

IRIS Fellowship Research Project Write Up

Researcher/Fellow name: Bradley Silberzahn

Research Project Title: The Equitable Inclusion of Peer Research Assistants with Lived Experience in Substance Use: A Review of Existing Literature & Analysis of the Institutional Context of Peer Research Assistant Employment.

Background

Substance use researchers examining health outcomes such as overdose, HIV/STIs, injection related infections and similar topics are increasingly incorporating people with lived experience (PWLE) in substance use on study teams to provide expertise on subgroup culture, emerging trends, and intimate knowledge of specific study sites. The process by which this occurs often involves employing individuals who currently use, or have previously used, illicit substances as Peer Research Assistants (PRAs) to assist with participant recruitment and retention, survey design, and interpretation of findings.¹⁻⁴ The incorporation of PRAs on research teams is associated with myriad benefits including the development of relevant and impactful research questions; improved recruitment and retention rates; the protection of study participants; and enhanced credibility and authenticity of researchers with policymakers, service organizations, and funders.^{1,5-9}

Despite these benefits however, growing use of PRAs has largely not been institutionalized by the very universities that both rely on and champion their use. Whereas the institutionalization of the peer role in treatment settings has seen substantial gains including the creation of formal position classifications (e.g., peer support specialists, peer support supervisors), licensing requirements, and Medicaid billing reimbursement for peer services; formal recognition of PRA roles within universities largely remains in its infancy.

In university settings, study management seeking to incorporate PRAs with lived experience in substance use must rely on grant funding and are required to navigate substantial institutional barriers such as background checks, pre-employment drug screenings, and minimum thresholds for educational attainment and formal work experience when hiring PRAs into formal positions. These barriers are further compounded by the limited duration inherent to study designs and constantly shifting staffing needs as a Principal Investigator's (PI) research portfolio evolves,¹⁰ as this often necessitates a need for a changing cadre PRAs with different backgrounds and areas of expertise to align with current study populations.

Although PRAs are routinely designated and recognized specifically as PRAs within study teams and academic discourse (e.g., manuscripts, reports, and conference presentations),^{1,4,6,11} the institutional context and barriers associated with PRA employment often require study management to incorporate PRAs in non-traditional ways that precludes formal employment. Alternatively, PRAs are typically hired into general research or administrative positions, paid through honorariums, gift cards, or may even work as unpaid volunteers.¹¹⁻¹³ Therefore, while the increasing recognition and utilization of PRAs in substance use research is encouraging, it also carries very real risk of further harming marginalized individuals who have historically been subjected to maltreatment and neglect in research. As such, there is an urgent need for researchers to be knowledgeable of the existing barriers and emerging best practices for the equitable inclusion of PRAs in substance use research.

This project was conducted with the overall goal of helping to facilitate the institutional recognition and equitable inclusion of PRAs with lived experience in substance use in university

settings. Specifically, the first aim of this study was to identify barriers to the equitable inclusion of PRAs through a narrative review of existing literature on PRA employment. The second aim of the study was to identify existing institutional barriers and facilitators to the equitable inclusion of PRAs with lived experience in substance use through a content analysis of relevant university policies, procedures, and employment opportunities. Drawing on these findings, avenues for future research and recommendations for study management are provided.

Methodology: Data Collection & Analysis

Aim 1

Data collection for aim 1 consisted of a narrative review of existing literature on PRA employment. Although the focus of this research is on PWLE in substance use, inclusion criteria were purposefully broad, and included any peer-reviewed studies or gray literature examining the use of PRAs with criminalized identities (e.g., people who sell sex, people experiencing homelessness) given the limited scope of literature on PRAs and the overlapping structural vulnerabilities among each respective population. Scholarly databases were searched using truncations of key words related to the use of PRAs with histories of substance use and criminal justice system involvement. Literature was selected for inclusion by reviewing titles and abstracts of articles identified through each database search. Next, an annotated bibliography was created that included key findings, reflections, and specific quotes/excerpts relevant for each article. Lastly, additional literature was incorporated by conducting a search of references in articles found during the initial annotation process. In total, 32 publications were included.

Aim 2

For aim 2 of this study, content analyses of formal human resource policies, procedures, position classifications/promotional tracts and active job descriptions were conducted at three universities: The University of Texas at Austin (UT Austin), The University of Maryland Baltimore (UMD), and Johns Hopkins University (JHU). Specific documents were identified by searching each university's website for all publicly available policies and procedures related to staff hiring and ongoing personnel management (e.g., background checks, drug screenings and substance use policies, position classifications). To obtain a broad sample of documents, there were no formal exclusion criteria. In total, 7-12 documents were selected for each university.

