

Evaluating HIV Peer Training: What Knowledge, Skills and Activities do Peers Exhibit After Training?

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Goals for Peer Education Training Sites (PETS)

1. To expand number of trained HIV+ peers
2. To enhance the effectiveness of HIV+ peers
3. To train HIV+ peers to assist PLWH in getting into and/or continuing care & treatment
 - Increase treatment adherence
4. Develop a prominent National profile for peer education

HRSA
(Minority AIDS Initiative)
Funder

**Peer Education & Evaluation
Resource Center
(PEER Center)**
Boston University
Multisite Coordinator

Pact Project
Harlem Hospital
(New York)
PETS

People to People
Kansas City Free
Health Clinic +
Red Cross
St. Louis Chapter
+ MATEC
(Missouri)
PETS

Lotus Project
Center for Health
Training+ WORLD
(California)
PETS



The PEER Center



- Acts as a resource and evaluation center for work that occurs through three peer education training sites (PETS)
- Coordinates training and capacity-building work
- Establish quality assurance plan for National cross-site evaluation

PACT Project



- Training location: NYC, state of NY & nearby states
- Target population: men & women infected and affected by HIV
- Training spread out over 3 weeks
- Trainers include working professionals – doctors, lawyers, nutritionists.
- Training of supervisors

People to People



Missouri AIDS Alliance:

- Training location: begin in St. Louis & Kansas City, then progress to out of state Ryan White-funded programs
- Target population: HIV+ men & women
- Peers receive training on 3 levels
 1. Overview of HIV & peer roles
 2. Building peer skills
 3. Mentorship in organizations
- Expertise incorporating peers in clinic settings

Lotus Project

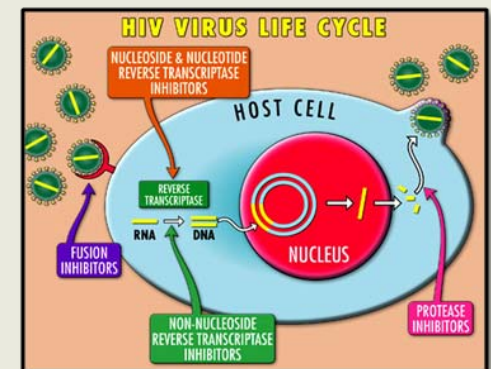


- Training Location: Nationwide
- Target Population: HIV+ women
- Partner with women's organizations serving HIV + women
- 5-day training (5 modules)
- Translation into Spanish
- Utilization of peers in clinics & at women's organizations

Core Elements of PETS Curriculum



- Peer roles
 - Peer counseling skills
 - HIV transmission & risk reduction
-
- HIV life cycle
 - Treatment & adherence
 - Communicating with providers



Core Elements of PETS Curriculum

- Navigating the system
- Coping with HIV
- Communicating HIV information
- Boundaries & self-care
- Return to work
- Cultural competency



Lotus Model

- Women-centered approach- tools & skills
- Creating safe space
- Using personal experience as a tool
- Empowerment – ex: poetry, certificates, music
- Sensitivity to variety of life experiences



Lotus Peer Trainers

Lotus Model

- Curriculum and training material have to be at the appropriate literacy level
- Interactive activities
- Panel of providers
- Important topics
 - Grief & loss
 - Self care
 - Disclosure
 - Countertransference
 - Female anatomy
- Reunion meetings



Challenges

- Funding for peer programs
- Jobs for peers
- Supervision of peers
- Continued education
- “Buy-in” from providers
- Peer network
- Stigma, misinformation
- Spanish Peer Advocacy Training





Other PETS Activities

- Technical assistance & capacity building on peer knowledge:
 - Clinical staff at ASOs & health-related organizations
 - Training & consultations with peer supervisors
- Work with ASOs & other organizations to develop capacity to train their own peers
 - Toolkit
 - TOT

