

Peer Health Strategies in HOPE SF Communities

*A project of
Health Equity
for HOPE SF*

Partners



HOPE SF Sites

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Purpose

To explore opportunities & barriers to supporting the implementation of peer health strategies at HOPE SF sites.

This assessment was conducted by SFSU Master of Public Health students and faculty as part of a practice-based course. For more information:

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What We Wanted to Find Out:

- What peer health strategies are currently in place or have been used before?
- What are the strengths, challenges and limitations of peer health strategies?
- What defines success and what is needed to sustain this strategy?
- Who should serve as a peer health leader and how should they be selected?
- How should site-based peer health strategies connect with local agencies?

What We Did:

Assessment Planning (Dec 2011 – Jan 2012)

Literature Review (Feb - April 2012)

Read 125 articles and reports about peer health leadership programs in public housing across the United States

Interviews/Listening (April – June 2012)

Develop Findings & Recommendations (July 2012)

Who We Listened To:

➤ 13 Residents

Age	Gender
Average 47 yrs.	15% Male 85% Female
Lived at Site	Worked in the Community
Average 16 yrs.	Average 11 yrs.

➤ 18 Peer Health Program Staff

➤ 19 Key Stakeholders & National Experts

Organizations

City Agencies

Public Health
Housing Authority
Mayor's Office
Economic & Workforce
Development
DCYF & School District

Community Based Organizations

Mental Health providers
Youth Development
Housing
Family Support
Community Development
Education

What We Found Out:

Current Peer Leadership Activities at HOPE SF Communities

1. Residents use informal peer strategies to improve quality of life for residents. These activities are often not linked across HOPE SF sites and may not be connected to existing social service and health systems.

Health and Community Outcomes

2. Peer health strategies can foster community organizing through training and support for action.
3. Peer health strategies promote social cohesion. There may be lack of trust amongst residents yet there is a strong desire for the community to be more connected. Role modeling is a critical aspect of peer programs.

Priority Issues

4. Mental health and substance abuse are primary health concerns for residents and are significant barriers to some residents serving as peer leaders or participating in community building programs.
5. Job attainment is a priority for residents and peer health programs are seen as an opportunity to further professional development and provide work opportunities.

Success Factors & Challenges

6. Resident engagement in peer health program development, implementation and evaluation is essential.
7. Training of peer leaders is critical to the success of peer health programs and is an ongoing process.
8. Successful peer health programs provide supervision and structures that support peer leaders and recognize the daily health, financial and social issues they may face.
9. Financial incentives for peer leaders are critical to their recruitment and retention.
10. Peer leaders need to be able to manage their own conditions in order to ensure their effectiveness.
11. Peer health activities offer opportunities for residents of mixed income housing to build connections. But, establishing trust between residents may be challenging due to historical racism and classism.
12. Securing long-term funding is one of the biggest challenges facing peer health programs. Links to trusted services is viewed as key to peer health program sustainability and more wide-scale impact

What We Recommend:

Community Engagement and Trust

1. Support peer health strategies at HOPE SF sites. Invest in resident involvement in program design.

Workforce Development

2. Establish partnerships between peer health programs and employers creating pathways to employment.

Support

3. Programs should support the work and well-being of peer leaders and should offer financial incentives and supports to peer leaders so they can address their own health and social concerns.
4. Provide ongoing training and enable peer leaders to implement their own ideas for community change.

Evaluation

5. Take a long-term approach to evaluating community change. Partnerships between residents, academic institutions and agencies should be developed to create a HOPE SF community driven research approach.