

# Strengthening the Capacity of the HIV Prevention Workforce



# Recruiting and Retaining Peers to Support Prevention and Care



A SERIES FROM THE EFFI BARRY TRAINING INSTITUTE

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## About This Series

The Effi Barry Training Institute (EBTI), led by HealthHIV, equips HIV service providers, community organizations, and public health professionals in DC with the tools to advance equitable HIV prevention and care. Through capacity building assistance, the EBTI provides resources to support program implementation, workforce development, and community engagement.

The “Strengthening the Capacity of the HIV Prevention Workforce” series addresses topics such as:

- ▶ Removing barriers to care
- ▶ Implementing trauma-informed policies, reentry support, and community-driven interventions
- ▶ Recruiting, training, and retaining peer workers
- ▶ Engaging young people (ages 13-24) in HIV prevention efforts

The Series includes these resource materials:

1. Applying Status Neutral Approaches to End the HIV Epidemic in DC
2. Key Strategies and Community-Driven Approaches to Addressing Incarceration, HIV, and Black Women in DC
3. Recruiting and Retaining Peers
4. Increasing HIV Knowledge Among Youth by Engaging the HIV Prevention Workforce

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# Introduction

Often, in social service agencies, staff are elevated to leadership roles but are not provided leadership training. This is especially true within agencies that provide HIV, STI and substance use services. These agencies tend to promote from within since skills to succeed in these fields often come from on-the-job training gained from previously held positions. Included within that missing leadership training is training specifically related to employing peers.

The purpose of this manual is to guide those in leadership roles within HIV/STI as well as substance use-focused organizations to recruit, retain, and develop peers as part of an effective public health prevention workforce. Too often, organizations with the best intentions hire peers without a framework for success which leads to high turnover, peer dissatisfaction, and a depletion of already scarce resources. However, by understanding the value of peers, including them in programming, and integrating them into existing staff culture using evidence-based strategies, leaders can ensure longevity within their teams and greater health outcomes for their clients.

Upon completing this manual, leaders will be able to:

- ▶ Define the term “Peer” and differentiate between various types.
- ▶ Identify the importance of peers in prevention work.
- ▶ Explain the key information required to recruit and hire peers successfully.
- ▶ List at least two (2) ways to utilize peers.
- ▶ Discuss the tools for increasing peer retention.
- ▶ Describe at least two (2) unexpected challenges of employing peers.

# The Characteristics of Diverse Peer Types



In the traditional sense, peers are typically defined as individuals who have shared, similar lived experiences. However, with the expansion of the health workforce, this definition has been broadened to include Community Health Workers as well as people who reflect the community being served. When using the term “people with lived experience,” this often refers to a disease state or social condition. Examples would be individuals living with HIV, substance use disorder, mental health disorders, chronic health conditions, terminal health conditions, or other health-related concerns. Lived experiences can also refer to social and/or behavioral conditions such as individuals experiencing homelessness, people who inject drugs, sex workers, etc. Individuals who share these experiences often can empathize with the life journey that accompanies the disease state or social/behavioral condition, thereby increasing trust and potentially reducing stigma. In an article titled *Employment as a Social Determinant of HIV Care and Prevention Outcomes*, the authors further discuss peers as follows:

...peer workers provide a variety of services including health education, psychosocial support, community outreach, linkage to and support in medical appointments, and treatment adherence. The rationale of peer interventions and education is that peers can provide appropriate norms and people are more likely to emulate a behavior if their model is a realistic figure for self-comparison. Peers can also reach out to and develop access to [targeted] communities in ways that other professionals cannot.

Community Health Workers (CHWs) are individuals entrenched in the community the program or agency serves who share socio-cultural norms. These individuals also share lived experiences but not necessarily the same disease state or social/behavioral condition. Examples can be individuals who have extensive

experience navigating the healthcare system such as applying for and utilizing Medicaid, Medicaid transportation, community food and nutrition services, unemployment systems, veteran’s administration services, and other social support services. For example, a CHW who is deeply involved in the faith community with which an organization is trying to build partnerships may be able to better connect with the parishioners and faith leaders. According to the American Public Health Association (2009), CHWs “possess a deep understanding of and trust within the communities they serve, allowing them to bridge gaps between medical and community settings to enhance access to quality care.”

A final category of peers would be individuals who reflect the community the agency serves regardless of lived experience. An example would be an individual of Haitian descent who speaks Haitian Creole hired to engage the Haitian Creole community for targeted outreach. This practice seeks to diversify the workforce to create a more inclusive and welcoming environment for its consumers. According to an article produced by Cowen Partners, an executive search firm specializing in recruiting top-level executives, “Diversity is crucial for businesses to build close relationships with their clients. A community that doesn’t have representatives in a company automatically feels separated from it.” On its surface, hiring individuals that reflect their community has the potential to increase trust and build community connection but it is not without its challenges, as will be discussed later in this manual.

Table 1, Three Types of Peers, concisely differentiates the three types of peers and provides both characteristics and essential qualities of each type.

