EVALUATING PEER PROGRAMS

February 11, 2010
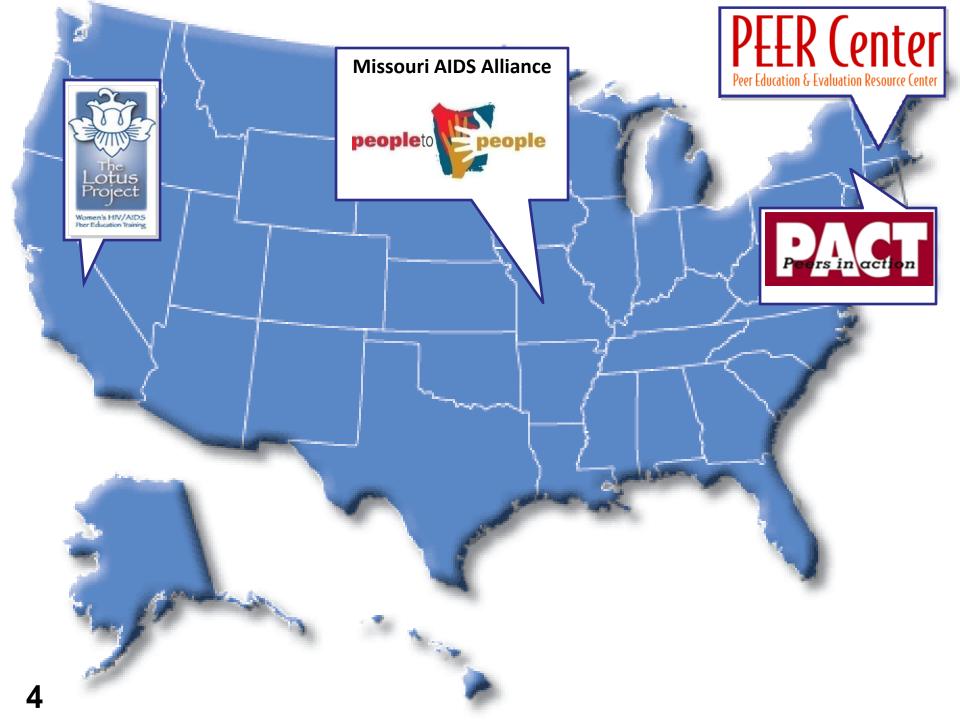
PEER Center
Peer Education & Evaluation Resource Center

BU

Boston University School of Public Health
Health & Disability Working Group

peopleto people

The Lotus Project
Women's HIV/AIDS Peer Education Training

PACT
Peers in action

OBJECTIVES

By the end of the webinar, participants will be able to:

• Explain the role of evaluation in documenting the impact of peer services in HIV care and treatment

• Define the components of an evaluation plan for peer programs

• Learn about tools to document peer services

• Share strategies for evaluating peer roles

• Describe ways to share evaluation findings

AGENDA

- Introduction & Overview of Evaluation
  BUSPH/PEER Center: Serena Rajabiun

- Evaluating peer services to improve treatment adherence
  Kansas City Free Health Clinic /MO AIDS Alliance:
  Brenda Loscher-Hudson

- Evaluating peer services in retaining patients in care
  PACT Program/Columbia University:
  Julie Franks

- Questions & Discussion

- Evaluation

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Missouri AIDS Alliance

PEER Center
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QUESTIONS FOR OUR AUDIENCE

- What is your current position?
  - Program manager
  - Peer supervisor
  - Peer educator/counselor
  - Evaluator

- Are you <u>directly</u> responsible for monitoring or evaluating HIV and/or peer programs?

WHY EVALUATE YOUR PEER PROGRAM?

- Understand processes
  - Monitor progress towards goals
  - Identify what is working and what is not
  - Improve practice and enhance successful activities

- Identify outcomes
  - Show benefits to target communities and populations
  - Provide evidence of effectiveness
  - Strengthen arguments for peer services

BENEFITS OF EVALUATION

- Provide information to guide and advocate for program improvement
  - What program services are acceptable to clients/patient?
  - What is feasible for staff to implement?
  - Are current activities leading to desired outcomes or program goals?

