





# Objectives

1. To describe a research study examining the potential benefits of working as a peer on an HIV self-management intervention
2. To identify implications of results for future peer programming



# Introductions

- Who is in the room?
  - Name
  - Agency
  - Type of work



# Reflection Time

- Think of a time you were able to make a positive change in a particular health behavior
- Consider how you came to the decision to make the change
- Recall how it felt to talk about it to others, in particular those who may have experienced the same health behavior
- How does your work inform the change process?



# Background

- HIV treatment and prevention interventions are often delivered by HIV-positive peer educators (also known as “peers”)
- Peers are individuals who are “...trained to counsel, educate, and/or support behavior change among members of their own social or community group.”  
(Raja et al. 2008)
- Peers can offer a unique level of support around HIV and self-management (Heisler, et al. 2009)

# Background



## What we know:

- Peer-led interventions improve health outcomes among PLWH



# Background

- Peer-led interventions are effective in improving psychosocial and health outcomes among the peers for other diseases (Pistrang, et al 2012; Moran, et al 2012; Rhee, et al 2012)
  - Mental health disorders
  - Cancer
  - Asthma

# Background



## What we don't know:

The psychosocial and physical health benefits of being a peer in HIV education interventions



# Aims

The aim of this study was to examine the health and psychosocial benefits of working as an HIV-positive peer educator for an HIV self-management intervention.

Specifically, how HIV peer work impacts:

1. Health Behaviors
2. Social Support
3. Professional Development



# Peer Programming

**The Positive Life Workshop (TPLW)** is led almost entirely by PLWH

- Health Education Presentations
- Health Promotion Activities
- Peer Experience Groups



# Mission of TPLW

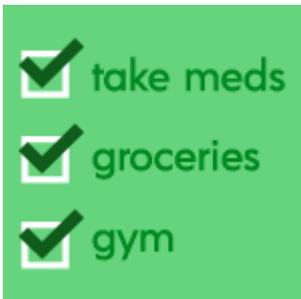
The Positive Life Workshop is a self-management intervention for people living with HIV



Knowledge about HIV and your health



Motivation to take action



Tools to set goals and track your progress



Support to help you stick with it

# Goals of TPLW



## Peer-Led HIV Self-Management

1. Engage in healthcare



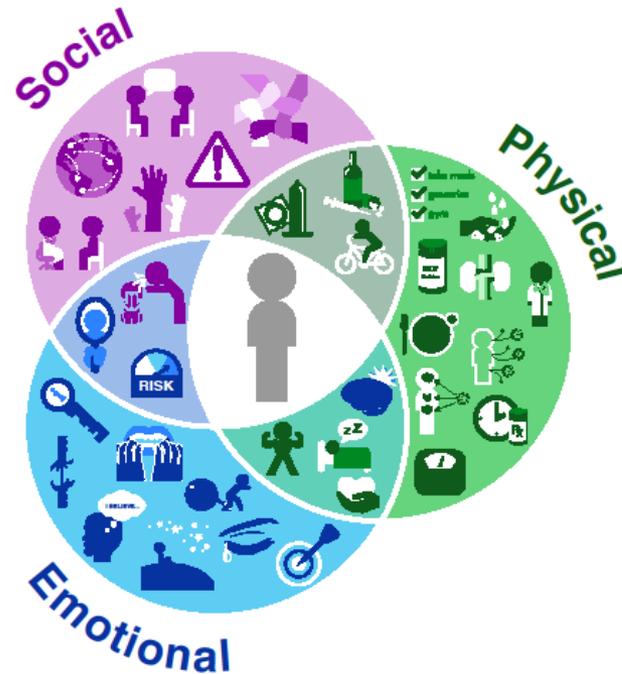
2. Adhere to HIV treatment



3. Reduce health-risking behaviors



4. Address “cofactors”  
(life issues) to health



# Workshop Structure & Target Population



The Positive Life Workshop is a 20-hour curriculum, delivered in English and Spanish

Target Population: All PLWH, but particularly those who struggle with treatment adherence, engagement in care, or who are newly diagnosed

# Content of Intervention



**Module 1 – Themes of the Positive Life Workshop**



**Module 2 – HIV and the Immune System**



**Module 3 – Engagement in Health Care**



**Module 4 – Be Safe, Be Healthy**



**Module 5 – Physical Health**



**Module 6 – Emotional Health**



**Module 7 – Social Health**



# Workshop Development

- TPLW was adapted from an existing group-level program, The Learning Immune Function Enhancement (L.I.F.E) Program that was created by the Shanti Project ([www.shanti.org](http://www.shanti.org))
- From 2011 to 2015, TPLW was implemented throughout NYC directly by the NYC DOHMH.
- From 2015-present, the NYC DOHMH funds three community-based organizations to implement TPLW.



