HOPE SF
Peer Health Leadership Strategy Evaluation

Phase 4

Health Equity Institute
San Francisco State University
August 2017

PREPARED BY

Department of Health Education & Health Equity Institute
San Francisco State University

Jessica Tokunaga, MPH

Jessica Wolin, MPH, MCP

For copies of this report, please visit:
http://healthequity.sfsu.edu

Acknowledgements

This project would not have been possible without funding from Kaiser Permanente, and the support of HOPE SF, The San Francisco Foundation and San Francisco State University's Health Equity Institute (HEI).

A special thanks to the San Francisco Department of Public Health for providing context and background about the Peer Health Leader program transition process and for supporting this evaluation.

Thank you to Urban Services YMCA and Peer Health Leader Program Director and Site Coordinators for sharing their experiences, insights, and recommendations in this evaluation.

Finally, our deepest gratitude and respect for the Peer Health Leaders who display unrelenting commitment and love toward their communities, and who provided the knowledge, opinions and experiences that inform the findings and recommendations presented in this report.

"If I can do it, other people can, too. I pride myself on being a role model. I'm not perfect, but people know how I have been in the past, and how I can be. But I'm not that today. So, with me doing what I'm doing, you can do it, too. You know, it's not hard. And, you know, life is all about what you make it. You create your own destiny. You design that. You dictate that. What do you want? You know what I'm saying? How do you want your life to be? And, hey, if you fail, try again. And try again. And don't let nobody tell you that you can't try again."

- Peer Health Leader for 4 years

Contents

Overview of Peer Health Leadership Strategy

In this final report, we will take a look back on the past four years of the genesis of the Peer Health Leadership (PHL) Program to where it is now, including past recommendations and the actions taken to improve the program. Main findings and highlights from each evaluation are also summarized in this report. Additionally, findings and recommendations from interviews and focus groups about this year's planning and implementation of the program are included. We will end with a discussion of the impact of the Peer Health Leadership Program and the implications for peer-to-peer strategies more broadly.

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 housing sites of Huntersview, Alice Griffith, Sunnydale and Potrero Terrace and Annex. In December 2011, the Partnership for HOPE Health Taskforce prioritized 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.

Start of Peer Health Leader programs in HOPE SF

In November 2011, HOPE SF, the San Francisco Department of Public Health (SFDPH) 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 Health Leadership programming is informed in part by that assessment and its findings and recommendations. Most important are building on the current and past efforts to foster community leadership and resident driven activities at all of the HOPE SF sites, which have provided the foundation for this expanded peer leadership initiative.

In August 2013, funds were awarded to organizations at each HOPE SF site to develop Peer Health Leadership programs. By the end of 2013 all four sites had hired Peer Leaders and begun program implementation. The Health Equity Institute at San Francisco State University was contracted to conduct on-going, formative evaluation of the Peer Health Leadership (PHL) programs. These programs moved from pilots to ongoing programs in 2015. Each site was managed by a distinct entity in the community, and the programs existed independently from each other with the only common factor of being a HOPE SF community. The programs found some strengths in this independence and ability to create a program they saw fit for their own community. The ability of HOPE SF to manage the programs

under one streamlined strategy towards health change though was hampered by having such distinct programs.

Decision to move program to SFDPH and Urban Services YMCA

The transition of the Peer Health Leader programs into San Francisco Department of Public Health (SFDPH) was a process that began during the fall in 2014 after the Year 1 pilot of the Peer Health Leader programs. It became clear from the evaluation of Year 1 that there was significant variability in the program structures of each of the four program sites. The programs differed 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 were in compensation of the Peer Leaders (i.e. amount being paid, mechanism for payment) and the hours worked per week by Peer Leaders. There were also major differences in Peer Leader access to case management and trainings, in both scope and depth (Phase 1 evaluation).

Based on these learnings from Year 1, a collaborative decision made between Kaiser, San Francisco Foundation, and SFDPH was made to bring the Peer Health Leader programs under a single contractor to centrally manage the programs with SFDPH. The purpose of bringing the Peer Health Leader programs under SFDPH is to make them streamlined, coordinated programs with clear program models and a clear plan for evaluation. The other primary reason for this transition is to ensure sustainability of the programs. Grant funding would end and the intention of the programs is to be long lasting in these communities. Making the Peer Health Leader Programs integrated and funded by SFDPH general funds ensures the programs' longevity.

From the official approval of bringing the PHL programs under SFDPH was a lengthy 8 month process, taking most of the fiscal 2015-2016 year. Moving the Kaiser funds and creating the avenue within SFDPH to use these funds was completed spring 2016. By June 2016, the Request for Qualifications (RFQ) was developed and the contractor Urban Services YMCA was selected. Throughout this time, SFDPH was working on relationship building with each of the programs and Peers and learning about how these programs function.

It should also be noted that 2013 marked the mental health assessment and the need for onsite, relevant and de-stigmatized services, which led partners to the idea for onsite wellness centers in each community (additional detail below). That same year, the Phase 1 PHL evaluation recommended that the Peer program be integrated with a wellness center. These recommendations tied with the findings of the mental health assessment made it clear that the Peer programs should be implemented and housed within onsite health and wellness centers. The decision was already made to bring the PHL programs under SFDPH so planning of both the PHL and Community Wellness Program would happen together to ensure both strategies support one another.

Transition Year (current evaluation)

Through September 2016- March 2017, SFDPH and Urban Services YMCA underwent the development and design of a permanent program. Under the umbrella of the wellness center strategy, partners developed a staffing model (program director, site coordinators and peer health leaders), a program model (outreach, education, activities) and an evaluation plan (see appendix for logic model). A hiring transition also took place this year that looked different at each site depending on the staffing and program structures. This included hiring Peer Health Leaders and onboarding them to the Urban

Services YMCA. Some sites hired all new Peer Health Leaders because they started a new program or did not have enough Peers on site. Each site will have 4 Peers. All Peers were offered the choice to continue as Peer Health Leaders with the new contractor. If they decided not to continue on, Urban Services YMCA supported each Peer in getting a new job. The Peer pay rate remains the same and uniform across all sites, and Peers will be salary instead of receiving stipends, thus addressing one of the main concerns of inequity from previous evaluations.

During this time period, staff and Peer turnover and Urban Services YMCA taking a different direction in programming caused a pause or discontinuation of site activities. At Alice Griffith, the Peer program previously used a health curriculum *With Every Heartbeat is Life* and cohort model as the basis of their programming, but with Peers moving on and the program under new supervision, this curriculum activity stopped. The Peer program at Potrero Hill called *Healthy Generations* also did not continue (a decision made by the director of that program to not transfer under SFDPH) so that site had to hire a new team of Peers and a new coordinator. Additionally, as the wellness centers in each site except for Sunnydale have not opened yet, Urban Services YMCA and SFDPH did not have dedicated space for offices or activities onsite, so delivery of activities has been challenging. The Peer programs previously had program space because they were managed by already existing onsite providers. Urban Services YMCA and SFDPH were not onsite providers in some of the sites and did not have adequate space for either training, staff meetings, of health activities for residents. Therefore, for much of this year, all the Peers have gathered to lead activities and receive trainings in Sunnydale where there is space available to them. Peers continued to conduct outreach within their own site during these months as well. During the summer 2017, some onsite space has been identified in each community and enough Peers have been hired to be able to start leading activities in their own site.

Program planning for PHL program

During this year's transition to SFDPH and Urban Services YMCA, HEI staff assisted the program director in further developing the Peer Program logic model. Through this planning process a more focused approach to supporting Peers and health behavior change in the community was developed. This logic model can be found in Appendix A on page 32. Program activities fall into 3 categories: 1) Support and training of the Peers; 2) Outreach and engagement with "untapped" residents onsite; and 3) Health education and promotion activities. Through the Peer supports, the program aims to help Peers realize and achieve their own personal and professional goals, make own health changes, have a medical home and relieve stress and traumatic events. Through outreach and engagement in health education activities such as physical activity (walking groups, aerobics), nutrition education, and health curriculums (Check, Change, Control), the program aims to improve the health knowledge, skills and practices of its participants. In the long-term, the Peer program aims to have Peers and participants actively engaged in healthier behaviors, feel less stress, and believe in a better future. These outcomes are meant to be tied with the larger community health impacts of the overall Community Wellness Program.