Table 1. Three Types of Peers

	Persons with lived experience	Community Health Workers (CHWs)	Persons who reflect the target community
Characteristic	Shared disease state or social condition	Shared socio-cultural norms	Physical and/or linguistic reflection of the population being served
Essential quality	Is managing their healthcare/ treatment or social condition towards successful health outcomes or long-term recovery	Entrenched in the community with unique insights into social determinants of health and how to navigate systems	Increase trust and build community connections as they are a part of the community

# The Value of Peers in Prevention and Care



Regardless of the definition an agency uses for its peers, their value in the workforce should not be overlooked. Their commonalities with the communities they support provide peers with a unique insight into those communities. That insight, along with their interpersonal skills, allows peers to help clients navigate multi-level barriers to address social and medical needs. Peers are uniquely positioned to bridge the gap between structurally disenfranchised populations and the services they need. Peers also provide a major advantage to the care system in that they are willing to disclose their status to the individuals they serve. That disclosure, coupled with their successful healthcare journey brings a perspective that no amount of professional or medical training can provide.

# The Recruitment and Hiring of Quality Peers

## Characteristics of Quality Peer Candidates

Hiring a peer is different from hiring professional staff. Peer roles usually draw on unconventional assets rather than educational degrees or certifications.

The key qualities of a good peer include:

- ▶ **Connection to the Client Population:**  
Has experience as part of your client population.
- ▶ **Experience with Social Determinants of Health:**  
Familiarity with challenges such as unstable housing, substance use, domestic violence, transportation, overdose, HIV/STI risk or status.
- ▶ **Language Skills:**  
Speaks a language your client base understands.
- ▶ **Relational Skills:**  
Ability to relate to both clients and program staff.  
Non-judgmental attitude toward community members.
- ▶ **Communication Skills:**  
Demonstrates good communication skills and a willingness to share information.
- ▶ **Independence:**  
Ability to work independently and handle responsibilities effectively.

However, these “unconventional assets” are unlikely to be documented with diplomas, degrees, or certificates. Many excellent peers cannot present a resume or application that meets the minimal requirements of many Human Resources (HR) departments. In such cases, program directors or managers may need to explain to HR staff why peer positions require a different skill set. Leaders will also have to work in tandem with HR personnel to explicitly define peer job skills and operationalize the employment role so that peers and supervisors have objective criteria for assessing peers’ initial qualifications as well as on-the-job development.

This also suggests that the recruitment process may involve alternative approaches compared to traditional hiring for program staff. For example, instead of relying on traditional recruitment websites, recruitment may necessitate referrals from grassroots sources such as the agency’s internal client base, community advisory boards, partner agencies, and support groups. These types of recruitment opportunities assist leaders with potentially mitigating cultural relevance barriers which will be discussed further in this manual.



## Recommended Qualifications for Peers Engaged in Prevention and Care Services

Table 2, Recommended Qualifications for Peers Engaged in Prevention & Care Services, presents recommended qualifications that can be adapted to fit program- and agency-specific needs:

Table 2. Recommended Qualifications for Peers Engaged in Prevention & Care Services

Qualification	Description
<b>Direct Experience</b>	As a patient or caregiver with HIV or STI treatment, or substance misuse
<b>Community Knowledge</b>	Local resident or familiarity with the community
<b>Team Collaboration</b>	Ability to work with professionals as part of a prevention and care team
<b>Reflection and Application</b>	Ability to reflect on and apply life experience
<b>Communication Skills</b>	Good verbal and written communication skills
<b>Open-Mindedness</b>	Non-judgmental attitude toward others
<b>Commitment</b>	Dedication to improving HIV care, STI treatment, or Substance Misuse recovery through collaboration

Programs will benefit from defining objectives for peers before constructing program-specific job descriptions. These objectives help align peer roles with program goals and maximize their unique contributions.

## Resource for Peer Roles and Responsibilities

For a valuable resource that describes peer roles and responsibilities, and includes sample job descriptions for peers that can be adapted to meet program-specific needs see Appendix 1.

## Considerations for Readiness to Work

An individual's readiness to work should also be considered. While passion for community impact is essential, it should not be the sole factor. Ensuring candidates are prepared to carry out the functions of a peer role is critical. Key considerations that leaders should consider are listed below in Table 3, Key Considerations for Work Readiness.

Table 3. Key Considerations for Work Readiness

Key Consideration	Description
<b>Transportation</b>	Reliable means to travel as required by the role.
<b>Child Care</b>	Adequate arrangements to support consistent availability.
<b>Current Medical Issues</b>	Physical and mental health readiness to perform duties.
<b>Community Engagement</b>	Ability to engage with the community and positive community perception of the individual.
<b>Substance Use</b>	Addressing current substance use issues as necessary for the role.
<b>Work History</b>	Prior experiences that demonstrate readiness for the position.
<b>Legal Considerations</b>	Addressing any law enforcement issues that may affect employment. Background checks should be conducted on all potential peers.
<b>Stages of Change</b>	Understanding where the individual is in their personal development.
<b>Communication Ability</b>	Effectiveness in communicating with clients, staff, and community members.

Leaders should also assess the peer's work history, including whether this is a first-time job. If so, leaders should be prepared to provide additional support for first-time workers. Lack of prior work history should not exclude a potential peer from employment.



Setting clear expectations can assist the peer with determining his/her readiness to work. Leaders should be explicit about work conditions and requirements that are non-negotiable. These conditions and requirements are most often agency-wide directives influenced by local, state, or federal labor laws.

