

Meaningful Engagement of People Living with HIV who Use Drugs

Methodology for design of a Peer Research Associate (PRA) Hiring Model

Greater and meaningful involvement of PLHIV

Since the beginning of the HIV epidemic, people who use drugs (PWUD) have advocated to be a part of the processes affecting their lives. This has contributed to policy and research addressing the needs and improving the wellbeing of PWUD who are living with, or at risk of acquiring, HIV. The *'nothing about us without us'* movement seeks to include and empower marginalized groups in policies and programs affecting them, supports the participation of PWUD in all aspects of HIV policy and program development, and is recognized as a best practice. Paid positions ensure participation in research and are recognized as a successful form of harm reduction for PWUD—leading to improvements in health and social outcomes.

What is this paper about?

Community-based HIV, harm reduction and addiction research increasingly involves members of affected communities as Peer Research Associates (PRAs)—individuals with experiences in common with the participant population. In the case described here this includes PWUD and people living with HIV (PLHIV). There is very little literature detailing best practices for hiring PRAs and how to involve people from affected communities in community-based participatory research (CBPR) projects. This research is part of the Dr. Peter Study, a project co-led by the BC Centre for Excellence in HIV/AIDS (BC-CfE) and the Dr. Peter AIDS Foundation (DPAF). The Dr. Peter Study evaluates the effectiveness of the Dr. Peter Centre (DPC), an HIV day health program and residence facility in Vancouver, Canada funded by the DPAF. The paper described here aims to describe the PRA hiring process used for the Dr. Peter Study, in order to meet one of the study's goals of adding to the literature on engaging community members and affected populations in research.

The hiring process

The low-barrier PRA hiring process was a collaborative effort of the Community Advisory Committee, which included the DPAF, the study team, an experienced PRA mentor and DPC clients. This process is detailed below:

1. **Job posting:** The hiring team developed a plain-language job description and an application form. The application form was comprised of one question, which offered the opportunity to individuals with limited or no formal experience and took into account the applicants' wide range of lived experiences. The job description was posted at the DPC, as well as through community networks, such as Positive Living BC.
2. **General information session:** An information session was held to answer prospective applicants' questions on the study and the position. Attendees were assured that drug abstinence was not a requirement for the position.
3. **Candidate selection (first round):** A screening team reviewed applications using criteria referring to competencies defined in the job description. Applicants who met the required core competencies were selected for a round one interview. Candidates were not required to have previous research experience, but it was considered an asset qualification.
4. **Interview process:** Interview questions were developed with the input of the hiring committee and the study's investigative team, and were refined by the DPAF Human Resources representative. Included were questions about applicants'



previous experiences working in a team towards a common goal. A DPAF HR representative, a PRA supervisor and the study coordinator conducted the interviews. Candidates successful in the first round were selected to move on to second round interviews.

- 5. Scoring interviews:** First and second interviews were scored with a letter grade (A, A-, B, B-, etc.). When both interviews were completed, letter grades were translated into a number to develop a means to compare candidates. A candidate's score for each category was then summed into a total score, which determined a candidate's rank and selection. Selection for the position was based on these scores.
- 6. Candidate selection:** Candidates not selected were contacted and informed at each stage. This was included to respectfully thank applicants for their interest and to inform them of the possibility of reapplying for future positions.

The low-barrier hiring process has the potential to empower and build capacity within affected communities by providing equal paid employment opportunities to PLHIV, a population disproportionately impacted by inequities such as homelessness and poverty. Detailed reporting on how research studies include and employ members of the community within their projects is essential. Through the meaningful involvement of people living with HIV, community-based research initiatives can better contribute to positive, relevant, actionable and transformative change within the communities researched.

About the Dr. Peter Centre Study

The Dr. Peter Study is a joint initiative led by the BC Centre for Excellence in HIV/AIDS and the Dr. Peter AIDS Foundation, and brings together a team of academics, people living with HIV, policymakers, health care decision makers and program managers from across Canada. This is a three-year mixed-methods evaluation funded by Canadian Institutes of Health Research Partnerships in Health System Improvement program and the Michael Smith Foundation for Health Research. The study will identify which aspects of the Dr. Peter Centre model of care contribute to enhanced treatment and health outcomes among persons living with HIV/AIDS.

Full paper available online:

<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-016-0116-z>

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