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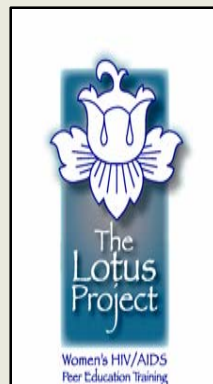
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Evaluation Methodology

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Multisite Evaluation For Peer Training

Quantitative

- Longitudinal study of impact of trainings on peer knowledge and skills
- Baseline (prior to training), 6 month follow-up, 12 month follow-up
- Same questionnaire

Qualitative

- 24 trained peers across 3 sites: impact on self care, use of peer skills with clients and in their community
- 24 clients: changes in HIV knowledge, attitudes and practices

Multisite Study Questions:

Quantitative Study

For Peers:

1. What is the impact of the trainings on HIV knowledge?
2. What is the impact of the trainings on peer services?
3. What is the impact of the trainings on risk behaviors?
4. Does participation in the trainings impact peers' job opportunities, including employment status, volunteer opportunities, or changes in roles and responsibilities?
5. What is the impact of the trainings on HIV self-care and treatment defined as self-reported health care utilization, medication adherence, CD4 and viral load testing?

Multisite Study Questions:

Quantitative Study

For Peers:

- How do trained peer educators apply their skills and knowledge in their work with clients and in their community?

For Clients of Peers:

- Does client interaction with peers impact their access to care, health care utilization, HIV knowledge, attitudes/beliefs, unmet needs, and experience of HIV stigma?

