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HIV Peer Education

Donny Gerke, PhD, MSW
Assistant Professor & MSW Program Director
Department of Social Work, College of Arts & Sciences

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Agenda

1. Defining Peer Education
2. Peer Education Across the Status Neutral Continuum
3. Research Example

Defining Peer Education

What does “education” bring to mind?

School

Knowledge

Children

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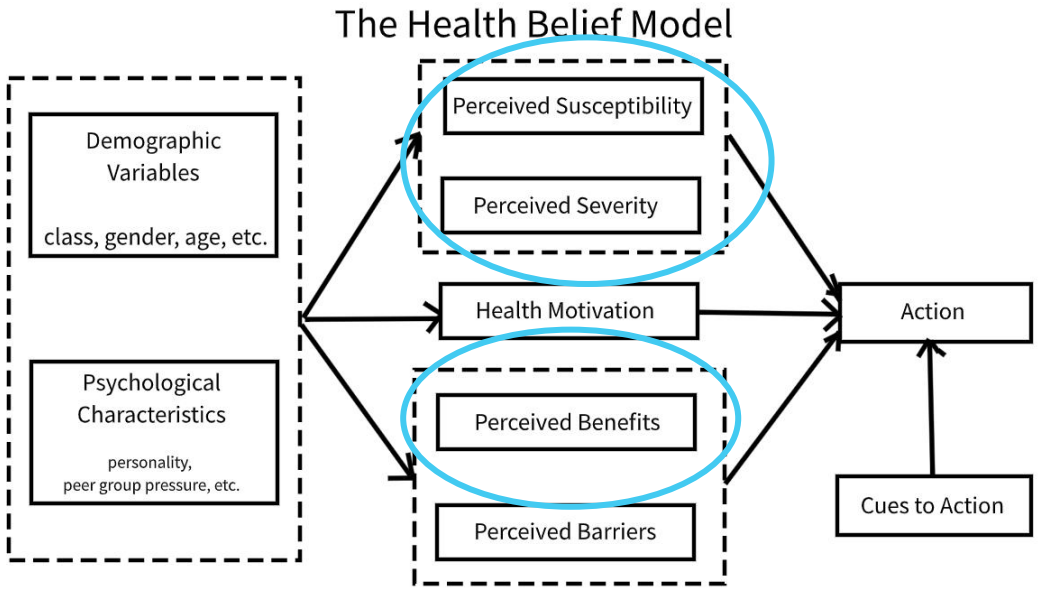
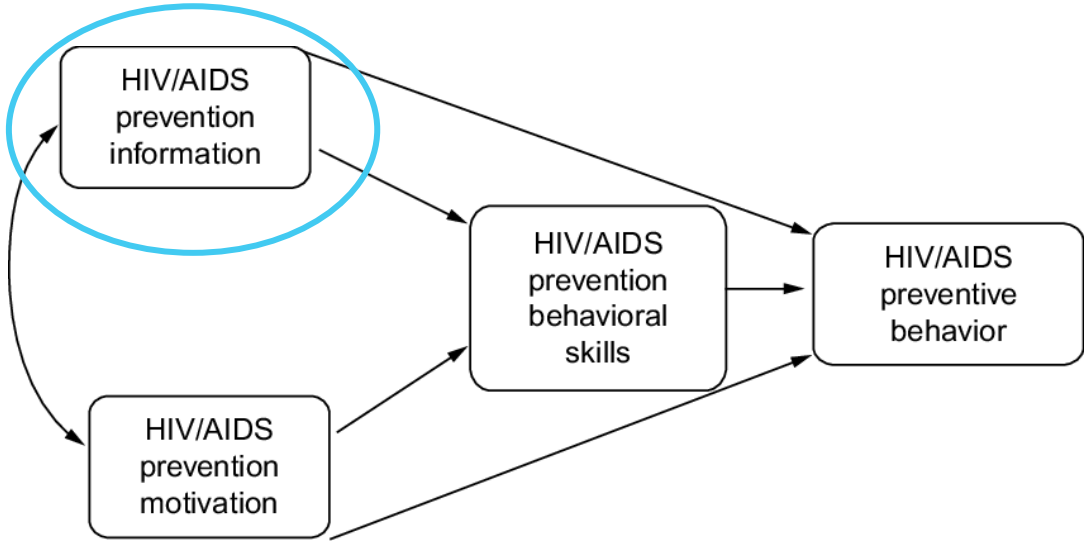
Peer Health Education – Beyond Knowledge



