Valuable Assets. Eliciting Peer Perspectives to Revise an HIV Self-Management Curriculum

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Hello!

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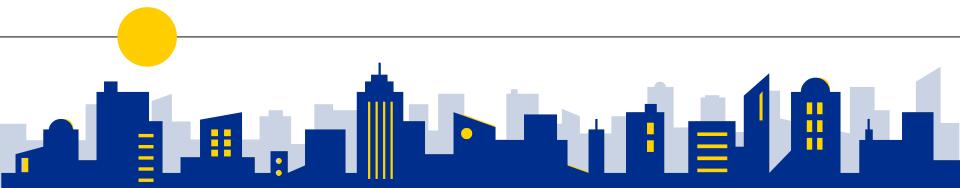
New York, New York





Definition of a Peer

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)





- O Peers can offer a unique level of support around HIV and self-management (Heisler, et al. 2009)
- O Peer-led interventions improve health outcomes among PLWH (Genberg et al., 2016)





Examples of Peer Work in HIV Services

- Patient Navigation
 - Intake
- Group Facilitation
- Health Education
- HIV Testing and Counseling
 - Direct Services
 - Food
 - Clothing
 - Housing Housing
 - What else?





TPLW is a health education workshop to support selfmanagement for PLWH. Led by peers who are also PLWH, it includes presentations, activities, and small group work.

























Original curriculum developed in 2011 with the Shanti Project and NYC DOHMH staff

- Introduction and Intensive workshops (2.5 days)
- o Topics:
 - HIV and the Immune System, Beliefs, Self-Management, Engagement in Healthcare, Sexual Health, Drug and Alcohol Use, Treatment Adherence, HIV Disclosure, Trusted Support, Self-Assertiveness, Body Care, Nutrition, and Mental Health



TPLW Curriculum History

- In 2014, the workshop moved to RFP model with delivery by 3 NYC agencies
 - The Alliance for Positive Change
 - The Family Center
 - Latino Commission on AIDS



TPLW Curriculum History

20 14-20 15 Curriculum Revisions

- Completed by members of DOHMH training and clinical staff in the Bureau of HIV (BHIV)
- Re-arranged into 7 modules (20 hours)
- Added PEP, PrEP, co-morbidities, spirituality, immigration
- Revised drug and alcohol use, emotional health, sexual health



TPLW Curriculum History

• In 20 16, DOHMH Implementation Specialist, through workshop observations and training experience, recognized need for additional curriculum updates and revisions

- Updated information about HIV
- Reduce slide burden and increase activities
- Refresh appearance



Creation of Workgroups

- Revisions began as small workgroups for each module. All peers were encouraged to attend.
- Agencies sent 1-2 members per workgroup, usually based on who presented the module
- Workgroups met bi-monthly
 - Food served
 - Temporarily replaced HER Provider meetings



Collaboration with DOHMH

 Implementation Specialist reached out to BHIV Graphic Designer to revise icons and better represent cofactors.





Cofactors

What are the three types of cofactors?







Body care

Psychological



Beliefs about HIV



Trusted support

Social



Drug & alcohol use



Stress



HIV disclosure



Sexual Health



Grief & depression



Self-advocacy



Adherence to HIV treatment

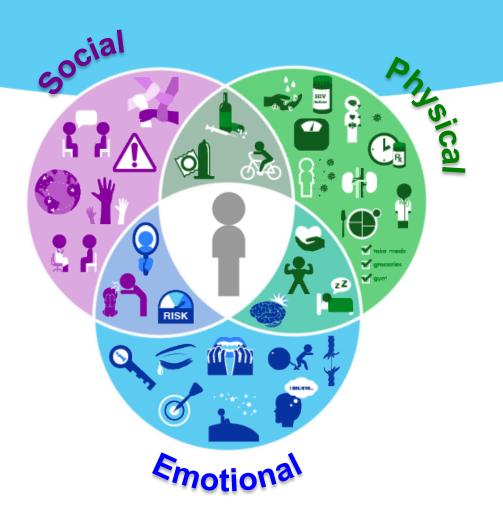


Patient-provider relationship



Engaging in healthcare







Major Modifications

• Update language: gender, IPV, harm reduction

Module 4: "Substance Use and Sexual Health"



"Be Safe, Be Healthy"







- Addition of interactive activities and use of props
 - STI Activity
 - Nutrition Exercise
 - Build a Plate
 - Participant Polls mid-slides
 - EPE model





Major Modifications

 Added relevant content such as intersectionality, safety with law enforcement, immigration policies, stigma, and U=U



U=U was highlighted in both Engagement in Care and Sexual Health modules



The stigma snake appears throughout the curriculum on specific topics





Inclusion of video and mixed media



Winner of Best Slide Change



Module 2: HIV and the Immune System

Life on the HIV Highway



HIV and the Immune System



What are the stages of HIV?

