

Promoting Health, Resiliency, and Self-Efficacy in Both Peers and Patients: Qualitative Findings from a Supportive Peer Program

Emma Kaywin, Program Manager – Development, Communications, Peer Program

Christopher Ferraris, LMSW, Program Manager – HIV Prevention Services, Research

Joseph Ohmer, Supportive Peer



**Mount
Sinai**

*Institute for
Advanced Medicine*

Presentation Overview

1. Introductions
2. The Peer role within HIV care
3. How Peer programs support positive patient outcomes
4. The Supportive Peer Program at the Mount Sinai Institute for Advanced Medicine
5. Our research: how Peer programs support positive Peer outcomes too!
6. Discussion

Who Are We?



Emma Kaywin
Emma supervises the Supportive Peer Program at the Institute for Advanced Medicine.



Christopher Ferraris
Chris runs multiple research projects at the Institute for Advanced Medicine and also oversees HIV prevention programs.



Joseph Ohmer
Joe has been a Supportive Peer with the Institute for Advanced Medicine since 2006.

The Institute for Advanced Medicine

The Institute for Advanced Medicine provides compassionate, comprehensive care to individuals and families living with or affected by HIV. We offer our patients an extensive network of caring clinicians and supportive programs to meet their unique needs.

In partnership with our patients, we help them achieve optimal health and well-being.

The Institute for Advanced Medicine

- ▶ Five-site network of hospital and community-based clinics caring for more than 13,000 patients with and at-risk for HIV/AIDS
- ▶ Co-located, comprehensive services to reduce barriers and increase a patient-centered approach to care
- ▶ Clinical services supported by approximately \$12 million in grant-funded programming

Clinics Across Manhattan

- ✓ Morningside Clinic
- ✓ Samuels Clinic
- ✓ Jack Martin Clinic
- ✓ The Downtown Clinic
- ✓ Peter Kruger Clinic



What is a Peer?

What is a Peer?

- **A person who shares certain relevant characteristics with their patients (e.g., demographics, diagnoses, behaviors, other life experience)**
- **A person who uses these shared characteristics as the cornerstone of their job activities**
- **A person specifically trained to provide compassionate support**

**Why are Peers employed
specifically in HIV care?**

The Peer Role Within HIV Care

Peer support has been embedded into the fabric of HIV care since the very beginning of the epidemic.

Peers have helped patients living with HIV by:

- Providing basic HIV and STD education (in person, on hotlines, in the community)
- Facilitating patient education and support groups
- Outreaching to high-risk populations
- Providing a welcoming linkage to services
- Providing friendly visits to patients in their homes or hospital beds

Peer Programs Support Positive Patient Outcomes

Published in final edited form as:

AIDS Behav. 2011 November ; 15(8): 1589–1595. doi:10.1007/s10461-011-9963-5.

Are Peer Interventions for HIV Efficacious? A Systematic Review

Jane M. Simoni,

Department Psychology, University of Washington, Box 351525, Seattle, WA 98195-1525, USA

Kimberly M. Nelson,

Department Psychology, University of Washington, Box 351525, Seattle, WA 98195-1525, USA

Julie C. Franks,

ICAP, Mailman School of Public Health, Columbia University, New York, NY, USA

Samantha S. Yard, and

Department Psychology, University of Washington, Box 351525, Seattle, WA 98195-1525, USA

Keren Lehavot

Department Psychology, University of Washington, Box 351525, Seattle, WA 98195-1525, USA

Behavioral interventions to prevent HIV or assist HIV-positive persons often incorporate peers, yet empirical support for their efficacy is only recently accumulating. We describe the results of a review of the global literature, identifying 117 studies evaluating the efficacy of peer-based interventions in the area of HIV/AIDS. About half were conducted in the developing world and half in Western nations. Across a range of populations and intervention modalities, the majority of studies provided some support for peer interventions according to outcome indicators in the domains of sexual risk behavior, attitudes and cognitions, HIV knowledge, and substance use. However, outcomes assessed using biomarkers and other non-self-report variables were less likely to indicate intervention efficacy. Overall, findings suggest that we can have some confidence in peer interventions, yet more data are needed demonstrating an effect in the most rigorous study designs and with outcomes that are not potentially affected by respondent bias.

The Research Overall

Programs that train and deploy Peers to support patients with chronic conditions have been shown to...