In addition to policies, procedures, and position classifications, each university's public job banks were searched for active research related job postings. This provided insight into whether and how PRA jobs are advertised and allowed for triangulation between a university's formal position classifications (e.g., research program assistant; data collector, interviewer, research coordinator, clerical assistant, administrative assistant) and actual job postings to confirm that credentialing requirements and salary ranges listed in university classifications matched actively posted positions. Although restricting positions to only those specifically seeking PWLE in substance use to work in a peer research role would have been preferred, inclusion criteria for job descriptions were broad, and instead allowed for any entry-, mid-, and senior-level position classifications with research related job descriptions and duties.

This methodological decision is supported by the following. First and foremost, no formal PRA position classifications or peer research promotional tracts were identified during the aforementioned content analysis of formal job classifications and corresponding position tracts. This finding is in line with my own recent experiences, in which I worked for five years as a study director managing multi-year studies with people who inject drugs that utilized PRAs with lived experience in substance use. In this role, I worked directly with human resource staff

to post several positions for people actively using drugs or with past histories of substance use. Given the absence of formal PRA position classifications, human resource staff recommended posting entry-level administrative and general research positions with the least restrictive credentialing requirements and including PRA language in the job description and duties.

Moreover, both in my own experience and reported in published studies, PRA inclusion typically is restricted to entry-level roles.^{5,14,15} Whereas in treatment settings, peer support specialists often have an opportunity for promotion to peer supervisor roles that still center peer related job duties, PRAs seeking promotional opportunities on research teams usually require a shift away from job duties centering the peer role and involve more traditional research management and coordination tasks. Therefore, including mid-, and senior-level general research positions is warranted as it provides insight into the career advancement opportunities available to an individual occupying an entry-level PRA position when seeking promotional opportunities *within* substance use research teams.

In further support of this methodological decision, I consulted key university stakeholders who currently work in roles employing PRAs and human resource staff to confirm the institutional context and study team structure of PRA inclusion is still in place. Stakeholders I spoke with indicated there were still no formal PRA positions, and that currently employed PRAs were hired under the following general entry-level positions with job descriptions and duties that emphasized peer research roles: research program assistant; administrative assistant. The stakeholders I spoke with neither currently nor had plans to hire a PWLE in substance use to work in a mid-, or senior-level research role that specifically emphasized peer research related duties akin to that of a peer support supervisor in treatment settings.

Lastly, irrespective of whether or not job descriptions and duties are specific to PRA roles, the permitted salary range, hiring processes, and credentialing requirements for the broader position classification under which the specific job is posted under *are identical*; as the job is bound by the restrictions of the classification level the position falls under (entry-, mid-, senior-level). Therefore, given the absence of formal PRA position classifications, analysis of job postings for general entry-, mid-, and senior-level position classifications can be used as proxies, as study management posting a position with PRA related job description and duties would be subjected to the same parameters.

In total, 3-5 open positions were selected for each university, only three of which used peer research language in job descriptions and duties. Each university's documents were grouped by area of focus (e.g., drug screenings/use policies, background checks; hiring processes, position classifications; pay structures, and opportunities for advancement). Individual documents and overall university employment landscapes were then analyzed by creating thematic memo's summarizing the context and structure of each area, differences between each university, and the resulting implications for PRA employment.

Results

Aim 1

Extant literature on the use of PRAs overwhelmingly consists of narrative descriptions by study teams of how PRAs were incorporated into study designs, and reflections of the benefits and challenges of PRA inclusion as it relates to study methodology and successful completion of research aims.^{6-9,16} More recently however, studies have begun to examine PRAs' *employment experiences*. Among published studies, economic precarity was identified as the strongest and most consistent barrier, resulting from limited study durations, and being placed in hourly positions or paid through other informal means.¹³ PRAs often have to take on additional outside

employment, go lengthy periods without work, lack genuine opportunities for career advancement, and even accumulate significant personal debt.^{5,6,10,12,13,17-19}

