

Selected References and Resources Project Consumer-LINC

HIV/AIDS-Specific Resources

Guides to Peer Programs and Peer Training

Building Blocks to Peer Success: A Toolkit for Training HIV-positive Peers to Engage PLWHA in Care. Peer Education and Evaluation Resource (PEER) Center at Boston University, Boston, MA, April 2009. The toolkit available as of July 2009 is a train-the-trainer guide that provides many modules to support the training of HIV-positive peers who work to engage and retain people living with HIV in health care. The toolkit is designed for use by experienced trainers and by providers that employ peers, to develop pre- or in-service training programs and individual sessions. A second toolkit providing resources for providers employing peers is in development. This work was funded through a Ryan White cooperative agreement from the Division of Training and Technical Assistance (DTTA) of the HIV/AIDS Bureau. Available online at http://www.hdwg.org/peer_center/training_toolkit.

Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates and Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates – Supervisor’s Guide. Cicatelli Associates, New York, 2007. Developed through a HRSA/HAB cooperative agreement, these toolkits focus on peers as employees, but also provide valuable information for peer volunteers. Plain language materials with lots of tools and worksheets. Both manuals available online at <http://careacttarget.org/library/peers/ToolkitForPeerAdvocateSupervisors.pdf>.

Peer Support for HIV Treatment Adherence: A Manual for Program Managers and Supervisors of Peer Workers. Prepared by the Harlem Adherence to Treatment Study (HATS), Harlem Hospital, New York, in 2003. The guide provides training modules and evaluation tools designed to help managers add a peer adherence component to an existing program. Available online at [http://www.peernyc.org/Assets/web_docs/Peer%20Adherence%20Support%20Manual%20\(HIV\).pdf](http://www.peernyc.org/Assets/web_docs/Peer%20Adherence%20Support%20Manual%20(HIV).pdf).

Reports and Studies on Use of Peers in Ryan White Programs

Self-Assessment Module: Continuum of Care. This module was developed in 1997 for the HIV/AIDS Bureau for use by Title I Planning Councils and Title II Consortium planning bodies to evaluate their continuum of care to people living with HIV disease and AIDS. It examines the process used to develop the continuum of care, the services included in the continuum, how services are linked to form a continuum, and how the Ryan White funded-continuum connects to the broader system of care. Although the system of care has changed since 1997, many of the questions are still relevant. Available in hard copy from HRSA. Order online at: <http://ask.hrsa.gov/detail.cfm?PubID=HAB00128>

“SPNS Outreach Initiative Program Descriptions.” Describes the projects funded under the Outreach initiative, including several that fit this strategy. Available online at: http://www.bu.edu/hdwg/pdf/projects/corephaseII/SPNS_Program_Descriptions.pdf

User Name: Outreach Worker. An update from the RWCA SPNS Program, HRSA HIV/AIDS Bureau, “What’s Going on @ SPNS.” Describes two demonstration projects in the Young MSM of Color Initiative that use peer outreach methods that include the Internet. Available at <http://careacttarget.org/Library/SPNSBulletin/spnsbulletin.aug06.pdf>.

“The Utilization and Role of Peers in HIV Interdisciplinary Teams,” a HRSA/HAB consultation held February 23, 2009 in Bethesda, MD, sponsored by the Division of Training and Technical Assistance, HIV/AIDS Bureau. Report and PowerPoint presentations available through DTTA or Mosaica.

Training Modules

“The Role of the Health Systems Navigator,” prepared by the Fenway Institute of Fenway Community Health. This plain-language training module is one product of a Ryan White SPNS grant within the Targeted HIV Outreach and Intervention Initiative. It is available online at http://www.fenwayhealth.org/site/DocServer/What_is_HSN_abbreviated.pdf?docID=365.

HIV/AIDS Bureau Policy Guidance

HRSA/HAB Policy Guidance 07-06, “Use of Ryan White HIV/AIDS Program Funds for Outreach Services.” This policy guidance clarifies expectations and requirements for outreach services funded under Ryan White. See <http://hab.hrsa.gov/law/0706.htm>.

Materials on Unmet Need

“Estimating, Assessing, and Addressing Unmet Need for HIV Primary Medical Care: What Planning Bodies Need to Know.” PowerPoint presentation. Mosaica, updated 2009. Available online at: www.mosaica.org/unmetneedta.asp.