Examples of topics to discuss with peers include:

- ▶ Hours required — traditional vs non-traditional
- ▶ Technology requirements
- ▶ Time & Attendance
- ▶ Appropriate workplace behavior and attire
- ▶ Confidentiality rules
- ▶ Sexual harassment policies
- ▶ Team dynamics
- ▶ Drug/alcohol policies
- ▶ Workplace safety

The following case study compares two individuals seeking employment as peers within an organization.

### CASE STUDY



#### Ashley

White, lesbian woman, 29 years old  
Lives with her wife in the community  
Describes herself as a homebody  
Tells you that she quit injection drug use ten years ago  
  
Avoids triggers by not associating with her old drug-using crowd

Ashley and Hope would like to be peer advocates for your Women's substance use program. This program focuses on at-risk women to engage them in substance use treatment options as well as safer injection practices. You only have room for one peer advocate on your outreach team. You have conducted interviews with both Ashley and Hope and are comparing their interviews to determine who to choose. Which candidate best fits the criteria for a peer advocate in a predominately black and brown community?



#### Hope

Black, straight, divorced woman, 42 years old  
Single, lives in the community  
Attends community events and people know her  
Has not stopped using drugs, but has modified her behavior  
  
Tells you that she has been in treatment twice

Based on the information provided, a leader would determine that Hope lives in the community, knows people in the community, and can share her behavior change and experience. While Ashley does live in the community, she spends most of her free time at home and is not involved with the community of focus. She may not be able to reach enough members of the intervention population as an advocate. Therefore, Hope would be the ideal choice to fill the peer position.

This case study is oversimplified and contains information about each candidate that would not necessarily be revealed in a typical interview and hiring process. However, it demonstrates how lived experience coupled with community connection are key factors in determining the right peer candidate.

# Interviewing Tactics for Selecting High-Performing Peers

One of the most important decisions a leader will make is hiring the right staff to join their team. According to a *Nursing Management* journal article (Raso, 2009), “Hiring right puts you in a position to improve the work environment for your staff, decrease turnover and related costs, and ultimately improve patient care.” While there are many techniques leaders use to interview new staff, one that has been proven quite effective in selecting staff that assimilate well into organizational culture and drive success of the organization is motivation-based interviewing (MBI).

Motivation-based interviewing allows the leader to determine the skill, attitude and passion of high performers which includes peers. Interview questions are formed with the intent of drawing out the peer’s intrinsic motivation for the work thereby ensuring the right candidate is being selected right from the start. Too often, interviews focus solely on skills. However, with a strong onboarding program, skills can be taught. Motivation to complete the work in excellence and create lasting impact cannot be taught. Therefore, motivation-based interviewing focuses on open-ended questions, does not include judgment statements, and does not imply “right” answers. For example:

**Typical question:** What are your weaknesses?

**MBI question:** Tell me about a specific time when you struggled to do something that you did not know how to do.

The typical question is extremely common and most candidates practice canned answers they believe leaders want to hear. Responses are usually focused on something related to a previous employment situation and utilize a positive attribute as a negative to make the weakness sound more appealing. The MBI question, on the other hand, does not strictly lend itself to a work-related response. It does not leave room for a vague response since it states “a specific time”. It also addresses attributes that candidates often experience but rarely vocalize- “struggling” and “not knowing how to do something”. Responses to this type of question speak to the peer’s listening skills, willingness to admit to struggle, and potential to learn that which is currently unknown.

Sample interview questions designed to solicit information about a candidate’s skill, attitude, and passion:

- ▶ Describe a time when you recognized you weren’t going to be able to meet multiple deadlines. What did you do about it? What was the outcome?
- ▶ Tell me about a time when you had an idea that was great for your organization. How did you get your management/peers excited about it? How did you follow through?
- ▶ When you’re able to make extra time in your role, what do you do to make your job more efficient?
- ▶ What motivates you to go to work every day?
- ▶ What goals have you set for the next 5 years?
- ▶ How would you define success in your career?
- ▶ What roles do your manager and team play in your motivation at work?
- ▶ In your experience, what motivates your best on-the-job performance?
- ▶ What could your current company change about their culture to keep you on their team?

- ▶ How would you define a healthy work/life balance? At what point do you think it's necessary to blur the lines?
- ▶ Discuss a recent situation when you had to deal with change.
- ▶ Describe a time when you completely changed the way you work.
- ▶ Describe a time when you conveyed information to an audience who were unfamiliar with the subject matter.
- ▶ Discuss a time when you had to communicate complex technical information to a client. What was the situation, what approach did you take and what was the result?
- ▶ Tell us about a time when you addressed your organizational leadership with a personal concern. What did you learn from the experience?

As previously stated, Motivation-Based Interviewing can be a powerful hiring tool for peers. For leaders interested in learning more, Hire Authority offers online courses via their website: <https://www.hireauthority.com/remote-mbi/>



# Effective Ways to Utilize Peers

Peers play a vital role in supporting and enhancing the functions of an organization. They bring unique insights, lived experiences, and connections to the community that are invaluable for achieving organizational goals. Integrating peers into the prevention and care team and recognizing them as essential members of the organization's services is crucial for success. Below is an overview of how peers can contribute to various aspects of an organization's programs and services.

## Direct/Physical Community Outreach

Peers possess an intimate knowledge of the community, including key "hot spots" of activity, which can enhance outreach and care efforts. Their trusted presence and approachability make them invaluable assets during community interactions.



### Key Roles:

- ▶ **Accompany Outreach Workers:**
  - ▷ Participate in street-level outreach and community events.
  - ▷ Provide insights into community safety and recent developments, such as areas impacted by police activity or increased overdoses.
  - ▷ Provide HIV and STI testing as well as linkage to services such as PrEP, nPEP, HIV care, and STI treatment.
- ▶ **Inform Outreach Planning:**
  - ▷ Identify areas and local businesses where outreach may be most impactful.
  - ▷ Offer introductions to community members and business owners to build stronger relationships between the organization and the community.
- ▶ **Navigating health systems and service programs:**
  - ▷ Drug User Health Programs: Peers distribute syringes, safe injection kits, and program information to hard-to-reach populations, reducing overdoses and preventing the spread of diseases such as HIV and STIs.
  - ▷ Health Insurance Enrollment Programs: Peers serve as community advocates, promoting health insurance enrollment and associated services like ADAP, Hepatitis C treatments, Narcan distribution, and Medication-Assisted Treatment (MAT) for opioid users.
- ▶ **Address Service Gaps:**
  - ▷ Highlight gaps in services to inform program modifications and funding strategies.
  - ▷ Contribute to improving overall community health by identifying unmet needs on which an agency can focus efforts.

## Supportive Services for Clients

Peers are uniquely qualified to provide personalized support to clients due to their lived experiences. They act as navigators and connectors between clients and the organization's services.

### Key Roles:

- ▶ **One-on-One Support:**
  - ▷ Attend appointments with clients and help coordinate necessary services.
  - ▷ Serve as an advocate for clients, ensuring their needs are met effectively.
- ▶ **Referral Resource:**
  - ▷ Access potential clients not reached by standard outreach efforts.
  - ▷ Share vital knowledge of community norms and risks to enhance program engagement and retention.
- ▶ **Re-engagement and Retention:**
  - ▷ Locate clients lost to follow-up and identify reasons for disengagement.
  - ▷ Facilitate re-enrollment and encourage continued program participation by providing reminders and support.



## Leading Support Groups

Peers' lived experiences enable them to provide empathetic support and foster trust in group settings. They are well-suited to facilitate or co-facilitate various support groups.

### Key Roles:

- ▶ **Support Group Facilitation:**
  - ▷ Lead formal or informal support groups, leveraging their personal experiences to connect with participants.
- ▶ **Community and Professional Education:**
  - ▷ Deliver community education sessions and contribute to professional development training within the organization.
- ▶ **Speaker's Bureau:**
  - ▷ Share personal stories through media and community outreach initiatives.
  - ▷ Provide a relatable and compelling face to the organization's services, generating compassion and engagement from the broader community and potential clients.



Peers are invaluable assets to any organization's services, playing critical roles in outreach, client support, and program development. By integrating peers into prevention and care teams, and recognizing their unique contributions, organizations can enhance their impact, improve client outcomes, and build stronger connections with the communities they serve.

## Sharing Peer Stories

Perhaps one of the most underutilized roles peers are assigned when hired by organizations is telling Peer Stories. Peer stories are a powerful intervention because the messages are generated directly from the community being served and disseminated by known community members. Peers are key players to help individuals change social norms related to HIV and STIs, drug use, and other health concerns, and to promote healthy behaviors. These short stories focus on a person from the community who has made a positive behavioral change. The main purpose of a peer story is to motivate the community to move toward a desired behavioral goal. This is accomplished by demonstrating how the peer, or “role model” moved from one current stage of change to the next stage.

To motivate movement towards the desired behavioral goal, peer stories should:

- ▶ Show how the individual moved from one stage to the next stage of change;
- ▶ Show the barriers encountered in that process;
- ▶ Be genuine and interesting; and
- ▶ Capture the reality of the population in the member’s life story.

Table 4. The Nine Components of Developing a Peer Story provides a description of each of the nine (9) components of developing a peer story.

Table 4. The Nine Components of Developing a Peer Story

Component	Description
<b>Membership in the community served</b>	The story must show that the peer is a part of the community.
<b>Characterization</b>	A short description of the peer that makes their experiences believable to the listener.
<b>Risk behavior</b>	The story must clearly illustrate the risk behavior of the peer.
<b>Barrier</b>	The peer must describe a specific barrier they encountered while engaging in the risk behavior.
<b>Goal</b>	The story must show that the peer has a single, specific goal related to the risk behavior.
<b>Acquired Knowledge</b>	The peer must have learned new information that influenced their behavior change.
<b>Method to overcome barrier</b>	The peer must show how they were able to overcome the barrier they described.
<b>Movement towards behavior change</b>	The story must show that the peer has taken steps to change their behavior.
<b>Positive outcome</b>	The story must end with a positive outcome that strengthens the behavior change.



## PEER STORY

### Richard's Story

My name is Richard and I'm a 21-year-old, bi-African-American guy from DC. I'm into the clubs and the scene, and I use the apps a lot. I like hooking up and I try to use protection, but it depends on who I'm with and what we're doing.

A few weeks ago, a guy I regularly hook up with called me and told me he's HIV positive. I don't think we used protection when we got together last month. I want to stay HIV negative and was worried, so I went to get tested.

I told the HIV tester what happened, and after I tested negative they told me about a daily pill called PrEP. I didn't know a thing about that! They said that it can protect me against HIV and I can take it at home and it won't kill the mood. I didn't know anything about PrEP and I wanted to learn more about it. They set me up to meet with a PrEP navigator at the clinic.

I'm pretty excited to learn more about the pill. I think PrEP might be just what I need to keep myself protected in the future. I can go out without stressing and still keep things flowing!



### Breaking Down the Peer Story Components

My name is Richard and I'm a 21-year-old, bi-African-American guy from DC.	<b>MEMBERSHIP IN THE COMMUNITY SERVED</b>
I'm into the clubs and the scene, and I use the apps a lot.	<b>CHARACTERIZATION</b>
I like hooking up and I try to use protection.	<b>RISK BEHAVIOR</b>
...but it depends on who I'm with and what we're doing.	<b>BARRIER</b>
A few weeks ago, a guy I regularly hook up with called me and told me he's HIV positive. I don't think we used protection when we got together last month. I want to stay HIV negative and was worried, so I went to get tested.	<b>GOAL</b>
I told the HIV tester what happened, and after I tested negative they told me about a daily pill called PrEP. I was like, what is that?!	<b>ACQUIRED KNOWLEDGE</b>
They said that it can protect me against HIV and I can take it at home and it won't kill the mood!	<b>METHOD TO OVERCOME BARRIER</b>
I didn't know anything about PrEP and I wanted to learn more about it. They set me up to meet with a PrEP navigator at the clinic..	<b>MOVEMENT TOWARDS BEHAVIOR CHANGE</b>
I'm pretty excited to learn more about the pill. I think PrEP might be just what I need to keep myself protected in the future. I can go out without stressing and still keep things flowing!	<b>POSITIVE OUTCOME</b>

# Retaining Peers Once Hired

Equally important to hiring the right peer is retaining the right peer once hired. Izzo and Withers (2009) found:

Replacing an employee can cost at least 150 percent of the employee's annual salary. (a) That means it can cost an organization at least \$75,000 to replace a \$50,000-a-year employee. Replacement costs include hiring and recruiting costs, training costs, lost productivity during the first six months of employment, and use of temporary employees during transitions. Beyond the financial loss is the loss of knowledge and commitments associated with long-term employees.

For smaller not-for-profit healthcare agencies with already limited resources, this is especially critical. Fortunately, there are tangible steps leaders can take to increase peer retention and program success.

## Understanding the Intrinsic Motivation of Peers

While trading time for money may have been sufficient as a motivator in the past, today's peers want more out of the employment relationship. This is especially true in social service and not-for-profit healthcare where salaries tend to be lower than for-profit counterparts. Peers want to be acknowledged for their unique contribution to the workforce while also receiving personal and professional growth that adds meaning to their work and leaves a lasting impact. Peer and/or Community Health Worker certification opportunities offer the validation and credentialing that legitimizes the daily work while creating space for salary negotiations in the future. Peers also desire a strong work/life balance that allows them to prioritize themselves and their loved ones when away from the responsibilities of work. This balance provides space for self-care which has been proven to reduce burnout and stress. Peers are also motivated by flexibility and autonomy in their work schedules. This is particularly relevant to the work/life balance aspect as it is not a rebellion against the 40-hour work week but, rather, an intentional shift in the rigidity of a 9-5 five days per week. Peers want the ability to attend children's extra-curricular events, accompany a life partner to medical appointments, care for an elderly parent, etc., and are willing to work during non-traditional hours to maintain the salary and work responsibilities. These shifts in intrinsic motivation from traditional thinking have created a wonderful opportunity for organizations to shift internal policies and processes that can transform the workforce and increase the meaningful involvement of peers.

## Providing Tailored Support and Coaching

One of the most important tools for leaders to use to enhance retention of their peers is mentoring. A study conducted by Randstad (Smith, 2024), a human resource consulting firm in the Netherlands with more than 10,000 employees, found that:

Employees who participated in mentoring programs were 49% less likely to leave, in addition to saving the company \$3,000 per participant per year. Since one of the main reasons employees leave is due to a lack of career development opportunities, creating mentorship programs can facilitate meaningful conversations about learning and growth and reduce the number of employees searching for greener pastures elsewhere.



Within small not-for-profits, mentoring can be an informal pairing of a seasoned employee with a newer peer. The relationship is built upon the sharing of knowledge, both organizational as well as industry and experience. Mentors guide the peer as they integrate into the team and listen for cues from the peer as to desires for growth and development. Those cues become springboards for training and prioritization of progressively new tasks and responsibilities that build pathways toward the peer's career goals within the organization. Coaching also becomes a critical component as the mentor can highlight strengths and assist with development that minimizes weaknesses. Providing frequent one-on-ones with peers to check in on any difficulties and challenges will also help leaders assess programming changes, as well as successes.

For an example of a step-by-step feedback tool, see the document "Giving Feedback Worksheet" Appendix 2.

