

## 7.5 EVALUATING PEER PROGRAMS: EVALUATION AND RESOURCE PLANNING

*Engaging peers in evaluating peer program effectiveness provides peer insight by accessing input from their role as both consumer and provider. By virtue of this distinct role, peer contributions at every point of program development ensure that programs and evaluation measures are well thought-out.*

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Being able to document, monitor, and evaluate the contributions of peer programs requires sufficient financial and human resources. The following are recommended guidelines for evaluation resources and planning:

**Incorporate peer perspectives:** Peers can be thought of as straddling the often disparate worlds of program staff and program clients. They share many experiences with a program's clients or target community, and at the same time understand the program's activities, objectives, and goals from a staff or 'insider' perspective. Thus peers can make a unique contribution at every stage of evaluation planning, implementation, and analysis. Peers may understand more clearly than staff which evaluation questions are meaningful to the population they serve. They may also be effective in getting frank feedback from community advisory boards and other community stakeholders about program evaluation. Peers can also provide insight into what data collection methods would be more acceptable to a particular population and how best to engage clients in the data collection effort. To the extent that they are representative of the population receiving program services, they can also pilot or 'test-drive' data collection instruments to ensure that they are comprehensible and culturally appropriate. With proper training and supervision, peers can also be engaged in data collection efforts. Finally, whether or not peers are involved in conducting the analysis of evaluation data, their perspective on the implications of the evaluation results for the community is invaluable. Peers can also suggest means of making the evaluation results known, such as local TV and radio programs, community events, and consumer-oriented publications, that program staff are not aware of.

**Identify evaluation staff:** It is recommended that 10% of the program budget be set aside for staff who will be responsible for program monitoring and evaluation, reporting key successes to the entire program or agency staff on a regular basis, and identifying areas for improvement for the program. It is recommended that evaluation staff not hold responsibilities related to the delivery of program services so as to remain objective and fair in reporting results and outcomes of the program.

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**Consultants:** Another option is working with a consultant on a periodic basis to assist the staff with documenting and monitoring program progress. A consultant can be contracted at various time periods to work with staff on:

- Designing an evaluation of services,
- Training staff to collect data to monitor program activities, and
- Analyzing data collected by the agency to identify program challenges and progress towards performance indicators and program outcomes.

**Travel:** In some cases, a program may want to include travel or transportation costs for evaluation activities. For example, if a clinic or organization would like to implement client focus groups on a semiannual basis to assess program impact on treatment adherence, providing a stipend or travel reimbursement for participants is likely to enhance participation in the group. Additionally, peers may need to visit clients at their home or accompany clients to appointments, depending on their scope of work. Therefore, it may be necessary to reimburse the peer for transportation costs.

**Communications:** Having resources allocated for postage and phone communications can help a peer program document its activities. For example, an organization may want to provide the program with funds for sending out client satisfaction surveys to participants in support groups or conducting follow-up phone calls with clients to understand and document why a medical appointment was missed.

**Training costs:** If peers will be required to document their work, program supervisors and managers should set aside resources to train peers on how to document their activities with client, either electronically or on paper, so that the

data can later be entered by other staff members. In addition, a program may want to set aside some funds for future trainings on documentation.

**Printing and duplication of forms:** For programs that do not use electronic data systems or decide they do not want peers to enter their work directly into an electronic system, it may be necessary to print forms that peers and supervisors will use to track their work. An organization may want to consider printing forms in duplicate so that the peer and supervisor can keep one copy for their records and another can be entered as part of the client's official medical or program chart.

**Equipment and software:** Deciding how to store and analyze the data for the program is important. Even if the peers are tracking activities on paper, it is recommended that an organization use a software package such as MS Access or Excel to store data for ease of data management and analysis. For in-depth analysis, the organization may want to purchase software packages such as SPSS or SAS for quantitative data or Nvivo for qualitative data.

**Supplies and materials:** Depending on the evaluation plan, a program may want to allocate funds for purchasing notebooks, pens, pencils, and carrying cases for peers to use in the documentation of their work with clients. In addition, the program should consider purchasing supplies to support the facilitation of focus groups and client surveys. This may include purchasing food, drinks, reading materials, and things to entertain children. Creating incentives and reducing barriers to a client's participation in a study can help facilitate the data collection process.

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## ► FOR MORE INFORMATION

### Additional Evaluation Subsections

- 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 Human subjects protection and evaluation

### Resources for Section 7

(available at [http://peer.hdwg.org/program\\_dev/resources](http://peer.hdwg.org/program_dev/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://peer.hdwg.org/program\\_dev](http://peer.hdwg.org/program_dev)