8

Program management – Monitoring and evaluation for peer health navigation programs

In this chapter, we identify a host agency's program monitoring and evaluation responsibilities.

The literature and working group identified four agency responsibilities related to peer health navigation program monitoring and evaluation. For information on assessments related to peer health navigator training, see Chapter 7. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are:

- Develop a program evaluation strategy
- Determine the outcomes to measure
- Collect program delivery statistics
- Use a variety of evaluation methods

Develop a program evaluation strategy

RECOMMENDATION 1: Develop a culturally and organizationally appropriate and relevant evaluation strategy to assess the peer health navigation program and plan to integrate learnings back into the program. (Type of evidence: research and practice)

Evidence

Agencies that have peer health navigation programs are responsible for articulating an evaluation strategy for the overall program. It is the agency's responsibility to determine the best evaluation methods and outcome measures for their program.

Agencies should use a simple system for documenting and evaluating their peer health navigation program.[28,194] Agencies need to determine the impact they want the peer health navigation program to have,[27,167] identify specific outcomes that can measure

its impact,[27,34,167] and determine how they are going to carry out the evaluation. If an agency has existing evaluation systems, it should consider how these processes can be adapted to assess the peer health navigation program.[51,166] An evaluation should include mechanisms that gather feedback from clients,[23,27,65,171,174,191,214,217,220,223,228,236–238] peer health navigators[27,49,51,69,198] and staff.[23,49]

When both an evaluation strategy and the peer health navigators' evaluation-related responsibilities are determined, program supervisors should ensure that peer health navigators understand why collecting data is important[28,166] and how to collect it.[28,166]

> **VIGNETTE** *Iggy, the peer health navigation program supervisor, and Ama, the health authority manager responsible for funding the navigation program, meet to develop a program evaluation strategy. They agree to develop a logic model for the program that establishes what indicators will best reflect if the program is doing what it intended to do and what the impact of the program is for clients and health navigators. They also consider how this data can be collected and consult with a representative group of clients and health navigators for input through a focus group. Iggy identifies existing data-gathering activities at his agency that can be used, like client intake, which already records the demographic information of new clients. Iggy and Ama also agree on additional data collection activities that would be manageable for the program, such as a quarterly survey to assess client satisfaction. Taken altogether, the selected indicators and evaluation activities will help Iggy and Ama understand how the peer navigation program is doing, and provide data to improve the program and advocate for additional resources, if needed.*

RECOMMENDATION 2: Ensure that GIPA/MEPA Principles are integrated into evaluation planning, execution and analysis, and in the integration of learnings from the program. (Type of evidence: practice)

Evidence
This recommendation emerged from the practice expertise of the working group.

Determine the outcomes to measure

RECOMMENDATION 3: Identify the client outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program funder. (Type of evidence: research and practice)

Evidence

Success, however defined, can be measured using a variety of outcomes. Agencies, alongside other stakeholders, are responsible for determining what those outcomes are for *clients*.[27,148,172,192,218,221,224,229,237–239] Client outcomes can be assessed through culturally appropriate quantitative and qualitative methods directly with the client[172,192,221,237] and through review of clinical records.[239]

Outcomes, such as frequency of primary care visits or connection to health and social services, can be measured for clients.[148,172,239] Treatment adherence, viral load tests and CD4 counts can be outcome measures used for clients who are on treatment.[239]

Client outcomes can also measure the impact of the peer health navigation program on changes in client HIV knowledge,[192,237] sexually transmitted infections testing,[224,229] safer sex,[192,218,221,224,237–239] and sexual negotiation skills.[192,224,237] There are also a number of possible outcome measures related to harm reduction knowledge and practice, such as frequency of drug use (injection and inhalation) and use of new injection supplies.[218,221,229,239]

Satisfaction with the program[71,148,175,228,237] and with the peer health navigator,[66] and acceptability of peer support[42] are all potential outcomes that agencies can use to measure the performance of the peer health navigation program in general.

VIGNETTE   *As part of a program evaluation strategy, Iggy, the program supervisor, and Ama, the program funder, agree that it is important to assess a number of outcomes to determine the impact of the program for clients. To determine which outcomes to measure, Iggy and Ama reflect on the goals of the program, and consult with peer health navigators and a representative group of clients (through a focus group) to determine what their priorities are. Through this process, they decide that they would like to know if the program has had an impact on clients' engagement in HIV treatment and care, as well as their general feelings of well-being, specifically related to their emotional health. To measure this, they select as their indicators:*

- *The number of clients attending clinic appointments and ready start treatment at intake*
- *The number of clients attending clinic appointments and ready to start treatment at reporting*
- *The number of clients on treatment*
- *The number of clients reporting positive emotional wellness at intake*
- *The number of clients reporting positive emotional wellness at reporting*

Iggy is also interested in evaluating clients' perception of the program and the impact the program has had on their knowledge. To gauge these outcomes, he chooses the following indicators:

- *Percentage of clients satisfied with the peer navigator program*
- *Percentage of clients that report an increased knowledge of HIV following work with navigators*

Iggy and Ama also agree on quality improvement targets, which will be assessed using the two indicators listed directly above. They determine that 80% of clients should be satisfied with the peer navigation program and 85% of clients should report an increased knowledge of HIV after working with navigators.