PRAs organizational position and discordant power dynamics with study management also create a substantial barrier to equitable PRA employment. PRAs commonly express frustration over being placed in ambiguous roles within study teams,^{1,4,18} receiving insufficient training opportunities,^{1,4,6,18,20} and maltreatment by study management.⁵ While limited in scope, a handful of studies have begun to sample study management. This research primarily focuses on study management's perceptions and experiences of employing PRAs. While studies suggest individuals who hire and manage PRAs are cognizant of existing barriers and capacity for harm,^{10,11,18,21} research examining *how* they navigate the institutional and interpersonal barriers precluding the equitable inclusion of PRAs is limited.^{5,7,12,17}

Aim 2

Despite some variation in the structural context of the three universities included in this analysis (e.g., geographic location, funding sources), the formal institutional context of PRA employment is largely similar across each stage of the personnel hiring and management processes within each institution. In total, existing structures privilege PWLE in substance use with greater social status (e.g., educational attainment, prior work experience, wealth), and those no longer engaged in substance use.

Position Classifications, Renumeration, and Career Trajectories

Each university offers both full time benefit-eligible and limited position classifications, which include ad-hoc (hourly), contractual, and part-time position classifications. While limited positions offer more flexibility, they are subject to effort (i.e., number of hours worked) and duration restrictions that mandate PRAs either transition to full-time roles, undergo temporary reductions in work hours or even periods of unemployment to stay below mandated thresholds. Moreover, whereas full-time positions provide benefits (e.g., health insurance, tuition remission, paid leave), incumbents of limited positions typically are ineligible. Position classifications may pose a barrier to PRAs economic stability in the event management choose not to hire full time PRAs at all, or by placing them in limited position classifications; thereby excluding PRAs who require full-time work and benefits, or by subjecting PRAs occupying limited position classifications to lower wages than they have come to expect and depend on.

Credentiailling requirements pose an additional opportunity to introduce inequities in PRA employment. While several limited position classifications do not have minimum education and work experience requirements, all part- and full-time PRA positions require a high school diploma or GED, and several require "some" work experience. These requirements result in the exclusion of PWLE in substance use seeking PRA positions who did not complete high school or an equivalency program and, in some instances, those lacking formal labor market experience.

While each university is transparent in their use of credentiailling requirements, the equity of remuneration for formal entry-level PRA positions is less clear. Wages for entry-level PRA positions range from \$15.00 - \$22.00 per hour across all three universities. While these appear to be relatively equitable wages for an entry-level academic position with minimal credentiailling requirements, no universities report the amount PRAs are actually paid. Thus, for PRAs in full-time positions, annual salaries can vary from \$31,000 to \$46,000. This may present a barrier to PRAs paid toward the lower end of the listed salary range and introduce wide disparities.

Lastly, mid- and senior-level research positions with higher salaries (\$40,000 – \$60,000) largely privilege PRAs with higher levels of educational attainment and previous work experience. In line with statements from key stakeholders currently employing PRAs, no active job postings with descriptions and duties rooted in the peer role were identified. All mid- and senior-level research roles emphasized traditional supervisory research coordination and analysis duties. Moreover, positions at both JHU and UMD require 1-5 years of relevant work experience, as well as the successful completion of a bachelor's or even master's degree in a related field. Of note however, UT Austin requires just “some” work experience or college course credits. The reduced credentialing requirements in place at UT Austin may facilitate promotion of PRAs into more senior, higher paying research roles, however this is unclear due to the ambiguous language around what constitutes “some” work experience.

In total, these findings suggest that PWLE in substance use working as entry-level PRAs seeking promotional opportunities would need to obtain advanced degrees and be proficient in research management and data analysis. Therefore, not only would they have to shift away from the PRA role, they likely also must now compete with individuals with advanced education (i.e., master's degree preferred), experience, and specialized training in analysis software.

Background Checks

Each university requires a review of an applicant's criminal history for part- and full-time positions. University documents outlining background check policies and procedures are replete with vague language and definitions, affording immense discretion to rescind an offer of employment. Specifically, all three universities weigh the influence of an applicant's prior criminal history based on the following factors: 1) the “nature of the offense,” in which they make a clear distinction between felonies, violent offenses, and misdemeanors. Notably, each university also makes a distinction between drug possession and distribution, with the latter perceived as being more severe. 2) Time since the offense, and 3) the relation of the offense to the roles and responsibilities of the position. Importantly, there is little transparency about how these determinations are made due to vague language such as “sensitive classifications,” “direct patient care,” or research “on controlled substances,” and the absence of definitions for these classifications.