- Improve patients' management of their illnesses
- Improve patient adherence to medication
- Improve maintenance of healthy behaviors
- Reduce avoidable hospitalizations
- Help prevent the spread of HIV

Ending the Epidemic

Peers are identified as a major component for Ending the Epidemic

October 23, 2015

“Recognizing the importance of peer workers is not new. The AIDS Institute is twenty years into this story.” Dan O’Connell, Director, AIDS Institute

October 23, 2015

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Ending the Epidemic Blueprint

- **Recommendation # 21:** Establish a mechanism for an HIV peer workforce
- **Recommendation # 30:** Increase access to opportunities for employment and employment /vocational services

The Supportive Peer Program



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Supportive Peer Program Mission

We believe that as Institute for Advanced Medicine patients, we possess individual and collective experiences that make us uniquely qualified to help others. As Peers, we employ the power of one person relating to another to improve our health, and the health of our communities.

History of the Supportive Peer Program

- ▶ Founded in 2015
- ▶ Started as a volunteer position through our Consumer Advisory Board
- ▶ Has trained over 35 Supportive Peers to date
- ▶ Has led to some of the IAM's capstone programs
 - The Coming Home Program
 - Wellness offerings

Supportive Peers at the Institute for Advanced Medicine

- ▶ Provide information and support through shared experiences
- ▶ Demonstrate practices and skills that have benefitted their own health
- ▶ Offer emotional support, including encouragement, to decrease isolation
- ▶ Meet patients where they are, not where their providers want them to be
- ▶ Work to advance the mission of the Institute for Advanced Medicine

Peer Program Parameters

- ▶ The Supportive Peer Program takes place in 3-year cycles
- ▶ Peers work 9 hours per week
- ▶ The Program payment structure is designed to support Peers to stay on all benefits
- ▶ The goals of the program are:
 - To help patients achieve positive health outcomes
 - To help Peers achieve and maintain positive health outcomes
 - To help Peers professionalize so they are able to move into full-time positions at the end of the cycle

Peer Training Program

- ▶ Peers are trained through an 8-session training, 22 hours in duration
- ▶ Topics covered in this initial training include:

Health Education	Counseling Skills	Professional Skills
HIV and AIDS	Patient Self-Empowerment	Peer Code of Ethics
Biomedical HIV Prevention	Telling Your Story	Boundaries
Hepatitis C	Communication Skills	Self-Care
Social Determinants of Health	Dealing with Difficult Situations	Professional Conduct at Mount Sinai
	Values and Stigma	Dealing with Frustration

- ▶ Ongoing monthly trainings

Specific Supportive Peer Roles

Care Facilitation Peer: Provides friendly phone calls to remind patients of upcoming appointments and check in when patients break scheduled appointments.

Patient Education Peer: Ensures that patients have access to comprehensive educational materials in the waiting room, in the inpatient unit, and in the community.

Hepatitis C Peer: Provides support to patients seeking Hepatitis C treatment by sharing their experience of treatment and providing friendly check-ins for those in treatment.

Pre-Exposure Prophylaxis (PrEP) Peer: Informs patients about PrEP in the waiting room, in the inpatient unit, and in the community; follows up with patients newly on PrEP to provide support.

Outreach Peer: Supports our outreach and testing teams by recruiting testing candidates at community events and sharing patient education information.

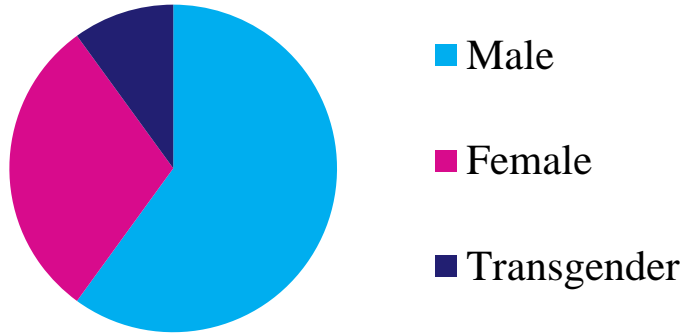
Integrative Medicine Peer: Supports our Integrative Medicine offerings, which include meditation, yoga, and nutrition groups.

Coming Home Peer: Utilizes their experience with incarceration to support patients of our Coming Home Program, which provides reentry support to persons returning from prison/jail.