PHL programs are integrated into the Community Wellness Program

The Peer Health Leader program is now integrated into the larger Community Wellness Program implemented at all 4 HOPE SF sites. The Community Wellness Program (CWP) is managed by SFDPH and encompasses an overall health and wellness strategy in the HOPE SF sites. The Community Wellness Program is comprised of 4 major components: 1) onsite wellness centers in each HOPE SF community serving as hubs for health; 2) nurses and community health workers (CHWs) delivering health services; 3) behavioral health clinicians and case managers providing mental health support and services; and 4) Peer

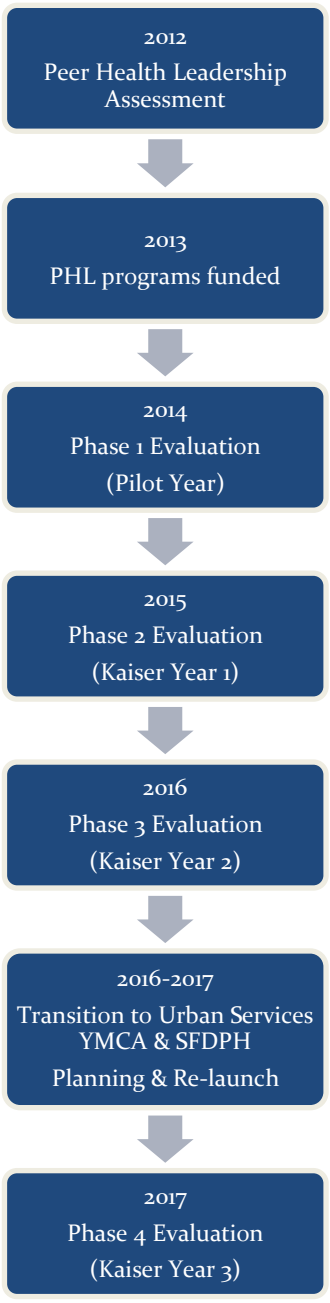
Health Leader programs focused on engagement, community action, and health promotion. Through the various services and activities, CWP aims to change residents' ability to manage their own health and stress, increase social connections and advocate for their community, and build stronger family relationships. For more details, see CWP overview in accompanying document.

The PHL program is now being integrated into the CWP strategy. Peers will also take on roles in health service delivery (conducting intakes with clients, appointment reminder calls) and support outreach and health education efforts for the services offered by SFDPH. These new roles in health service delivery are still in development and plans for how the Peers will be trained and integrated into clinic flow are still being decided. For more information about how the Peer program and CWP staff relate and function together, please see the CWP overview. The Peer program staff participated in planning of the Community Wellness Program and are part of the ongoing decision making and implementation of the overall strategy. SFDPH staff also act as another layer of support for the Peers; behavioral health clinicians facilitate grief processing groups for the Peers and provide onsite immediate access to mental health support. As the CWP evolves over time, the Peer Health Leader Program role and function will continue to evolve as well. Community organizing and collective action around health is also a component of the program that is in development with the hope of Peers training and supporting other residents as community health advocates alongside them.

PHL Evaluation – Phases 1-3

The evaluation of the Peer Health Leadership programs is designed to achieve three goals. First, information will be generated for the individual program coordinators and HOPE SF site staff, in order to assist them in on-going program improvement. 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 continued program improvement, planning and goal setting.

As an overarching framework to the Peer Health Leadership evaluation, a participatory evaluation approach was implemented. The participatory approach included having program staff and Peers influence the purpose of evaluation, the design of data collection methods, contribute to analysis, and review and provide feedback on findings. The purpose of this technique is to create conditions under which the program staff 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 their research at the sites.



Over time, the evaluation will explore the impact of the Peer Health Leadership interventions at the individual, program, and community levels. The evaluation will be conducted in a series of phases, each providing an iterative as well as unique assessment of the PHL strategy.

Phase 1: Peer Leaders & Initial Program Structures (2014)

In the spring of 2014, the Phase 1 evaluation was implemented. This first phase assessed the ways that the Peers themselves have been impacted through their work in the programs and explored the early program structures that had been put in place. The evaluators and PHL coordinators collaborated to design the scope of the phase 1 evaluation, which consisted of qualitative interviews using a standardized interview guide, as well as a survey instrument to collect demographic and other background data from the Peers. Program related information was collected in qualitative interviews with all program coordinators.

The phase 1 evaluation revealed that a Peer Health Leadership program had been implemented at each of the 4 sites, and that each site had adopted a unique program model and administrative structure.

Some of the major findings from the 2014 evaluation:

- **Peer Health Leaders consistently reported personal transformation through their work.** This was evidenced by reported changes in self-perception (new sense of self-efficacy and motivation) and behavior (quitting smoking, diet changes).
- **The programs at each site 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.

- **The Wellness Center co-located with the Peer Leadership program in Sunnydale provides the opportunity for mutual program enhancement.** An onsite Wellness Center provides opportunities for key linkages between Peer Leadership work and health services.

Phase 2: Program Strengthening and Outcomes (2015)

Phase 2 explored the outcomes related to the reach and impact of the Peer Health Leadership model. This component of the evaluation explored whether programs have met their proposed deliverables and identifies areas of challenge and potential programmatic refinement. This evaluation included analysis of programmatic data and focus groups with Peers at each of the sites. The phase 2 evaluation allowed the project staff to again reflect on their implementation strategies and make improvements to better reach and impact their intended audiences, while providing information to the greater HOPE SF leadership on how to support the growth and development of the Peer Health Leadership model.

Some of the major findings from the 2015 evaluation:

- **Peer Health Leaders carry a heavy load of responsibility.** The reality of being available at all times, the high level of need and mistrust from residents, and the often harsh conditions they must address are wearing. Peers reported they carry the weight of their communities' problems and needs.
- **The cohesiveness of the Peer Health Leadership groups is protective.** The Peer Health Leaders rely on each other for help coping with trauma from community violence and the stress of their work. *This is seen to varying degrees across the four programs.*
- **Individual mental health support of Peer Leaders is valued and desired.** Peers appreciate and utilize the mental health services available to them.
- **Consistency is key to success.** Several of the PHL programs experienced some inconsistencies in their programming and documented a subsequent drop off in participation, which was not possible to re-establish by the time of this report.

Phase 3: Role of Peers & moving to Sustainability (2016)

The phase 3 evaluation had two main areas of focus. Firstly, the evaluation examined the role Peer Health Leaders currently played in onsite health and wellness services, how might their work best be integrated with onsite clinical services, and the impact of the Peer Health Leadership program on both participants and the Peer Health Leaders themselves. Learnings and recommendations from this evaluation were part of a larger HOPE SF assessment focused on informing the delivery of onsite health and wellness services to residents. The intent of these learnings and recommendations was to support the strengthening of the programs with the new contractor managing the PHL programs. Part of the evaluation also tells the story of the PHL program transition to sustainability under the San Francisco Department of Public Health (SFDPH).

Some of the major findings from the 2015 evaluation:

- **The depth and focus of health education activities vary across all four HOPE SF Peer Health Leader programs with many activities focused on casual social experiences with no clear relationship to improving health outcomes.** Each Peer Health Program implemented health education activities differently. These activities varied from cohort style, curriculum based

education to "soft-touch" healthy snack distribution to hosting community building events. Many of the activities had a community building focus, but no clear intent on changing health behavior or health outcomes.

- **Outreach and engagement are integral parts of Peer programming and have been extremely challenging across sites.** While Peers were confident that they were conducting frequent, in-person outreach, many participants surveyed said that Peers needed to do more, requesting both door-to-door contact and flyers. There is a clear disconnect between the ways in which peers are doing outreach and how residents are absorbing and utilizing that information.
- **The perception of Peer Health Leaders as relatable, accessible, and trustworthy contributes to their success as role models and sources of support.** Program participants trust Peer Health Leaders and value their relatability. Seventy-three percent of resident program participants surveyed found it important that Peer Health Leaders are from their community, while 84% would be more likely to attend a health event if they were invited by a Peer Health Leader.

Recommendations & Action – Phases 1-3

Over the years, recommendations from the evaluations 1-3 have been acted upon. These recommendations have focused on partnering the program with onsite health services, building support for the Peers' development, and coordinating program structures across sites to reduce inequities.