By privileging applicants with more dated criminal histories, universities may be excluding applicants with more recent substance use histories. Additionally, it is unclear whether the “nature of the offense” applies solely to offense type, or if the context of the offense are factored into hiring decisions. Lastly, the lack of transparency and discretion afforded to universities to base background check determinations on the relevance of the prior offense to an applicant's assigned roles and responsibilities poses an additional barrier. Substance use research often involves post-interview counselling, HIV testing, interactions with individuals who currently engage in substance use, and a substantive focus on drug use practices. It is unclear whether PRAs substance use history would be considered relevant and counted against them in this context, and whether or not PRAs are seen as providing “direct patient care.”

Pre-employment Drug Screenings & Ongoing Substance Use Policies

As a result of vague and ambiguous language around how position classifications as sensitive or involving direct patient care are determined, it is largely unclear who is subjected to

drug screenings, when, or for what substances. Notably however, UMD policy explicitly prohibits individuals who report current use of illicit substances that are not engaged in a “*bona fide*” rehabilitation program from employment entirely. Yet, no definition or explanation of what constitutes a “bona-fide” treatment program and whether or not evidenced-based treatments like suboxone or buprenorphine are deemed acceptable and permitted on an applicant’s pre-employment drug screening toxicology report. The vague language used by each university, and explicit exclusion of persons currently using drugs by UMD suggest that individuals in active use are likely to face substantial barriers to part- and full-time employment and necessitates they either abstain from drug use or lie about their use and abstain long enough to pass the drug screening, as was reported by key stakeholders.

Once hired, individuals in active use occupying both entry-level PRA positions and more traditional mid- or senior-level research positions continue to face barriers as a result of substance use policies. Individuals at all three universities who are convicted of a drug related offense are required to report convictions to their supervisors within five days and may be subjected to various forms of internal disciplinary action (e.g., suspension without pay, termination, routine drug screenings) as well as mandatory completion of a “drug treatment program.” As with the onboarding phase, it is unclear what types of treatment are offered or deemed acceptable, and whether these are evidence based. PIs are also mandated to report staff convictions for drug related offenses to any funders/project sponsors within ten days. This may disincentivize PI’s from hiring PRAs as a means of not jeopardizing grant funding.

Discussion

This study aimed to help facilitate the institutional recognition and equitable inclusion of PRAs through a narrative review of existing literature and content analysis of the institutional context of PRA employment. Findings from the literature review are particularly concerning. The fact that existing PRAs report feeling exploited, tokenized, and abandoned as a result of barriers such as low pay, sporadic scheduling, insufficient training, and limited opportunities for career advancement warrants immediate attention and should be considered by study management during all future attempts to incorporate PRAs into study teams.

Key findings from the content analysis both affirm and contextualize these perceptions and identified barriers. Notably, all three universities use vague and ambiguous language within their policies and procedures for key aspects of PRA employment including background check determinations, classification of positions that are subjected to drug screenings, salary ranges, and the acceptability of various forms of drug treatment. While limited classification positions provide an avenue to side-step many of these requirements, this vague and ambiguous language affords university staff immense discretion to rescind offers of part- and full-time employment due to background checks and drug screening requirements that privileges individuals in sobriety and those with more dated criminal records. Individuals who actively use substances and admit to doing so appear to be excluded from formal employment entirely. Compounding these inequities further, the absence of mid- and senior-level peer research positions necessitates that PRAs seeking promotional opportunities shift toward traditional research responsibilities and require several years of college education and formal research experience that more marginalized PRAs with less social capital may lack.

In total, these findings illustrate that despite championing community engaged research, formal institutionalization of the PRA role has not materialized. The institutional context of formal PRA employment within universities is largely incompatible with equitable inclusion. Viewing this in connection with existing literature highlighting insufficient training, sporadic allotment of work hours, and lack of career advancement opportunities for PRAs suggests that while undoubtedly restricted by the institutional context of PRA employment; even well-intended study managers may be unintentionally facilitating the harms and inequities documented in existing literature by restricting PRAs to limited positions to side-step formal hiring barriers and inconsistent funding streams, and may not be supporting their growth into traditional mid- and senior-level research roles.

This research is subject to several limitations that present opportunities for future research. The literature review conducted for aim 1 was not a systematic review, prohibiting reproducibility and opening the possibility some relevant articles may have been omitted. Still, aim 1 provides an informative overview of literature on PRA inclusion, and an effective starting point for studies of PRA employment. There remains an urgent need for research that samples study management and administrative staff to understand their perspectives and experiences hiring and managing PRAs, and their knowledge of existing policies and procedures. Additionally, moving beyond a focus on individuals' experiences navigating existing barriers, and soliciting key stakeholders (e.g., PWLE in substance use, PRAs, study management, administrative staff) suggested solutions for alleviating existing institutional barriers and achieving equitable PRA inclusion may also prove to be a fruitful avenue to explore further.