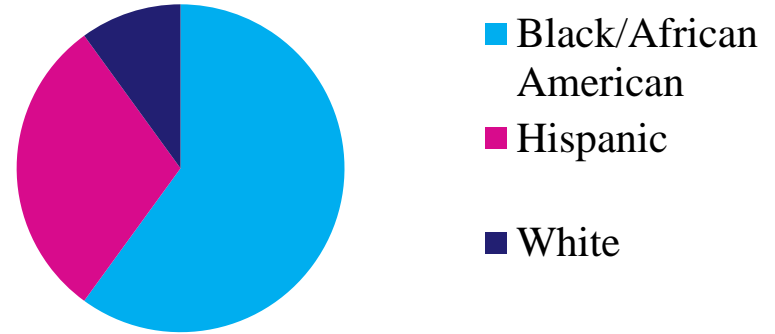
Qualitative Research: Exit Interviews with Ten Peers

Demographics of the Supportive Peers

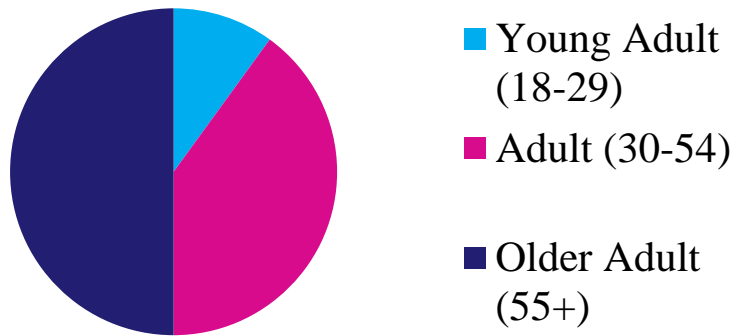
Gender



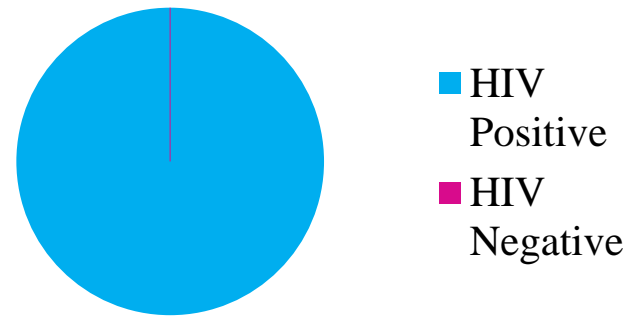
Race/Ethnicity



Age



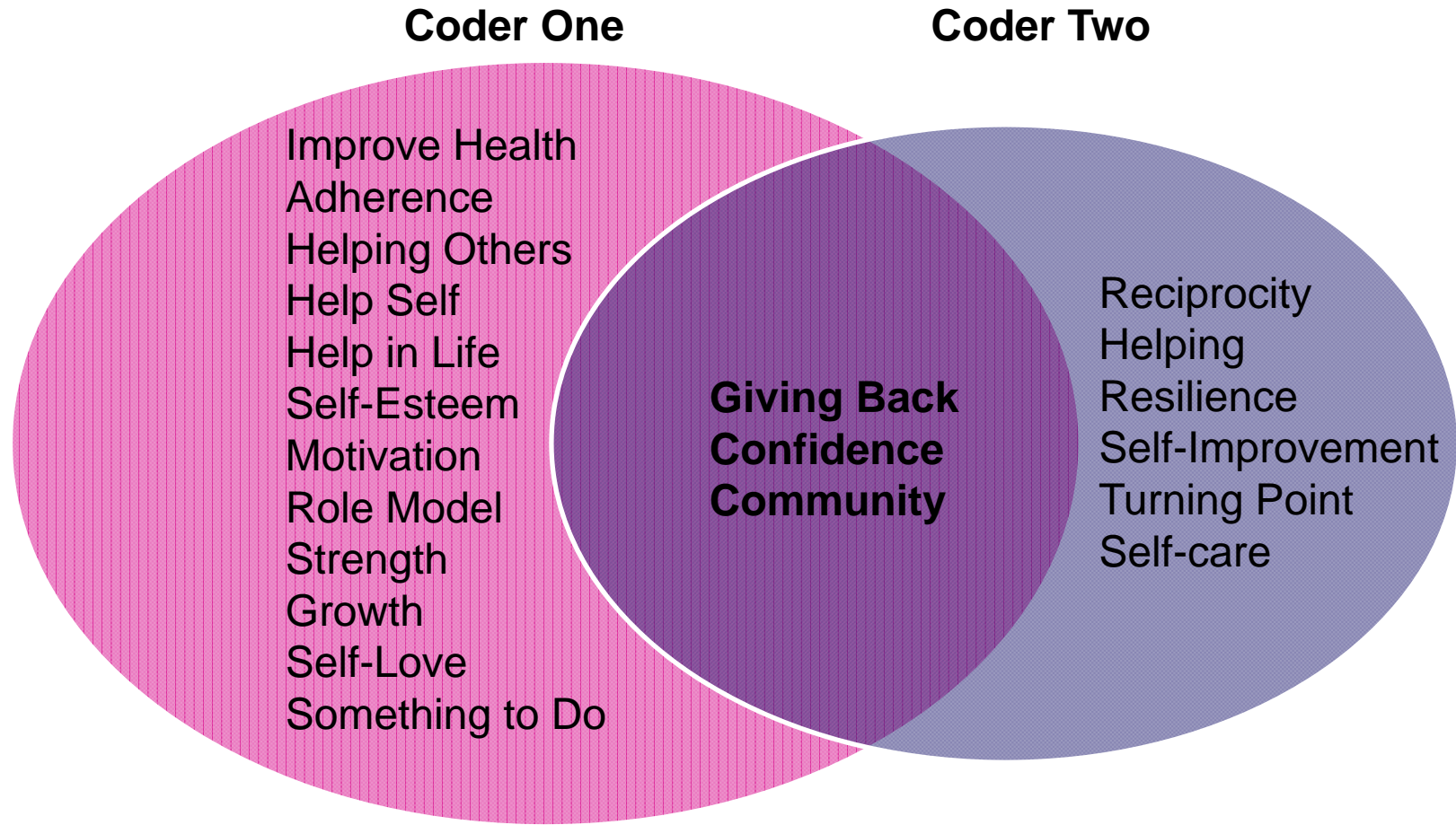
HIV Status



Methods

- Supportive Peer exit interviews were taped for ten subjects responding to the question: “*How has being a Supportive Peer helped you?*” along with open-ended follow-up questions as relevant to elicit information on that topic.
- Conversations lasted for an average of 7 minutes and 56 seconds.
- Audio was transcribed.
- Emma and Chris reviewed the transcripts separately and completed a round of **open coding**.

Open Coding Themes



Axial Coding Themes



Health Improvement

“Getting back on track with my life and becoming employed has made me more responsible - not only to the job but to my health. I worked very closely with my doctor to get myself back to good health and to the point where she's actually can't believe how well I'm doing.”

Reciprocity

“Being a Peer, my first object was to give back what the community gave me first.”

“...it's helped me amp up my commitment to keeping myself healthy, so that I can help others be in a good position as well.”

Community

“I'm going to miss the family connection from when we first started...It really felt like a family in a dark place in my time in my life, very, it's kind of – you are the only person in the room, and no one else knows that you're in this very dark space. And then everybody walks in and all of a sudden you feel like there's light coming in, and that you can come through whatever you're going through.”

Purpose

“Just give you something to do daily because after you're diagnosed it's like you're, a lot of people just sit and just wait to see what's gonna happen, basically wait to die, whatever.”

Role Model

“So it motivated me to even if my thoughts would go down to ‘Oh lemme do some drugs’, but then I would start looking in the mirror and saying, don't be a hypocrite because then, how you gonna help others if you not doing the right thing? So that always encouraged me, that even if I had bad thoughts, I would go back to my Peer mentality and encouraged me to stay clean. And I can say, I never stopped, I stopped smoking cigarettes for 11 years, 'cause I was doing the Peer Program.”