Evaluation	Recommendation	Action Taken
	Partner with onsite health services & sustainability	
Phase 1 – 2014 **Phase 3 - 2016**	Build Peer Leadership strategy in concert with the development of an onsite health and wellness services model. Understand how the Peer Health Leader program is part of larger strategy for health impact.	The Community Wellness Program managed by SFDPH will include onsite Wellness Centers and the Peer Health Leader program. The Peer program will be based out of the Wellness Centers and Peers will be integrated into health services delivery and conduct outreach and health education activities. Planning of the Community Wellness Program has included the Peer program to ensure both support and meet identified goals and outcomes.
Phase 1 -2014	Support and continuous funding are necessary to ensure sustainability of the program and of long-term health change in the entire community.	Making the Peer Health Leader Programs integrated and funded by SFDPH general funds ensures the programs' longevity.
	Peer support	
Phase 1 – 2014 **Phase 2- 2015** **Phase 3 - 2016**	Intentionally cultivate the personal and professional development of Peer Health Leaders.	Each program site and managing CBO developed their own systems of support, some more structured and formalized than others. The new contractor Urban Services YMCA has now implemented formal supports that are the same across all program sites. There are regular weekly check-ins between site coordinators and Peers, weekly staff meetings, and creation of Individual Development Plans with each Peer. Through these structures, there is ongoing communication about the progress and support needs of the Peers that can be addressed quickly as needed.
Phase 2 -2015	Cultivate group cohesion and build system of support within program.	Urban Services YMCA now brings all the Peers and site coordinators together on a regular basis through staff meetings, grief support groups, day and overnight retreats, and program activities such as Heart, Health, History Walks and smoothie challenges.
Phase 2 - 2015	Incorporate a staff person into the team who is dedicated to Peer support.	The behavioral health clinicians staffed onsite by SFDPH provide immediate mental health support for the Peers and facilitate an ongoing grief support group. Each site coordinator is also the "go-to" staff person for the Peers.
Phase 2 - 2015	Incorporate holistic healing approaches into existing structures.	Some of the previous program CBOs incorporated holistic approaches with the Peers such as meditation and support groups. Now, the programs have adopted other approaches such as medicinal drumming.

Phase 2 -2015	Create new pathways of opportunity for PHLs.	In 2016, Bayview YMCA hired 3 Peers as staff, Mercy Housing hired 1 Peer as staff. Numerous Peers participated in the CHW certificate program with City College of SF, some with or without formal support from the program. Urban Services YMCA has now helped 5 Peers move on to other jobs/careers, supported financially Peers accomplishing further education either GED or City College.
Phase 2 - 2015	Shift program structure to a more complex vision with multiple options for PHL roles.	Program planning for the Peers is now incorporating a vision of technical health training, pipeline/collaboration with health career tracks (CHW certification courses, etc.), and developing community action and organizing training. All these with the vision of supporting the Peers as leaders and health experts.
Phase 2 - 2015	Provide support to ensure that Coordinator roles remain sustainable.	Under Urban Services YMCA and SFDPH, site coordinators report feeling very supported by one another, the program director, and SFDPH staff. They feel part of a collaborative team and have power/voice in the development of the program.
Phase 2 - 2015	Provide Mental Health services to PHLs and Coordinators.	Behavioral health clinicians are "on-call" for the Peers' support needs during the day. Peers attend a regular grief support group. Urban Services YMCA has provided information about therapists in the community and in network for the Peers to independently access if desired. A handful of the Peers have now utilized these referrals.
	Coordination of all program sites	
Phase 1 - 2014	Consider what can be common or coordinated Peer Leader program structures to avoid inequities between programs and maximize successes.	Shifting from a model of 4 distinct managing site CBOs, the Peer Health Leader program is now managed by one contractor for all 4 sites. Urban Services YMCA has ensured that hours, payment/wage, and support structures are uniform for all Peers and has reduced the inequities between the sites.
Phase 3 - 2016	Consistent program descriptions and "branding" are needed for the Peer Health Leadership program to be recognizable in the community and support engagement.	Transferring the 4 programs under a single CBO has helped with branding. Peers and staff were YMCA shirts while working onsite. The Wellness Centers are not up at each site, so some of the programs do not have a "home-base" yet. This brings up challenges in making the program recognizable, accessible in the community and has hindered program activity implementation.
Phase 3 - 2016	The Peer Health Leader programs need to implement a clearly-defined health intervention with a justified theory of change in order to effect change.	In the program planning process, a focus on chronic disease management and stress was identified. Health activities are beginning to form around these areas starting with nutrition + community building and physical activity such as walks, aerobics classes, and double dutch competitions.

Phase 4: Transition, Planning & Implementation

This last phase of the evaluation with the support from Kaiser focused on informing the further development of the Peer Health Leader program strategy and evaluation. Planning of the programs in partnership with SFDPH and the new contractors started in winter 2016 and continued until the "re-launch" of the programs in 2017. The Health Equity Institute provided technical assistance in planning process of the Peer Health Leader program and of the Community Wellness Program (which includes the 4 onsite Wellness Centers) while conducting ongoing evaluation of the current activities and transition process.

This final report serves multiple purposes: 1) Evaluation of program activities from 2016-2017, 2) Retrospective examination of the progress of the Peer Health Leader strategy since 2014, and 3) Share plans for the Peer Health Program and Community Wellness Program in HOPE SF.

Methods for Phase 4

This year's evaluation examined the entire story and progress of the Peer program, including this year's transition of the Peer program to Urban Services YMCA. HEI staff conducted focus groups and interviews with 8 current Peer Health Leaders, 3 site coordinators, 1 program director, and 8 alumni Peers who began the program in 2014 (plus a recent Alumni who just moved to a CHW job with SFDPH). Quantitative data included participant numbers from activities beginning in March 2017. Past evaluations have been incorporated in this report to give historical context and examine how the program has progressed over the 4 years. Qualitative data from interviews and focus groups data were coded by theme and analyzed. HEI staff then consolidated sub-themes by larger themes to describe the summary findings and recommendations. Recommendations from all evaluations were analyzed and those that have been addressed have been included in this report with any updates on progress. Information about future plans of the PHL program and CWP have been informed by planning meetings with CWP clinical staff and program director.

The limitations of this report do not include input from the community about the impact of the program. The delivery of Peer-led activities were limited this year and had less participation than previous years. The logic model does include gathering data from participants about their relationship with the program and this is planned for the next year after the programs have been running and have solid participation.

Outcomes 2016-2017

Transition

From the beginning of Urban Services YMCA contract in the fall 2016, much of the focus was on hiring staff including a program director and 4 site coordinators, transferring and onboarding Peers who wish to stay in the program, connecting Peers with new jobs, and hiring new Peers at each site. Additionally, SFDPH has continued develop wellness centers in each site for CWP services and activities. Below is a table with an update on staffing and for onsite space for programming.

Staffing & Space Summary	
Peer Leaders	8 out of 16 Peers hired
Peer Leaders supported in getting new jobs this year	5 Peers (1 Community Health Worker with SFDPH, 2 Services Connectors with Urban Services YMCA, 1 construction, 1 Assistant Manager for MBS)
Site Coordinators	3 out of 4 hired
Program Director	1 hired

Onsite Space	Sunnydale wellness center re-opened under SFDPH leadership on August 12, 2016 Alice Griffith will open August 2017 Huntersview will open September 2017 Potrero Hill to open will open December 2017

Training & Support of Peers

From fall 2016-spring 2017, the Peers have been engaged in numerous trainings including required Urban Services YMCA staff trainings, health topic and health education curriculum training, and leadership focused trainings developed by site coordinators. New support structures have also been created to nurture the emotional and mental health of the Peers. Below is a summary of the training and support provided to the Peers.

Peer Support & Training Summary

Trainings for Peer Health Leaders	**Provider**	**Frequency**
Urban Services YMCA new employee trainings	Urban Services YMCA	One time
CPR	Urban Services YMCA	One time
Leadership for Equity & Opportunity	Site Coordinators	Ongoing
Transcultural Perspective - History of Bayview	Site Coordinators	Ongoing
Advocacy – speaking to policy and housing management	Site Coordinators	Ongoing
Psychological First Aid	Not reported	One time
Child Abuse Prevention (CAP)	Not reported	One time
Supporting Family Mental Illness	Not reported	One time
Check, Change, Control	Urban Services YMCA	One time
Listen First	Urban Services YMCA	One time
Program Design	Site Coordinators	Ongoing
Support Structures for Peer Health Leaders		
Grief processing group	SFDPH Behavioral Health Clinician	Monthly
One-on-one check-ins	Site Coordinators	Weekly
Site team meetings	Site Coordinators (Director rotates)	Weekly
Independent Development Plan	Site Coordinators	One per Peer
Self-care plans	Site Coordinators	Ongoing
Retreats	Urban Services YMCA	2x a year

Outreach & Engagement Efforts

Outreach and engagement has been a challenge for the Peer programs since the beginning. With the added challenges of transition and a pause in programming during the fall/winter, much of the activities for the programs this year focused on outreach and introducing the "revamped" Peer Health Leader program. Below is a summary of the outreach efforts made this year.

