **I was wondering about the estimate of the start-up costs that you applied for with Part A** or the adherence money that you used. How much would the start-up cost for this type of program be?

**A:** I don't have the initial start-up cost. I can tell you that the program now is running at roughly \$65,000 annually. (LaTrischa Miles, Kansas City Free Health Clinic)

**Follow Up:** That's with salaries or that's just programmatic dollars?

**A:** This is with salaries as well.

**Q:** Here in Mississippi we have a peer counseling program, as a result of a research project with chronic kidney disease patients. My interest is in **how to maintain funding**, because we've realized how important peer counselors are to our department in working with patients with chronic disease. I'm the project coordinator and I would love to find out **how to access funding** - I heard someone say something about Part D funding Medicare. Our patients are dialysis patients and they go straight onto dialysis after being diagnosed and are automatically given Medicare here in the State of Mississippi. Could someone tell me a little bit about that Medicare Part D? Are there grants specifically out there for peer counselors?

**A:** When we refer to Part D, we are talking about the Ryan White Act Part D which funds programs for women and children infected and affected by HIV. There is a component there to get consumers involved as part of the project; some of this funding is used for peers. (Shalini Eddens, WORLD)

**Follow Up:** I thought you were talking about Medicare Part D funding when you said that. This is from the Ryan White funding?

**A:** Yes, that's correct, the funding we receive is Part D from the Ryan White Care Act and we are a sub-contractor. The Family Care Network receives the primary funding and then sub-contracts parts of that out to various agencies within that network and WORLD is one of those agencies.

**A:** On our PEER Center Web site we post funding opportunities for peer programs as they come to our attention, either through the Ryan White Care Act at HRSA or through private foundations. I am not aware at this time of any Medicare-specific funding for peer programs. I would recommend checking our website periodically because we post those opportunities for folks. (Serena Rajabiun, PEER Center)

**Q:** I'm from the Boston Public Health Commission, and we're trying to establish some collaboration with the state. We meet with funders once a month, both state funders and Boston. **I'm wondering if any of the presenters have established any collaboration with any state agencies aside from Part B?** Any other areas of the state where you may have some collaboration in terms of funding? Any success stories?

**A:** Can you be a little bit more specific when you say other state departments?

**Follow Up:** Yes, for instance we would like to use training. The Department of Public Health may have some training dollars around infectious disease which we can tap into; some public health dollars that people tapped into to augment the Ryan White money.

**A:** At WORLD, we don't do that kind of tapping into funding. I know that we have a very good relationship with our State Office of AIDS as well as our County Office of

AIDS and Public Health Department. Not necessarily for dollars, but just in terms of awareness of our peer programs. Our peer program manager, Sylvia, is part of the California HIV Planning Group that has a lot of say into how services are provided in the State of California. It's not direct funding, but it is an advocacy way to get funding and awareness around peer programs. (Shalini Eddens, WORLD)

## General questions about the individual peer programs

**Q: (Addressed to WORLD) Do you have transgender clients and what particular challenges do you see with this population?**

**A:** Yes, we do. The challenges that we see is the isolation--stigma is a huge barrier in TG clients accessing care and support. WORLD is very committed to embracing anyone who identifies themselves as a woman. (Shalini Eddens, WORLD)

**Q: (Addressed to WORLD) Regarding transporting clients, do your Peer Advocates utilize their personal vehicles and, if so, what about liability issues?**

**A:** The peers do use their own vehicles and have to have their own car insurance but are covered under WORLD's liability insurance. Peers are also reimbursed for mileage at a rate of \$.45/mile. (Shalini Eddens, WORLD)

**Q: Can women who are of independent means (not RW Part B-eligible) still be a part of your program?**

**A:** Yes, any positive woman is able to come to WORLD and access services here. They do not have to be part of the Family Care Network. (Shalini Eddens, WORLD)

**Q: Have you experienced any HIPAA violations with peer educators? Anything close?**

**A:** To date, WORLD has not experienced any HIPAA violations. We continuously talk about and train peers on confidentiality issues. One of the clinics we work with requires peers to go through orientation training which includes information on HIPAA. (Shalini Eddens, WORLD)

