

**Meaningful Involvement of Peers in Data Collection
and Evaluation Webinar 10/25/16
Q&A**

Included below in bold are questions from webinar participants that we did not have time to address during the webinar. Answers were provided by Christina Farmartino, MPH, The Open Door (CF) and Erin Falvey, PhD, MFT, Christie's Place (EF), and Melissa Werner, MPH, MAT, AIDS United (MW).

Q: I work with African American men who are positive and it seems to be a struggle. Has anyone had success working with people of color in their peer programs? What worked, what didn't?

CF: I will check with Nate further on this; however, as the vast majority of the people we work with are African American, it was important to our program from the beginning that our staff be representative of our population to overcome cultural barriers.

Q: Erin, would you be able to provide more information about the peer advocacy training? That sounded like a really exciting opportunity.

EF: It is called the Lotus Training. Please contact me directly at falvey@christiesplace.org

Q: Interested in the idea of splitting off non-intervention data collection for research coordinators. Could you say more about that?

EF: The Research Coordinator can conduct assessment interviews beyond intervention timeline. They can also collect medical data from clinics and conduct assessments related to national indicators that are less relevant to aims of peer intervention. They can also create processes to ensure follow up occurs within assessment windows.

Q: For everyone: What type of trainings did you provide for the Peers?

CF: Specifically with data collection, we did multiple role plays, ran through the questions on several occasions (and figured out how to rephrase if a participant didn't understand), and reviewed what worked and what did not work after rounds of people at 6-month intervals. I did a presentation on the important of data related to our program, funders, and participants. On a higher level, our peers access continual training in many areas including: trauma-informed care, mental health first aid, continual HIV training, motivational interviewing, harm reduction, and medical case management.

EF: We do all of the above.

Q: Are there any National Peer Certifications that can be taken advantage of?

MW: Unfortunately, we are not aware of any national peer certifications.

Q: For Erin: How did you recruit peer navigators to apply for these positions?

EF: Largely through in-reach with existing clients/community members.

Q: How did you share the information with your clients at the end of the RIC?

CF: We did a presentation with our residents; however, we could have done a better job disseminating information to our representative payee clients. This is a very important question and should be done!

EF: We have done presentations for clients and we also conducted focus groups to guide the next innovation of our CHANGE for Women program post RiC funding.

Q: For the peer interventions, were they first implemented for the period of the program or did your agency have experience with using the practice prior to the implementation phase?

CF: We were committed to a peer model from our inception (10 years ago). In fact, two of our peer staff are still here to this day (Nate and Yvette). Data collection has always been a part of their position; however, not to this rigorous level.

EF: We have also utilized a peer model. We augmented it for the A2C and RiC funding. All of our staff collect data but this was much more rigorous.

Q: I missed the first 15 minutes so I hope this question wasn't addressed then. In order to become a peer navigator what training is required of people living with HIV/AIDS?

CF: We did not require specific training at The Open Door however, have made a huge effort to help our peers access skills based trainings. What is required- at a base level- is the lived experience of living with HIV.

EF: No specific training prior to employment.

Q: Did you have to develop or adapt your evaluation tools on your own, and if so, how did you include your peers in this?

CF: We adapted the tools into better formatting for ease of interview. We also adapted some of the questions that were particularly challenging to understand. As they were national measures, we were not able to include the adapted questions but armed our peers with a second copy with definitions and reasons behind questions. We also created a "research" script to let our participants know why we were doing this, what the risks were, and how their information was protected. Peers helped develop everything that was mentioned and in fact, most of it happened because our team suggested it.

EF: We had a similar process.