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Starting and Growing a Rural-based Peer Coach Program

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Starting and Growing a Rural-based Peer Coach Program

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Workshop Learning Objectives

1. Discuss the evidence behind peer coach programs

2. Examine some of the challenges in starting and growing a peer coach program especially highlighting rural issues

3. Outline best practices for peer coach programs from one Southeast clinic’s experience

4. Describe opportunities for improvement in peer coach programs from a client perspective and a clinic view
Vision and Opportunity

• University of Virginia Ryan White Clinic
  – Clinic in (small) city with large rural catchment area

• Had support groups led by dedicated social worker; upon his retirement, these collapsed
Vision and Opportunity

- Rurality, stigma and isolation with HIV diagnosis in rural Virginia
- WICY population, particularly young people, more at risk of falling out of care
- Identified need for peer support but difficulty recruiting participants for support groups
  - “I wish I could just talk to someone who really understands what this is like.”
Evidence behind Peer Coach Programs

• Systematic reviews of U.S. studies have highlighted peer navigation and the inclusion of peers as part of a health care team as evidence-based retention strategies.
One Study Example

- Study of 437 people living with HIV with a history of suboptimal engagement in care across four different clinics
- Peer navigators assisted patients in optimizing utilization of available clinical resources, developing effective communication with providers and maneuvering through the complexity of multidisciplinary treatment
- Patients who attended 2 clinic visits in a 6-month period: increased from 64 to 79%
Stigma as Barrier to Care

• HIV-related stigma can create barriers to HIV treatment adherence by interfering with adaptive coping and social support, as well as driving internal stigma.

• HIV-related stigma is a dominant barrier to care among women in the rural southeastern U.S.

• 52% of our patient population live in rural communities where geographic and social isolation become barriers to linkage and retention in HIV care.


Guidance for Peer Integration in Rural Context

• Published literature evaluating different models of integrating peers into care teams is limited
• No discussion of rural challenges and possible solutions


Benefits to the Peer Coach Client

• Social support predicts
  – Improved retention in care
  – Improved adherence to ART

Benefits to the Peer Coach

• One qualitative study of predominately African American women from rural counties in Alabama found that providing empathy to peers gave the women a feeling of purpose beyond caring for their own health.

Challenges/Barriers to Peer Coach Program, especially in our rural setting

• Distance
• Difficulty recruiting
• Time commitment
• Peer Coach Self-care
• Stigma (internal and external)
• Literacy
• Language
• Funding
What are the barriers that you are facing?
Our clinic’s experience
“I wish I could just talk to someone who really understands what this is like.”
Observation of other models of Peer Service

- Peer Program from EVMS (Eastern Virginia Medical School)
  - Once a month commitment for coaches
  - Peer coaches ($150/day)
- Volunteer peer navigators (CHW)
  - Bring in PLWH from community to connect them to care and peer service.
- Program managed by NP (Nurse Practitioner not peer)
What did we learn from EVMS?

• All areas are not the same- program will be very 
  context specific.
• Can’t take an urban program and put it in a rural 
  place- Think about audience
• Think about the management and dissemination 
  of the program.
• Peers need to be trained professionally about 
  HIV, STDs, boundaries, bias, mental health, 
  substance use, motivational interviewing, etc…
UVA Peer Program Pilot

• Goal- integrated program accessible to all HIV positive patients at UVA and we wanted to assess the program’s impact on clients served

• The Peer Coach Program was developed to support UVA Ryan White Clinic patients from a mostly rural area to:
  – overcome stigma
  – build self-management skills

• Started by 2 non-peer Community Health Workers
What did we learn from our pilot?

• Reach out to others with experience—will help you avoid pitfalls
  – Ribbon consulting group
  – Another clinic (for us, EVMS)
  – HRSA Project Officer (discuss needs)
  – Your our patients to assess barriers to care
What did we learn from our pilot?

• Find partners in your system
  – UVA Volunteer Services (due to HR/employee barrier)
  – Providers in your own clinic (MH, OBGYN, MCM, CHW, MD, etc)
  – Division of Infectious Diseases Administrators
  – UVA Legal Department
  – Health System (Rooms available for free use)
  – Other support programs to increase dissemination (Positive Links)
  – Client advisory board
What did we learn from our pilot?

• Have an experienced grant writer with knowledge of your program (or seek advice from one)

• Coaches who are compensated are more engaged
What did we learn from our pilot?

• Don’t rush to get results
  - (start slow – grow slow)

• Each step of the process will bring new lessons learned
  – Can ask yourself: “Is this the best program for our community?” and “Is this program achieving positive outcomes?”

• May need to modify parts to optimize outcomes
Current program

- 1 Peer coach program coordinator (Bilingual Spanish - English)
- 1 Direct Medical supervisor who provides clinical supervision and support to the Peer Coach Program Coordinator
- 6 Peer coaches from diverse backgrounds and ages to provide a more comprehensive experience to the clients.
- 1 Mental Health provider which provides support for the peer coaches
Practical details

- Coaches have to send a monthly report of activities at the beginning of each month to the Peer coach program coordinator.

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<th>PEER COACH MONTHLY REPORT</th>
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<td>PEER COACH NAME:</td>
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<td>MONTH REPORTING:</td>
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<th>ACTIVITIES</th>
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SUMMARY OF THE MONTH ATIVITIES:  

DATE SUBMITTED: 

SIGNATURE: 

This invoice is confirmation that John Smith provided services to the Peer Coach Program at the UVA Infectious Diseases in the month of August 2016.

An incentive of $50 will be provided to Mr. Smith for providing services.

