HOPE SF Peer Leadership Strategy Evaluation

Phase 1 Evaluation: Impact on Peer Leaders and Program Development
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Danielle Gordon, MS, Jessica Tokunaga and Jessica Wolin, MPH, MCRP
Health Equity Institute, San Francisco State University

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Overview of Peer Leadership Strategy

A basic tenet of HOPE SF is "resident development." It is a critical component of achieving HOPE SF's three main goals of 1) improving outcomes for existing residents; 2) creating thriving, sustainable mixed-income neighborhoods; and, 3) building quality housing and infrastructure. Resident development strategies including "community building," "service connection" and "service coordination" are currently being implemented at the active HOPE SF sites of Hunter's View, Alice Griffith, Sunnydale and Potrero Terrace and Annex. Furthermore, in December 2011, the Campaign for HOPE Health Taskforce laid out the clear priority of community engagement and resident involvement in promoting community health and well-being at HOPE SF sites.

In response, HOPE SF has invested in ***peer leadership strategies*** that support robust community leadership and resident-driven strategies to ***address pressing health and social issues facing children and families in HOPE SF communities***. HOPE SF is working to ensure that peer leadership strategies have a significant impact at the individual, interpersonal and community levels which are all needed to address health and social inequities in the HOPE SF communities.

Background

In November 2011, HOPE SF, the San Francisco Department of Public Health and, San Francisco State University's Department of Health Education and Health Equity Institute came together to conduct an assessment to further the development of peer health leadership strategies in HOPE SF communities. The *Peer Health Leadership Strategies Assessment* built on and recognized the numerous community efforts to improve health that are already underway and the significant research endeavors that have already and continue to take place with HOPE SF communities. The assessment sought to illuminate how the City of San Francisco and other stakeholders could best support the continued development and implementation of peer health leadership strategies at all of the HOPE SF sites in a manner that honors the uniqueness of each site and recognizes commonalities to ensure a coordinated and thoughtful approach. The HOPE SF strategy for peer leadership programming is informed in part by this assessment and its findings and recommendations. Most important are the current and past efforts to foster community leadership and resident driven activities at all of the HOPE SF sites that provide the foundation for this expanded peer leadership initiative.

In August, 2013, funds were awarded to organizations at each HOPE site to develop Peer Leadership programs. By the end of 2013 all 4 sites had hired Peer Leaders and begun program implementation. The Health Equity Institute at San Francisco State University was contracted to conduct an evaluation of the Peer Leadership programs, and a basic framework for the evaluation elements was developed in early 2014.

Evaluation Design

The evaluation of the Peer Leadership programs is designed to achieve 3 goals. First, information will be generated for the individual program coordinators and HOPE SF sites staff that will assist them in refining and improving their programs. Second, information will be generated that will assist stakeholders including philanthropic funders and City staff to understand the impact of the financial investment on community health improvement. Third, sites will develop evaluation skills and will leverage that capacity for on-going program improvement and goal setting.

A key aspect of the Peer Leadership evaluation is its participatory evaluation approach. As an overarching framework or approach to the Peer Leadership evaluation, a participatory evaluation style will be implemented. The purpose of this technique is to create conditions under which the programs and the evaluators partner to define the evaluation goals and methods, and collaborate to interpret the findings. This approach is ideally suited to engage the HOPE SF sites, which have experienced many outsiders conducting proscribed evaluation that does not always capture the lived realities of the residents. Those experiences have led to a general mistrust of outsiders and of outsiders bringing "research" to the sites.

The evaluation will explore the impact of the Peer Leadership interventions at 3 levels of uptake: the individual, program, and community levels.