- Systematize good management practice
  - Which program activities are making a difference for outcomes?

- Validate success

APPROACH TO EVALUATION OF PEER PROGRAMS

- Peers are integrated into HIV services
  - Can help to improve the quality and impact of services
- Build peer evaluation into existing program evaluation when possible
  - How can we demonstrate the impact of peer services on our programs?
  - What systems do I have in place now that could be adapted for peer services? (quality management activities, databases, CAREWare, written forms for case managers)
  - What additional tools and systems need to be developed and implemented to document the effectiveness of peer services?

EVALUATION PLAN IDENTIFIES A PROGRAM'S…

1. **GOALS:**

- **What the program is ultimately trying to achieve**

- **Often relies on variables beyond a program control**

- **Gives the "big picture"**

COMPONENTS OF THE EVALUATION PLAN

1. GOALS: what the program is ultimately trying to achieve

2. Objectives

• Specific targets toward goal

• Operationalized (use action verbs)

• Usually identified in work plans

MAKE "SMART" OBJECTIVES

- S: Specific
- M: Measurable
- A: Achievable
- R: Relevant
- T: Time-bound

COMPONENTS OF THE EVALUATION PLAN

1. GOALS: What the program is trying to achieve					
2. Objectives	**3. Activities**				
	Describe what peers, staff, and community partners will do				

COMPONENTS OF THE EVALUATION PLAN

1. GOALS: What the program is trying to achieve				
2. Objectives	3. Activities	**4. Measures & Indicators**		
		Provide support for the program's story		

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CHARACTERISTICS OF MEASURES & INDICATORS

– Measure progress toward your goals and objectives

- Relevant
- Valid, true reflection of events
- Useful
- Understandable to staff and stakeholders
- Feasible to collect information
- Clear and specific

COMPONENTS OF THE EVALUATION PLAN

1. GOALS: What the program is trying to achieve				
2. Objectives	3. Activities	4. Measures/ Indicators	5. Data collection methods	
			Quantitative or Qualitative methods	

COMPONENTS OF THE EVALUATION PLAN (CONT'D)

5. Data collection methods

	When to use..	Example
Quantitative methods	-Use of program resources -Service delivery assessments	-Chart review of patient level data -Surveys Client satisfaction

Qualitative methods	-Experience of patients/clients
	
	-In-depth explanation of quantitative data
	
	-Describe the operating context of programs
		-Focus groups
		
		-In-depth interviews
		
		-Secondary sources
		    Policy
		    Program
		    guidelines

COMPONENTS OF THE EVALUATION PLAN

1. GOALS: What the program is trying to achieve				
2. Objectives	3. Activities	4. Measures/ Indicators	5. Data collection methods	6. Outcomes
				Results or effects of the program that clients experience during or after program participation

TYPES OF OUTCOMES

- **Client-level outcomes** are the results or benefits for an individual client.

  – For example, a client may have experienced an improvement in his or her mental health status or CD4 cell counts as a result of the peer program.

- **System-level outcomes** are results that may be seen on average for all clients receiving peer services.

  – For example, peers making reminder calls to HIV-positive clients may result in fewer no-show appointments.

EXAMINE EXISTING INDICATORS AND ADAPT FOR PEER PROGRAMS

- HRSA performance measures
  (http://www.hab.hrsa.gov.special/habmeasures.htm)
  – Core clinical measures (medical visits, treatment, PCP prophylaxis)

  – Recommended clinical measures (adherence assessment)

  – Medical case management (annual encounter, updated plans)

  E.g.,

  Do clients of peer services have 2 or more medical visits in the past year?

  Do clients of peer services have a medical case management plan?