Additionally, this study's reliance on formal and public policies, procedures, and job descriptions prohibits the ability to make definitive claims about how PRAs are actually employed in practice. Given the vague and ambiguous language used around key aspects of PRA employment (e.g., background check determinations, pre-employment drug screenings), PRAs actual experiences may differ widely. To this point, the inclusion of non-PRA specific position classifications and job descriptions warrants specific attention. Although this methodological decision is supported by emerging literature,^{10,13} formative conversations with key stakeholders, and my own experience hiring and managing PRAs, it fails to definitively capture the employment context of all PRAs who are currently employed by UT Austin, UMD, and JHU. The findings from the content analysis, while illustrative of the opportunities and processes associated with avenues for *formal* PRA employment, does not capture the full scope of PRA inclusion. Future research should build on these initial findings by interviewing administrative staff, study management, and currently employed PRAs to better understand the non-traditional employment structure of PRAs being used within the current institutional context.

Despite these limitations, these findings have several tangible implications for study management that currently or are considering incorporating PRAs on study teams. First and foremost, it is essential for study management to familiarize themselves with the relevant policies and procedures currently in place at their respective institutions. Management may also consider working with administrative staff *prior* to hiring a PRA to ensure they are fully knowledgeable of the barriers in place and to identify potential strategies for navigating them. Additionally, study management should work with administrative staff at the department, college, and university level to identify avenues to improve protections for PWLE in substance

use and facilitate the institutionalization of the PRA role. Examples include formal classification of PRA positions as has occurred in the treatment sector and easing of credentialing requirements. In Vancouver, BC for example, organizations have successfully implemented a policy counting years of lived experience as equivalent to education and work experience.¹

While reforms to university policies and procedures will undoubtedly take time, management still have *some* agency and a duty to protect PWLE in substance use when considering the incorporation of PRAs. If a study timeline is short, they could choose not to hire a PRA at all or look to alternative mechanisms such as hiring PRAs through collaborations with local organizations already employing peers.^{7,12,13,22} In doing so, PRAs can side-step formal university requirements and maintain stable employment through their primary organization. If choosing to hire PRAs formally, potential employees should be fully informed of what the job will and won't provide (e.g., income, promotional opportunities), and what will be required as a part of the onboarding and management process (e.g., background checks, drug screening).

Finally, PRAs should also not be left to navigate the job on their own once hired. Study management should ensure mentorship opportunities are in place to assist PRAs with their transition into academic settings and career growth within their respective universities. One strategy to ensure this occurs is to institute recurring check-ins with PRAs to discuss ongoing challenges, successes, and future goals.^{1,11} An additional mechanism recommended in existing literature involves the development of a memorandum of understanding between management and PRAs that outline expectations for both parties and is periodically revised over the course of their employment as roles and responsibilities evolve.^{1,10} Study management may also consider providing PRAs with a mentor who are not a part of the primary study team, whether that be internal to the institution or through a third-party organization.

Conclusion

While the growing incorporation of PRAs in substance use research is promising, the absence of the institutionalization of the peer research role greatly increases the potential for scholars to further exacerbate harms to PWLE in substance use. Through a content analysis of university documents, this project illustrates how the convergence of credentialing requirements, drug screening and substance use policies, background check determinations, and a lack of promotional opportunities for PRAs on the research track pose substantial barriers to formal PRA employment and may contribute to the harms reported by PRAs in existing literature.

Scholars who benefit from the expertise and contributions of PRAs have a duty to support PWLE in substance use and should leverage their institutional power to affect change to improve the institutional context of PRA employment. Together, advocacy for reforms to university policies and procedures alongside genuine engagement of PRAs through transparency, support, and mentorship can help facilitate a shift toward the institutional recognition and equitable inclusion of PRAs with lived experience in substance use.