# Back to the Peers





# Methods

- Nine 60-minute individual interviews
- Audio-recorded
- Conducted between January and June 2016
- Obtained in-depth feedback about the peers' experiences with presenting and facilitating TPLW



# Methods (cont.)

- Conducted in private conference rooms at the New York City Department of Health and Mental Hygiene (NYC DOHMH)
- Interviewers were minimally affiliated with TPLW
- Participants were reimbursed for transportation and received a \$20.00 gift card
- Approved by the Institutional Review Board at the NYC DOHMH



# Study Participants

## Nine Former Peers

- Worked at TPLW from September 2011-February 2015
- Age: range from 38-76 years old
- Gender: 4 men, 4 women, 1 transgender person
- Race/Ethnicity: 5 Black, 3 Latino(a), 1 White
- All living with HIV long-term (>10 years)



# Interview Questions

## Five (5) Content Areas

1. Motivation to be a peer
2. Learning self-management skills from facilitating the workshop
3. Social support
4. Professional development
5. Future career and personal goals

# Analysis



- Thematic analysis: a technique used to reduce and summarize data by developing a “code” to reference feedback themes
- The coded themes were then used to identify patterns that described and organized the data, using Excel Pivot Tables



## Results: Motivation to become a Peer

- Returning to workforce after diagnosis
- Build professional skills
- Committed to helping other PLWH

*"[I wanted] to do something worthwhile...  
to be part of a solution."*



## Results: Changes in Knowledge

Reported increased knowledge of:

- New information about HIV self-management
- New information about health routines

*“Even though you may live with HIV, there are a lot of things that you don't know... not even that, it [the workshop] is a great tool of how to live with it.”*



# Results: Changes in Attitudes

Reported increases in:

- Self-efficacy and assertiveness in their interactions with health care providers
- Confidence to take care of their health
- Self-advocate with their doctor

*“I see better opportunities for better healthcare, living conditions ... better overall everything...that I can actually do it myself.”*

*“I found out that I have voice. ”*



# Results: Behavior Change

- Improved ART adherence
- Improved diet/exercise habits
- Increased HIV disclosure to sexual partners
- Reduced risk behaviors (e.g., tobacco use, risky sex)

*“[My involvement with the workshop] made me more able and more willing to talk about [HIV] disclosure and practicing safe sex, and negotiating safe sex.”*



## Results: Behavior Change

*“It [the HIV and the Immune System module] interested me so much that I did my own research ... did some research on adherence and resistance and I was like, wow, I could really screw myself up if I don't take my medication ... so it really opened my eyes to do what I need to do.”*



## Results: Repeated Exposure

- Peers had the opportunity to facilitate the workshop multiple times, often monthly
- Repetition of doing so seemed to promote the importance of HIV self-management
- Over time, self-management became a consistent theme in their life

*“After a while you really internalize those behaviors.”*



## Results: Leadership

- Working in a leadership capacity motivated the peers to examine their own health behaviors
- Challenging the participants to consider barriers to health-promoting behaviors provided an opportunity for self-reflection

*“I hear people say the same things that I say ... and for me, the encouragement comes from me encouraging other people.”*



# Results: Modeling

- Leadership+ Repetition= Modeling

*“If I could present it to other people and expect other people to do it, I can do it for myself. And practicing for myself made it easier for me to talk about.”*



# Results: Accountability

- The desire to be a role model seemed to create a sense of accountability in teaching HIV self-management
- The concept of “practicing what you preach” functioned as motivation to maintain or improve their own HIV self-management skills.

*“If I'm going to talk about it, I gotta be about it.”*



## Results: Accountability

A study participant highlights how being a peer changed his smoking habits.

*"My smoke break was not important. Connecting with the participants was important."*



# Results: Social Support

All of the peers described an increase in social support as a result of their participation in TPLW.