EVALUATION PLAN "CHEAT SHEET"

1. GOALS: What the program is trying to achieve

2. Objectives	3. Activities	4. Measures/ Indicators	5. Data collection methods	6. Outcomes
Specific targets toward goal, often identified in work plans S: Specific M: Measurable A: Achievable R: Relevant T: Time-bound	Describe what peers, staff, and community partners will do	Provide evidence and tell the program's story Relevant Valid Useful Understandable Feasible to collect Clear, specific	Quantitative or Qualitative methods	Results or effects of the program

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MO AIDS Alliance: KANSAS CITY FREE HEALTH CLINIC

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PEER SERVICES

- Individual and Group support
  - Emotional support- managing living with HIV
  - Treatment adherence support
  - Reminder and follow-up calls for appointments

- Education (Individualized and Group)

  - HIV 101 (transmission and prevention)
  - Viral Life Cycle
  - HIV Medications and possible side effects
  - Understanding Laboratory Values

PEER SERVICES

- Self-advocacy
  - Help clients advocate for themselves

- Peers work as part of multi-disciplinary team with primary care providers
  - Attend case conferences

- Documentation in a shared database
  - Track phone calls, encounters

SAMPLE EVALUATION PLAN FOR TREATMENT ADHERENCE SUPPORT

PEER PROGRAM GOAL

" Engage HIV+ persons in medical care and provide the support, education, skills, and resources needed to adhere to antiretroviral (ARV) medications when prescribed."

ESTABLISH THE EVALUATION PLAN…

Goals

- Engage HIV+ persons in medical care and provide the support, education, skills, and resources needed to adhere to antiretroviral (ARV) medications when prescribed"

Objective(s)

- Provide individual level interventions for at least _75 unduplicated HIV patients_ who are newly diagnosed, preparing to begin ARV regimen, or have difficulty with ARV adherence or HIV self-management by _2/28/10_

ESTABLISH THE EVALUATION PLAN…

Objective(s)

- Provide individual level interventions for at least *75 unduplicated HIV patients* who are newly diagnosed, preparing to begin ARV regimen, or have difficulty with ARV adherence or HIV self-management by *2/28/10*

Activities

- **10 patients new to the clinic will meet with a Peer educator at time of their first primary care visit**
- **20 patients starting ARV will receive support from a Peer educator**
- **30 patients will enroll in the peer program for education about ARV**
- **100% of patients starting or changing their ARV regimen will receive follow –up calls**

ESTABLISH THE EVALUATION PLAN…

Activities

- 10 patients new to the clinic will meet with a Peer educator at time of their first primary care visit
- 20 patients starting ARV will receive support from a Peer educator
- 30 patients will enroll in the peer program for education about ARV
- 100% of patients starting or changing ARV regimen will receive follow up calls

Indicators

- **Number and demographics of HIV patients engaged in sessions with a peer educator**
- **Number who complete at least 4 sessions over 4 months**
- **Number of patients with at least 90% adherence per primary care adherence assessment**

ESTABLISH THE EVALUATION PLAN…

Indicators

- Number and demographics of HIV patients engaged in sessions with a peer educator
- Number who complete at least 4 sessions over 4 months
- Number of patients with at least 90% adherence per primary care adherence assessment

Data collection methods

- **FACTORS (database) reports**

- **Chart review**

- **Peer program HIV Treatment Adherence Survey**

ESTABLISH THE EVALUATION PLAN…

Data collection methods

- FACTORS (database) reports

- Chart review

- Peer program HIV Treatment Adherence Survey

Outcomes

- **At least 80% of those referred will complete at least 4 sessions with a peer educator over 4 months**
- **Patients engaged in peer program will demonstrate at least 90% adherence per treatment adherence assessment**

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PEER ACCESS TO FACTORS DATABASE

Peers document:

- Client demographics

- Date of encounter with client

- Activity with client (i.e. follow-up calls)

Peers have access to:

- Reports on referrals from case managers

- Reports on the number and demographics of unduplicated clients of peer services

Sample questions from HIV Treatment Adherence Survey

I.   Please circle the most appropriate response to each question below.

1. When I have a busy or changing schedule, it is OK to take doses a few hours early or late.
     a. Strongly Agree   c. Disagree
     b. Agree   d. Strongly Disagree

2. I believe my medications for HIV will have a positive effect on my health.
     a. Strongly Agree   c. Disagree
     b. Agree   d. Strongly Disagree

3. Are there any herbal products, over-the counter, or prescription medicines you shouldn't take with any other meds? (e.g., St. John's wart, medicines for heartburn or indigestion):
     a. No, it is ok to take any over-the-counter medicines or prescriptions with my HIV medications.
     b. I can take any medications with my HIV medications as long as I do not get sick.
     c. It is ok to take herbal products with MY HIV medications, but nothing else.
     d. I should talk with my doctor before I take any other medications with my HIV medications.