Rosenstock, 1974



Fisher & Fisher, 1974

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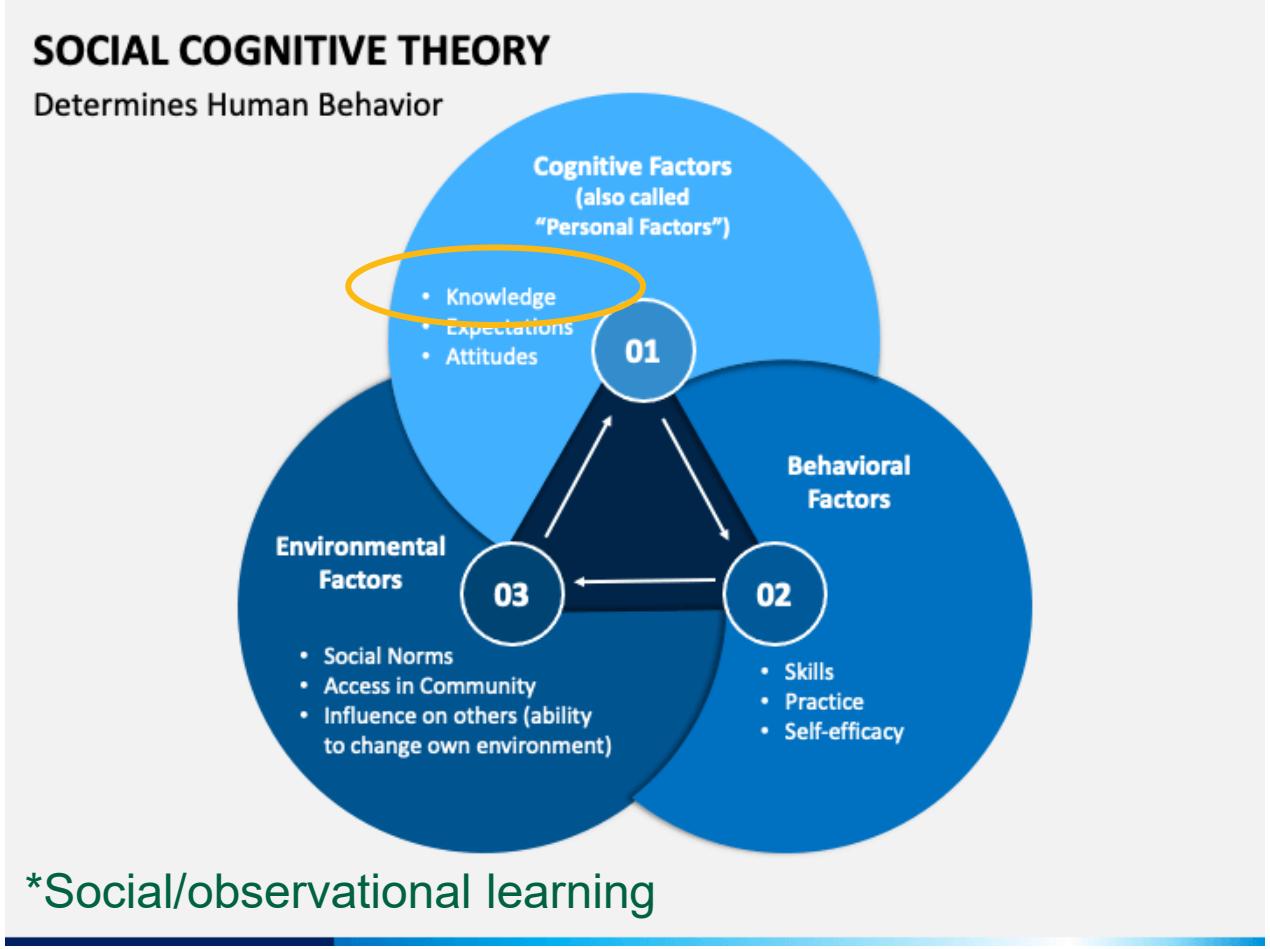
Peer Health Education – Beyond Knowledge