As part of an agency-wide initiative to be more transparent, Iggy creates a quality improvement board for the office, which is a visual display of their monthly data.

RECOMMENDATION 4: Identify the peer health navigator outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program, funder. (Type of evidence: research and practice)

Evidence

Agencies, along with other relevant stakeholders, are responsible for identifying outcomes that capture the impact of the program on *peer health navigators*.[27,42,49,51,69,71,148,175,228,237]

Outcomes that measure the success of the program from the perspective of the peer health navigator should be developed as part of any program evaluation. Outcomes for peer health navigators can focus on how peer health navigators experience the program,

such as job satisfaction. Peer health navigators can evaluate how they have applied their skills and knowledge,[69,198] what parts of the program have been effective,[49] areas of the program that can be improved[69] and the effect of the program on their health and wellness.[198]

Collect program delivery statistics

RECOMMENDATION 5: Capture descriptive information after every client encounter, including demographic information for new clients, and the peer health navigation services that were provided. This information should be captured using a client contact sheet developed by or adapted for the peer health navigation program. (Type of evidence: research and practice)

Evidence

Agencies should keep good statistics on the number and type of services offered to monitor the work of the peer health navigation program.[23,27,42,148,172,194,205,215] Capturing quantitative information can be used by program supervisors to monitor trends[49] related to which clients are using the program and how they are using it. This quantitative information can also be useful to evaluate the program's impact.

Peer health navigators can record basic demographic information such as age, gender and ethnocultural information of new clients.[205,215] They can also capture information related to their activities with clients. For example, navigators can record the number of people reached, the number of harm reduction and safe sex supplies shared with clients, and the number of educational sessions provided.[23]

As a way to help peer health navigators capture this data, agencies can develop a simple contact sheet or an encounter log that navigators can use to quickly record their activities.[42,148,194,205] Contact sheets can include sections on demographic information,[23,215] a glossary of services (intake, relationship building, HIV education, etc.) that can be checked off,[148,194] and information on unmet needs or requests for services.[23] These kinds of forms are easy for navigators to use, and help the agency track how peers spend time with clients. They can also be used when compiling reports to funders.[194]

Use a variety of evaluation methods

RECOMMENDATION 6: Use a variety of evaluation methods to assess the peer health navigation program. (Type of evidence: research and practice)

Evidence

Agencies should use a variety of methods to evaluate the peer health navigation program. Using diverse and complementary evaluation methods can contribute to a more fulsome assessment of the program.

Evaluation methods can include tracking quantitative data related to services offered;[23,42,148,172,194,205,215] hiring an external evaluator to observe the work of the program;[30,199] analyzing documents;[27] and conducting surveys,[30,167,172,175,192,198,218,221,224,229,238] interviews,[22,30,49,66,192,199,215] and focus groups.[23,66,167,215] Surveys, interviews and focus groups can be used to solicit feedback from clients, peer health navigators and staff.

The impact of the program on clients can be measured using pre- and post-test surveys.[172,175,192,198,218,221,224,229,238] A pre-test survey establishes the baseline knowledge and skills of a client before working with a peer health navigator for a pre-determined amount of time. A post-test survey captures the change that occurs (if any) as a result of working with a peer health navigator.

General feedback surveys can also be used to identify specific peer health navigator needs and their satisfaction with the program.[30,167] When peer health navigators exit the program, agencies can conduct an exit survey.[44] Exit evaluations allow the agency to solicit the peer health navigator's feedback on how to improve the position or the program.[44]

Individual interviews with clients,[215] peer health navigators[22,30,49,66,192,199] and staff[23,49] are an additional method that agencies can use to evaluate their program. Interviews are useful if agencies want more in-depth information on how peer health navigation services have impacted a client's life over time. Interviews can also capture the experience of peer health navigators and their satisfaction with the program. They can also identify any positive or negative impacts the program has had in their lives. Interviews with staff can gauge their perceptions of how well the program operates.

Focus groups also provide more in-depth information on the impact of a peer health navigation program on clients[23,215] and peer health navigators.[66,167] Unlike interviews, focus groups are conducted with a small number of clients or navigators at the same time. Discussions are facilitated and can be designed to elicit information on whether clients or peer health navigators believe the program meets its objectives, what the program's strengths are, and areas of improvement, among other things.

Chapter 8
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