References

1. Greer AM, Amlani A, Pauly B, Burmeister C, Buxton JA. Participant, peer and PEEP: considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. *BMC Public Health*. 2018;18(1):834.
2. Horowitz CR, Robinson M, Seifer S. Community-based participatory research from the margin to the mainstream: are researchers prepared? *Circulation*. 2009;119(19):2633-2642.
3. Swann SA, Campbell AR, Nicholson VJ, Murray MCM. Meaningful Community Collaboration in Research. *BC Medical Journal*. 2020;62(9):340-341.
4. Greene S, Ahluwalia A, Watson J, et al. Between skepticism and empowerment: the experiences of peer research assistants in HIV/AIDS, housing and homelessness community-based research. *Int J Soc Res Methodol*. 2009;12(4):361-373.
5. Damon W, Callon C, Wiebe L, Small W, Kerr T, McNeil R. Community-based participatory research in a heavily researched inner city neighbourhood: Perspectives of people who use drugs on their experiences as peer researchers. *Soc Sci Med*. 2017;176:85-92.
6. Kaida A, Carter A, Nicholson V, et al. Hiring, training, and supporting Peer Research Associates: Operationalizing community-based research principles within epidemiological studies by, with, and for women living with HIV. *Harm Reduct J*. 2019;16(1):47.
7. Brown G, Crawford S, Perry GE, et al. Achieving meaningful participation of people who use drugs and their peer organizations in a strategic research partnership. *Harm Reduct J*. 2019;16(1):37.
8. Burnes TR. Practicalities and Possibilities: PAR Research in Counseling with Sex Workers. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*. 2022;4(1):9-18.
9. Eaton A. Community engagement in Canadian health and social science research: Field reports on four studies. *Engaged Sch J Community-Engaged Res Teach Learn*. 2021;6(2):118-134.
10. Mayan MJ, Daum CH. Worth the risk? Muddled relationships in community-based participatory research. *Qual Health Res*. 2016;26(1):69-76.
11. Guta, A., S, Flicker, B, Roche. *Peer Research in Action II: Management, Support, and Supervision*. The Wellesley Institute; 2010. https://www.wellesleyinstitute.com/wp-content/uploads/2011/02/Management_Support_and_Supervision_WEB.pdf
12. MacKinnon KR, Guta A, Voronka J, et al. The Political Economy of Peer Research: Mapping the Possibilities and Precarities of Paying People for Lived Experience. *Br J Soc Work*. 2021;51(3):888-906.

13. Greer AM, Pauly B, Scott A, Martin R, Burmeister C, Buxton J. Paying people who use illicit substances or ‘peers’ participating in community-based work: a narrative review of the literature. *Drugs* . 2019;26(6):447-459.
14. Lobo R, McCausland K, Bates J, Hallett J, Donovan B, Selvey LA. Sex workers as peer researchers - a qualitative investigation of the benefits and challenges. *Cult Health Sex*. 2021;23(10):1435-1450.
15. Jeffreys E. Sex worker-driven research: Best practice ethics. Published 2010. Accessed June 13, 2023.
<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=c807a4bdb59bc5927835a3940af21eeef583a6e0>
16. Armstrong L. The courage to ‘get naked’: Stigma, disclosure and lived experience in sex work research. *Sexualities*. Published online September 5, 2022:136346072211223.
17. Greer A, Bungay V, Pauly B, Buxton J. ‘Peer’ work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. *Int J Drug Policy*. 2020;85(102922):102922.
18. Guta A, Voronka J. Ethical issues in community-based, participatory, and action-oriented forms of research. In: *Handbook of Research Ethics and Scientific Integrity*. Springer International Publishing; 2020:561-576.
19. Switzer S, Carusone SC, Guta A, Strike C. A Seat at the Table: Designing an Activity-Based Community Advisory Committee With People Living With HIV Who Use Drugs. *Qualitative Health Research*. 2019;29(7):1029-1042. doi:10.1177/1049732318812773
20. Lobo R, McCausland K, Bates J, Selvey L. Lessons learned from Australian case studies of sex workers engaged in academic research about sex worker health, well-being and structural impediments. *Peer Research in*. Published online 2021.
doi:10.4324/9780429316920-22/lessons-learned-australian-case-studies-sex-workers-engaged-academic-research-sex-worker-health-well-being-structural-impediments-roanna-lobo-kahlia-mccausland-julie-bates-linda-selvey-jesse-jones-elena-jeffreys-judith-dean-lisa-fitzgerald
21. Guta A, Murray SJ, Strike C, Flicker S, Upshur R, Myers T. Governing Well in Community-Based Research: Lessons from Canada’s HIV Research Sector on Ethics, Publics and the Care of the Self. *Public Health Ethics*. 2017;10(3):315-328.
22. Greer AM, Buxton JA. *A Guide for Paying Peer Research Assistants: Challenges and Opportunities*. BC Center for Disease Control; 2016.