HOPE SF
PEER HEALTH LEADERSHIP STRATEGY EVALUATION

Phase 4 Evaluation
This evaluation was conducted by the Health Equity Institute

PHL Assessment 2012
Phase 1 Evaluation 2014
Phase 2 Evaluation 2015
Transition to Urban Services YMCA & SFDPH 2016-17

Programs funded & implemented 2013
Decision to move PHL to SFDPH 2014
Phase 3 Evaluation & Onsite Health Assessment 2016
Phase 4 Evaluation & Health Strategy planning 2017

Major Findings from Evaluation Phases 1-3

Phase 1
- Peers experience personal transformation
- Program structures differ greatly in each site
- Co-location wellness center is promising

Phase 2
- Peers carry heavy responsibility
- Team cohesiveness is protective
- Individual mental health support is desired
- Consistency is key to success

Phase 3
- Depth and focus of activities vary across sites
- Programming has no clear connection to health outcomes
- Outreach and engagement is a primary challenge
- Peers are seen as relatable, accessible and trustworthy

Health Strategy Planning

Peer Health Leader Programs
Activities aim to support growth and development of Peers and engage the community in health activities. Participants will increase knowledge and skills around chronic disease management. Peer program is integrated into CWP.

Health education & promotion (physical activity, nutrition & health curriculums)
Cross-site team building and consistency in program structures
Targeted outreach to seniors, non-English speaking residents & home-bound residents
Individual personal & professional development of Peers

Community Wellness Program
CWP managed by SFDPH. Staffed by nurses, Community Health Workers, behavioral health clinicians, case managers, Peer Health Leaders & PHL staff.

Four onsite wellness centers in each HOPE SF community
Health education and promotion
Outreach, engagement, community organizing

Health Services focused on chronic disease management and mental health
Short term impact: increase ability of residents to manage own health, trust neighbors, minimize trauma.
Long term community impact: chronic diseases managed, less depression, more social cohesion.

For copies of the full report: healthequity.sfsu.edu
Phase 4 Evaluation Results

Methods
- Interviews & focus groups with 8 current Peers, 3 site coordinators, 1 program director, and 8 Alumni Peers
- PHL program data analysis (participation, outreach efforts, trainings, supports)
- Retrospective analysis of past PHL evaluations
- Planning and logic model development with Urban Services YMCA and SFDPH

Program Summary

Staffing & Space
- 8 out of 16 Peers hired
- 3 out of 4 site coordinators hired
- 1 program director hired
- Sunnydale wellness center opened
- 3 wellness centers to open by December 2017

Training & Support
- 11 formal trainings including Psychological First Aid, Check Change Control, Listen First Monthly grief processing group facilitated by SFDPH
- Ongoing cross-site training and community building

Outreach & Activities
- 1,372 residents reached through door-to-door and light touch outreach
- 1,215 flyers distributed
- 583 residents participated in activities
- Activities implemented such as smoothies, walking group, conversational English dinners, aerobics

Phase 4 Learnings

Support structures built by Urban Services YMCA were crucial in preventing burnout of Peers

Peers have developed self-care strategies, but still need ongoing support

Advocacy work and trainings show potential for Peer-led community action efforts

Coordinators and director have strong experience in staff development; challenge moving forward is focusing on health outcomes

Challenges arose in staff capacity to start and operate in multiple sites simultaneously

Community perception that these are "new" programs, not continuous as original Peer Health Leadership programs

Transition has felt like a loss to some Peers who started the programs in 2013; perceived lack of recognition of past efforts

Impact from experience in the PHL program has lasted with Alumni Peers; those who have left the program desire ongoing support

Phase 4 Recommendations

DEFINE
Peer program’s ongoing role in community health outcomes

ARTICULATE
roles in Peer program and CWP

BUILD OUT
strategies for community organizing and Peer-led collective action

PROVIDE
structured support for "next steps" for Peers

COMMUNICATE
consistent image and message about Peer program to the community

HONOR
the work done before