Growth

“Because I love me more today than I did in the past. And so I'm really showing up for me and wanting to take care of myself. And so I amaze myself every day when I look in the mirror and I don't see the person I used to be. I see the person I am today. I'm so much more confident, I'm so much more engaged. I work well with others. I found my strengths are helping other people. I think it's probably because of my own personal experiences, the downs that I've had, the low points in my life that I've had, has prepared me to help others.”

“And I am so grateful to all of the people that for some way or another had touched, or threw a grain or say hi or encouraged me to keep on going, or thanked me to doing the Peer Program, because it kept on giving me more strength, kept on giving me more my self-esteem to go higher.”

“God gave me a mountain and I climbed it.”

Communicable Skills

“Not people just in the hospital setting, people out on the outside that I know that are ill, or they're coming home from prison, you don't have to be stuck where you're at.”

“...I was able to use that on my job, and also helped me in life dealing with other people.”

Our Conclusions from Qualitative Analysis

1. Our Peer Program supported Peers in both health and emotional outcomes
2. These skills are communicable to other fields as well as daily life, making the Peer Program a positive professionalizing force

Next Steps

- ▶ A more rigorous qualitative analysis with current Peers
 - Structured interviews at beginning, midpoint, and endpoint of 3-year cycle
 - Health outcome data
 - HIV Care Continuum Data
- ▶ Expansion of research into other Peer Programs
- ▶ Development of additional Peer Programs in other patient populations in need of these identified outcomes

Discussion: How might a
Peer Program support your
agency?

Thank You!

Emma Kaywin: Emma.Kaywin@mountsinai.org

Christopher Ferraris: Christopher.Ferraris@mountsinai.org

Joe Ohmer: Joseph.Ohmer@mountsinai.org