If you have further questions, you may contact Pamela Bickley at the University of Virginia at 434-982-1688.
Practical details: $$$

- Coordinator send individual invoices to RW program coordinator to process payments with the UVA Health System
- Peer coaches are registered as Vendors with the University to receive monthly stipends
  - receive $50/month stipend regardless of number of peer encounters to keep them engaged, support their contribution and thank them for their time
  - ≥ 3 Clients/month, peer coach receives a bonus $50/month
- In additional to the monthly stipends, if
  - Coach attends a training/client encounter in clinic, they receive a $10 gas card to cover travel expenses
  - Coach attends a training in clinic, they receive a $10 cafeteria card
Any questions about our current program?
Peer Coach Program Outcomes

- Narrative/Qualitative
- Numbers/Quantitative
Outcomes- Narrative

Client Outcome - “Ramona” is a 36-year-old, heterosexual, Spanish-speaking Latino woman. The patient’s community health worker (CHW) identified the need for a peer coach due to difficulties with HIV status disclosure, HIV stigma, and social support affecting her overall health. At the first encounter with the peer coach (PC), additional barriers including housing, child support, immigration and health insurance access were identified. The PC provided emotional support and encouraged Ramona to set goals toward overcoming the identified struggles. Over the next several months, Ramona worked with the PC and the CHW to connect with more resources and to achieve the goals previously set with the PC. Ramona demonstrated increasing enthusiasm and confidence during sessions with both the PC and the CHW. She ultimately shared that she was starting to connect with new people and with her own family again. Today, Ramona reports that her mood has improved. She is in good health and hopes to build a better future for herself and her daughter. In this case, the PC identified barriers which were not disclosed to other team members and connected her with the services to provide the needed support. The PC also helped the patient problem-solve and set goals to help her overcome issues affecting her health and life.
Outcomes- Narrative

Peer Coach Outcome - “Jason” is a 55-year-old African-American gay male living with HIV since 2006. In 2014, when the peer coach program was under development in a pilot stage, a CHW approached Jason to join the new Peer program because of his very strong commitment to his own health. Jason was recruited and trained on many different topics to enhance his knowledge of HIV, self-care, motivational interviewing, and other skills. He demonstrated very solid outcomes after conversations with peers managing the same condition. He became an advocate for other PLWH (people living with HIV), gaining knowledge through the experience of assisting his peers. Through the training provided at the UVA RWC peer coach program, he learned new tools to help reduce and fight stigma, thus reducing the barriers to care that other peers were experiencing. Today Jason provides peer coach services to four peers at the UVA RWC as one of the permanent peer coaches on staff for 2 full years.
Cascade of Care for WICY Clinic Clients by Peer Coach Program Status

- Linkage to care within 90 days: 67% (21/31) for Peer Coach Client, 100% (13/13) for Non-Participant
- Retained in Care: 89% (207/235) for Peer Coach Client, 100% (216/235) for Non-Participant
- Prescribed ART: 92% (216/235) for Peer Coach Client, 100% (13/13) for Non-Participant
- VL Supression: 80% (187/235) for Peer Coach Client, 100% (13/13) for Non-Participant
Future of our program

• Continuation of current peer coach service provided.

• Further professional development and capacity building for peer coaches
  – new technology skills, leadership, increase outreach and efficiency, small educational groups/support groups with peer coaches involved as leaders

• Common Threads- Trauma Informed Leadership & Workforce Training (Partnering with Ribbon, Women ≥18 yo)
New Challenges to Address

• Gaps in professionalism and leadership capacity among Peer Coaches limits the self-sufficiency of the Peer Coach Program

• Poverty and low self-esteem threaten ability to be retained in care and achieve VL suppression

• Difficulty retaining young adults in care
New Challenges to Address

**Problem**
Gaps in professionalism and leadership capacity among Peer Coaches limits the self-sufficiency of the Peer Coach Program

**Goal**
Increase professionalism and communication and leadership skills of Peer Coaches to improve the quality and sustainability of peer support aimed at retaining more WICY patients in care

**Objective**
Provide training in professionalism, leadership, and workforce services and create opportunities for leadership and build capacity for coaches to train new Peer Coaches in the future

**Action Steps**
- RCG training in presentation skills and leadership (Oct 2016)
- RCG training in small-group facilitation (Mar 2017)
- Continue to support Peer Coaches to lead CDSMP workshops (Aug 2016-Jul 2017)
- Coaches recruit participants for small groups as follow up from CDSMP (Mar 2017)
- Peer Coaches facilitate small groups focused on population-specific education needs (Apr-Jul 2017)
New Challenges to Address

**Problem**
Poverty and low self-esteem threaten ability to be retained in care and achieve VL suppression

**Goal**
Support vocational skills development and confidence among women living with HIV

**Objective**
Implement Common Threads vocational development program for HIV positive women

**Action Steps**
- UVA RWC promotes program *(Oct 2016)*
- RCG conducts training *(Nov 2016)*
- RCG supports group to reach goals *(May 2017)*
New Challenges to Address

**Problem**
Difficulty retaining young adults in care

**Goal**
Connect more young adults to Peer Coach Program, including coaching services, CDSMP workshops, and small groups

**Objective**
Reach out to potential clients in new ways including social media

**Action Steps**
- Provide tablet device and technology capacity building as described above
- Engage Peer Coaches in developing a facebook page and other social media to link WICY clients to Peer Coaching *(Jan 2017)*
- Continue to post educational information and Peer Coach Program promotions on social media *(Jan-Jul 2017)*
Best Practices
(from one Southeastern US clinic’s experience)

• Context specific - Think about audience
• Reach out to others with experience - Will help you avoid pitfalls
• Find partners in your system
• Be practical (start slow, grow slow)
• Manage expectations and have good open communication
Any best practices from your experience that you would like to add?
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Questions?

Thank you!

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