Phase 1: Peer Leaders & Initial Program Structures

The first level of evaluation is an assessment of the ways that the peers themselves have been impacted through their work in the programs and a review of early program structures that have been put in place. This paper covers the findings and recommendations from this Phase. It is anticipated that by participating in health trainings, and by assuming a community leadership role, the peers themselves may experience changes in their attitudes and shifts in behaviors around health issues. This process of acquiring new knowledge and affecting changes to promote health in their own lives is important to measure, since that process of self-change will help them motivate others. The peer level evaluation was conducted though qualitative interviews using a standardized interview guide, as well as a survey instrument to collect basic quantitative demographic and other background data. Program related information was collected in qualitative interviews with all program coordinators and findings will be used to support program development in year 2. This evaluation component has been completed in year 1 (May 2014).

Phase 2: Program

The program level evaluation will look at outcomes related to the reach and impact of each intervention, using measures decided collectively by the program staff and SFSU. This component of the evaluation will explore whether programs have met their proposed deliverables and will identify

areas of challenge and potential programmatic refinement. It is expected that this will be an iterative process, allowing the projects to periodically reflect on their implementation and make improvements to better reach and impact their intended audiences. The program level evaluation will be conducted through a standardized quantitative instrument that will measure reach and dose impact. It may also include periodic qualitative interviews of staff to capture more nuanced experiences with successes and challenges in the programs. This evaluation component will be realized in Year 2 and 3 (2014-2016).

Phase 3: Community

The community level evaluation will be captured through the wider, large-scale evaluation implemented for HOPE SF by external evaluators. A household survey process implemented as part of this evaluation may provide data about the community level impact of the implementation of the peer leadership programs. Other sources of data in this evaluation process may also be used to demonstrate the effects of the peer leadership programs on community building efforts.

Methods for Phase 1

During February and March of 2014, Health Equity Institute evaluation staff conducted individual qualitative interviews with 16 of the 17 Peer Leaders who consistently worked during Year 1. Four brand new peer leaders at one site were not interviewed due to their limited experience serving in this role. The interview protocols derived from existing instruments [reference] and were tailored to probe for individual level change. Because it seemed logical that Peers' immediate households may also experience changes concurrently with Peer's individual transformation, we probed for evidence of change in household members' behavior and changes in household processes.

The interviews were recorded and professionally transcribed. Evaluation staff then compared recordings to transcriptions and made necessary corrections. A set of codes was established, and each transcript was coded for the themes expressed by the Peer respondent. Evaluation staff then consolidated sub-themes by larger themes to describe the summary findings.

Overview of Peer Leaders Working in Year 1

All Peer Leader programs	
Type of role	15 Peer Leaders 2 Resident Staff Program Coordinators
Age Range	29-63 years
Gender	13 women 4 men
Race/ethnicity	12 African American 3 Samoan 1 Chinese 1 White
Education	12 High School graduates 2 GED completion 1 10th grade completion
Number of years in HOPE SF community	Range from 1-38 years

Peer Leader Voices

"38 years I've been here. It's just being a part of my community, seeing the different change as I've grown, seeing it go from this kind to that kind to this kind to that kind, you know what I mean, watching the community change. I'm a part of it, you know? And if I could be a part of the betterment of it, that's all, just the betterment of it. I've seen it at its worst. Why not see it at its best? And why not be a part of the betterment? That's where I'm at with it. I just want to be a part of something that's good that's coming out of this community, you know? We're making things good. I want to be a part of that, not just to say I'm getting paid. No, to say that this is my community and, hell, I take ownership of it, you know?"