Beyond mentoring is the leadership skillset of the person supervising the peer. Leaders should have quality supervisory skills such as giving/receiving feedback, knowing the peer's job, safety, availability, and problem-solving. Supervisors should be able to help peers access resources helpful to their role to increase peer success. The relationship between a leader and the peer should promote mutual trust, respect, responsibility, and collaboration. This means that the attitude and perspective of supervisors towards the role and value of peers are crucial to the success of the programs in which peers serve. Additionally, leaders need to ensure they, themselves, are trained and developed in the skills needed to support the unique challenges peers face in their day-to-day interactions with individuals of shared lived experiences. Daniels. et. al. (2015) states:

Peers may be more susceptible to vicarious trauma because they are sharing deep parts of their history with another individual in a paid role. Supervisors play an important role in reducing the impact of vicarious trauma and compassion fatigue by offering a safe space to discuss triggering interactions, educating the peer about ways they address the impact, and providing additional support to avoid burnout when needed.

### **Utilizing Value-Added Performance Evaluation to Enhance Peer Impact**

A topic most leaders cringe at when mentioned is performance evaluations. Typically, this is because the evaluation tools and systems are archaic and competitive focused solely on reward and punishment. Leaders can and should capitalize on the factors that drive peers and focus evaluations on those methods that will motivate peers to stay within the organization as well as to continue to always strive to do better. One way to do this is to use value-added performance evaluation.

Value-added performance evaluation is used predominately in the education industry to determine the impact a teacher has on the learning and academic progress of his/her students. However, in healthcare, this same principle can be adapted to evaluate the individual performance of a peer by measuring the extent to which the peer has added value to the health outcomes of the clients with which they are actively working. Measurement of this impact is tailored to the services being provided as well as the health outcomes desired by the agency overall. For example, for an HIV service organization, one can measure the viral load, appointment adherence rate, number of support groups attended, and any other measure relevant to the patient with which the peer has been actively engaging. This type of framework directly addresses the peer's intrinsic motivation to have a meaningful impact in the work they do.

Value-added performance evaluation templates do not have to be complicated nor created from scratch. Leaders can develop tools based on their internal organization performance review systems and simply add several components that speak to the added value of the peer's contribution. To accomplish this, leaders can follow these steps:



- ▶ Identify what is most valuable in the peer/client interaction
- ▶ Define clear and measurable actions that reflect the values identified
- ▶ Incorporate the measurable actions into existing organization performance appraisal processes
- ▶ Hold peers accountable for their actions, praising those values achieved and coaching toward ongoing improvement.

### **Using Compensation and Advancement Opportunities to Validate Peer Contributions**

While salary is not always a peer's central motivation for doing their job and doing it well, a peer should most certainly be compensated for the unique skills and experience they provide to the workforce. Sadly, organizations may assume that peer salaries should be equivalent to entry-level employees given their "unconventional assets." However, those same unconventional assets are not qualities that can be learned nor are they easily duplicated. Having significant lived experience and being willing to disclose those life experiences translates into a key asset organizations need to increase their community impact on health outcomes. Therefore, salaries should be equitable to other similar professional roles. Salary equity should also include factors such as language skills, educational level, specialized training, certification, and others.

For those agencies able to provide benefits, these are also important to the health and satisfaction of peers in the workforce. Whenever possible, organizations should avoid hiring peers as contractors as a way of not providing benefits. While some peers may need the flexibility of part-time work, an agency should consider the potential to create a part-time schedule that still aligns with time requirements for the provision of benefits.

Peers, like any other professional, do not want to remain stagnant in a single role their entire life. Career ladders and opportunities for growth within an organization can provide a strong incentive for peers to remain employed with the organization thereby increasing the organization's connection to the community. As their skills, knowledge, and expertise grow, peers should be encouraged to apply for vacant positions including supervisory, management and leadership positions. For those agencies that are fiscally able, financially sponsoring paraprofessional or certification opportunities may also incentivize peers to remain employed at those same agencies.

Organization budgets vary widely and impact salaries, benefit packages, and even periodic pay increases. Leaders should consult with their internal HR personnel or external HR consulting resources for specific guidance when considering the fiscal contribution to the retention of peers within their workforce.

# Unexpected Challenges to Recruiting, Hiring, and Retaining Peers

## Progression of disease state

When it comes to peers with similar lived experiences concerning disease state, leaders must consider the possibility that disease can progress and impair the peer's ability to fully perform the duties of the job assigned. This is a delicate situation in which leaders must balance the health and well-being of the peer, internal agency policies, and external labor laws that govern employee medical accommodations and/or leave.

The priority should be the health and well-being of the peer. Peers, like all employees, are a social service or healthcare agency's greatest asset. Without dedicated individuals driving the mission and vision forward, the organization cannot survive. Therefore, it is important to provide flexibility for peers to prioritize their health. Reasonable accommodations should be considered to allow for check-ups, follow-ups, medication pick-ups, and medically related phone calls so long as work responsibilities can be balanced equitably. At the same time, leaders must also consider balancing the workloads of other employees within the same team in such a way as to minimize inequity and perceptions of unfairness that could lead to dissatisfaction and inappropriate accusations.

Internal agency policies can play a major role in maintaining equity within teams while still providing flexibility and accommodation for peers with unstable health conditions. Agencies with leave policies such as sick leave, personal time off, vacation leave, etc. provide a means for leaders to work within set parameters to accommodate health needs while still balancing workloads. Some agencies create extended leave policies that can also accommodate these unexpected health needs fairly and equitably as policies apply to all staff regardless of title or peer status.