4. For many people with HIV, combination therapy can:
     a. Extend and improve the quality of life.   b. Block the ability of HIV to multiply.
     c. Protect the immune system for some time.   d. All of the above.

5.   Do you ever skip a dose because your meds make you feel bad?
      a. I never skip a dose of medication because they make me feel bad.
      b. Once a week.
      c. Twice a week.
      d. Three or more times a week.
      e. I am not taking any medications.

6. Please provide examples of how your peer counselor has influenced you with your HIV treatment and/or taking medications.

SUMMARY EVALUATION PLAN FOR TREATMENT ADHERENCE

GOAL: Engage HIV+ persons in medical care and provide the support, education, skills, and resources needed to adhere to ARV medications

Objectives	Activities	Measures/indicators	Data collection methods	Outcomes
Provide individual level interventions for at least _75 unduplicated HIV patients_ who are newly diagnosed, preparing to begin ARV regimen, or have difficulty with ARV adherence or HIV self-management by _2/28/10_	10 patients new to the clinic will meet with a Peer educator at time of their first primary care visit	Number and demographics of HIV patients engaged in sessions with a peer educator	FACTORS (database) reports	At least 80% of those referred will complete at least 4 sessions with a peer educator over 4 months

RESOURCES

- Staff
  - Peer educators
  - Peer program supervisor
  - Evaluation staff
  - Case managers & primary care staff for referrals
- Peer orientation & training on documenting work
- Regular supervision
- Software
  - FACTORS database
- Assessment forms

HOW DO WE USE THE EVALUATION RESULTS?

- Develop monthly reports for internal use
  - Process oriented
  - Identify ways to improve client services & satisfaction

- Produce & disseminate quarterly/ 6-month reports for funders
  - Outcome oriented
    - Engaged in care
    - On ARV's
    - Viral Loads

  - Develop new project proposals

PEER ADVANCED COMPETENCY TRAINING PROJECT

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RETENTION IN CARE AT THE HERITAGE COMMUNITY CLINIC

- Busy RW Part B-funded community health clinic providing HIV primary care

- Current program performance measures include regular medical visits
  - % HIV patients w/ 2 or more HIV medical visits in the measurement year (HRSA/HAB performance measure)

- Following 18 months of outreach and testing:
  - Increase in newly diagnosed HIV patients enrolled
  - Decline in % pts with regular medical visits

RETENTION IN CARE AT THE HERITAGE COMMUNITY CLINIC (CONT.)

- Clinic identified need to reduce missed appointments among HIV patients

- Informal assessment suggested that unmet patient needs may be a barrier to regular care
  - Substance use treatment
  - Housing assistance
  - Mental health assistance

ADDRESSING LOSS TO FOLLOW-UP

- Strengthening HIV case management may increase access to/retention in services
    - Medical case management is a HRSA/HAB performance measure

- State guidelines used to develop "Community Partnership Program" of intensified case management services

- Evaluation team assembled to assess program's implementation and outcomes

COMMUNITY PARTNERSHIP PROGRAM

- Four part-time peer navigators
- Peer services:
  - On-site peer navigation to ensure that all patients have case management intake meeting
  - Individual case management plan generated by peer and patient in collaboration with case managers
  - Peer navigation to ensure that referrals are completed
  - On-site and community-based follow up
  - Regular update of case management plans
- Assessment of patient satisfaction with referrals for outside services
  - conducted by peers

RATIONALE FOR USING PEER WORKERS

- Use of peers in outreach suggests their services are acceptable to patients

- As members of the community, peers will be effective at community-based follow-up

- Peer navigation supports the referral process at a modest cost to program

- Peers may be more effective at collecting client satisfaction data than professional staff

COMMUNITY PARTNERSHIP PROGRAM GOAL

- "Ensure that all patients use clinic's case management to access needed services and stay in medical care."