A Practical Guide for Estimating and Assessing Unmet Need for HIV-related Primary Medical Care. Prepared by Mosaica, July 2009. Available on the TARGET Center website, <http://careacttarget.org> and the Mosaica website, www.mosaica.org/unmetneedta.asp.

Resources on Peers and Community Health Workers, Not Specific to HIV/AIDS

Studies and Reports on Peer Community Health Workers

Building Peer Support Programs to Manage Chronic Disease: Seven Models for Success. Prepared for the California Healthcare Foundation, December 2006. Provides detailed models of seven programs, using such diverse approaches as reciprocal peer partnerships, support groups,

self-management training, coaching, and telephone- and internet-based peer support. Report describes models, provides cost information, and presents at least one case study showing how an organization is using the model. Report available online at http://www.fachc.org/pdf/mig_building%20peer%20support%20programs-seven%20models.pdf.

“Cross-cultural and international adaptation of peer support for diabetes management,” in *Family Practice*, 2009. Describes how the Robert Wood Johnson Foundation Diabetes Initiative relied on peer support to provide assistance in managing and living with diabetes in daily life, social and emotional support, and linkage to clinical care to people with diabetes. Abstract available at: <http://fampra.oxfordjournals.org/cgi/content/abstract/cmp013v1>

Project Dulce: a description of the Project Dulce services and outcomes. A San Diego collaboration between Scripps Health’s Whittier Diabetes Institute and other clinics and community-based organizations, this diabetes program has successfully used peer health educators for over ten years, successfully reducing the costs of their health care by focusing on education and prevention. See an article in the *North Country Times* on July 8, 2009, at <http://www.nctimes.com/articles/2009/07/08/health/za7ee91b71a3f9be6882575d800094e1e.txt>. For additional information about the program, see the Scripps Health website, at <http://www.scripps.org/services/diabetes/project-dulce>.

Studies and Reports on Community Health Workers – Not Necessarily Peers

“Community health worker training and certification programs in the United States: Findings from a national survey,” in *Health Policy*, Volume 80, Issue 1, Jan. 2007. Three trends in CHW workforce development were identified through a national survey: (1) schooling at the community college level—provides career advancement opportunities; (2) on-the-job training—improves standards of care, CHW income, and retention; and (3) certification at the state level—recognizes the work of CHWs, and facilitates Medicaid reimbursement for CHW services. Abstract available at: [http://www.journals.elsevierhealth.com/periodicals/heap/article/S0168-8510\(06\)00036-4/abstract](http://www.journals.elsevierhealth.com/periodicals/heap/article/S0168-8510(06)00036-4/abstract).

Community Health Workers National Workforce Study. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, March 2007. Conducted by the Regional Center for Health Workforce Studies, University of Texas Health Science Center, San Antonio. Available online at <http://bhpr.hrsa.gov/healthworkforce/chw/>.

“Growing Your Patient Navigation Program: A step-by-step guide for community cancer centers.” Joann Zeller, Association of Community Cancer Centers (ACCC) Cancer Care Patient Navigation: A Call to Action. Provides a description of how to plan and implement a patient navigator program within a community cancer center. Many of the same steps are applicable for other healthcare providers including clinics providing HIV/AIDS care. Available online at <http://acc-cancer.org/education/pdf/PN2009/s25.pdf>.

Program Assistance Document for the Community Health Worker Field, 2005. Developed by E. Lee Rosenthal of Migrant Health Promotion with funding from HRSA. This document includes discussions on the following topics: CHW program implementation and coordination issues, CHW recruitment and retention, training and capacity building for CHWs, fair payment and recognition for CHWs, evaluating CHW programs, reasons to include CHWs in health centers. Available from the Florida Association of Community Health Centers, at: http://www.fachc.org/pdf/mig_CHW%20paper.pdf

Sample procedures to guide *promotoras*, available from the Migrant Clinician Network in English and Spanish, at <http://www.migrantclinician.org/mcn/health-center-policies-and-procedures/promotora-community-health-worker-policies/index.html>.