Data Collection Methods

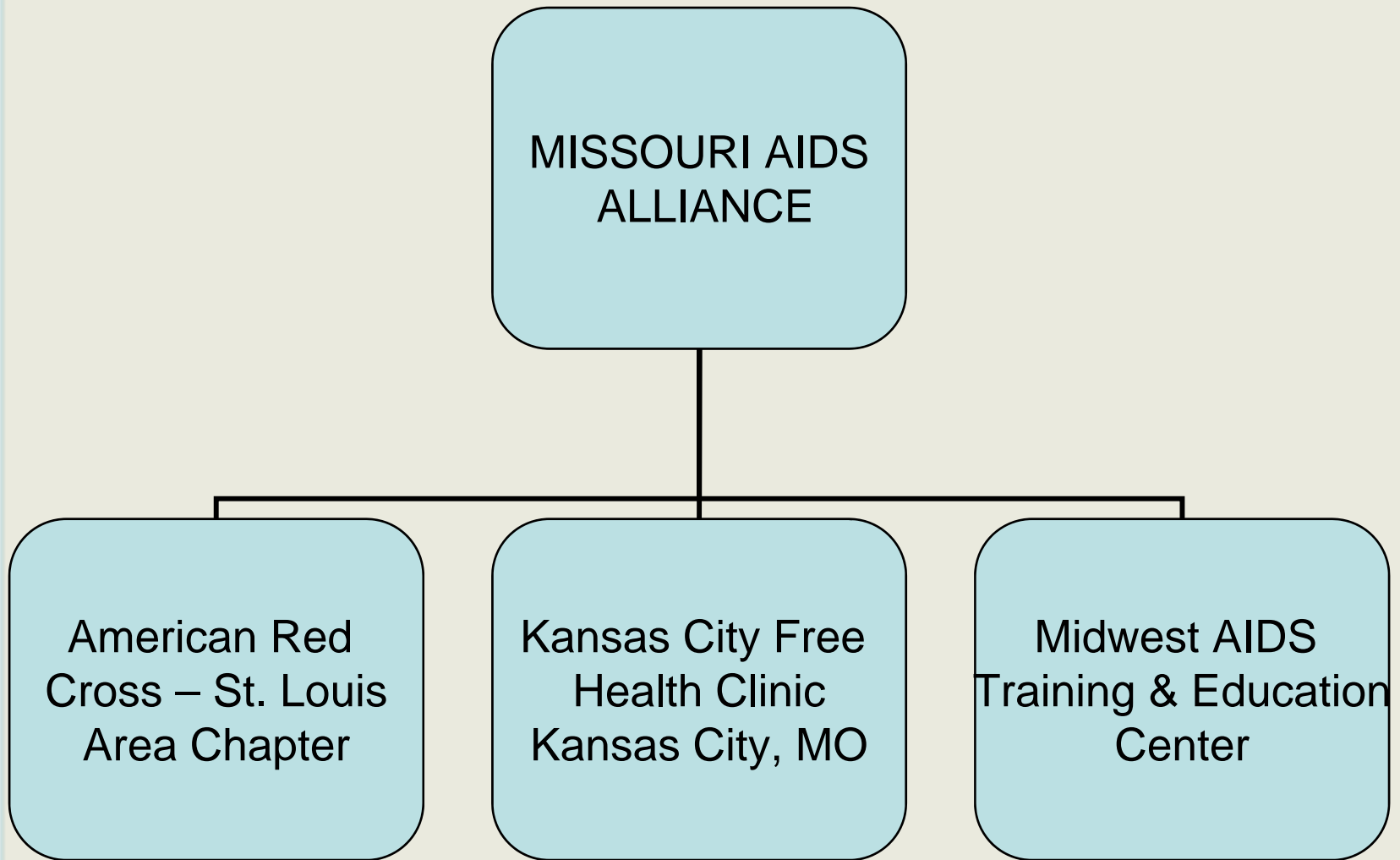
Quantitative

- Baseline prior to training
- Follow-ups conducted via mail, phone or reunion meetings

Qualitative

- Interviews

PETS Project



Peer Educator Training

Level I Peer Educator Training Evaluation Activities:

- *Consent Form*
- *Level I Questionnaire*
- *Self-Screening Form*
- *Feedback Form*