COMMUNITY PARTNERSHIP EVALUATION PLAN

Goals

- Ensure that all patients use case management to access services and remain in care

Objective(s)

- Same-day intake navigation for 100% of new patients
- Alternatively schedule intake within 1 month
- Navigate 75% of existing pts to intake
- Develop plan within 2 weeks
- Offer navigation for plan
- Provide follow-up within 3 months of intake
- Assess pt satisfaction with referrals within 3 months

DEVELOPING SMART OBJECTIVES

"Same-day intake navigation for 100% of new patients."

- **S**pecific: navigate new patients

- **M**easurable: 100% of new patients

- **A**chievable: feasible given normal clinical flow; 2nd objective as alternative

- **R**elevant: leads directly to program goal

- **T**ime-bound: same day or within 1 month of medical visit

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IMPLEMENTATION AND EVALUATION PLAN

Objective(s)

- Navigate 100% of new patients to intake
- Navigate 75% of existing pts to intake within 9 months of start-up
- Develop individual plan within 2 weeks of intake
- Offer navigation for plan
- Provide follow-up within 3 months of intake
- Assess satisfaction with referrals within 3 months

Activities

- **Navigate patients to case managers**
- **Develop individual case management plans**
- **Navigate referrals and medical appointments**
- **Log outcome of referrals**
- **Follow up with patients**
- **Update plans**
- **Conduct patient satisfaction survey**

IMPLEMENTATION AND EVALUATION PLAN

Activities

- Navigate patients to case managers
- Develop individual case management plans
- Navigate referrals and medical appointments
- Log outcome of referrals
- Follow up with patients
- Update plans
- Conduct patient satisfaction survey

Indicators

- **Completed intake forms**
- **Completed individual plans**
- **Patients who accept navigation**
- **Navigation sessions completed**
- **Completed referrals**
- **Updated plans**
- **Completed surveys**

IMPLEMENTATION AND EVALUATION PLAN

Indicators

- Completed intake forms
- Completed individual plans
- Patients who accept navigation
- Navigation sessions completed
- Completed referrals
- Updated plans
- Completed surveys

Data collection methods

- **Statewide patient service database: case management (intake and individual plan)**
- **Peer activity logs**
- **Patient chart referral logs**
- **Community Partnership patient satisfaction survey database**

IMPLEMENTATION AND EVALUATION PLAN

Data collection methods

- Statewide patient service database: case management (intake and individual plan)
- Peer activity logs
- Patient chart referral logs
- Community Partnership patient satisfaction survey database

Outcomes

- **Intake and individual plan completed for 100% of new and 75% of existing patients**
- **Plans updated every 6 months**
- **Attempts to update documented**
- **Follow-up for medical and referral services**
- **Follow-up attempts documented**
- **Patient satisfaction assessed**

Screen shot of sample tool

Peer Educator Contact Form

Date of Contact __ __/__ __/__ __ __ __ Date

Peer ID _____

Client ID: _____

Partner agency/organization_____

Type of Contact (check one)

Face-to-face (Individual)	1
Group	2
Telephone	3
Letter	4
Email/internet	5
Other (specify): _____	6

Duration of Contact (In Hours)

Less than 5 minutes__
More than 5 minutes less than 1 hour__
More than 1 hour__

Appointment reminders/coordination	
Provide general HIV education	
Provide information about HIV medications	
Provide information about the program	
Provide harm reduction supplies (condoms, bleach)	
Accompany to medical visit	
Accompany to social services	
Refer to medical services	
Provide specific HIV risk reduction/counseling	

_____
_____

For Local Site Use-Notes about client contact

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Summary evaluation plan for enhanced case management

GOAL: Ensure that all patients use case management to access services and remain in care

Objectives	Activities	Measures/indicators	Data collection methods	Outcomes
Navigate 100% of new patients to intake Navigate 75% of existing pts to intake within 9 months of start-up Develop individual plan within 2 weeks of intake Offer navigation Provide follow-up within 3 months of intake Ensure referral services are acceptable	Navigate patients to case managers Develop individual case management plans Navigate referrals and medical appts	Completed intake forms Completed individual plans Patients who accept navigation Navigation sessions completed Completed referrals Updated plans Completed patient satisfaction surveys	Statewide patient service database element: case management (intake and individual plan) Peer activity logs Patient chart – referral log	Intake and individual plan completed for 100% of new an 75% of existing patients Plans are updated every 6 months

RESOURCES

- Staff
  - Peer navigators
  - Clinic case managers
  - Peer supervisor (senior case manager)
  - Evaluation staff
- Orientation for staff and peers
- Peer training on documenting work and conducting patient satisfaction survey
- Regular supervision
- State HIV services database
- Assessment forms

HOW DOES THE CLINIC USE EVALUATION RESULTS?

