

Evaluating a Peer-To-Peer Health Education Program in Public Housing Communities during the COVID-19 Pandemic

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Abstract : Background: The cohealth Health Concierge program operated in Melbourne, Australia, from July 2020 to 30 June 2022. The program was designed to provide place-based peer-to-peer COVID-19 education and support to culturally and linguistically diverse residents of high-rise public housing estates. During this time, the COVID-19 public health response changed frequently. We conducted a mixed-methods evaluation to determine the program's impact on residents' trust, engagement and communication with health services and public health activities. Methods: The RE-AIM model was used to assess program reach, effectiveness, adoption, implementation and maintenance and the evaluation was informed by a Project Reference Group including end-users. Data were collected between March and May 2022 in four estates where the program operated. We surveyed 301 residents, conducted qualitative interviews with 32 stakeholders and analyzed data from 20,901 forms reporting interactions between Health Concierges and residents collected from August 2021 to May 2022. These forms outlined the support provided by Health Concierges during each interaction. Results: Overall, the program was effective in guiding residents to testing and vaccination services and facilitating COVID-19 safe practices. Nearly two-thirds (191; 63.5%) of the 301 surveyed participants reported speaking with a Health Concierge in the previous six months, and some described having meaningful conversations with them. Despite this, many of the interactions residents described having with Health Concierges were superficial. When considering surveyed participants' responses to the adapted Public Health Disaster Trust Scale, the mean score across all estates was 2.3 (or slightly more than 'somewhat confident') in public health authorities' ability to respond to a localized infectious disease outbreak. While the program was valued during the rapidly changing public health response, many felt it had failed to evolve in the 'living with COVID' phase. Some residents expressed frustration with Health Concierges' having perceived inactive, passive roles - although other residents felt Health Concierges were helpful and appreciated them. A perception that the true impact of Health Concierges' work was underrecognized was widely voiced by health staff. All 20,901 Interaction Forms identified COVID-19-related supports provided to residents; almost all included provision of facemasks and/or hand sanitiser and 78% identified additional supports that were also provided, most frequently provision of other health information. Conclusions: The program disseminated up-to-date information to a diverse population within a rapidly changing public health setting. Health Concierges were able promote COVID-19-safe behaviours, including vaccine uptake, and link residents with support services. We recommend the program be revised and continued. New programs that draw on the Health Concierge model may be valuable in supporting future pandemic responses and should be considered in preparedness planning.

Keywords : community health, COVID-19 pandemic, infectious diseases, public health, community health workers

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