Overview of Peer Leadership Programs

Sunnydale	
Peer Leaders	4
Gender	3 Women; 1 Man
Race/Ethnicity	2 African American Women; 1 African American Man; 1 Samoan Woman
Health Focus	Overall wellness Chronic disease Connection to Wellness Center
Approach	Training developed by staff coordinator Outreach for Wellness Center Peer-led activities (currently in development)
Coordinator	Mercy staff
Alice Griffith	
Peer Leaders	2 Resident Program Coordinators; 2 Peer Teachers
Gender	4 Women
Race/Ethnicity	3 African American Women; 1 Samoan Woman
Health Focus	Heart health
Approach	With Every Heartbeat is Life Curriculum Train-the-trainer Intensive resident leadership as program coordinators
Coordinator	Urban Strategies staff 2 Resident program coordinators
Potrero Terrace and Annex	
Peer Leaders	3 active Community Health Leaders; 4 just hired
Gender	2 Women; 1 Man
Race/Ethnicity	1 African American Woman; 1 White Woman; 1 African American Man
Health Focus	Early childhood development and literacy Parenting; stress reduction Nutrition Exposure to environmental toxins
Approach	Healthy Generations Introductory workshop; recruited peers from workshop Peer led activities
Coordinator	Coordinator hired by BRIDGE through Community Initiatives

Hunters View	
Peer Leaders	6 Peer Leaders
Gender	4 Women; 2 Men
Race/Ethnicity	4 African American Women; 1 Chinese Man; 1 Samoan Man
Health Focus	Overall wellness Chronic Disease Integrated Pest Management
Approach	Personal development emphasis & program work Training developed by staff and leverage other trainings Health education focus Monthly health education event
Coordinator	Bayview YMCA staff

Findings

Peer Leadership

FINDING 1: Peer Leaders play multi-faceted roles.

The Peer Leaders identified a series of specific roles they have taken on since assuming their positions. One of the important roles Peer Leaders feel that they have taken on is liaison between the community and the program; they see themselves as acting as a bridge to help overcome mistrust and to engage other residents in the program's health activities. Peer Leaders who are bi-lingual act as links to communities who typically have language and cultural barriers in accessing programs. Peer Leaders are motivated to help others and "give back" to their community, and see themselves as role models. Many of the Peer Leaders have adjusted to model desired behavior that they believe a community leader and role model should have. Other roles described are more nuanced, such as incorporating new knowledge into activities that they are already involved in, and providing support to fellow peers to achieve particular health goals.

FINDING 2: Peer Leaders experience personal transformation as a result of participating in the peer leader program.

The Peer Leaders described a variety of ways they have experienced personal transformation; reported changes are physical (weight loss), behavioral (smoking, eating and exercise habits) and psychosocial (quality and types of interpersonal interaction). Change was attributed to the acquisition of new knowledge and awareness of theoretical constructs around health equity, the fact of being in the public eye of the community, and having a desire to foster change in others. Many Peer Leaders discussed at length the changes in their self-perception, describing a sense of personal efficacy and motivation that is new. They also described at length the specific changes they have made in their own behavior.

Peer Leaders as Role Models

"Being a positive role model for others, for other people that I know, and they look at me like, ok, this is what you're doing. You're getting up, you're going. It makes them just want to be more inspired to just get up and get active, even if it's not down here and it's just in their own personal life."

"It kind of forces me to be a role model for the community. I mean now I watch what I do. I watch what I say to people. So it kind of like put me on my feet and think okay, you're working for the community. You be careful what you say…so now if anything happens with my neighbors I approach it in a different way. "

FINDING 3: Peer Leaders' knowledge about health issues and health context is increased and their desire to learn more is significant.

The acquisition of knowledge was a major theme of the Peer Leader interviews. Peer Leaders reflected on the new understanding they have on health topics as well as health equity and the social issues that underlie the health conditions in their communities. In addition they expressed tremendous desire to learn, both in the context of the Peer Leadership program and as individuals. Many of the Peer Leaders want more trainings and workshops to learn more about health and to gain skills in communicating with others about changing health behavior. Additionally, some of the Peer Leaders desire more professional development for future careers.

Peer Leaders nurture new relationships in the community

"It used to be everyone secluded to their own, you know, little area. Or, you know, certain groups who were friends or neighbors may, you know, just function within themselves. But since the peer leader has been here and we've been doing these events that are interactive with the whole community, we get a lot of residential response. So, its-that a lot of change compared to the distance of what used to be."

FINDING 4: The Peer Leadership programs both foster new community relationships, while facing significant barriers due to lack of social cohesion in the broader community.