Outreach & Engagement Summary

Activity	**Purpose**	**Amount**	**Frequency**
Door-to-door & Light touch engagement	Relationship building. Occurs whenever Peers and coordinators are visible in community. Includes waving hello, introductions and short	1,372	Daily

	conversations about program offerings and health services.		
Flyer distribution	Activities offered by Peers, upcoming events, health services offered by SFDPH	1,215	As needed

Peer-led Activities

In spring 2017, Peers began to implement health and community building activities under the new model. Although some of these activities have been ongoing, such as smoothie distribution at Sunnydale, others are new for the program. By the summer of 2017, enough staff has been hired at each site and some space for programming has been identified, so activities have begun implementation in each community. Challenges of providing large enough space and places to meet that feel safe for residents still remain, so ramp up of activities have been slower than anticipated this year. Below is a summary of the activity participation this year. It should be noted that the participant data does not show unique individuals; participants may come multiple times to an activity and are counted each time they attend. It can be assumed that some participants have been counted multiple times.

Peer-led Activities Summary

Activity	Purpose	Total Participants (time frame)	Frequency
Smoothie distribution	Outreach for program and health services. Education/exposure to healthy snacks.	246 (Mar-Jul)	Weekly
Heart, Health, History Walks	Outreach for program and health services. Community building. Physical activity.	77 (Mar-Jul)	Weekly
Double Dutch	Led by Peer in Potrero Hill. Physical activity and community building.	3 (Jul)	Weekly
Conversational English Dinner	At Sunnydale, Peers host dinners with mono-lingual Chinese residents and English-speaking residents. Community building.	26 (May-Jul)	Weekly
Aerobics class	Led by Peers in Huntersview. Physical activity and community building.	17 (Jul)	Weekly
Health Education Talks	Short presentations about a specific health topic.	13 (Jun-Jul)	Monthly
Volunteer Corp.	Build a base of Huntersview residents interested in learning and teaching about health. Hope for regular participation and attendance in Peer activities and events.	30 (May-Jul)	Monthly
Events	Community building.	108 (May-Jul)	One time
Blood pressure screening events	Partner with nursing staff to conduct screenings at events in the community.	32 (Apr	One time
Advocacy	Representing residents' issues to systems powers such as Mayor's Office and onsite housing management. Initiated by Peers.	2 (Jun)	As needed
Feedback group	Introductions and getting community input in Potrero Hill.	26 (Jul)	As needed
Gym meet up	Held in new gym located in new housing site in Alice Griffith. Physical activity.	3 (Jul)	Still developing

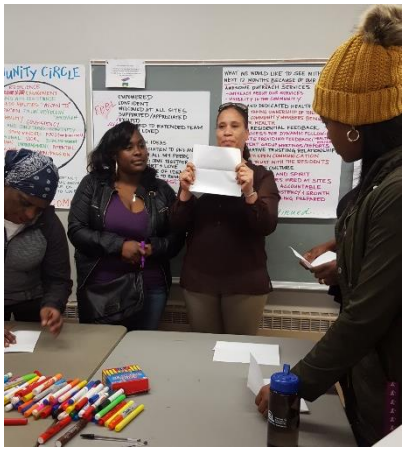
Learnings & Recommendations from 2016-2017

The following learnings and recommendations come from focus groups and interviews with current and Alumni Peer Health Leaders, site coordinators and the program director.

Learnings

Learning 1: Building networks and structures of support for the peers within Urban Services YMCA and with SFDPH was crucial in preventing burnout for Peers and site coordinators this year.

Urban Services YMCA and SFDPH have built structures to support the health and stress of the Peers. Peers are both members of the community and providers in the community, so they have additional pressures about addressing trauma while also dealing with it directly. These supports have focused directly on mental health, building a supportive team, and financial assistance to Peers' own critical needs. One Peer said about this year: "It was a focus for us to, you know, take our health and wellness serious in every type of way, physically, mentally, spiritually, and every type of way. Like, we had to take care of ourselves, and be able to take care of people that's around us."



Mental health support

In past evaluations, a variety of mental health support (clinical, holistic, spiritual) was desired by the Peers; supporting personal mental health and wellness is key to ensuring Peers are successful and sustainable in their positions. This year, SFDPH and Urban Services YMCA have provided connections to multiple types of mental health support including individual therapy and substance use counseling to help Peers manage stress, trauma, and any other goals. Having immediate access to behavioral health staff through the CWP has been an important added level of support for the Peers this year. One Peer commented: "We have shootings in the community. And, you know, it might be our next-door neighbor. We don't know. Anything can happen in the work that we do every day. So we do have a little wiggle to where we're able to reach out to our mental health department and talk to someone immediately on-site, if that's what we need." One clinician located onsite has started a monthly grief processing group with the Peers that has served as a time for bonding and support for all of them. Several Peers have also expressed a desire to heal relationships with family members and have started therapy and counseling to help them re-build those relationships.

Teamwork between Peers, with Peers and coordinators, and as a staff team overall

Site coordinators and Peers both remarked on how supported they feel from the teamwork and comradery they have built this year. Having a new set of coordinators and managing entity brought up some apprehensions for Peers deciding to stay in the program, so much effort has been spent this year on building a team that feels reliable and respectful. "Glow and grow retreats", weekly check-ins with Peers and coordinators, and cross-site team building have provided opportunities for the team to grow together. In the past, having a cohesive team was found to be protective in sustaining the Peers and coordinators from burn-out, and the efforts made this year have shown to be effective. One coordinator said that "my supervisor has been amazing and my team, as well, the rest of the coordinators. Like, we all lean onto each other for support, we all scratch each other's back and making sure that we all feel supportive and we don't feel overwhelmed in this work…But I can honestly say that I don't feel stressed

because I know that I have a team of people who are supporting this work and we all share the same vision."

Financial supports in times of need

Urban Services YMCA has also provided alternative types of support and barrier removal such as paying for City College tuition fees, buying a casket for a Peer's family member, and taking care of much needed dental work for a Peer. One of the younger Peers was struggling in school, and staff from Urban Services YMCA supported the Peer in working with a school counselor to get back on track for their GED. Though program staff say this is unconventional, they recognize that the Peers experience many barriers to their own success and may need other levels of support that other staff do not require. Some of these supports have been essential for their own health and sustainability as Peers, other supports are necessary for their own professional advancement. Peers commented that "they respect us, and he let me know we're all family, like, 'I love you all like family'. And it's not like, you know, it all makes me feel bad, it makes me feel good. Like these people really care for me. And isn't even no job, it's just like they really care."

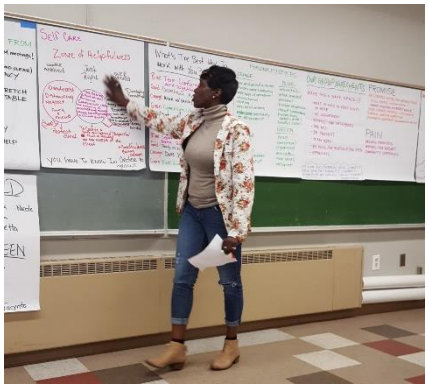
Learning 2: Though some Peers have developed their own self-care strategies, Peers continue to need intensive support in balancing the dual roles of resident and Peer.

Over the years, Peers have spoken about the stress involved with being both a resident and a Peer Health Leader in their community. Peers who have been in the program for a few years have found various ways to cope with this stress and have developed ways of setting boundaries with neighbors. Some wear the new YMCA shirts to indicate when they are "on or off the clock", others now let their phone calls go to voicemail and check it in the morning when they start work. One positive outcome for some Peers is no longer being associated with the housing developer onsite has led to less questions to them about the construction and housing situation. They now get more questions about health and jobs, and so feel less stress about having to represent the housing aspect of HOPE SF. The dedication they have to their community is so strong though that many times they still continue to play the role of Peer Leader beyond working hours.

Coordinators did comment that even those Peers who have developed coping strategies are still under a large amount of stress. One staff member said "I mean, down to the way that they have to wake up, down to they may not have hot water in their house, down to they're walking past trash and people who might cuss them out on the way to work type of stuff. Like, those are real life situations." Traumatic events in the community have an impact on the Peers feelings of safety and ability to work. Coordinators believe it is important to be understanding and acknowledge that even though Peers have this professional title in the community, they are still residents and are impacted by what happens in their own community. At times this brings work to a standstill and activities are cancelled, but they believe that this is responsive to what the Peers and community needs to be supported.

Learning 3: Multiple program sites have taken on community advocacy work, in particular related to housing conditions. This work paired with the Community Health Worker certificate program has opened up the role of Peers leading community action efforts. Peers are building skills related to advocacy such as public speaking in order to fulfill residents' desires for action in their community.

