

Project PEER: Uncovering the Impact of GIPA/MEPA and the Wise Practices of Informal and Formal Supports

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Nature of Problem

Little is known about effective organizational practices, training, and policies to support People living with HIV Engaged in Employment Roles (PEERs) in their work in the HIV sector and whether support initiatives practice the principals of greater involvement and meaningful engagement of people living with HIV or AIDS (GIPA/MEPA). Despite efforts to implement GIPA/MEPA within AIDS service organizations and the broader HIV-related sector, people living with HIV remain among the least involved in program planning, implementation, and research. Involving PEERs in organizational leadership and employment roles can be a highly positive experience for both the person living with HIV and for others involved in the organization or project. Role transitions, however, do come with challenges and we seek to maximize the beneficial aspects of these roles while minimizing the risks associated with them.

Objectives

The purpose of this pilot project was to further engage our stakeholder team from across Canada with expertise in working with, and addressing, the needs of key populations impacted by HIV to actualize a collaborative national response to the support needs of PEERs. We define employment roles as any unpaid or paid roles within an organization (e.g. administrative, management, service provision, research, volunteering), including full-time, part-time and honorarium-based work. Specific objectives include: 1) Develop a survey that is informed by a community of practice and 2) Rigorously test the survey instrument and methods.

Design and Methods

This pilot survey is one part of a larger project to develop wise practices as well as conduct an environmental scan of GIPA/MEPA applications in Canadian ASOs. The pilot data was developed in both English and French and distributed to a select number of AIDS service organizations, both employees and executive directors, as well as those in similar roles. The data are used to inform a larger survey that will lead to the development of a formal framework which will inform wise practices.

Community-Based Research

We engaged in a Community-Based Research (CBR) process through a collaborative, multidisciplinary, multi-provincial team of people from community and academic settings. There was a significant amount of time spent in consultation with our partners and stakeholders to develop strong and ethical CBR methods. This was a back and forth process in which the committee would work on the surveys, seek feedback, and rework the surveys.

Timeline

Project PEER Summary of Progress Project PEER's research team grew out of a process that has been over six years in the making.

2012 - 2013

Meeting of the Interventions Program of Research via the CIHR Centre for REACH in HIV/AIDS. Representatives across provinces and disciplines came together to advance an application to the CIHR Planning Grant competition for supporting people living with HIV in direct service or research roles (Leads: Dr. Alan Li and Dr. Gregory Harris)

2014

The CIHR Planning Grant was successfully funded and resulted in a national research think tank, "Supporting the Supporters." The 3-day Think Tank was held in Toronto March 6-8, 2014 with 47 participants. Themes identified, literature reviewed, summary report in French and English distributed. Co-leaders were identified from community and academia; successfully identified as a Centre Working Group to submit CIHR Catalyst grant.

2015

Successful in CIHR Catalyst grant. Participated in ongoing teleconferences as CBR guidelines suggest; Outlined pilot data needs.

2016-2018

Applied and received funding from REACH to support a pilot study. We also spent considerable time talking about the methods and how best to carry out this work. This included considerable time developing questions that were worded to reflect the diverse experiences from across the country. Considerable consideration was also given to be able to ask questions that described a wide range of types of experiences. We sought ethics approval from Memorial University and McMaster University in 2017, and we carried out the pilot environmental scan in early 2018.

Pilot Data

Select results from the pilot data are presented below. While no concrete claims can be made from the pilot data, it is suggested that most PEERs and Executive Directors believe that organization principles of engagement for people living with HIV are being adhered to. The results from the Executive Directors answers show that while there are consistent employment benefits offered, there are inconsistent formal supports made available for employees living with HIV. Areas surrounding mental health, resources, and peer support may be lacking in employment areas and could be a possible direction for consideration of supports.

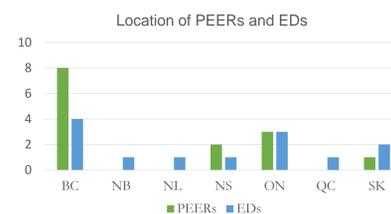


Figure 1. Provinces where PEERs and Executive Directors are located in Canada.

Primary Position/Job Description	Frequency	Percent	Valid Percent
Paid Peer Worker (e.g. Peer Health Navigator, Peer Research Associate)	4	28.6%	28.6
Outreach Worker	3	21.4%	21.4%
Research Coordinator	2	14.3%	14.3%
Other: Trainer/Facilitator	2	14.3%	14.3%
Program Manager/Director	1	7.1%	7.1%
Administrative Staff	1	7.1%	7.1%
Don't know	1	7.1%	7.1%
Total Responses	14	100%	100%

Primary Position/Job Description	Frequency	Percent	Valid Percent
Executive Director	13	100%	100%
Total Responses	13	100%	100%

Table 1. Job positions of PEERs and Executive Directors who participated in the pilot survey.

