

3. DESIGNING A PEER PROGRAM



LaTrischa Miles (right) with a peer and client.

One of the major challenges for any organization wanting to start a peer program is integrating the peers into the organization, making sure you have the buy-in of not just the organization, but of the staff. Because as a supervisor, you want to give the peers the support that they need, and you get the greatest support from supervision if you've got the support of the staff as well. Peers need to know that they're valued in the organization and that they're a part of it.

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Once it has been determined that: (1) the organization is ready, (2) the concept for the peer program is clear to everyone involved, and (3) there are leaders who are interested in operationalizing this peer program, then the plan of action needs to be outlined and agreed upon. The following information outlines the steps to executing program design:

The [Peer Program Planning Tool](#) in section 2 of the [Program Resources](#) accompanying this toolkit is a guided program map that helps an organization consider all aspects of program development in greater detail in order to setup a new peer program function or to enhance an existing program. Alternatively, a work plan more broadly outlines the goals and general activities of the program (refer to [Section 2, Organizational Readiness for Peer Programs](#), including several examples for different kinds of programs). The Program Planning Tool addresses all the areas that operationalize a peer program. This is a flexible document, and an organization should edit the program sections to reflect the organization's needs.

The Program Planning Tool can be used for continual program quality management, by acting as a check-in for possible program changes, problems, and strengths. It is recommended that the supervisor or manager review the areas of the program plan that affect the operation of the program on a regular basis, either during weekly or bi-monthly staff meetings or as part of regular supervision of peer staff. There needs to be consistent support of the peer program in order to ensure successful sustainability.

Below are the steps to take and questions to answer before enlisting peers to work or volunteer in the organization:

Step 1: Designing the structure of the program: volunteer vs. paid

Once you have determined the goals and objectives of your peer program, the first step is deciding the structure of the program. If funding is available, employing a peer on a full- or part-time basis is ideal and supports the goal of incorporating the peer into the organization's structure as a full-fledged member of the HIV care team.

In cases where resources are limited and organizations do not have

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funds available to support a paid position, peers may be incorporated into the organization through a volunteer program working with specific staff members. If peers are volunteers, it is recommended that the organization find opportunities to recognize and honor the volunteers' work on a regular basis through awards or certificates of appreciation, as well as provide professional development opportunities through training and education.

Step 2: Identifying the roles and responsibilities of the peers

Defining the roles and responsibilities of the peer is critical to program success. [Section 4, Peer Roles and Responsibilities](#) provides a description of the various roles peers can play and provides sample job descriptions that can be adapted. Whether peers play a role in providing support, improving adherence or counseling and testing, it is critical to examine their role vis-à-vis other staff members and clearly state who, and in what way, each individual staff member (physician, nurse, case manager, other peers) will work with the peer. It is also important to determine who will be supervising the peer.

If peers will be working individually with clients, such as with adherence counseling or supporting case managers, it is important to consider the size of the client caseload that will be assigned to each peer. It may be best to start small, giving peers no more than 3-5 clients, and gradually increase the caseload if feasible.

Step 3: Establishing supervision and training

systems for peers

Before recruiting peers, an organization should identify who will supervise and train the peers, the type of supervision needed (both administrative and either supportive or clinical), the methods (individual vs. group), and how often supervision will occur. [Section 6, Supervising Peers](#) of this guide provides details about supervision systems for peer programs. This information should be part of the job description or orientation materials for peers, whether they are paid or volunteers.

[Building Blocks to Peer Success](http://peer.hdwg.org/training_toolkit) (available at http://peer.hdwg.org/training_toolkit), the toolkit for training HIV positive peers to engage people living with HIV/AIDS in care, provides best practices, sample lesson plans and curricula for training peers.

Step 4: Recruiting, hiring, and orienting PLWHA to become peers

Once commitment from staff is obtained, clear job descriptions have been developed, and an outline of the supervisory structure has been achieved, active recruitment and hiring of peers can begin. For some organizations, this may require working closely with the human resources department to ensure that all policies are followed appropriately.

Depending upon the community, recruiting peers may be easy or difficult. In areas where HIV stigma remains a barrier, PLWHA may not feel comfortable disclosing their status to other patients even though they may be seeing their doctor regularly and adhering to treatment regimens. Engaging the support of medical providers, case managers, and other service providers to refer willing PLWHA to work as peers is a good strategy, as trust has already been established with that provider.

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There was a lot of learning on both sides when we started the program. While we told the physicians what was going on, they really weren't involved in the process, so they hesitated in getting too attached to it. There was a lot of reservation on their side in actually using the peer educators. Now they're demanding that I staff [peers] on all their shifts. When you've got providers who say 'I need a peer educator on my afternoon schedule,' you know how successful it has been.

Rose Farnan
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Part of the hiring and orientation process involves interviewing peers who are comfortable disclosing their HIV status with other persons and who understand the importance of confidentiality. For orientation, it is important to provide some basic information about the organization, its services, a staff list, job descriptions, program tools for his/her job and other resources that may be useful to the peer's work. It is also important to think about who could serve as a mentor or would be willing to have the new peer shadow their work to learn about the organization and the environment in which he or she will be working. [Section 5, Recruiting, Hiring, and Orienting Peers](#) and its Read More Sections on [Cultural Sensitivity](#), [Confidentiality](#) and [Orienting Non-Peer Employees on Peer Support, Philosophy and Program Models](#) provide details on these areas.

Step 5: Providing opportunities for professional development to retain peers

Regardless of whether peers are volunteers or paid staff, creating an organizational environment that encourages opportunities for peers to develop their professional interests is recommended. These opportunities can include activities such as:

- Having peers attend in-service trainings related to HIV or client care
- Supporting requests to attend external trainings or conferences related to their roles and responsibilities
- Inviting peers to attend community events with other HIV service or medical providers
- Participating and attending seminars (virtual or in-person)

Step 6: Documenting and measuring the success of the peer program

A successful peer program has specific measures for documenting the activities of peers and how they contribute to overall services. In some organizations, peers are required to document their work in logs or on forms that become part of the client's medical record.

[Section 7, Evaluating Peer Programs](#) provides suggestions for monitoring and evaluating peer programs.

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► FOR MORE INFORMATION

Read More for Section 3

- [Example of peer program plan](#)
- [Program Scenario 1](#): Peers working to improve access to care and treatment in a clinic
- [Program Scenario 2](#): Peers working to engage HIV-positive individuals in support services in a community-based organization
- [Program Scenario 3](#): AIDS Service Organization to support and link HIV-positive patients in care and treatment

Resources for Section 3

(available at http://peer.hdwg.org/program_dev/resources)

- [Peer program planning tool](#)
- [Peer program planning: questions to consider](#)

The above Read More sections provide concrete examples and case scenarios to help an organization use the tools presented in this guide to design a peer program.

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev