PEER HEALTH STRATEGIES IN HOPE SF COMMUNITIES

MPH Program
Department of Health Education
San Francisco State University

August 2nd 2012
Introduction
Background
Assessment
Methods
Literature Review Learnings
Interview Findings
Recommendations
Discussion
Project began in Nov 2011

Key Partners
- HOPE SF
- SF Department of Public Health
- Dept of Health Education & Health Equity Institute SF State University

Outcomes for HOPE SF and practice based learning for SFSU MPH students
First large-scale public housing revitalization project to invest in high-quality, sustainable housing and broad scale community development without displacing current residents

Transforming eight distressed public housing sites in SF into vibrant neighborhoods with over 6,000 new public, affordable and market-rate homes

Led by the San Francisco Mayor’s Office with public and private sector partners and support from the Campaign for HOPE
ASSESSMENT
Assessment focuses on priority of Campaign for HOPE Health Taskforce -- to engage residents in promoting community health and well-being

To examine the opportunities for, and barriers to, the implementation of peer health strategies at HOPE SF sites
<table>
<thead>
<tr>
<th><strong>Background</strong></th>
<th><strong>The Model</strong></th>
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<tbody>
<tr>
<td>What peer health strategies have been implemented at Bay Area public housing sites and what activities are in place now at the HOPE SF sites?</td>
<td>What defines success and what outcomes are likely to be achieved?</td>
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<td>What are the strengths and what are the limitations of this approach?</td>
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<td>To what extent should the focus be on community organizing and advocacy vs. behavior change?</td>
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**KEY QUESTIONS**

**Success Factors**
- What’s needed for peer strategies to be effective and sustainable?
- Who can most effectively be a peer leader and how should they be selected?
- How should peer strategies connect to service and advocacy efforts?

**Challenges**
- What are challenges of peer strategies?

**Desired Approaches**
- What would ideal peer strategies look like?
Peer Health Strategies
✓ Peer health strategies involve community residents working to address community health issues
  • Provide health information
  • Bridge to services
  • Advocate and facilitate action
  • Organize community health promotion activities

✓ From the community and serve the community

Peer Leader
Anyone doing peer health work regardless of model
METHODS
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Curtis Chan</td>
<td>Medical Director, Maternal and Child Health, SFDPH</td>
</tr>
<tr>
<td>Karen Cohn</td>
<td>Director, Children’s Environmental Health, SFDPH</td>
</tr>
<tr>
<td>Patricia Erwin</td>
<td>Director, Health Education, SFDPH</td>
</tr>
<tr>
<td>Megan Gaydos</td>
<td>Senior Planner, Environmental Health, SFDPH</td>
</tr>
<tr>
<td>Uzuri Green</td>
<td>Rebuild Potrero, Jr. Community Builder, Bridge Housing Corp.</td>
</tr>
<tr>
<td>September Jarrett</td>
<td>Deputy Director, Interagency Planning, Mayor’s Office, HOPE SF</td>
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<tr>
<td>Laura Mamo</td>
<td>Assoc. Professor of Health Ed., Health Equity Institute, SF State</td>
</tr>
<tr>
<td>Maria X. Martinez</td>
<td>Senior Staff to the Director, SFDPH</td>
</tr>
<tr>
<td>Jim Stillwell</td>
<td>Deputy Director, Community Behavioral Health Services, SFDPH</td>
</tr>
<tr>
<td>Emily Weinstein</td>
<td>Rebuild Potrero, Community Builder, Bridge Housing Corp.</td>
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KEY ASSESSMENT ACTIVITIES

- Literature Review (February – April 2012)
- Community-Science Dialogue (March 2012)
- Interviews (April – July 2012)
  - In-depth Interviews with Resident Leaders
  - In-depth Interviews with SF Bay Area peer health program staff
  - Key Informant interviews with stakeholders
  - National experts
Reviewed 125 articles about peer health programs

Both about public housing and other communities

Focused on
- Essential qualities of peer leaders
- Patterns of successful peer health programs
- Notable challenges facing peer health programs
5 teams of 4 students

- Chronic Diseases
- Mental Health and Substance Abuse Issues
- Models of peer health strategies
- Environmental Hazards
- Infectious Diseases

LITERATURE REVIEW METHODS
In-depth Resident Interviews

- 13 interviews with resident leaders from Sunnydale, Alice Griffith, Potrero and Hunter’s View
- Identified by Advisory Group and snowball sampling

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Gender</th>
<th>Age</th>
<th>Resident of site</th>
<th>Work in Community</th>
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</thead>
<tbody>
<tr>
<td>62% African American</td>
<td>85% F</td>
<td>Avg = 47 yrs</td>
<td>Avg = 16 yrs</td>
<td>Avg = 11 yrs</td>
</tr>
<tr>
<td>38% Samoan, Latino/a, Russian, biracial or white</td>
<td>15% M</td>
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## INTERVIEW METHODS

### In-depth program staff interviews

- **18 interviews with staff from peer health programs**
- **Identified by Advisory Group and snowball sampling**

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<thead>
<tr>
<th>Organizations</th>
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<tbody>
<tr>
<td>Anka Behavioral Health Inc.</td>
<td>Learning for Action</td>
<td>SF Breastfeeding Peer Program</td>
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<tr>
<td>Bridge Housing Corp</td>
<td>Mercy Housing</td>
<td>SF Department of Public Health</td>
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<tr>
<td>Enterprise Community Partners</td>
<td>Mission Graduates</td>
<td>SF Housing Authority</td>
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<tr>
<td>Instituto Familiar de la Raza</td>
<td>Ravenswood Health Cntr</td>
<td>SF Education Fund</td>
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<tr>
<td>Homeless Prenatal Program</td>
<td>RAMS</td>
<td>Urban Strategies Inc.</td>
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<td>Youth Leadership Institute</td>
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### Key Informant interviews with stakeholders

- **16 interviews with key HOPE SF stakeholders**
- **Identified by Advisory Group and snowball sampling**

#### Organizations

<table>
<thead>
<tr>
<th>YMCA</th>
<th>SF Mayor's Office</th>
<th>SF Department of Public Health</th>
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<tr>
<td>SF Department of Children Youth and Families</td>
<td>Center for Youth Wellness</td>
<td>POWER</td>
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<tr>
<td>Bayview Hunter's Point Foundation</td>
<td>USF</td>
<td>SF Housing Authority</td>
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<tr>
<td>SFUSD</td>
<td>Youth Leadership Institute</td>
<td>Coleman Advocates for Children and Youth</td>
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<tr>
<td>3rd Street Youth Clinic</td>
<td>First Five SF</td>
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Interviews with National Experts

- 3 interviews with key national experts
- Identified by Advisory Group

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<tr>
<th>Organizations</th>
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<tr>
<td>Boston University’s Partners in Health &amp; Housing</td>
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<tr>
<td>Prevention Research Center</td>
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<tr>
<td>Housing and Urban Development (HUD)</td>
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<tr>
<td>University of CA, San Francisco</td>
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LITERATURE REVIEW LEARNINGS
Common Qualities

- Established credibility
- Natural leadership
- Cultural flexibility
- Role models
Positive health outcomes *in the community* (e.g. reduced emergency room visits and increased screenings for STDs)

Positive outcomes *for the peer leaders themselves* (e.g. improved health status, increased self-efficacy)
LEARNINGS ABOUT SUCCESS FACTORS

- **Training** on specific health services as well as on leading health behavior change activities

- **Financial incentives** are vital for recruitment and retention especially in public housing communities

- Programs using **Community-Based Participatory Research (CBPR) methods** lasted longer and led to more enduring outcomes

- **Collaboration** among all involved organizations, and credibility of those organizations
LEARNINGS ABOUT CHALLENGES

- Living and working in the same environment created issues with confidentiality, fluid boundaries, conflict. Peer leaders also experienced community stressors.

- Under-resourced and under-funded programs.
GAPS IN THE LITERATURE

- Studies narrowly focused on **short-term** measurable health outcomes

- Peer health strategies touted as promoting **social cohesion and community strengths**, but these outcomes are generally **not measured**
INTERVIEW FINDINGS
Finding 1

HOPE SF residents use informal or community supported peer strategies to address health concerns and 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.
Finding 2

Peer health strategies focused on behavior change can also foster community advocacy/organizing through training and support for action.

Finding 3

Peer health strategies can promote social cohesion. At times 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.
Finding 4
Mental health and substance abuse are primary health concerns for residents. These issues are also significant barriers to some residents serving as peer leaders or participating in community building programs.

Finding 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

Finding 6

Resident engagement in health issue identification, program development, implementation and evaluation is viewed as essential to program success.

Finding 7

Training of peer leaders is a critical component of successful peer health programs and is an ongoing process that should support peers and respond to their needs.
SUCCESS FACTORS

Finding 8
Successful peer health programs provide supervision and structures that support peer leaders and recognize the real, daily health, financial and social issues they may face.

Finding 9
Financial incentives of peer leaders is an essential form of support and critical to their recruitment and retention.
Finding 10
Supporting emerging peer leaders requires that staff understand existing social relationships. Peer leaders need to be able to manage their own conditions in order to ensure their effectiveness and buy-in from community members.

Challenges to recruitment and retention may include:
- lack of qualifications and behavior seen as unprofessional
- poor health
- lack of trust between residents
- legal barriers and fear of losing public assistance
- difficulty with time commitment and maintaining boundaries
- burn-out
Finding 11
Peer health activities offer opportunities for residents of mixed income housing to exchange strengths, resource, skills and perspectives. However, establishing trust between public housing residents and higher income residents may be challenging due to historical racism and classism.

Finding 12
Securing both short and long-term programmatic 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.
RECOMMENDATIONS
Recommendation 1
Support peer health strategies at HOPE SF sites. Invest in ownership of programs and services for residents in all stages -- problem identification, program design, implementation and evaluation.

Recommendation 2
Prioritize and foster a consistent system of communication, collaboration and the sharing of resources between trusted agencies and residents.
Recommendation 3

Support workforce development at HOPE SF sites through peer health strategies. Create an ongoing cycle of peer engagement and professional development. Establish partnerships between peer health programs and local employers that create pathways to stable employment.
Recommendation 4
Programs should support the work and well-being of peer leaders. Programs should offer financial incentives and supports to peer leaders to enable them to address their own health and social concerns.

Recommendation 5
Programs should provide ongoing training in professional skills and health related content. Programs should enable peer leaders to work with their community to implement their own ideas for health promoting activities and community change.
Recommendation 6
Take a long-term approach for evaluating community change and peer strategies. Partnerships between residents, academic institutions, City and local agencies should be developed to create a community driven research approach for HOPE SF.

Recommendation 7
Consider the Partners in Health & Housing Prevention Research Center at Boston University as one model of an overarching mechanism to support peer health strategies at multiple public housing sites.
We would like to thank:

• Resident Leaders, Program Staff and Key Stakeholders
• Assessment Advisory Group
• HOPE SF & SF Mayor’s Office of Housing
• SF Department of Public Health
• Department of Health Education, SF State
• Health Equity Institute, SF State

Special thanks to:

• Emily Weinstein, Rebuild Potrero, Bridge Housing Corp.
• Uzuri Green, Rebuild Potrero, Bridge Housing Corp.
• September Jarrett, formerly SF Mayor’s Office of Housing
• Maria X. Martinez, SF Department of Public Health