The theme of community relationships captured some of the greatest barriers to the Peer Leadership work, as well as some of the areas of greatest growth.

Peer Leaders described tremendous mistrust of outsiders, including grant-based interventions, service providers, and evaluators. The Peers reported skepticism toward any service or educational programming brought to the community, both from their own perspectives as well as on behalf of other residents. They described the myriad programs that have come through the communities in the past, which did not have lasting impact. They also discussed very difficult and entrenched patterns of disengagement, segregation, and mistrust between different age and ethnic groups of residents. These patterns of disengagement and segregation were mentioned as a source of great challenge to the Peer Leadership work.

However, many Peer Leaders also provided multiple examples of new connections formed across disparate ethnic and age groups, and expressed feelings of appreciation toward the "new friends" they've made. Specific examples of way the Peer Leaders have facilitated ethnic group integration and sharing were provided. These examples were shared in the context of the Peers talking about their proudest moments.

FINDING 5: Peer Leaders perceive that they have a positive impact on program participants, their families and other residents.

There were few concrete examples of changes occurring in others however the Peer Leaders described perceived changes happening among program participants and their household contacts, however most of these changes occurred because of a direct action on the part of the Peer Leader themselves. Nutrition has been the area of most reported health behavior change for the Peer Leaders on a personal level, and so they report that as a direct result, the diets of those in their household and social circles have also begun to change. Peer Leaders who are parents are now cooking different meals for their children, and many of the Peer Leaders report that they now bring different meals to community potlucks at church or their friend's houses. In Sunnydale, the Wellness Center appears to have caught the interest of many residents there who are independently utilizing the services provided by the RN, though some residents were encouraged to access services by the Peer Leaders. We did not get feedback about the mental health services there.

Peer Leaders want to be a part of positive change

It's just self-gratification knowing that I'm making a difference, being a part of something in my community. I've been here forever...I've seen it at its worst. Why not see it at its best? And why not be a part of the betterment...I just want to be a part of something that's good that's coming out of this community, you know? We're making things good. I want to be a part of that, not just to say I'm getting paid. No, to say that this is my community and hell, I take ownership of it, you know?

FINDING 6: Peer Leader and resident concerns about redevelopment of the site is an ongoing challenge.

Several issues related to the theme of the HOPE SF redevelopment were expressed by Peer Leaders. They reflected community anxiety stemming from the redevelopment of the housing, including belief that the new constructions are of poor quality and are infested with rodents and insects.

Another concern expressed was a doubt about whether they would truly be able to remain living in their communities. There was skepticism related to a perceived uptick in evictions and more stringent requirements on residents in the new units. Peer Leaders from multiple sites described a concern that the respective developers may attempt to shift current residents out, prior to moving into the renovated communities.

Program

FINDING 7: Programs hired highly skilled and experienced individuals to be Peer Leaders.

Across the Peer Leadership projects, hiring criteria and processes resulted in the recruitment of many skilled and experienced Peer Leaders. Many, though not all, of the individuals currently hired as Peer Leaders bring rich community organizing knowledge to their roles. Several have experience running community programs such as the food bank or recreational committees. Others have assumed responsibility for providing shelter, food and parenting to residents, not necessarily family members. Many of the Peers have been employed or have been participants in other community efforts over the years.

Peer Leaders foster trust in the community

"It makes it a whole lot better, instead of a group of people coming in from out of the community trying to say that they want to do things for the community, but we don't know who they are. And a lot of people around here, they have trust issues with people from outside of the community, so having residents be a part of the Peer Leadership Team is an awesome thing"

FINDING 8: Significant variability in peer leadership program structures across HOPE SF sites.

Through interviews with the Peer Leadership program coordinators the significant differences among the program structures were clarified. The programs differ in terms of organizational and fiscal structure, including differences in the defined roles of a coordinator and Peer Leaders. Some of the most notable differences are in compensation of the Peer Leaders (i.e. amount being paid, mechanism for payment) and the hours worked per week by Peer Leaders. There are also major differences in Peer Leader access to case management and trainings, in both scope and depth.