- Expansion of their social support network of other PLWH
- Sense of camaraderie with work
- Setting: new network of exclusively PLWH



# Results: Social Support

*“It [the workshop] kinda gave me more encouragement to be social because I wasn’t the kind of person ... to exchange numbers, and I am now.”*



# Results: Professional Development

## Professional Skills Gained:

- Group facilitation
- Public speaking
- Time management
- Appropriate use of self-disclosure and boundaries



## Results: Professional Development

*“It [facilitating TPLW] helped me be a better peer and it made me more employable because that was a big program.”*

*“It's changed my life, dramatically. Professionally, my skills have been sharpened.”*



# Results: Personal Growth

- Increased self-esteem
- Improved interpersonal skills
- Increased cultural competency
- More optimism

*“You need hope when you have HIV, some people don't have hope ... Hope is all we got ... and when you have hope, you can move on, you can take medication, you know, two or three times a day.”*



## Results: Hope

*“I feel so much better about having HIV... I actually used to feel like a disease, I felt different...I don't feel different anymore, I feel special.”*



# Key Findings

- Improved Knowledge, Attitudes and Behavior
- Repetition improves content acquisition
- The desire to be a leader moves peers to model improved health behaviors, and reduce risk
- Improved social support
- Peers gained additional professional skills
- Peers attained personal growth



# Study Limitations

- Small sample size
- Former employer as interviewer
- Some peers knew their interviewers
- Results not generalizable



# Practice Implications

1. The unique nature of peer work
2. Repetition of curriculum content promotes HIV self-management
3. Leadership, modeling, and influence on others
4. Clinical supervision and support
5. Professional development for a peer

- 
- ✓ take meds
  - ✓ groceries
  - ✓ gym

# Unique Nature of Peer Role

In contrast to other jobs, personal information (HIV status) is mandatory to disclose.

- What are expectations of a peer?
- What are challenges and successes of peer work?
- Which workplace settings employ peers?
- How was TPLW different?



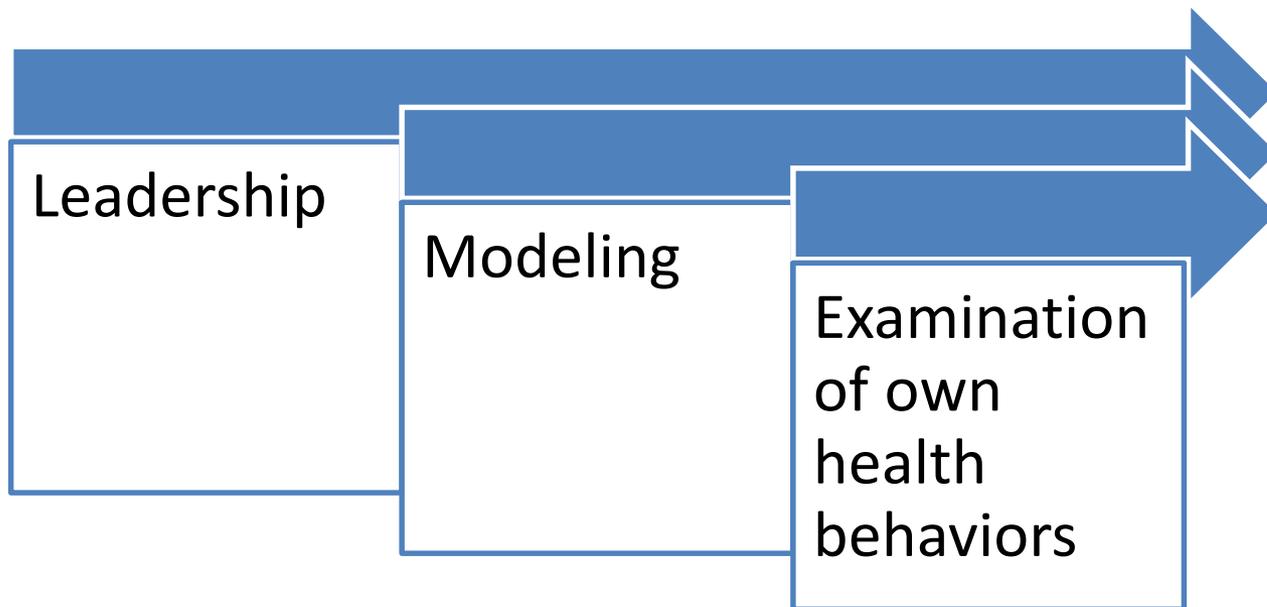
# Repetition

## Repetition in learning and self-management for health promotion

- How does this influence peer training?
- How does this influence health education curriculum content?



# Leadership



*Improved  
Health*



# Leadership

## Leadership, Modeling and Improved Health Behaviors

- Peers reported decreased risk behaviors
- However, still continued to struggle with maintaining health behaviors (smoking, disclosure)
- How can we support peers with continued health?



# Support

## Clinical supervision for peers

- Ongoing support
- Transference and Counter-transference

What type of clinical supervision is appropriate for peers? (ex: frequency, availability, supervisor credentials)

What should clinical supervision for peers look like?



# Professional Skills Development

- Returning to workforce: Pros and Cons
- Presenting and facilitating groups: “Peer 201”
- Cultural Competency: the only common denominator was HIV



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