



WORLD Peer Advocacy Record of Community Service

Your Name: _____ **Today's Date:** _____

Date of Service: _____ **Location:** _____

Check all that apply: ___ Outreach ___ Prevention ___ Education ___ Support

Type of Service (Check all that apply):

- Public Speaking Engagement
- Conference Presentation or co-Presentation
- Panel Participant
- Facilitate or Co-Facilitate HIV/AIDS Educational Seminar
- Provide Information or Education to Public Health Facility
- Provide Information or Education to Health Care or Health Care Providers
- Provide Information or Education to Mental Health or Social Workers
- Guest Speaker at Community Service Project or Program
- Guest Speaker at Community Support Group
- Interfacing with Media (e.g. news or magazine interview and/or photo shots)
- Other _____

Estimated total time spent on project: _____
(Please include preparation, phone calls/email, meetings, actual time spent in the community, follow-up)

Please briefly explain your understanding of why your services were requested:

Please briefly explain the outcome (How many people were there, quality of event):

Please briefly explain how the provision of this service relates to the objectives of your position at WORLD:



Peer Educator Contact Form

Date of Contact ___/___/___ Date

Peer ID _____

Client ID: _____

Partner agency/organization _____

Type of Contact (check one)

Face-to-face (Individual)	1
Group	2
Telephone	3
Letter	4
Email/internet	5
Other (specify): _____	6

Duration of Contact (In Hours)

Less than 5 minutes	___
More than 5 minutes less than 1 hour	___
More than 1 hour	___

Appointment reminders/coordination	
Provide general HIV education	
Provide information about HIV medications	
Provide information about the program	
Provide harm reduction supplies (condoms, bleach)	
Accompany to medical visit	
Accompany to social services	
Refer to medical services	
Provide specific HIV risk reduction/counseling	
Refer to or make appointment for health care	
Refer to or make appt. for housing services	
Refer to substance abuse treatment	
Refer to needle exchange	
Refer to or make appt. for mental health care	
Refer to or make appt. for other services	
Relationship-building	
Provide mental health counseling	
Provide other counseling	
Other 1: (specify) _____	
Other 2: (specify) _____	

For Local Site Use-Notes about client contact



In a multidisciplinary, clinic-based ART adherence support program, peers actively reach out to their caseload of about 15 clients each in order to engage clients in care, help them identify and resolve barriers to becoming adherent, and help them build long-term adherence skills. Peers work collaboratively with the program case manager and health educator. The peer contact form, below allows peers to document all aspects of their work with clients in a user-friendly format. Peers complete the form as soon as possible following each contact. The program coordinator reviews the contact forms weekly for completeness and discusses issues documented in the ‘notes’ section in bi-weekly individual peer supervision sessions.

Peer Contact Form

HATS (Harlem Adherence to Treatment Study)

Client Code: _____ Peer Code: _____ Date of Contact ____/____/____

Description of the contact: Please circle the appropriate item:

<u>Who Initiated Contact?</u> <input type="checkbox"/> Client <input type="checkbox"/> Peer <input type="checkbox"/> Other Staff <input type="checkbox"/> Other individual	<u>Who was Contacted?</u> <input type="checkbox"/> Client <input type="checkbox"/> Family/Friends <input type="checkbox"/> Case Worker <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	<u>Type of Contact</u> <input type="checkbox"/> Face to face <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Left message only <input type="checkbox"/> Phone; no answer <input type="checkbox"/> Other	<u>Adherence Questions</u> Did you talk about adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the client say she or he is adherent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Where?</u> <input type="checkbox"/> Unsuccessful contact <input type="checkbox"/> Phone contact <input type="checkbox"/> Program office <input type="checkbox"/> ID clinic <input type="checkbox"/> Other clinic <input type="checkbox"/> Street <input type="checkbox"/> Hospital wards <input type="checkbox"/> Drug Program <input type="checkbox"/> Other Location <input type="checkbox"/> Client's Home	<u>Life Stressors Addressed</u> <input type="checkbox"/> None <input type="checkbox"/> Health <input type="checkbox"/> Anxious/depressed/lonely <input type="checkbox"/> Benefits/insurance <input type="checkbox"/> Problems with partner/kids <input type="checkbox"/> Money <input type="checkbox"/> Housing <input type="checkbox"/> Family's health <input type="checkbox"/> Death of family/friend <input type="checkbox"/> Legal problems <input type="checkbox"/> Any accident <input type="checkbox"/> Other (Explain)	<u>Referrals Made</u> <input type="checkbox"/> None <input type="checkbox"/> Program Case Mng <input type="checkbox"/> Health Educator <input type="checkbox"/> Medical Provider <input type="checkbox"/> Outside referral <input type="checkbox"/> Program support group <u>Incentive Provided</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you discuss T-cells or viral load? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the client mention missed days or medication holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No If the client has missed meds, about how many days? _____ days