Level II Peer Education Training

Level II Evaluation Activities

Participant Consent Form

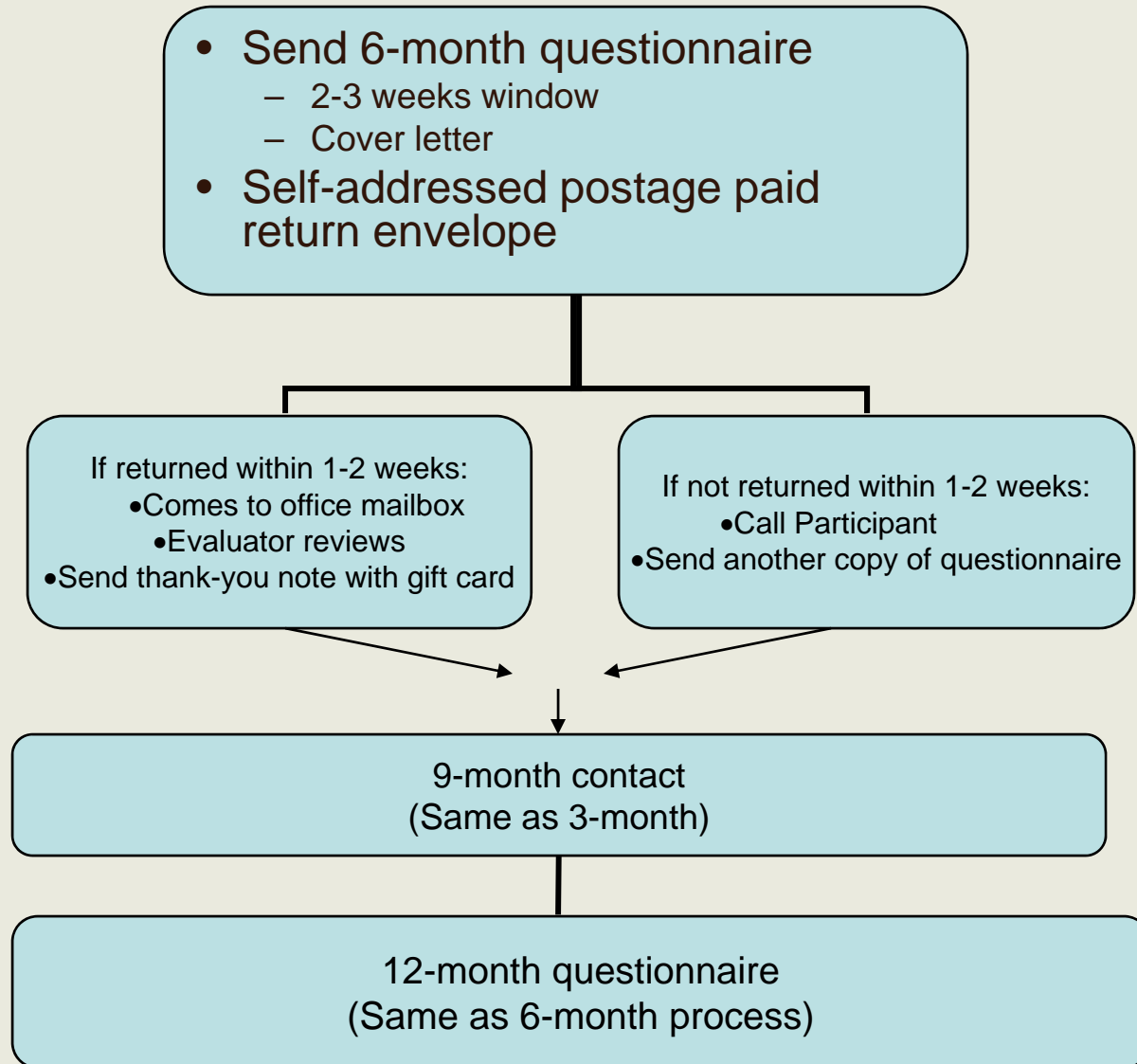
Contact Information Sheet

Baseline Questionnaire

Appointment Card

3-month contact and/or updates from
staff

Peer Educator Follow-Up Activities



THANK YOU!

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Results to Date: Changes in Peer Knowledge and Skills

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Measuring Program Outcomes

Evaluate program goals by answering the following questions – *For Peers*:

1. What is the impact of trainings on HIV knowledge?
2. What is the impact of the program on peer services?
3. What is the impact of trainings on risk behaviors?
4. Does participation in the trainings impacts peers' job opportunities?
5. What is the impact of trainings on HIV self-care and treatment?

Data as of May 2008



	Lotus	People to People	PACT	TOTAL
Baseline Interviews	155	132	77	364
6-month interviews	87	62	36	185
12 month interviews	67	43	6	116

Who Participates in Our Trainings?

Age	
Mean	44 (SD 9.4)
Range	19-70 years
Race Ethnicity	
Black/AA	54%
White	26%
Latino/Hispanic	18%
Other	4%
Did you do paid or unpaid work as a peer in the last 6 months?	
No	47%
Yes	53%

Who Participates in Our Trainings?

Years with HIV	
Mean	11.4 (SD 6.3)
Range	<1 year to 27 years
Sexual Orientation	
Heterosexual	70%
Bisexual	10%
Gay/Lesbian	20%
Gender	
Female	60%
Male	38%
Transgender	2%



The Top 5 Knowledge Questions to Challenge Peers

Knowledge Questions *(example q. n=364)*

Which of these questions is an open-ended question?