While differences were apparent in many of the structures surrounding the Peer Leaders, it was notable that overall they present with very similar skill sets and previous work and community experience. In addition, the work assigned to the Peer Leaders is quite similar across programs. In general they are responsible for community outreach, education, and group facilitation.

FINDING 9: Significant variability of approach to affect change across HOPE SF sites.

Although the Peer Leaders are similar in their qualifications and the general types of work they do, the particular programmatic roles they play differ between sites. The Peer Leadership programs have adopted a variety of models and have chosen different health issues to focus on in their work. Some are using set curricula provided in class format; others are focused on outreach and community health

education via workshops; one site has a wellness center as its focal point... The Peer Leaders roles are likewise varied. Some are running activities for residents; others are teaching curriculum; still others are conducting outreach for education and assessment purposes.

Within the variability of focus and approach across the programs, there were some commonalities, however. The theme of nutrition is a consistent focus across the 4 programs. At each site there is formal and informal work happening around nutrition education. Almost every Peer Leader interviewed discussed an issue related to nutrition, including personal changes they've made to their eating habits, as well as programmatic components related to nutrition and diabetes.

Sunnydale Wellness Center

"It was a great moment when I told this lady about the Wellness center. She came over and brought her son and they looked at her son and looked at her, they told her she had high blood pressure. She didn't even know she had high blood pressure. And she got looked at and we gave her a smoothie and ever since then, so she sees me and she always tells me 'Hi, thank you for doing that. My blood pressure went down. I'm eating a lot of fruits'…she's trying to be healthier now. So that was a good impact and a good message."

FINDING 10: An onsite Wellness Center provides opportunities for key linkages between Peer Leadership work and health services.

The Wellness Center co-located with the Peer Leadership program in Sunnydale provides the opportunity for mutual program enhancement. The Peer Leaders provided multiple examples of how community residents are utilizing the center and of their interactions with these residents. In addition to providing evidence of Center use, the Sunnydale Peers also expressed their own enthusiasm for the center, and relayed the positive feedback they have received from other residents. This relationship is in its early stages and there is much potential for Peer Leader involvement with the Center.

FINDING 11: Sustainability of peer leader programs is a significant concern.

Sustainability was a common theme in the Peer Leader interviews. Much concern was expressed about the possibility that the programs would be short lived, particularly in the context of the perceived importance and potential for community and individual transformation. Many of the Peer Leaders have witnessed programs "come and go", and fear that these programs will be the same. Peer Leaders expressed belief in the potential impact and power these programs can have on community and individual change, and already think the Peer Leader programs can be sustained long-term in their communities. Change takes time and the Peer Leaders acknowledge this and want to maintain the program long enough to make those changes.

Recommendations

The following recommendations are intended for consideration by all involved in the HOPE SF Peer Leadership strategy and are not directed at one particular stakeholder or program. Instead, these recommendations have implications for funding, overall management of the strategy and implementation of the individual peer leadership programs. Collaborative planning that includes funders, HOPE SF staff, site staff and the peers themselves is needed to consider these recommendations and move forward a Peer Leadership strategy that is fully realized and creates long term, meaningful community and individual change in health.

Recommendation 1: Deepen Peer Leadership programs' impact on health behaviors and ultimately health outcomes.

While all four Peer Leader programs have a meaningful health focus, there are significant opportunities to enhance current approaches to achieve demonstrable and lasting changes in the health status of community residents. Current programs are already perceived to have significant impact on well-being through their current work that includes health information sharing, enhanced social connections, role-modeling, leadership development and more. Yet, it is possible, with more fully developed strategies for affecting community level health determinants and individual health behaviors, these programs could have a wide-scale and measurable impact on the health status of community residents. Affecting individual health behavior change that is sustainable and long-term takes strategies grounded in health education theories, community relevance and ongoing investment. Capacity building about affecting health behavior change would support programs to further develop and implement peer health interventions that would make a sustained and measurable difference in the long term health status of community residents

Recommendation 2: Build Peer Leadership strategy in concert with the development of an onsite health and wellness services model.