Both federal and state labor laws also play a major role in guiding leaders toward appropriately meeting the needs of those who may be experiencing health-related issues. For example, certain jurisdictions may have limits on leave time based on hours worked or length of employment in a given agency. For agencies that differentiate between sick leave and vacation leave, there may be specific activities that qualify under each thereby limiting the peer from using one over the other at any given time. Salaried employees may have to categorize their leave differently based on whether the employee is exempt or non-exempt. Labor laws can be very complicated and nuanced which requires involving Human Resource expertise to develop new internal policies and/or interpret existing policies. For smaller agencies without internal Human Resource personnel, consulting with external HR experts may be worth the investment. For non-profit agencies, the Board of Directors may also be a good resource for either direct advice, if there is HR expertise, or for seeking a reasonable HR resource within the community.

## FMLA considerations

On a federal level, the Family Medical Leave Act (FMLA) provides coverage that maintains an employee's position during extended absences for qualifying family and medical reasons. This not only protects the employee from losing their position but also ensures health benefits continue uninterrupted during the leave period. Eligibility and criteria are set by the United States Department of Labor and typically apply to organizations with at least 50 employees. Government acts such as FMLA contain many details and application of the laws require case-by-case interpretation. Therefore, leaders don't need to memorize every clause contained therein. Instead, leaders need to be familiar with the basic premise and depend on internal policies as well as Human Resource expertise when confronted with an employee situation

where FMLA may be applicable. Appendix 3 is a fact sheet from the Wage and Hour Division of the United States Department of Labor which discusses the Family and Medical Leave Act.

States also can apply their own FMLA laws to be used within their jurisdictions. Appendix 4 is a fact sheet that outlines Washington, DC's FMLA provisions.

## Cultural barriers

While there is a massive push to ensure community representation when hiring peers, and any other client-facing staff as well, there are inherent cultural aspects leaders should be aware of to ensure the effectiveness of the peer selected to do the work. Cultural norms and values surrounding healthcare along with historical trauma, medical mistrust and distrust, stigma, and perceptions of potential disclosure can all play a role in the acceptance of a peer into specific communities thereby sabotaging the peer's impact before any actual work begins.

### Case Study #1:

A young, Black, self-identified same gender loving man, living with HIV is hired as a peer to work directly with 35 young, Black, same gender loving men living with HIV to address treatment adherence and retention. After one year, the peer has only been able to recruit 2 individuals into the program and only 1 of the 2 remained in care. Upon discussion with the supervisor, the peer disclosed that all potential clients refused to work with him and stated he "was too bougie", "don't talk like us", "ain't from the neighborhood so can't understand what I face", "got health insurance and don't have to depend on Medicaid like the rest of us", "got a real job and don't need to be in these streets." The supervisor decides to let the peer go and tells the peer he is not a good fit for the agency.

Sadly, this is an example of a situation where the leader did not do due diligence to understand what the community saw as representation as opposed to the supervisor's own assumptions. In this case, the supervisor viewed the peer's attributes as checklist items that seemed to be a match to the target population. In the end, a very capable peer loses employment, the agency loses staff it has invested resources into and the community loses a year of effective interventions because the leader did not take the time to learn and recognize cultural nuances of the community to be served.

### Case Study #2:

A single, American-born Haitian female who speaks fluent Haitian Creole, French, and Spanish, is hired as a Community Health Worker to provide HIV/STI/HCV testing, education, and linkage to the area known as Little Haiti. After 3 months she reports to the supervisor that she has not been able to provide any testing or education as the community will not accept her. She states having been told she "has AIDS", "carries the curse", "is dirtied by America", and "needs a husband to put me in my place." When trying to address older women in their native language, she is rejected and accused of trying to share their business with the rest of the community. When trying to engage men, particularly older men, she is told she is a hoar for speaking of such topics as a single woman and "should be beaten" by her father. The supervisor apologizes for having placed her in those difficult situations and proceeds to let her go stating she is unable to meet deliverables and might be better suited to work elsewhere.

This case study is another example where poor leadership negatively affects a peer's community impact and ability to thrive in their employment. It is not the peer's lack of skills and ability that created barriers. The barriers lie in the cultural norms and values held within the target community. However, the supervisor did not invest the time and energy into learning about those norms before hiring someone based on the perception that this peer would be ideal given the common ethnicity and language ability.

Reflecting a community is insufficient if relevance to the community is non-existent.

Both case studies refer to a supervisor understanding the needs of the community being served. When hiring for traditional, professional roles, leaders do not need to consider this factor. However, when hiring peers, this is a critical step for ensuring the value and impact of the peer role in programming. Understanding the needs of the community does not have to be a difficult task. Table 5. Strategies for Action - Choosing the Right Peers provides tangible steps that leaders can take to mitigate hiring the wrong peer for the wrong job.

Table 5. Strategies for Action - Choosing the Right Peers

Strategy	Action
<b>Key Informant Interviews</b>	Having individual conversations with potential clients the peer would serve to determine key qualities and characteristics that would be most effective.
<b>Focus Groups</b>	Request permission to speak to an existing support group to solicit information about cultural norms and values.
<b>Community Partners</b>	Reach out to community leaders to discuss key issues relevant to the target community.
<b>Training</b>	Attend training on relevant topics such as historical trauma, medical mistrust and distrust, and stigma. These can be self-paced webinars to accommodate the busy schedules of leaders.