- “Do you take your medications every day?”
- “Do you think you should discuss your medications with your doctor?”
- “Have you told your partner about your HIV?”
- “How do you feel about telling your partner about your HIV?”
- All of the above
- Do not know

AT BASELINE 71% GOT THIS INCORRECT

What about changes 6 and 12 months after training? ($n=185$)

HIV Knowledge Question	% Correct at Baseline	% Correct at 6 month follow-up	% Correct at 12 month follow-up ($n=116$)
Which of the following is an open ended question?	27%	38% *	39%
A viral load less than 200 means you have AIDS	41%	42%	39%
If a person with HIV has diarrhea, they should...	64%	70%	72%
The HIV test looks for...	66%	77% *	76%
Which activity is NOT appropriate for a peer?	68%	78% *	81%

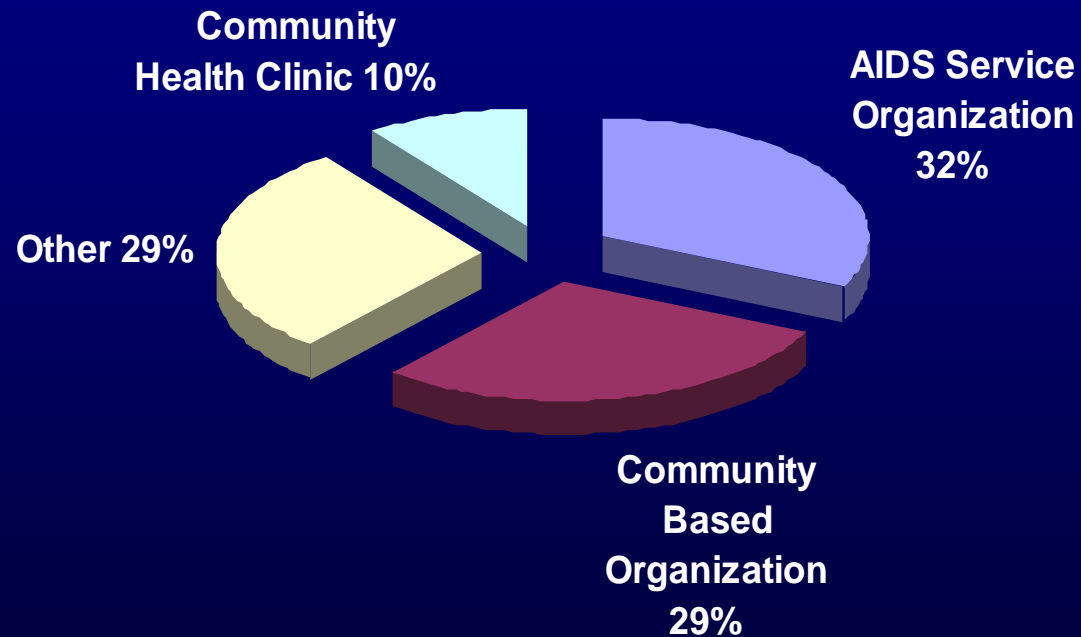
* $p < .05$



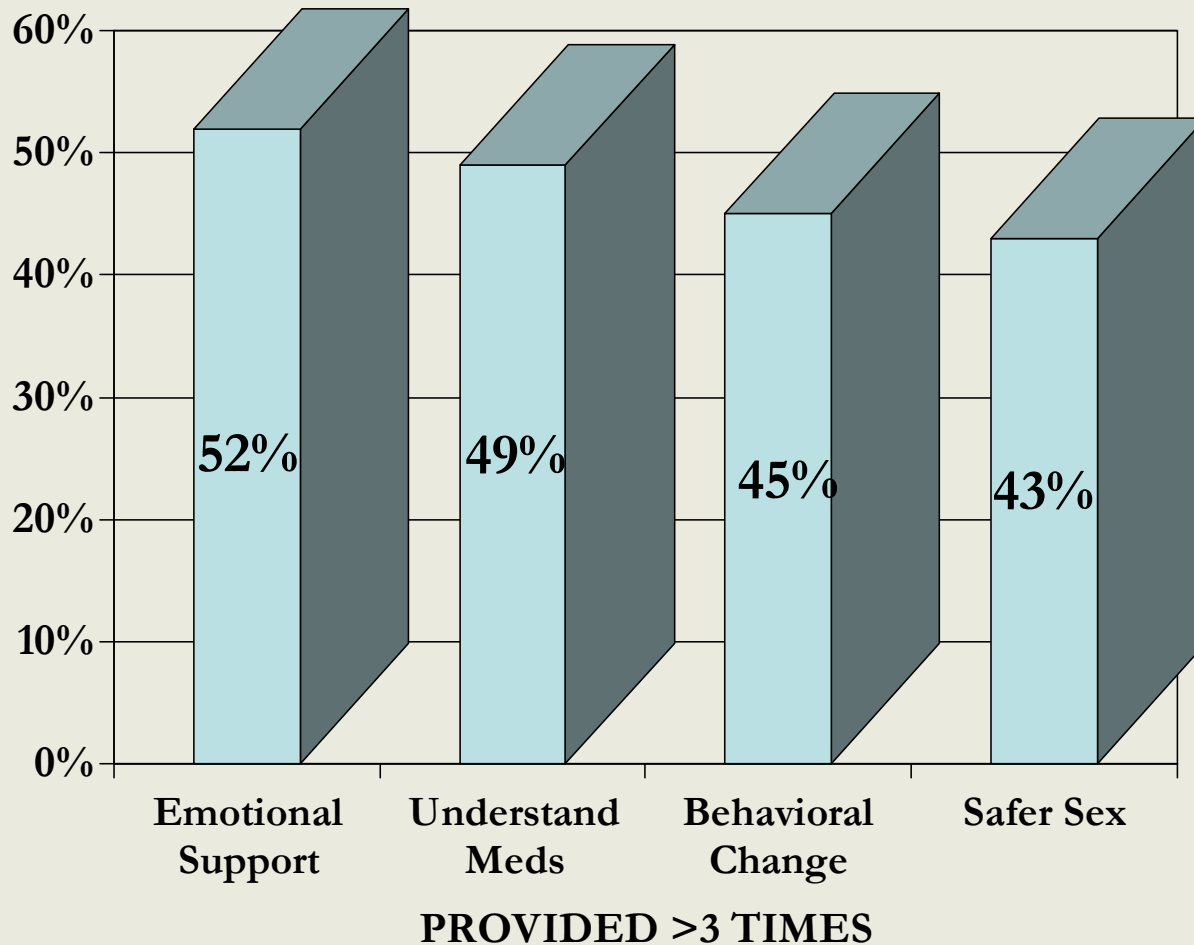
Did you work or volunteer in the last 6 months to help PLWHA?

	Baseline	6-month assessment
No, I didn't work or volunteer	41%	33%
Yes, I did unpaid work	37%	41%
Yes, I did paid work	22%	27%

Top Organizations where peers work or volunteer at the time of 6 month interview



Most prevalent peer services at 6 month follow up





**Qualitative Interviews
Provide Rich In-Depth
Information**

Skill Development

“ Creating boundaries....I was getting too involved ...It was right about that time that I got my self-care contract that I had written out with the Lotus project”

Skill Development

“We had a candlelight service ceremony where we lit each candle and everybody began to talk about what we are dealing with as HIV-infected women...there is something about when you can talk to someone that I can identify with you, not from a book level...I was able to do the candlelight with a group of women that were single mothers and so I was able to share that.”

Plans for Future Study

- Collapsing knowledge categories into communication skills, HIV knowledge
- Predictors of a change in knowledge
- Do those who attend refresher courses/ “more engaged” have better outcomes?
- Knowledge differences between experienced peers and inexperienced peers

Qualitative data:

- How do trained peer educators apply their skills and knowledge in their work with clients?

Thank you !

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For more information please visit,
www.hdwg.org/peer_center

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Many thanks to:

- **HRSA and the Minority AIDS Initiative**

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