Further development of a HOPE SF wide Peer Leadership strategy can go hand-in hand with efforts to enhance availability of on-site health and wellness services at HOPE SF sites. On-site wellness centers or clinics provide a meaningful opportunity to support the health intervention component of a Peer Leader program by providing a linkage to mental and physical health services needed by community residents. Health education activities provided by peer leaders are enhanced when coupled with increased access to direct medical services. In addition, peer navigation services have been demonstrated as effective at improving health and can tie together peer leaders and a health center in a common purpose.

Recommendation 3: Foster the inclusiveness of the Peer Leadership programs and the participation of all populations living in the community.

HOPE SF communities are continuously changing and becoming more diverse. Peer Leader programs in these communities can mirror their community and reflect back the population of residents to most effectively serve the whole community. Peer Leaders have voiced the need for more language capability to reach non-English speakers in their community. Integrating more diversity into peer-led activities (such as teaching classes in other languages) and having Peer Leaders that reflect the diversity of the community can help programs reach sub-groups within these communities who normally do not access on-site services due to language or other cultural barriers. Taking into account the race/ethnicity, age, sexuality, and ability when developing activities and recruiting and hiring Peer Leaders helps ensure that programs truly reflect the diversity of HOPE SF communities.

Recommendation 4: Expand and formalize program structures and processes that intentionally support the personal transformation of the Peer Leaders.

Peer Leaders are already making changes in their health behavior and in their personal or professional goals, and have expressed the desire to continue these changes. Most of the Peer Leaders have begun to imagine different future for themselves, and more focused and formalized support can be offered to further assist the Peer Leaders in setting and reaching their individual goals. Case management for each Peer Leader or dedicating a portion of their work hours to personal development and goal setting are examples of approaches that are already being used by individual programs. This is an area of tremendous return on investment as peer leadership programs are well documented to have a significant impact on the health and well-being on the peer leaders themselves.

Recommendation 5: Leverage training and information across HOPE SF sites.

While all HOPE SF communities are different, there are cross-site Peer Leader program similarities and needs that can be addressed by having collaborative trainings and shared health information for all the Peer Leaders. Three of the programs focus on chronic disease, and can leverage common sources of information and additional training. All Peer Leaders can be unified in their shared knowledge of these health issues. Additionally, most of the Peer Leaders expressed interest in meeting with other Peer Leaders from different HOPE SF communities. All of the Peer Leaders have similar goals in wanting to help their communities, and believe that they can be resources and support for each other as well.

Recommendation 6: Consider what can be common or coordinated Peer Leader program structures to avoid inequities between programs and maximize successes.

There is much variability in Peer Leader program structure and coordination, making all four programs disconnected from one another and possibly affecting equity between programs. In order for the HOPE SF Peer Leader strategy to be effective as a cross-site health intervention, consideration of common or coordinated structures would be valuable. Preserving the uniqueness and focus of individual programs is paramount. At the same time some commonalities can help prevent inequities, enhance shared strengths and help to synchronize all programs to be more united.

Recommendation 7: Support and continuous funding are necessary to ensure sustainability of the program and of long-term health change in the entire community.

HOPE SF Peer Leader programs need ongoing support and funding to make certain that long-term health impacts occur. Too often in these communities programs enter and begin to make change, but eventually end due to lack of funds or structural support. Peer Leaders have already begun to express concern about the longevity of the Peer Leader programs and their desire to keep these programs in the community for a long time. Forward planning and strategy needs to happen to ensure the continuation of the Peer Leader programs, and Peer Leaders and participants should be assured of sustainability to help build investment and trust into the program.