

7.1 EVALUATING PEER PROGRAMS: CHOOSING THE OUTCOMES TO MEASURE



“We ask the same questions of patients before they start the program and repeat these tests every three months... I look at viral loads, engagement in care...the number of kept scheduled appointments and compare it against the number of urgent care visits the patient might have and what the urgent care appointments are for. Then we look at the number of contacts the patients have with their peer educators. We decided back in 2000 the things we needed to track: visit history, engagement in care, success with taking antiretrovirals.”

Rose Farnan
Infectious Disease Nurse Clinician
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Identifying Outcomes

Often while implementing HIV programs or delivering a service, questions or needs may arise from staff, consumers, or other key stakeholders such as “There are so many patients with no-shows for medical appointments” or “Are the peer services helping newly diagnosed clients become connected to HIV services?” It may be difficult to translate these simple ideas to the formal language of program evaluation. This section will help to find ways to answer these questions and address program needs.

Outcomes are the foundation for subsequent planning and implementation activities of a peer program; therefore, it is important to develop them carefully. The organization may want to explore outcome issues with key stakeholders, such as an advisory committee, task force members, or local agency managers. Outcomes should reflect possible effects of the peer program on the participants.

Below are some useful evaluation definitions of frequently used evaluation terms:

Outcomes are the results or effects of the program that clients experience either during or after program participation. They can be defined as short-term, intermediate, or long-term.

- Short-term: occurring within 1 to 3 months of program activities
- Intermediate: occurring within 6 months to a year
- Long-term: manifesting over the duration of program activities

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 for all clients receiving peer services. For example, peers making reminder calls to HIV-positive clients may result in fewer no-show appointments.

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▶ 5 KEY EVALUATION QUESTIONS

(from HRSA/HIV/AIDS Bureau)

- 1. Assessing Unmet Need:** “To what extent are Care Act programs identifying HIV-infected populations who are not in primary health care (not accessing available services)? To what extent are grantees identifying HIV-infected populations who are not remaining in primary health care and the reasons for this lack of continued service utilization?”
- 2. Removing Barriers to Care:** “Are grantees determining the specific reasons why individuals are not in care and removing barriers to their care? What are the providers doing to enroll and retain identified underserved populations in primary care?”
- 3. Optimizing Local Service Delivery Systems:** “Have CARE Act grantees identified the most effective combinations or models of integrated services that improve the use of primary health care, taking into account the characteristics of local health care delivery systems and affected populations?”
- 4. Providing Quality Care:** “To what extent are CARE Act grantees/providers providing quality care to clients as defined by Public Health Service and other care standards? Is the care having optimal effects on morbidity and mortality, and is it improving health-related quality of life?”
- 5. Adapting to Change:** “To what extent are CARE Act grantees adapting their service priorities and allocations to a changing and sometimes chaotic health delivery system and reimbursement environment?”

Outcome indicators or measures are observable, measurable data such as the number of referrals completed by clients, changes in CD4 cell counts, or number of HIV medical visits.

Below is a suggested list of steps to identify and generate a comprehensive list of potential outcomes and indicators from multiple stakeholders of a peer program. These steps include:

- Revisiting outcomes in planning discussions or start-up events with the funding agency and project officer.
- Reviewing existing materials such as program mission statements, work plans from grants or funding applications, literature reviews of peer support, and findings from local needs assessments.
- Talking with program staff and volunteers who are familiar with the peer program. They may have the best insight on aspects of the peer program that are of greatest value to its participants.
- Convening focus groups comprised of clients or peers. These individuals may be the project’s ultimate consumers. Their perspectives should be central when considering important program results.
- Reviewing client feedback about the program. These comments, suggestions, or complaints may give insight to goals that clients expected to achieve but were not able to reach.