Acute Infection:

During this time, large amounts of the virus are being produced in your body.

Many, but not all, people develop flu-like symptoms often described as the "worst flu ever."

Clinical:

During this stage of the disease, HIV reproduces at very low levels although it is still active.

During this period, you may not have symptoms.

With proper HIV treatment, people may live in this stage for several decades.

Without treatment, this period lasts an average of 10 years.

Some people may progress through this stage slower.

Wellness:

Today, a person living with HIV who starts HIV treatment, under the direction of a medical provider, can live a long and healthy life.



AIDS:

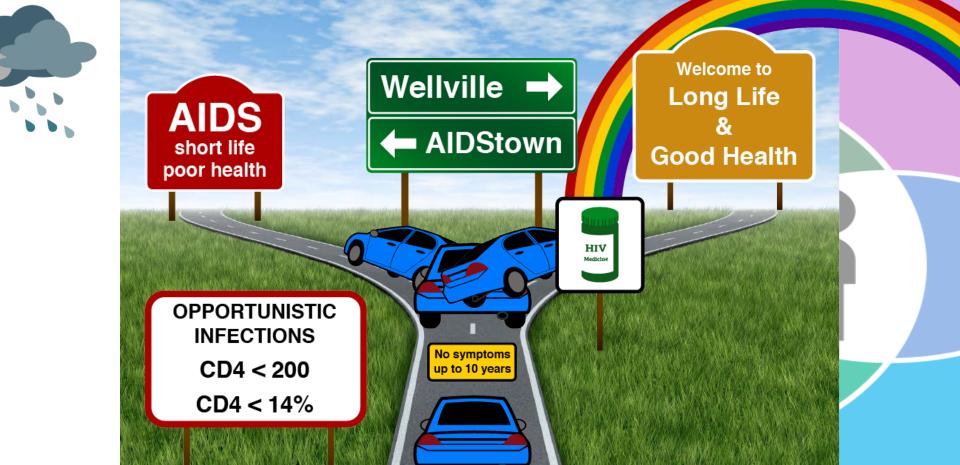
If your CD4 cells fall below 200 or less than 14% you are considered to have progressed to AIDS.

If you have HIV and one or more OIs, you will be diagnosed with AIDS, no matter what your CD4 count happens to be.

Without treatment, people typically survive 3 years.







ACUTE INFECTION

Peers in the Workgroup

- Peers reported positive experience
 - Appreciated being part of redesign
 - "Mini Provider Meeting"
 - Opportunity to network and connect with different agencies and peers with shared experiences



Lessons Learned

- Feedback from peers was essential
 - They conduct the workshop regularly, so they know what is working and what is <u>not</u> working
 - Client-centered approach
 - Reduced burden to revise as a group
 - Democratic process to allow many opinions and points-of-view



Post Revisions

- DOHMH Implementation Specialist formatted slides with new content, activities, and icons
- September 20 17, each agency got updated slide set with curriculum notes
- Summer 20 18, review of year using revised curriculum
 - Small changes (ex: videos to click slides, moving IPV from Be Safe, Be Health to Emotional Health, Intersectionality to Social Health)



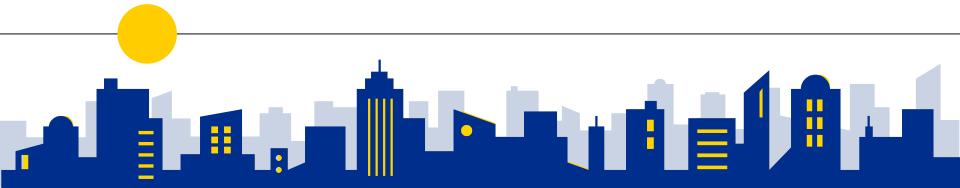
Peer Panel

- Let's hear from peers involved in the curriculum revision process
 - 1. How was it being part of the workgroup?
 - 2. How has the new curriculum impacted your delivery of the workshop?
 - 3. What kind of revisions do you see in the future for TPLW?





Q & A





Thanks!

Let's stay in touch.

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