Researcher develops peer-led program to help individuals with HIV adhere to treatment plans

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Individuals diagnosed with HIV nowadays can live long, healthy lives if they follow their medical treatment plans; however, nearly half of individuals with the virus fail to get needed medical help or to continue treatment, according to previous research. Now, a nursing researcher at the University of Missouri has developed a peer-led intervention that helps individuals with HIV adhere to their treatment plans that can improve their quality of life.

"Being 'peered' is different from being doctored, nursed or counseled," said Maithe Enriquez, an associate professor in the MU Sinclair School of Nursing. "The peer educators in the intervention also have HIV, which gives them insider perspectives. Perhaps, the belief that only those living with HIV can truly understand what it's like to live with the disease contributes to the meaningful connections between the educators and the patients struggling to adhere to treatment."

Peer educators work with HIV patients to identify barriers that prevent them from taking medicines and going to appointments with their health care providers. Then, the peers help patients prioritize which barriers they can overcome most easily; subsequently, the peers and patients set goals and develop strategies to help the patients defeat their challenges.

Enriquez recently evaluated peer educators' perceptions about their roles in patients' treatment progress. Fifteen peer-educators gave accounts of

their experiences working in HIV medical care settings. Enriquez analyzed the participants' accounts and found that peers view their work as more than educating patients about treatment options; peers view themselves as role models, motivators, advocates and sources of social support. In addition, peers reported serving as liaisons between patients and their health care providers. Peers attributed their effectiveness with patients to their own longevity, which showed their mentees that they also could live long, healthy lives despite an HIV diagnosis. Enriquez said peer-led interventions have the potential to enhance HIV care and HIV-related health outcomes.

"The encouraging thing about HIV care is that patients can remain healthy if they are engaged in their care, and their viral loads decrease, which makes them less likely to spread the virus to others," Enriquez said. "Adherence to care and engagement in care go hand in hand. Having HIV is not a death sentence if patients follow their treatment plans."

Peer educators in the study also mentioned that, although their relationships with the patients were strong, they felt undervalued by professional members of the health-care community. The peers felt misunderstood or undervalued by health professionals and wanted their mentorship roles to have more credibility, perhaps through professional certifications.

Enriquez said she hopes to expand the peer intervention to additional HIV medical treatment centers. However, she said improving HIV care is about more than training more peers and implementing more interventions; HIV care is a community-wide, public health issue.

The journal, *AIDS Patient Care and STDs*, will publish the article, "What experienced HIV-infected lay peer educators working in Midwestern U.S. HIV medical care settings think about their role and contributions

to patient care," later this summer. Study co-authors include Rose Farnan from Truman Medical Center in Kansas City and Sally Neville from the Kansas City Care Clinic.

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