- Fulfill reporting requirements
  - % HIV patients w/ 2 or more HIV medical visits in the measurement year
  - % HIV patients receiving medical case management
- Develop monthly reports for internal use
  - Process oriented
  - Assess progress of new program implementation
- Produce semi-annual and annual reports for funders and stakeholders
  - Outcome oriented
    - Retention in care
    - Referral networks
    - Patient satisfaction
- Strengthen community provider network

RESOURCES NEEDED FOR EVALUATION

- Design an evaluation team
  - Include stakeholders
  - Include necessary expertise (database developers, evaluation consultants)
  - Evaluation staff should not be service providers
  - Must be perceived as both objective and knowledgeable

- Evaluation costs: ~10% of peer program budget
  - Supplies, recorders for interviews, software for data storage and analysis
  - Travel/reimbursement if doing patient surveys

- Training and supervision for data collection
  - If peers and others must record data, allow time to become familiar with collection forms
  - Pilot data collection tools, practice sessions
  - Review during administrative supervision

USING YOUR RESULTS…

- Progress reports
  - Process and Outcome reporting

- Stakeholder groups
  - Build partnerships
  - Develop and implement interventions

- Sustainability
  - Show peer program effectiveness and justify funding
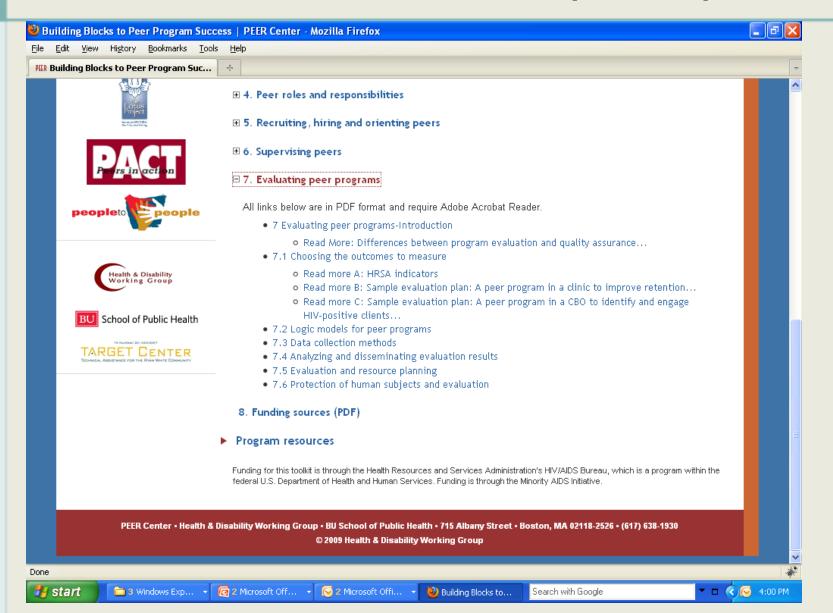 - Identify areas for improvement (ask for more resources)

Questions and Comments

FOR MORE INFORMATION

http://www.hdwg.org/peer_center/program_dev

FOR MORE INFORMATION (CONT.)

Resources

Websites:

- PEER Center: www.hdwg.org/peer_center
- Kansas City Free Health Clinic: www.kcfree.org
- Lotus project: www.lotuspeereducation.org
- PACT project Harlem Hospital: www.peernyc.org
- WORLD: www.womenhiv.org
- **TARGET Center: http://careacttarget.org/**

Thank you!

Serena Rajabiun
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PACT program *MO AIDS Alliance*
Columbia University *Kansas City Free Health Clinic*

For more information please visit
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people to **people**

The Lotus Project
Women's HIV/AIDS Peer Education Training

PACT
Peers in action