Curriculum Materials and Modules

Minnesota Community Health Worker Curriculum. A description of the 11-credit curriculum developed by Minnesota's Community Health Worker Project. It contains the following six modules: (1) Advocacy and Outreach, (2) Community and Personal Strategies, (3) Community Health Worker's Role in Teaching and Capacity Building, (4) Legal and Ethical Responsibilities, (5) Coordination, Documentation, and Reporting, (6) Communication Skills and Cultural Competence. Document available at: <http://heip.org/documents/CurriculumOutline.doc>.

Journal Articles Reporting on Evaluations of CHW Programs

"Advancing Diabetes Self-Management in the Mexican American Population," in *The Diabetes Educator*, Volume 33, Number 6, 2007. Community health workers acted as extenders of the medical staff to facilitate behavior change, using patient-centered counseling. The pilot study demonstrates that community health workers, as an integral part of the health care team, are effective agents in providing self-management support to persons with diabetes. Abstract available at: http://tde.sagepub.com/cgi/content/abstract/33/Supplement_6/159S (Full text available in print form only).

"Community Health Workers as Interventionists in the Prevention and Control of Heart Disease and Stroke," in *American Journal of Preventive Medicine*, Volume 29, Issue 5, Supplement 1, Dec. 2005. CHWs have contributed to significant improvements in community members' access to and continuity of care and adherence to treatment for the control of hypertension. CHWs assume multiple roles, including patient and community education, patient counseling, monitoring patient health status, linking people with health and human services, and enhancing provider patient communication and adherence to care. Abstract available at: [http://www.ajpm-online.net/article/S0749-3797\(05\)00282-5/abstract](http://www.ajpm-online.net/article/S0749-3797(05)00282-5/abstract).

"A Community-Based Asthma Management Program: Effects on Resource Utilization and Quality of Life," in *Hawaii Medical Journal*, Volume 63, Number 4, April 2004. A CHW pediatric asthma intervention in Hawaii shows a decline in emergency room visits and increased quality of life. In one phase of the study, asthma-related per capita charges decreased from

\$735.00 to \$181.00. Abstract available at:
<http://www.ncbi.nlm.nih.gov/pubmed/15164865?dopt=AbstractPlus>.

“The Effectiveness of a Community Health Worker Outreach Program on Healthcare Utilization of West Baltimore City Medicaid Patients with Diabetes, with or without Hypertension,” in *Ethnicity and Disease*, Volume 13, Number 1, 2003. A CHW intervention program resulted in average savings of \$2,245.00 per patient, and a total savings of \$262,080.00 for 117 patients, along with improved quality of life. Abstract at:
<http://www.ncbi.nlm.nih.gov/pubmed/12723008?dopt=AbstractPlus>.

“The Impact of Community Health Worker Training and Programs in New York City,” in *Journal of Health Care for the Poor and Underserved*, Volume 17, No. 1 Supplement, Feb. 2006. The Northern Manhattan Community Voices Collaborative developed a program to train and integrate community health workers into ongoing programs at partner community organizations. A total of 1,504 CHWs were trained, with 16%–200% increase in CHW competency for selected skills. The CHWs facilitated health insurance enrollment for about 30,000 individuals. Abstract available at: http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu17.1S.html.

“Measuring Return on Investment of Outreach by Community Health Workers,” in *Journal of Health Care for the Poor and Underserved*, Volume 17, No. 1 Supplement, Feb. 2006. This article documents the positive financial impact of outreach by community health workers employed by Denver Health Community Voices. The study documents the economic contributions of peer CHWs to the safety net system. See http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu17.1S.html.

“People Improving the Community's Health: Community Health Workers as Agents of Change,” in *Journal of Health Care for the Poor and Underserved*, Volume 17, No. 1 Supplement, Feb. 2006. People Improving the Community's Health (PITCH) uses teams of community health workers to provide targeted outreach, to enroll those eligible in health coverage plans, to provide information and linkages to health and social support services, and to engage community members in community improvement activities. Outcomes of PITCH include increased enrollment in health coverage plans as well as increased participation in community improvement activities. Abstract available at: http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu17.1S.html.

“Quality Improvement in Diabetes Care Using Community Health Workers,” in *Clinical Diabetes*, Volume 26, Number 2, 2008. This project demonstrates the utility of integrating CHWs into the primary care team, both to support ongoing medical care and to assist patients in overcoming barriers to adherence to their medical plan. Full text available at: <http://clinical.diabetesjournals.org/content/26/2/76.full.pdf>.