**A:** None of us was able to think of an example of this sort of violation. Generally, I would say that, in my experience, peer workers are no more likely to commit HIPAA violations than non-peer staff. While one might assume that peer workers would be more likely to share information inappropriately about people they know, I have found the opposite – that peer workers are less willing to share information because, having the dual role of staff and client, they are at risk for such violations. (Paul Colson, PACT)

**Q: Were there ever situations where a peer guided clients around their medication regime and an error was made? If so, how did clinic staff handle it?**

**A:** At WORLD, this has not happened. Our peers are diligent in referring clients back to the doctor and will offer to go with the client to the doctor for support. (Shalini Eddens, WORLD)

**A:** All matters related to patient care are referred to medical providers. (Harry Dohnert, Harlem Hospital, PACT)

**A:** The peer is not prescribing; the doctor is prescribing. I can remember several cases where the doctor made a mistake and the peer caught it. It's always sort of a touchy situation about how that's dealt with because if a peer simply walks up to the doctor and

says, "Hey, you prescribed wrong," it's not going to go over well. It often required the mediation of the peer supervisor to gently bring the news to the doctor that he or she had made a mistake. Since the peers aren't prescribing it's not possible for a peer to make a prescribing mistake. (Paul Colson, PACT)

**Follow Up:** I wasn't suggesting that the peers prescribed, but I think they're trying to help remind people to take their meds correctly. We had a situation here where a case manager did that; she wasn't operating off a current med list and there was a problem. I'm foreseeing some potential problems with peers. Maybe they're just giving reminders to take their meds; they're not doing any explaining around the medications?

**A:** Yes, the peers do education on HIV 101 and we do cover medication as well as side effects. We are talking to clients about their meds, but we do work once a week in our medication clinic, which is on Wednesdays, side by side with a doctor/pharmacist and we assist clients in their readiness to start medications. We've seen a lot of help come out of that and responses from our peers. Because we get ahead of the game, they understand the medications and what their responsibility is. (Paul Colson, PACT)

**Q: (Addressed to WORLD) Is the clinical consultant also the director of case management?**

**A:** No, the clinical consultant is not on staff at WORLD. She was instrumental in developing the program but is now working with us on a consultant basis. WORLD does not do case management. (Shalini Eddens, WORLD)

**Q: Can you discuss how and if the state department of health is helping your peer programs?**

**A:** The MO Department of Health is a support of peer programs and sees the role of peer educators as valuable to communities. We have worked closely with city health departments who are grantees of RW funding and through planning councils have allocated funds to support peer programs. (LaTrischa Miles, Kansas City Free Health Clinic)

**Q: Can you disclose the drug company who is offering you some of the curriculum you talked about for peer care?**

**A:** Each PETS site has developed their own curriculum on the PEER Center website; [see the [Building Blocks to Peer Success](#) training toolkit on the PEER Center website] however materials from drug companies can be used for education both peer educators and their clients. (LaTrischa Miles, Kansas City Free Health Clinic)

**Q: Has word of mouth been something you have seen in connecting advocates with clients in the community?**

**A:** At WORLD, there is some word of mouth, however most of our clients for the peer advocacy program come through referrals. The women are so isolated--they may not talk with other positive women.

(Shalini Eddens, WORLD)

**A:** All connections made with clients and peers come through referrals from clinic staff. (Harry Dohnert, Harlem Hospital, PACT)

**Comment from another participant:** Clinics are not the only places to find advocates. There is a lot of word of mouth here in Tucson.

**Q: Is WORLD doing any work in rural areas of your state?**

**A:** We often have women from rural areas of California attend our retreats. In addition, our peers may offer phone support to women in rural areas who are not able to come to Oakland. (Shalini Eddens, WORLD)

**Participant comment:** There is a website where many people who are HIV+ gain support online. It is called Patients Like Me and their web address is:

<http://www.patientslikeme.com> It is great for those who are isolated.

**Q: Can someone give me the specific web address for the PEER Center?**

**A:** [www.hdwg.org/peer\\_center](http://www.hdwg.org/peer_center) (Serena Rajabiun, PEER Center)