Site coordinators have developed trainings and support around building advocacy skills of the Peers this year. These trainings have a particular focus on public speaking, program planning, facilitation, and learning the history of their communities in Bayview. One Peer remarked: "I can actually stand up and



speak because I was the type of person, I wouldn't say anything. I mean, I would say a little, but it's like, I wouldn't state my opinion on nothing. I wouldn't give my opinion on nothing. But now I can stand up in front of, like I told you, I can stand up in front of people and I can speak." Peers have now set up meetings to discuss housing conditions with staff of the Mayor's Office of Housing and with onsite building management. Peers and coordinators see themselves as advocates for their neighbors and have grown confidence this year in their ability to speak to those in power. Though housing conditions can be seen as outside the scope of the program, there is the perception that there is no other avenue for residents to voice their opinion about the conditions they live in and therefore turn to the Peers to be their representatives. To the Peers, housing impacts the health of residents, so they still view their role as health advocates even when discussing issues of housing conditions.

Site coordinators have also taken a new approach to supporting the Peers in developing and implementing their own activities. Program planning, scheduling, and budget development are now part of Peers' training and the coordinators want the Peers to take ownership of their own program. They acknowledge there will be a learning curve, but eventually they do not want to micromanage the Peers and instead provide them with the skills to be self-sufficient in their roles. They see this is as the way to prepare them for future jobs and roles as leaders. One coordinator said they want "the peers taking more of a leadership role and being more accountable for, like, them doing stuff and not so much dependent on, you know, me as their supervisor doing it but really knowing that I've just got their backs to support."

Multiple Peers have also completed the Community Health Worker Certificate program at City College of San Francisco. As mentioned in previous evaluations, this experience has been impactful in helping the Peers re-engage in their education, teaching them skills in public health, and processing of health equity and social determinants of health that has been a spring-board for them to examine their own communities in a different way. One Peer reflected "well, I started the health worker program and I finished it. So, I'm proud of myself and personally, I'm in a good space mentally right now and honestly, taking those health worker, some of those classes, helped me get through stuff I was going through in my life personally. I didn't know it was going to do that, but it really, really did. So, like I'm in a good space now so I could deal with things different, and I have more understanding and I'm calmer and I just react different and I just feel better." The training and classes have helped the Peers in a variety of ways including gaining conflict management skills, public health knowledge, and research/assessment skills. This certificate program has opened opportunities for Peers as well; one Peer who received their CHW certificate last year has been hired by SFDPH as a CHW in the wellness center in Sunnydale.

Learning 4: The PHL program management team have strong backgrounds in leadership and staff development and have focused most of the programming on Peer professional development. The challenge for these programs moving forward will be to additionally focus on intended health outcomes for participants.

The director and site coordinators hired to manage the Peer program are highly skilled individuals with backgrounds in service connection, case management, organizational development, and running community programs. This staff experience makes them equipped to support Peers in their own growth

as professionals and they have been able to build a cohesive team together. In numerous evaluations, supporting the Peers was found to be a crucial component to this work and an important outcome of this strategy. The high level of support needed for the Peers though has also been a challenge to program implementation and has taken attention away from making health changes through focused and intentional health activities. Without backgrounds in health or health education, this program has in the past primarily concentrated on Peer development and become a workforce development model.

Health activities that are aligned with the overall Community Wellness Program are planned and starting to be implemented this summer. Having the Peer program housed under SFDPH and located in wellness centers can help to reinforce the focus on health changes. Peers and staff are all very motivated towards making health impacts in the community, so there is potential for the program to function both as professional development and health education/promotion.

Learning 5: Though the programs this year were more streamlined and cohesive, there were challenges in staff capacity to start up and operate on multiple sites as a single organization. Site coordinators and program director have needed to take on additional roles and responsibilities that often detract from time needed to focus on planning and implementation of activities.

The central leadership of the Urban Services YMCA for all four program sites addressed numerous inequalities that represented challenges from the old model run by four separate organizations, including Peer support and compensation and provided much needed unified messaging and image of the PHL program overall. All coordinators and Peers work as a team and the consistent communication between sites has allowed for quick troubleshooting. With the development of a single program logic model, the programs now have a unified plan for activities to be implemented.

Even with the programs becoming cohesive, having a central entity starting and operating the programs brought up many challenges, particularly due to not having physical space for activities and not having enough staff to run the programming. With the exception of Sunnydale, the rest of the 3 sites do not have sufficient space onsite to delivery health activities. These sites have had to share space with Family Resource Center offices, housing management offices, and even reserving rooms at the local library for staff trainings. For health education activities, the only options have been to conduct these outside or off-site. Many residents have expressed not feeling safe outdoors, so this has prevented some participation. Since there is space for Peer activities in Sunnydale, much of the programming in the first months has happened in there with all the Peers from all sites coming together to lead activities.

Additionally, not all the sites are fully staffed yet, delaying activity implementation. One site did not have a coordinator for several months, so another coordinator had to manage Peers on multiple sites. Some sites also had only 1-2 Peers who are new to the program, so much time was spent onboarding and training them before they could start any programming. The program director also spent many of the beginning months managing site-level activities and support of the Peers before any coordinators were hired and trained. The director and coordinators are spread thin in their time having to balance numerous meetings (many of which take place during time needed to be spent with the Peers) with outside partners and conducting trainings and outreach. The director also has the added responsibility of

administrative tasks and reporting to SFDPH, Mayor's Office, and HOPE SF leadership on the progress of the program. Many hours are spent per week in transit to meetings, replying to emails, and taking care of personnel matters. Because of this, not much time is spent on structural and systems change that the program aims to achieve.

Learning 6: Though the Peer Leader programs are not new to the community, the transition to a new managing entity, program alignment with SFDPH, and hiring of new coordinators and Peers has given the appearance to the community that this is a "new" program.

Much of the public facing components of the Peer program have changed this year, which has caused some confusion to residents and other onsite organizations of who is part of the new Peer program and what they offer. Now that the logic model has been completed and enough staff has been hired to begin implementing programming, some of this confusion will lessen as the Peers do their outreach. The start-up or "re-boot" of the programs after a pause in many of the activities has been challenging. Particularly with new staff and Peers, trust needed to be re-built and new relationships with the community needed to be formed. One Peer commented that "So, we're trying to, like, reclaim, like, a positive image in the community." Reclaiming this positive image has taken much work this past year, and Peers are feeling that their outreach has been helping make progress with residents this year. Huntersview Peers have even begun to develop their own volunteer corps to serve as an extension of their program in outreach and engagement efforts by building their interest in healthy activities.

One specific challenge the Peers have talked about is the impact of SFDPH staff turnover on their image and relationships with residents. Since the start of the wellness center in Sunnydale in 2014, new nurses and behavioral health staff shifting in and out of the community has caused difficulties for the Peers in promoting the health services offered by SFDPH. Because Sunnydale Peers promote the wellness center and SFDPH services, any staffing change reflects back on the Peers as representing a service that is unreliable in its service delivery and staffing availability. Now that all the Peer programs will eventually be tied with SFDPH services, this is a concern of Peers who need to build trust with the community. Though the PHL programs and SFDPH manage staff differently, by promoting the wellness centers, any changes made by SFDPH impacts the work of the Peers. One Peer spoke about how this impacts their trustworthiness with the community: "They just need to stay consistent with their staff. Like even when I switch and then we get a new nurse, like everybody is used to Leo now. He's not going to be here. So, then it's going to be another nurse. You got to start all over again. They might be used to that one person and then now, they have to build a whole 'nother relationship with the new person like and then they might not like the new person as much as they like the old person. So, then that'll stop them from coming to the center, like you know?" Peers have said in the past that staff turnover can damage the Peers' image in communities that have already experienced broken promises and start and stop programming.

Learning 7: This transition to a single Peer program under SFDPH has felt like a tremendous upheaval for many who have been involved with the program since its inception. The residents who birthed this program have felt as if this program they created has been taken away from them.

The loss that some Peers feel from the transition this year is a result of an evolution that feels more like an ending to the program they helped create. There is a perception that their Peer program has ended or that this "new" program has taken credit for their work over the years. This is an outcome of moving from a grassroots built program to a systems managed strategy. For some of the former Peers who did not continue on with the program, there were misunderstandings and some "hard feelings" about the programs moving to SFDPH and Urban Services YMCA. Though SFDPH spent much effort explaining the transition to the Peers and guaranteed continuous employment, there were still feelings of mistrust based on a history of losing hard-worked for programs in the community. There was a perception that the past work had not been honored in this transition and the new programs now "own" the work done before. One Peer gave feedback: "Maybe communicating better about things that are happening so we know what's going on, too. - just everybody above us, I mean from the top, all the way to the top, all the way down, just communicating everything that's going on so we feel like we're part of it, too, not just kind of tell us a little before, but like so we know, too, because something is going on."