## Substance Use Relapse

One concern for agency leaders when utilizing substance use peers is the risk of relapse. Peers with a history of substance use, who may be in recovery, are often highly motivated to provide services within their community. However, managers should carefully assess the individual's readiness and ability to handle the role, as this work may involve triggers. Providing appropriate support and supervision is crucial to their success.

Peers in recovery know that relapse may be a part of their recovery journey. Substance Use disorders and co-occurring disorders are chronic health conditions that individuals will manage across their life spans. Employers providing peer support need to hire people with the unique qualifying requirement of having and sharing their lived experience as people in recovery from substance use. Employers recruiting, hiring, and retaining people in recovery as peer workers are responsible for ensuring their hiring practices, human resources policies, and program policies are reviewed and enhanced to include specific elements that support employees with lived experience who are required to share their own recovery stories with others in recovery.

Employers are encouraged to integrate peer worker-specific language into existing policies such as those addressing employees with chronic health conditions or policies addressing substance use in the workplace. One approach would include peer workers in a process of review and recommendations for changes. It is important to openly recognize and discuss unique elements of peer support services that require peer workers to share their own recovery stories.

The peer worker, as a consequence of the job requirements related to their chronic health condition, will be expected to face challenges that may affect their capacity to retain their current state of recovery and wellness. One strategy to provide some preventive support involves peer workers creating and using a wellness and recovery plan. This will emphasize issues of self-care, wellness, and living fully in recovery rather than focusing on relapse. It should provide guidance to supervisors and peer workers to address the peer worker's recovery issues as a normal and routine part of supervision, creating the expectation that each is responsible for checking in and taking positive steps to prevent or address relapse. It will also make a transparent statement that the employer puts recovery first and is a recovery and person-



centered workplace. The plan should be used during supervision where the supervisor employs a trauma-sensitive approach to support the peer worker to stay in tune with personal changes and warning signs. A wellness and recovery plan provides a discussion tool for the peer worker and supervisor to routinely and purposefully check in on triggers and stressors.

Peer workers must actively focus on their recovery and health, so communicating with their supervisor about triggers is very important. It must also include guidance on positive steps to take if symptoms or signs occur. Wellness plans and supports also assist in preventing relapse and/or reducing the severity and length of a relapse. Peer workers' wellness plans should include relapse as a risk factor, as well as how to work with an employer if it occurs, including how to communicate the situation, adjust time schedules, and determine and use additional support. Finally, supervisors may use this opportunity to create and use a wellness and recovery plan with peer workers to coach, mentor, and build their peer worker's skills as they create and use these plans with their participants.

The support process includes:

- ▶ Open communication
- ▶ Access to support systems including;
  - ▷ Potential for temporary leave
  - ▷ Treatment
  - ▷ Counseling
  - ▷ Reintegration into case management
  - ▷ Employee Assistance Programs
- ▶ Review triggers and coping mechanisms
- ▶ Confidentiality

### **Knowing When to Let Go**

The above-mentioned challenges are not all-inclusive and are not meant to imply that there are never circumstances in which it is appropriate to dismiss peers from an agency. Typically, agency policies contain clearly defined circumstances in which any employee faces disciplinary action and/or termination. These include such instances as abandonment of duties, HIPAA and security violations, theft of agency property, sexual harassment, violations of policies and procedures, etc. Leaders should follow internal policies and seek guidance from Human Resource personnel when deciding when and how to terminate a peer.

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# Appendix

- ▶ Recruiting, Hiring, and Orienting Peers (PDF); [https://ciswh.org/wp-content/uploads/2016/04/5\\_RecruitingHiringAndOrientingPeersComplete.pdf](https://ciswh.org/wp-content/uploads/2016/04/5_RecruitingHiringAndOrientingPeersComplete.pdf)
- ▶ Feedback Planner Worksheet; <https://drive.google.com/file/d/1tPCpzMIEvRB8UHJ6FGgOXgFhs4K3fXTI/view?usp=sharing>
- ▶ Fact Sheet #28: The Family and Medical Leave Act, U.S. Department of Labor.pdf; <https://drive.google.com/file/d/1u7g5jV5AXhlp-5xnoOSfaeftoixDu4kB/view?usp=sharing>
- ▶ DCFMLA Poster March2016.pdf; <https://drive.google.com/file/d/1YQd8Lyrj908LFXrBlu9sFt3eQJHyKmQn/view?usp=sharing>

# Effi Barry Training Institute

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The Effi Barry Training Institute, led by HealthHIV, provides training and technical assistance to support current and prospective HAHSTA grantees and community-based organizations. The Institute strengthens the capacity of the HIV care and prevention workforce to optimally plan, implement, and sustain high-impact HIV prevention (HIP) and HIV care interventions and strategies. Capacity building offerings also cover a wide range of content areas including HIV care and treatment, mental health, faith-based community engagement, stigma reduction, trauma-informed care, healthcare access, and more.



Organizations interested in tailored Capacity Building Assistance (CBA) can scan the QR code or visit [HealthHIV.salsalabs.org/cba/index.html](https://HealthHIV.salsalabs.org/cba/index.html) to submit a request.

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