NOTES: Share with us anything you want about the contact

The program’s funding source requires that it report numbers of peer-client contacts each month, along with other patient indicators such as HIV primary care and case management appointments kept, most recent CD4 and HIV RNA measures, and any new diagnoses. Peer-client contacts are abstracted from peer contact forms each month by a



clinic data form and entered into the clinic's electronic information reporting system. Monthly reports of patient-level program data are generated through the electronic system.

In addition to required reporting, the program's evaluation team has determined to answer several evaluation questions and has proposed corresponding indicators that the program will track, collected from the peer contact form. The evaluation questions and indicators are:

Evaluation Questions	Evaluation Indicators
Do peers successfully reach program clients?	Ratio of successful contacts to attempted contacts
Do peer services address potential barriers to adherence?	Life stressors addressed
Do peers contribute to comprehensive service provision?	Referrals to program, hospital, and outside service providers
Do peers address adherence behavior in their interactions with clients?	Adherence questions

The program case manager and health educator responsible for entering evaluation indicators into a program evaluation database every week. The program coordinator generates reports summarizing the indicators every month and presents them to the evaluation team at monthly evaluation meetings



**Peer Contact Form
HATS (Harlem Adherence to Treatment Study)**

Client Code: _____ Peer Code: _____ Date of Contact ___/___/___

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<p><u>Who Initiated Contact?</u></p> <p><input type="checkbox"/> Client <input type="checkbox"/> Peer <input type="checkbox"/> Other Staff <input type="checkbox"/> Other individual</p>	<p><u>Who was Contacted?</u></p> <p><input type="checkbox"/> Client <input type="checkbox"/> Family/Friends <input type="checkbox"/> Case Worker <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable</p>	<p><u>Type of Contact</u></p> <p><input type="checkbox"/> Face to face <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Left message only <input type="checkbox"/> Phone but no answer <input type="checkbox"/> Other</p>	<p><u>Adherence Questions</u></p> <p>Did you talk about adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the client say she or he is adherent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Where?</u></p> <p><input type="checkbox"/> Unsuccessful contact <input type="checkbox"/> Phone contact <input type="checkbox"/> Program office <input type="checkbox"/> ID clinic <input type="checkbox"/> Other clinic <input type="checkbox"/> Street <input type="checkbox"/> Hospital wards <input type="checkbox"/> Drug Program <input type="checkbox"/> Other Location <input type="checkbox"/> Client's Home</p>	<p><u>Life Stressors Addressed</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Health <input type="checkbox"/> Anxious/depressed/lonely <input type="checkbox"/> Benefits/insurance <input type="checkbox"/> Problems with partner/kids <input type="checkbox"/> Money <input type="checkbox"/> Housing <input type="checkbox"/> Family's health <input type="checkbox"/> Death of family/friend <input type="checkbox"/> Legal problems <input type="checkbox"/> Any accident <input type="checkbox"/> Other (Explain)</p>	<p><u>Referrals Made</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Program Case Mng'r <input type="checkbox"/> Health Educator <input type="checkbox"/> Medical Provider <input type="checkbox"/> Outside referral <input type="checkbox"/> Program support group</p> <p><u>Incentive Provided</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did you discuss T-cells or viral load? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did the client mention missed days or meds holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the client has missed meds, about how many days? _____ days</p>

Notes: Share with us anything you want about the contact



Peer Weekly Staffing Report

The peers at Project Ark in St. Louis, MO, use the below peer weekly staffing report to document their contacts with clients on a weekly basis. The peers fill out the form during the week and turn the document in, together with any client chart notes, to their supervisor on Fridays. The supervisor uses this information to prepare for supervisory meetings with the peers and to track the number of minutes peers are in contact with clients, a requirement for the grant that funds the peer program. Using this tracking system, the staff was able to document that the program had met its goal for time peers spent with clients for the year.

Peer Weekly Staffing Report

Peer Name: _____

Date: _____

Date	Client Name	New or Existing Client	Program Site	Phone Contact	Mail/Email	Educational Meeting	Intake	Support Group	Clinic Visit	Total Time In Minutes	Total Units (1 Unit = 15 min)
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								

Challenges of the Week: _____

Highlights of the Week: _____

Please photocopy your progress notes for this week and attach them to this report.
 Please turn this report into Stacey by FRIDAY of each week. Thank you!!!