An additional source of stress this year was felt around the reporting and pressure to "chase the numbers". Peers and staff felt that there was very little acknowledgement to how difficult engagement is and the daily struggles they experience in implementing a program in public housing. Alternatively, these programs have been in existence for four years and there has been an expectation that progress has been made in terms of engaging residents and other health outcomes. In many ways, this is not a new strategy or program, but for those implementing the work this year, this is very much a new endeavor. There needs to be a reconciliation of these perspectives of the Peer program. A Peer commented "I feel like some stuff we don't know and they don't necessarily want us to know. And I feel like if we're a team, then we should know, too, and I think they should come down here and help us outreach and see what we go through every day so they can see -- they don't know what we go through every day. They think it's, "Oh, why aren't they coming in? Oh, they're just hanging out." No, people don't want to come. So, I feel like they need to come down, walk our - Spend a week here with us. Go engage the community. Talk to people. Make phone calls with us."

Alumni Peer Health Leaders

Learning 8: The experience as a Peer Health Leader has had a lasting impact on their lives even after leaving the program. Though many Alumni have transitioned to full-time career tracks, some still need a level of support for continued employment and housing stability.

In interviews with Alumni Peers, they expressed continuing with many of the practices they learned while being in the Peer program. Many said that they have maintained healthy eating and exercising habits such as cooking at home, reading nutritional labels, and going on walks. Multiple Peers also reported that the most important skill they learned was to "listen first" and de-escalate conflicts with others. They spoke of how they used to be reactive in situations, but their time as Peers taught them how to engage with others in a different way. Alumni still use self-care practices they learned and try to relieve

their daily stress. Several Alumni say that their professional experience as a Peer Leader had opened up new opportunities for them professionally. These new jobs have contributed to some of the Alumni feeling very happy and satisfied; some said for the first time in years they feel good about where they are in life.

Alumni Peers have made progress both personally and professionally, but still could benefit from ongoing support to maintain employment and housing even after they leave the program. One Peer in particular has moved into construction work, but is not guaranteed a position working the construction in his own HOPE SF community. Another current Peer still does not have housing even in the new units, and though has been a Peer for 4 years, still sleeps in their car. Peers are incredibly skilled and many are ready to move on to full-time work, higher education, and career tracks, but may have not received continuity of support from HOPE SF or the Peer programs. Some Peers remarked that they feel they have represented HOPE SF and desire ongoing support and acknowledgement for the efforts they have made for the initiative and programs they have developed.

Update on Alumni Peer Health Leaders

Employment & Education Summary

- 8 Alumni Peers in part and full-time jobs
    - 4 Service Connector positions
    - 2 housing management
    - 1 Community Health Worker
    - 1 Community Liaison
    - 1 Peer currently looking for construction work
- 6 Alumni Peers completed Community Health Worker certificate at CCSF
- 3 Alumni Peers currently enrolled at CCSF
- 3 Alumni Peers on commissions for the City of SF

What the Alumni have been up to…

Sineva Malepai • Service Connector with Urban Services YMCA (2017) • "New place, new job, new beginning for me."	**Lottie Titus** • Service Connector with Bayview YMCA (2015-2016) • Community Liaison with G.W. Davis Senior Center (2017) • Commissioner for SFHA • Graduate of CCSF Community Health Worker Certificate (2016)	**Guowei Wang** • Service Connector with Bayview YMCA (2015-on) • Teacher at Central Chinese High School in SF Chinatown • Graduate of CCSF Community Health Worker Certificate (2016) • Taking English classes at CCSF
Iose Iulio (PJ) • Service Connector with Bayview YMCA (2015-on) • Health & Wellness Ambassador • Consultant on Pacific Islander Task Force for SFDPH • Graduate of CCSF Community Health Worker Certificate (2017) • Starting METRO program at CCSF – plans to apply for Master of Public Health in future	**Roanae Kent** • Contractor for Urban Strategies (2016) • Occupancy Specialist for McCormack Baron Smith (MBS) • Assistant Manager for MBS (2017-on) • Runs own non-profit Candlestick Landscape • Graduate of CCSF Community Health Worker Certificate (2015)	**Briana Reed** • Family Advocate/Service Connector with Urban Services YMCA Family Resource Centers (2017-on) • Graduate of CCSF Community Health Worker Certificate (2016) • Currently enrolled at CCSF for an Associate's Degree • Plans for Case Management Certificate
James Lewis • Construction (2016-on) • Started own Fatherhood Program as a Peer Health Leader	**Shawnte Beck** • Community Health Worker for SFDPH – onsite in Sunnydale with the Community Wellness Program • Benioff Community Innovator with Preterm Birth Initiative (2017) • Graduate of CCSF Community Health Worker Certificate (2016)	**Lafu Seumanu** • Community Liaison for Mercy Housing (2015-2016) • Resident Services Coordinator for Mercy Housing (2017-on) • Goal to be a Property Manager onsite in Sunnydale • Member of Pacific Islander Taskforce – sub-committee for Housing

Recommendations

Recommendation 1: The Peer Health Leader programs need to continue to define its role in health outcomes with CWP and how its health education and promotion work will lead to health change.

A new, centralized contractor overseeing the four Peer programs is an opportunity to strengthen the design and focus of the peer to peer health work at HOPE SF sites. Much work was done this year to enhance the health focus of the Peer Health Leadership programs. With the integration of the programs with SFDPH and CWP, the direct link to health has become more clear (focus on stress, chronic diseases, and community building) and the new logic model reflects this direction. The current logic model contains the outlines to guide the direction of the overall program (Peer development, outreach, and participant change), but the details such as specific health curriculums and activities are still being decided on. Those specifics need to be in alignment with the overall goals of the Peer program and CWP and follow a theory of change for the desired outcomes of participants. The selected theory needs to incorporate the work of the Peer program and CWP as a collective effort or strategy.

More work though needs to be done in understanding 1) how the Peer Health Leader program is part of larger CWP strategy (how can Peers go beyond just being outreach support for CWP?), 2) how Peer Health Leaders relate to other on-site health staff (what is the difference between CHW and Peers?) and 3) how the program helps advance towards agreed upon health outcomes (how will data tracking between Peer and CWP function?). The logic models and plans for both the Peer program and CWP and how they relate to one another need to account for changes in environment and context moving forward. As the community changes and undergoes redevelopment in each site, the health strategies of CWP and the Peer program will also need to evolve. The Peer program in particular will need to change to meet the changing populations and health needs as construction commences and new residents move in. The role of Peers may also change as they gain more skills over time. There should be consideration and foresight into how these programs may evolve in terms of health focus and impact in the coming years.

Recommendation 2: Clearly articulate and define each of the staff roles of the Peer program and SFDPH.

All staff in the Peer program and CWP should have clearly defined roles and responsibilities in the delivery of health and wellness programming. Staff have already taken on duties that expand beyond their job description and are pulled in multiple meetings that take time away from their role in the program. Having a distinct set of responsibilities that are adhered to can help to prevent staff and Peer burnout and bring focus to delivery of activities and services. For instance, the program director spends much time on administrative tasks such as payroll, time off requests, and site level trouble shooting that detracts from director roles of planning and systems changes. Having an additional staff person take on the administrative work can allow for the director to focus on planning. Consider having Peers expand their roles and take on health service delivery such as taking vitals and conducting reminder calls. This can bring the program more health focus and specific skill development for Peers. This needs to be thought out and integrated into the health service delivery system in CWP. Additionally, Peer Health Leaders effective contribution to health interventions requires specific health care skill training and in depth health education that goes beyond general leadership development or broad health information.

Recommendation 3: Build out strategy in the Peer programs for community organizing and collective action.

The Community Wellness Program and Peer Health Leader programs can be a platform for resident advocacy work addressing the determinants of health in their own communities, across all the HOPE SF sites and San Francisco more broadly. Currently, efforts to promote HOPE SF residents to engage in community organizing for social action is limited. Peer Health Leaders could play a critical role as informed leaders in the effort to advocate for community health. Training in health equity and social action skills, and engagement with San Francisco social action efforts to improve health such as the effort to pass a soda tax are opportunities go beyond services delivery. SFDPH has multiple efforts focused on community action for health underway in the south eastern area of San Francisco in particular. Collaboration between these efforts and the Peer Health Leadership program, are a critical way to connect the HOPE SF sites to efforts to address social determinants of health through social action.