Bandura

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HIV Peer Education Defined

Using members of a specific group (demographic and/or behavior) to help other members of that group develop the knowledge, attitudes, and skills necessary to engaged in behaviors that reduce risk for acquiring HIV or poor HIV health outcomes.

- Often community-based
- PWU/ID, SW, PWH not engaged in care

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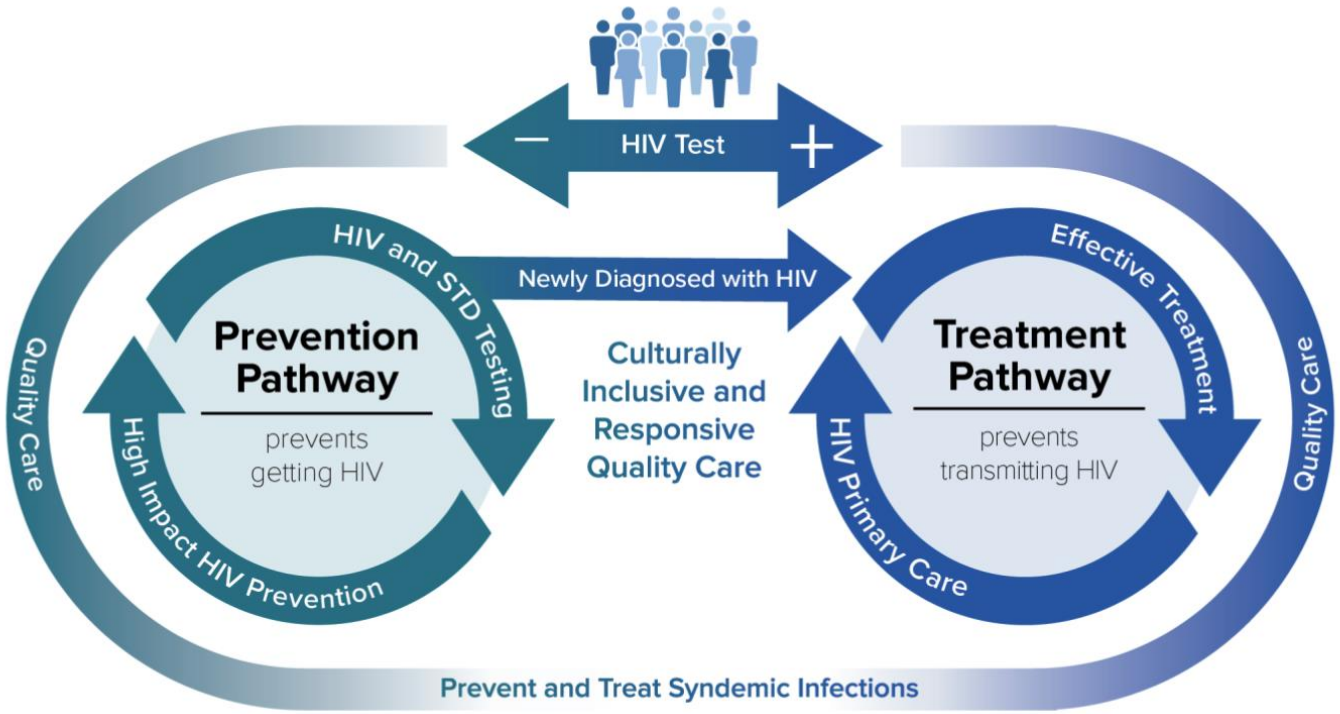
Peer Education Across the Status Neutral Continuum

What is the Status Neutral Continuum?

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.