Evaluation Questions

An evaluation attempts to answer specific questions about the results and effects of a program. These questions may relate to program structure, process, outputs, or outcomes. For example, an HIV clinic wishing to evaluate the effectiveness of its peer program might ask: How does the receipt of peer services affect client adherence to antiretroviral drug therapies?

To the left are five evaluation questions put forth by HRSA’s HIV/AIDS Bureau for understanding the effectiveness of HIV services. These are found in the guide *Outcomes Evaluation Technical Assistance Guide: Case Management Outcomes*. While this guide is designed for case managers, the information can be

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► TIP

It is important to clarify the difference between the outcome and the outcome indicator. In the ABC Clinic example (See [Read More: The ABC Clinic's Peer Program](#)), one **outcome** is improved HIV medical outcomes. One **indicator** is the number and demographics of HIV-positive clients with at least 2 medical visits in the measurement year. This indicator can be compared at baseline and then after 12 months of the program or compared to clients who don't receive peer services. Medical appointment adherence can be measured by noting whether clients have had at least 2 HIV primary medical appointment in a 12-month period. This may be done via chart audit.

applied to peer programs. Not all of the questions may be relevant to every program, but they may provide guidance to an evaluation plan. For several of the questions, an example is provided below for how to evaluate and measure the effectiveness of a peer program in contributing to HIV services.

Evaluation Question #1: Assessing Unmet Need

“To what extent are CARE Act programs identifying HIV-infected populations who are not in primary health care? To what extent are grantees identifying HIV-infected populations who are not remaining in primary health care and the reasons for this lack of continued service utilization?”

“Are you able to identify and impact HIV-infected populations that are not remaining in primary health care and the reasons for loss to follow-up?”

Example: A peer program located at the ABC Clinic may want to measure how it connects underserved minority and vulnerable populations, either lost to follow-up or newly diagnosed, to care. (See the [Read More: The ABC Clinic's Peer Program](#) for a sample evaluation plan.)

Outcome indicators: To measure outreach and increased access to services for underserved populations, examples of outcome indicators include:

- Percent and demographics of individuals who are newly diagnosed or out-of-care for 6 months who accept peer services among those eligible
- Number of HIV-positive referrals to outreach peers from rapid HIV testing
- Number of HIV clients newly diagnosed through the peer programs with at least 2 case management appointments in 6 months' time
- Number and demographics of HIV-positive clients working with the peer program with at least 2 medical visits in the measurement year

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Short-term outcomes may include:

- Larger proportion of newly diagnosed clients who have kept their first primary care appointment
- Newly diagnosed clients who access medical and support services within 6 months of diagnosis

An **intermediate outcome** may be:

- Within the target demographic group, a larger proportion of HIV-positive individuals who are engaged in care

Long-term outcomes may include:

- Increase in the number or percentage of HIV-positive patients with 2 or more HIV medical visits in a measurement year
- Increase in the number of clients with CD4 and viral load tests
- Improved HIV medical outcomes

Evaluation Question #2: Removing Barriers to Care

“Are grantees determining the specific reasons why individuals are not in care and removing barriers to their care? What are the providers doing to enroll and retain identified underserved populations in primary care?”

What are the number and types of support services provided by peers? Do peer services reduce barriers to care for clients? Barriers could include substance abuse, unstable housing, and/or experiences of HIV-related stigma.

Example: In a community-based organization (CBO), the outcomes and goals of a peer program may be slightly different. For example, case managers often have to struggle to meet all the needs of their clients. A peer program component

may help to facilitate the work of case managers in delivering support services to clients. (See [Read More: The Smith County Service Program](#) for a sample evaluation plan.)