One area in which Peer Leader can support resident health and promotion of resident advocacy is addressing the physical and emotional health impacts of living on an active construction site. Through the CWP, resident leadership, expertise and advocacy can be fostered in monitoring and advocating for their own health during construction. In partnership with the SFDPH, Peers and other residents can offer regular check-ups for asthma flare ups on high dust days, construction stress management support, home visits to check in with impacted residents, and communication about the mitigation of health risks as a result of construction. Residents and health providers can work with the construction management to collect health impact reports and data, and distribute the findings to the community to ensure residents are up-to-date on information that may affect their health.

Recommendation 4: Provide structured and ongoing support for Peers moving on from the program such as continuing education and career track jobs.

Already, Urban Services YMCA has connected and supported the Peers with professional and educational opportunities. One main goal of the Peer program is to support the Peers in moving on to career jobs and furthering their education. One staff member spoke about the importance of helping Peers take the next step: “So, I would really like to also work on what's next. Like, even though, yes, we're figuring out, what's right now. But the point to where I'm trying to grow them is within a year or two. They're going to have to know what's next, because you're going to max out. And that's the goal, right? And so, that's how I see my role.” Investing in their professional development by paying for conferences and City College courses, or having flexible schedules allow them to pursue professional development goals. It is also possible to train the Peers in tangible “hard skills” related to healthcare delivery to build their resume, similar to work done by CHWs or *promotoras*. A partnership with SFDPH or Community Health Worker certificate program at City College can also be an avenue for Peers’ advancement.

In addition, it is necessary to continue to provide additional support for Peer Health Leaders in dealing with stress related to work and personal issues. Peers should be supported in creating boundaries between their personal lives and professional role(s). This will not only improve their ability to meet community need, it is an ethical response to the emotional work Peer Health Leaders are asked to engage in.

Recommendation 5: Build and communicate a cohesive message about this new iteration of Peer program.

It is also essential that programs develop clear goals and consistent messaging, helps to build trust and a reputation in the community. Particularly with the perception of these being "new" programs, setting a standard of being professional, reliable, and consistent can be helpful in re-building and creating relationships with residents. Highlighting the role of the program in the community and the work of the Peer Health Leaders helps to reinforce their role as leaders and role models. A logo, tag line, brief description that the staff regularly uses would be helpful to provide residents with a clearer sense of the program and its role in the community.

Recommendation 6: Honor the work done before.

Residents and Peers are deeply concerned that as the HOPE SF communities undergo physical transformation the history and identity of the historic and current community will be erased. While the originally funded Peer Health Leadership programs were not entirely self-generated by residents (there was guidance from San Francisco State University, SFDPH, and the San Francisco Foundation), they were developed with heavy Peer influence. As the programs evolved over the years, the Peers took ownership of their programs and their leadership roles in the community. This transition of the Peer program to SFDPH has resonated with some Peers as an erasure of the work they have done before to develop these programs. Peers have noted the importance of acknowledging significant and positive accomplishments in the community like the Peer programs, not just negative community events. In messaging to the community that these programs have new Peers, new staff and management, there should be an honoring of all the work done before to make the Peer-to-peer strategy successful. Hiring of Peers into leadership positions in the program, acknowledging Peers who generated and created some of the activities, and celebrating Alumni Peers in a public way can be approaches to honoring past work of the Peer programs while moving forward.

Discussion

Over the past four years of this evaluation of the Peer Health Leadership programs, we have learned much about the role Peers play in the community. What we have observed and learned through numerous interviews, photo-stories, and surveys with residents is that Peers act as a bridge and opportunity for connection in many different ways. Below is our examination of the peer to peer strategy as an avenue to building relationships and opportunities. This following discussion about Peers as bridges is part of a blog post published by Shelterforce in the August 2017.

Peer to peer strategies are an attempt to bridge these divides and provide opportunities for residents to support their own community, access paid work and focus on their own development and socio-economic outcomes. Peer to peer programs in public housing employ residents to serve in a range of roles from conducting outreach to providing in-home services, Peers serve a critical role of connecting residents to services, educating residents, providing social support and advocating for system changes. They reside in the community and serve the community. The peer to peer programs in HOPE SF aim to address three central challenges to successful program engagement in HOPE SF communities: 1) bridge the gap in trust and knowledge between residents and programs/services, 2) bridge cultural divides in the community and build social networks, and 3) provide employment and skill development opportunities for residents to work in their own community.

A Bridge to Services

HOPE SF Peer Health Leaders are a trusted link to programs that are viewed with wariness. In interviews and focus groups, Peer Health Leaders report resident skepticism toward any service or educational programming brought to the community. They describe the myriad programs that have come through the communities in the past, which did not have lasting impact. Residents explain that building rapport and trust between services and the community takes time and many services end before those relationships can form. One resident stated that "The hardest thing in this neighborhood is that there is such a high turnover of programs and such a lack of trust." Peer Health Leaders feel that they take on the role of liaison between the community and programs; 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 members of the community who typically have language and cultural barriers in accessing programs.

Key to success as a connector between residents and programs is the "relatability" and relevance of Peer Health Leaders. HOPE SF residents have voiced that staff that are more relatable or familiar with the issues in their communities make services more welcoming and trustworthy. Seventy-three percent of Peer Health Leader program participants surveyed found it important that Peer Health Leaders are from their community, while eighty-four percent said they would be more likely to attend a health event if they were invited by a Peer Leader. Residents have commented that they feel more at ease and willing to participate in services when offered by someone whose personal experiences reflect their own. One Peer Health Leader observed, "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." When asked to explain why it was important that a Peer Health Leader was from their community, sixty-five percent

of respondents said they were more comfortable talking with someone from their community, and more than half reported it was easier to trust someone who understands their situation.

A Bridge Across Cultural Divides

Peer Health Leaders discuss difficult and entrenched patterns of disengagement, segregation, and mistrust between different age and ethnic groups of HOPE SF residents. These interpersonal dynamics and the fractured social fabric poses a great challenge to community building work. The demographics of families living in public housing in San Francisco is rapidly changing with a dwindling African American population, contributing to feelings of loss and threat to those who have been living in these neighborhoods for generations. Staff working in HOPE SF communities have witnessed fighting between different ethnic groups in the housing site. A growing monolingual Samoan and Chinese population in HOPE SF communities have voiced feeling isolated from their neighbors and programs. Exacerbating this situation is that there are few opportunities for adolescent youth and seniors to participate in community activities, while many programs are targeted towards elementary aged children and adults. Previous attempts to bring these different groups together have seen minimal success in the HOPE SF sites.

As a result of these strongly held divides, Peer Health Leaders have been hired that reflect various ethnic and age groups. Teams of Peer Health Leaders that are themselves ethnically diverse have created cross-cultural connections for residents. The Peer Health Leaders hired in the first year of the program were comprised of mostly women; twelve African Americans, three Samoans, one Chinese, and one White resident. Their ages ranged from twenty nine to sixty-three years old. Since then, younger team members (twenty-one to twenty-eight years old) and a youth leader have also been hired in various program sites. A large number of HOPE SF residents are adult African American women, and many of the Peer Health Leaders hired reflect this population. There are smaller isolated groups of White, Latinx, Chinese and Pacific Islander residents living in HOPE SF, and there are ongoing efforts to hire Peer Health Leaders that represent these groups.

These diverse teams of resident leaders have challenged their own preconceptions and have built new relationships in the community they never had before. Peer Health Leaders have expressed feelings of appreciation toward the “new friends” they’ve made. More far reaching is the impact of a diverse Peer Health Leader team on community divides. Peer Health Leaders have become role models of how to cross cultural “boundaries” and build new relationships. In one HOPE SF site, a monolingual Chinese Peer Health Leader reported that “understanding is better” between residents and that the Chinese residents in his community are less fearful now of their neighbors from different ethnic groups, and have become more integrated into the community. Another Peer Health Leader described the bridges that have been built, “It used to be everyone secluded to their own little area. Or certain groups who were friends or neighbors may 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, it's a lot of change compared to the distance of what used to be.” Recently, Peer Health Leaders have begun to facilitate cultural exchange potlucks in which residents from different communities on site come together with home-made meals and share them with each other. Peer Health Leaders hope that this opportunity to meet in safe facilitated spaces with one another will help promote trust among residents who previously had very little interaction.