People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC gudielines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Peer Education Can Address:

Prevention Pathway

- Non-HIV STI treatment
- Regular testing
- Condom Use
- PrEP & DoxyPEP use
- Substance Use Harm Redux
- Stigma
- Behavioral health

Treatment Pathway

- Non-HIV STI treatment
- Healthcare navigation
- Understanding meds/adherence
- Prevention (U=U)
- DoxyPEP use
- Substance Use Harm Redux
- Stigma
- Behavioral health

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Why peers:

- Shared experience leads to enhanced trust
- Access to target community
- Able to engage in conversations about sensitive issues
- Shared language
- Cost-effective*

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Critical Components of HIV Peer Education

- Thorough initial training
  - Knowledge (content)
  - How to deliver messages
- Continuing education
- Supervision and support
- Recruiting true peers
- Financial compensation of peers

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Potential Challenges of HIV Peer Education

- Lack of respect/inclusion from other members of health care teams
- Peer Educators may have competing priorities
- Unstable funding/low financial compensation for work
- Clients needs outside of peer scope of practice
- Inadequate training

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Example: WITH U

WITH U

WITH U Model at-a-Glance	
Step 1	**Participant identified as eligible for WITH U program** BMSM participants between 18-29, who are newly diagnosed, lost to care, not virally suppressed, or at risk of falling out of care are referred into the WITH U project.
Step 2	**Enrollment staff conducts a comprehensive assessment** Assessment tools include the PHQ-8, CRAFFT, PCL-C, and GAD-7 (see *Implementation* section).
Step 3	**Enrollment staff submits referrals to team members** • Enrollment staff member makes a referral to a HN. • Enrollment staff member completes a **mental wellness referral** if scores on screening tools meet threshold.
Step 4	**HN holds first session with participant to introduce the program and build rapport** • HN explains their role and their expectations of the participant. • HN assesses the best time to disclose their HIV status to the participant.

WITH U

WITH U

Step 5	**Participant and HN establish individualized goals**
Step 6	**HN conducts weekly and monthly health navigation sessions** • 12 sessions: 8 weekly for two months, followed by 4 monthly sessions. • Sessions focus on health education, support, care navigation, and reinforce mental wellness referrals. • Ad hoc communication via text messaging, drop-in visits, and phone calls. • Work collaboratively with MCM to provide needed referrals and support.
Step 7	**Behavioral health specialist provides mental wellness services** • Reaches out to referred participants to engage in services. • Communication includes phone calls and telehealth visits. • Conducts sessions with participants at agreed upon times.
Step 8	**Multi-disciplinary team conducts monthly case conferencing**

WITH U

Methods

- Longitudinal, mixed-methods, single-arm prospective study
- N=65 for quant and n=22 for qual
  - Qual included 2 peer health navigators
- Quant analysis
  - Frequencies, means, bivariate correlations
- Qual analysis
  - Deductive & inductive content analysis

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WITH U Results: Participant Needs

Participants Recruited	65
Average Age	25.5
Worried about Food Insecurity	60%
Unemployed	27.7%
Reported Housing Instability	36.9%
Reported Being Bothered by Past Traumatic Stressors in the Last Month	46.2%

- Average age of 25-26 years (M=25.55, SD=2.51)
- ~25% scored at or above clinical cut-off for depression (PHQ-8)
- ~25% scored at or above clinical cut-off for anxiety (GAD-7)

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WITH U Results: Engagement

	SESSION NUMBER	PARTICIPANTS ATTENDED (%)
DAILY SESSIONS	1	54/65 (83.1%)
	2	30/54 (55.6%)
	3	22/54 (40.7%)
	4	18/54 (33.3%)
	5	18/54 (33.3%)
	6	18/54 (33.3%)
	7	22/54 (40.7%)
	8	18/54 (33.3 %)
MONTHLY SESSIONS	9	29/51 (56.9%)
	10	25/51 (49.0%)
	11	26/51 (51.0%)
	12	27/50 (54.0%)

*Incentive given at 2 month point – often corresponding with session 9

SECTION 1:

50 participants completed the six-month ITT intervention

15 participants were withdrawn

Reasons for withdrawals:

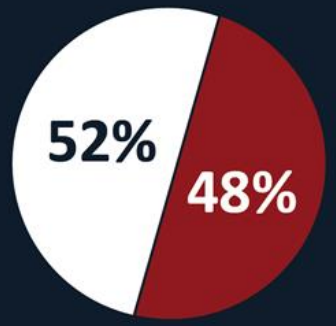
11 participants were lost to follow-up* (*did not complete their first session in first 30 days and were removed from the intervention)

4 participants moved (each of these participants had at least one completed session)

SECTION 2:

635 Potential Sessions

Sessions Cancelled/Missed: 328



Sessions Completed: 307

SECTION 3:

Of the **50** who completed the intervention: **29** consented to continuation of HN services past six-month period (discussed previously in Adaptations Due to COVID-19).

WITH U Results (cont.)

- Attending more sessions significantly associated with:
  - being virally suppressed at baseline (rs (50)=.36, p<.05) and 6-mo follow-up (rs(38)=.34, p<.05)
  - greater concern about losing housing (*rs* (54)=.29, *p*<.05)
  - unemployment in the last year (rs (54)=.29, p<.05)

- Align with qualitative re: critical basic needs support from peer health navigators

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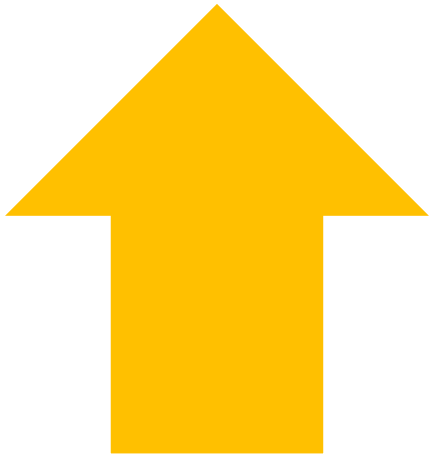
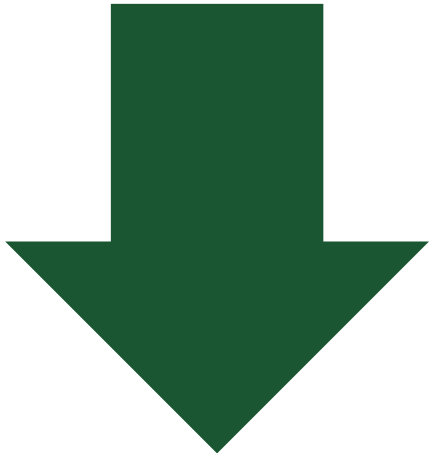
WITH U Results (cont.)



Higher need



Lower engagement

- Mental health paradox
  - Qualitative data indicated mental health support from peer health navigators is key
  - However, greater depression scores significantly associated with attending fewer session ($rs(54)= -.32$, $p<.05$)
  - Despite high mental health need, low participant follow-through with referrals for services from licensed mental health professional (on-site)
  - Peer health navigators – not prepared to offer needed mental health counseling

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Conclusions

- WITH U was acceptable and demonstrates initial efficacy for supporting YBMSM with HIV
- More research needed to determine best way to support mental health of participants
  - Includes engaging those with greater depression symptoms in intervention

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WITH U Eval Paper

AIDS PATIENT CARE and STDs
Volume 36, Supplement 1, 2022
Mary Ann Liebert, Inc.
DOI: 10.1089/apc.2022.0089

Open camera or QR reader and scan code to access this article and other resources online.

Help Is Available: Supporting Mental Wellness Through Peer Health Navigation with Young Black Men Who Have Sex with Men with HIV

Donald R. Gerke, PhD, MSW,[1] Jeff Glotfelty, MPH,[2] Maria Freshman, MA,[2] Julia Schlueter, MPH,[2] Alex Ochs, MSS,[1] and Katie Plax, MD[2]

- Click on the QR code to access full manuscript from AIDS Patient Care and STDs

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Thank you

drgerke@uab.edu

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