Outcome indicators: To measure the effect of peers on increasing access to support services, a CBO may choose an outcome indicator such as:

- Number and types of peer services received by clients
- Number and demographics of HIV-positive clients referred and enrolled in HIV case management services

Intermediate outcomes may be:

- A greater proportion of clients are enrolled in peer-led support groups to address specific challenges to care such as substance use and stigma and disclosure issues
- A greater proportion of clients working with peers are connected with appropriate services to address needs, such as substance use treatment/counseling, housing and mental health
- A decrease in the number of missed case management appointments in a 6-month period

Longer-term outcomes may be:

- An increase in social service needs met by populations experiencing substance abuse, unstable housing and/or HIV-related experience of stigma
- Number of clients enrolled in peer support groups report improved comfort with disclosing status to family, friends, or health care providers

Evaluation Question #4: Providing Quality Care

“To what extent are CARE Act grantees/providers providing quality care to clients as defined by Public Health Service and other care standards? Is the care having optimal effects on morbidity and mortality, and is it improving health-related quality of life?”

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“How do peers impact client satisfaction with health care services and overall quality of life?”

Example: Peers provide support and mentoring to HIV-positive clients on how to talk with their health care providers about treatment and managing life with HIV. This could be done through either peer-led support groups or one-on-one peer-client meetings. These measures provide the client perspective on quality of care and on how peers influence client satisfaction with care.

Outcome Indicator: The program may measure client satisfaction using a survey or questionnaire that asks clients to rate their experience with a program. In the [Program Resources](#) for Section 7 Evaluating Peer Programs there are sample surveys that could be adapted for peer programs. To measure if HIV peer services have an impact on overall client quality of life, a program could use validated instruments such as the Medical Outcomes Study Quality of Life[®] (<http://www.qualitymetric.com/WhatWeDo/GenericHealthSurveys/tabid/184/Default.aspx>) or the HIV/AIDS Targeted Quality of Life Instrument (<http://www.popcouncil.org/horizons/AIDSquest/summaries/sshatqol.html>).

Outcome indicators may be:

- Number of clients enrolled in support groups
- Number and type of peer-client encounters
- Number or percentage of clients of peers reporting a positive rating for health care services

A **long-term outcome** example may be:

- Improved health-related quality of life among clients receiving peer services

Next Steps

Once an organization has compiled its list of potential outcomes and indicators, the list must be reviewed and prioritized. There may be outcomes and indicators included in the list that are unimportant or off-target from the goals of the program.

Logic models can play a helpful role in organizing and refining this list. As you will see in the next section ([Section 7.2 Logic Models for Peer Programs](#)), logic models can be a useful tool for focusing evaluation activities and give a logical graphic representation to a peer program evaluation plan.

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► FOR MORE INFORMATION

Read More

- [HRSA indicators](#)
- [Sample evaluation plan: A peer program in a clinic to improve retention...](#)
- [Sample evaluation plan: A peer program in a CBO to identify and engage HIV-positive clients...](#)

Additional Evaluation Sections

- [7 Evaluating peer programs: Introduction](#)
- [7.1 Choosing the outcomes to measure](#)
- [7.2 Logic models for peer programs](#)
- [7.3 Data collection methods](#)
- [7.4 Analyzing and disseminating evaluation results](#)
- [7.5 Evaluation and resource planning](#)
- [7.6 Protection of human subjects and evaluation](#)

Resources

- [Sample forms for documenting peer work](#)
- [Logic Model Brainstorm \(The Lotus Project\)](#)
- [HIV primary care quality assurance program summary \(Kansas City Free Health Clinic\)](#)
- [Process evaluation plan \(People to People\)](#)
- [HIV patient satisfaction survey-English and Spanish \(Kansas City Free Health Clinic\)](#)
- [Treatment adherence survey \(Kansas City Free Health Clinic\)](#)
- [Communicating and reporting plan \(Kansas City Free Health Clinic\)](#)
- [Focus group guidelines \(Kansas City Free Health Clinic\)](#)
- [Peer focus group guide \(Massachusetts Department of Public Health\)](#)
- [Example of a qualitative study design and interview guide](#)
- [Additional evaluation resources and websites](#)
- [Validated evaluation instruments](#)

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://www.hdwg.org/peer_center/program_dev.