A Bridge to Employment

Job attainment is a key priority for HOPE SF residents and the Peer Health Leader programs are viewed as an opportunity to further professional development and provide work opportunities to community members. Access to regular, paid work either through employment in the program or as a step after is viewed as a meaningful and critical aspect of this strategy.

Across the Peer Health Leadership Program, hiring criteria and processes resulted in the recruitment of many skilled and experienced Peer Health Leaders. Each of the program sites developed their own hiring process. Some residents, because of their established leadership role in the community, were identified and recruited to become Peer Health Leaders. Some of the sites did a general advertisement out to community. The sites did not require previous work experience of educational background, but each Peer Health Leader went through an interview process to see if the position was a good fit for them and if they felt passionate about health and leadership. Many, though not all, of the individuals hired as Peer Health Leaders bring rich community organizing knowledge to their roles. Several had experience running community programs such as the food bank or recreational committees. Others assumed responsibility for providing shelter, food and parenting to residents, not necessarily family members. Many of the Peer Health Leaders had been employed or been participants in other community leadership efforts over the years. They were already functioning as leaders, confidants or role models in their communities and these programs formalized their leadership roles.

HOPE SF Peer Health Leaders have greatly benefitted from this professional experience and in many cases improved their physical and mental health, and developed new skills. Peer Health Leaders have had opportunities to travel and network in a professional capacity and have also advanced their professional skills, such as public speaking, computer skills, job searching, and interview skills. They report feeling increased confidence and social skills achieved through going out into their communities to do outreach with residents around Peer-led programming. One Peer Health Leader was so motivated that they obtained their driver's license, achieved a better paying job, and moved out of public housing. One Peer Health Leader lost over 60 pounds in the last year and a half and even started their own health and wellness business.

Since the start of the program four years ago, numerous Peer Health Leaders have furthered their education or have moved on to full-time employment. Nine peer health leaders have attained a Community Health Worker Certificate (CHW) through the City College of San Francisco enrolling independent of program activities but with financial support. This additional training and recognition of their skills in outreach and health promotion has had a profound impact on those Peer Health Leaders. They report that the CHW program has taught them about health disparities and social determinants of health and that they feel more empowered and united with other communities. This certificate has now opened doors for careers in health. One Peer is now transitioning from her current position to a full-time CHW with the Department of Public Health at the Wellness Center in her community. The Peer Health Leaders who have been in their roles for several years are highly skilled, competent community health workers and some have expressed an interest in moving on to pursue jobs in health and social services. Program staff work with them to find full-time employment when they are ready and several Peer Health Leaders have moved on to work with agencies such as the YMCA as resident service connectors. Peer Health Leaders have also been hired by onsite developers as resident services coordinators, community liaisons and construction workers.

Challenges

Peer-to-peer health strategies in public housing are a key mechanism to promote meaningful community changes and resident well-being. However, it is important to recognize that peer-to-peer programs are not without challenges, including issues of sustainability, scalability, and the effort required for implementation. Simply hiring residents from the community does not erase the barriers to engagement. Sustainability, consistency and accessibility of programming; ensuring peers reflect community demographics and experiences; and, creating program activities that reflect community input are required even with a peer-to-peer approach.

Peers require extensive training and ongoing support to develop skills in outreach, health education and program implementation. Furthermore, peers need substantial emotional support to play a role that is demanding and can have porous boundaries. HOPE SF residents who serve as Peer Health Leaders experience the same daily trauma as their neighbors. While many have developed coping mechanisms for this trauma, the responsibility they feel to heal and support their community combined with their daily life stressors can weigh heavily on them and cause burnout. There is a clear need for intensive, individual mental health support for peers. HOPE SF Peer Health Leaders desire consistent therapy, both in a group as well as individually, to adequately support their own healing and personal growth processes.

Conclusion

Even though there are challenges, peer-to-peer programs open opportunities for connection between services and public housing residents. They can support the rebuilding of social fabrics in public housing communities by bringing together residents of different backgrounds and cultures, and making space for them to feel positive connections. Peer-to-peer programs can activate community leadership and advocacy efforts while also improving community health. These programs provide the opportunity for existing or budding leaders in the community to do meaningful paid work in service to their own community. As one HOPE SF leader shared, “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 I take ownership of it.”

Appendix A: EVALUATION LOGIC MODEL: PEER HEALTH PROGRAM

Program reporting, process learnings, tracking

INPUTS
What we invest

Partners in implementation
- HOPE SF, Office of the Mayor
- Department of Public Health
- Family Resource Centers
- Housing Developers (4)
- Local CBO's

Peer Health Program provides:
- Resources to navigate health programs/services
- Opportunities to build relationships between families and Wellness Center staff
- Opportunities to foster collaboration between Wellness center and Housing sites
- Channels to voice the needs of HOPE SF families
- Resources to support healthy behaviors

16 Peer Leaders have:
- Knowledge of community
- Ability to build relationships with families
- Experience living in HOPE SF communities
- Identified as leaders in community
- Strong relationships with Wellness Center staff

USY/DPH support through
- Trainings
- Professional Development
- Weekly Supervision
- Peer support network/Teambuilding
- Data collection and tracking
- Developing Wellness Center and PHL Program logic models and evaluation plans

PROGRAM ACTIVITIES
What we do for whom

A. Peer Health Activities with Peer Leaders
- Individualized Professional Development Plan with each Peer
- Self-care/ wellness plan
- Connection to medical home
- Professional development training
- Weekly one-on-one meetings with Coordinators
- Self-care trainings re: Anger management, grief, self-care, boundaries, stress reduction and substance abuse
- Health topic trainings

B. Peer Health Activities with "Untapped" Residents
- Focus on seniors, non-native English speakers, disabled or homebound residents
- Resident Outreach and engagement
  - Door-to-Door, Community Events, Connecting with clients in the Wellness Center
  - Culturally focused groups
  - Flyers in several different languages
  - Home visits with seniors and home-bound residents
  - Partnership building with site-based CBOs for outreach/referrals

C. Peer Leader Activities with Resident Participants in PHL Activities
- Topical health education programs
  - Diabetes Prevention (name of program)
  - Check/Change/Control
  - 18 Reasons Nutrition Class
  - Physical Activity and Community Support Groups
- Wellness related community engagement events

OUTPUTS
Track what we do

- # of weekly meetings
- # of trainings about health topics
- # of professional development training
- # of support/training about stress reduction/coping
- # of Peers with medical home
- # of health and wellness programs Peer attend
- # of Peers attending trainings

- # flyers written in Chinese, Spanish, Samoan
- # of door-to-door outreach with seniors and home-bound residents
- # of partnerships built with site-based CBOs

- # of sessions for each activity done
- # of participants each activity
- Frequency expectations met for each activity

IMPACT
Knowledge/Skills changes (1-2 years)

A-1. Changes in health knowledge & skills

Peer Leaders will increase knowledge of health causes, prevention, remedies
- Peers will Improve own nutrition and physical activity and better stress management
- Peers will develop better strategies for reducing potentially traumatic incidents (Goals of "Listen First")

A-2. Changes in future development

Peers will gain employable skills and increase confidence and leadership skills
- Peers will learn time management, emotional maturity, and how to "listen first"
- Peers will increase self-efficacy and belief in future change through developing and adhering to an Individual Development Plan

B. Residents who are "untapped" or hard to reach populations will recognize Wellness Centers as place for support
- # of residents from these groups attend 1 activity
- # of residents from these groups follow-up with a Peer
- # of residents from these groups feel the Wellness Center is approachable

C1. Participants in Peer Health Activities health behavior changes

Knowledge on managing their health concerns
- One indicator from health curriculums

Practices in healthy behavior
- 2-3 behavior indicators from curriculums

C2. Participant connections with Peers and/or Center
- Residents report a positive interaction w/ the Peer Health Leaders
- Participants will see the Peer Health Leaders as liaisons to the Wellness Center
- Connection with physical and mental health providers in Wellness Center

METHOD OF LEARNING

Survey tool
- Listen First

Training calendars

Interviews or focus groups

Individual Development Plans

Participant data
- Sign in sheets
- Participant demographics

Participant data
- Sign in sheets

Activity pre/post quizzes + surveys
- Diabetes prev.
- Check/Change/ Control
- 18 Reasons

Participant surveys
- Point in time – June/July

LONG-TERM OUTCOMES
(2-5 years)

A1 & A2. Peer Health Leaders have transitioned into a healthier lifestyle with a more professional presentation, within their community

B. Previously unengaged residents actively engage in strategies and activities to promote a healthy lifestyle

C1 & C2. Participant in Peer activities are actively engaged in strategies and activities at home to promote their health and overall healthy lifestyle

D. Collective Goals of Wellness Center