Demographics

EDs Does your organization provide any of the following employment benefits to any of its employees?	Frequency	Percent	Valid Percent
Paid sick days	12	92.3%	100%
Health insurance (e.g. coverage for medications, physiotherapy, upgraded, hospital care)	11	84.6%	91.7%
Life insurance	11	84.6%	91.7%
Long-term disability insurance	11	84.6%	91.7%
Flexible work arrangements	11	84.6%	91.7%
Additional vacation allotments above that required by your province's employment standards	10	76.9%	83.3%
Employee Assistance programs (EAP)	9	69.2%	75%
Vision care	9	69.2%	75%
Dental insurance	9	69.2%	75%
Group RRSP or pension plans (separate from CPP)	9	69.2%	75%
Short-term disability insurance	8	61.5%	66.7%
Other: Parking	1	7.7%	8.3%
Not answered	1	7.7%	-
Total responses	12		

EDs What type of formal support is offered to people living with HIV employed in your organization? (Select all that apply)	Frequency	Percent	Valid Percent
Peer support	7	53.8%	100%
Education/training	6	46.2%	85.7%
Counselling services	5	38.5%	71.4%
Resource sharing	5	38.5%	71.4%
Mental health information	5	38.5%	71.4%
Optional employment benefits (e.g. health insurance, paid sick days, flexible work arrangements, EAP, life insurance)	5	38.5%	71.4%
Clinical supervision	2	15.4%	28.6%
Other: Staff Retreat	1	7.7%	14.3%
Not answered	6	46.2%	-
Total responses	7		

Tables 3 and 4. Currently available supports for PEERs in employment roles and available support offered to people living with HIV employed at an organization as reported by Executive Directors.

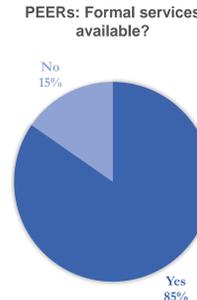


Figure 2. PEERs: Does your organization offer formalized services or programs to provide support in your employment role?

PEERs What types of supports are available? (select all that apply)	Frequency	Percent	Valid Percent
Education/Training	8	57.1%	72.7%
Optional employment benefits (e.g. health insurance, paid sick days, flexible work arrangements, Employee Assistance Program, life insurance)	7	50%	63.6%
Counselling services	5	35.7%	45.5%
Peer support	5	35.7%	45.5%
Resource sharing	4	28.6%	36.4%
Mental health information	4	28.6%	36.4%
Not answered	3	21.4%	-
Total responses	11		

Table 2. Currently available employment supports for PEERs in their prospective organizations.

PEERs Perspectives on Organizational Engagement



Figure 3. PEER opinions on the engagement with GIPA/MEPA principles at their current organization.

EDs Perspectives on Organizational Engagement

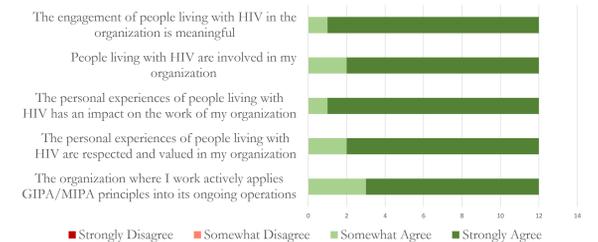


Figure 4. Executive Directors' opinions on the engagement with GIPA/MEPA principles at their current organization.

Relevance and Impact

Currently, there are no common standards or frameworks/guidelines on how to operationalize GIPA/MEPA in either an organisational or research team context. The pilot data and project in its totality will help fill this gap. This work will provide the necessary building blocks to identify available formal and informal support practices, to note gaps and challenges in their provision, and to determine the extent of GIPA/MEPA implementation in PEER supports.

Next steps

Though many organizations have developed a GIPA/MEPA statement or informal practices supporting GIPA/MEPA, these declarations rarely make reference to people living with HIV who have transitioned into employment. In the fall of 2018, we applied to CIHR's Catalyst Grant in which we were successful. With this funding, we will hire three part-time positions to work together to engage in a national environmental scan to create an annotated inventory of support models. We will then work to develop a framework to identify the wise practices, gaps, and actionable next steps to advance PEER related programming and policy changes.