



Sydney  
Local Health District

# Investing in community-based peer educators: engaging, enabling and influencing

**Dr Esther Alloun**

CPHCE & Sydney Local Health District

With input from **Erin Miller**, SLHD Manager priority populations and places



*This presentation was created on the lands of the Gadigal, Wangal, and Bediagal people of the Eora Nation.  
We recognise the strength, resilience and capacity of Aboriginal people on this land.*

Once upon a time...





**Disadvantage**  
**Poverty**  
**Inequity**

# Undernourished, stressed and overworked: cost-of-living pressures are taking a toll on Australians' health

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For the past few years, it has been impossible to escape the impact of inflation. Meeting our most basic needs – such as food, housing and health care – now costs significantly more, and wage increases haven't kept up.

## As the cost-of-living crisis takes its toll on Australians, some are looking outside the box for solutions

By Tatenda Chibika

Cost of Living

Wed 17 Jul



# Waterloo and the peer educator program

- **Motivated residents** who want to help
- Making it **easier to live a healthier, more engaged, and fulfilled life**



# What is it?

Trains and supports community members to become Peer Educators

Delivering tailored health information

Providing assistance to other social housing tenants



**Improve knowledge** about health and wellbeing



**Empower residents** with information to manage their own health and wellbeing



**Reduce social isolation** and build supportive networks

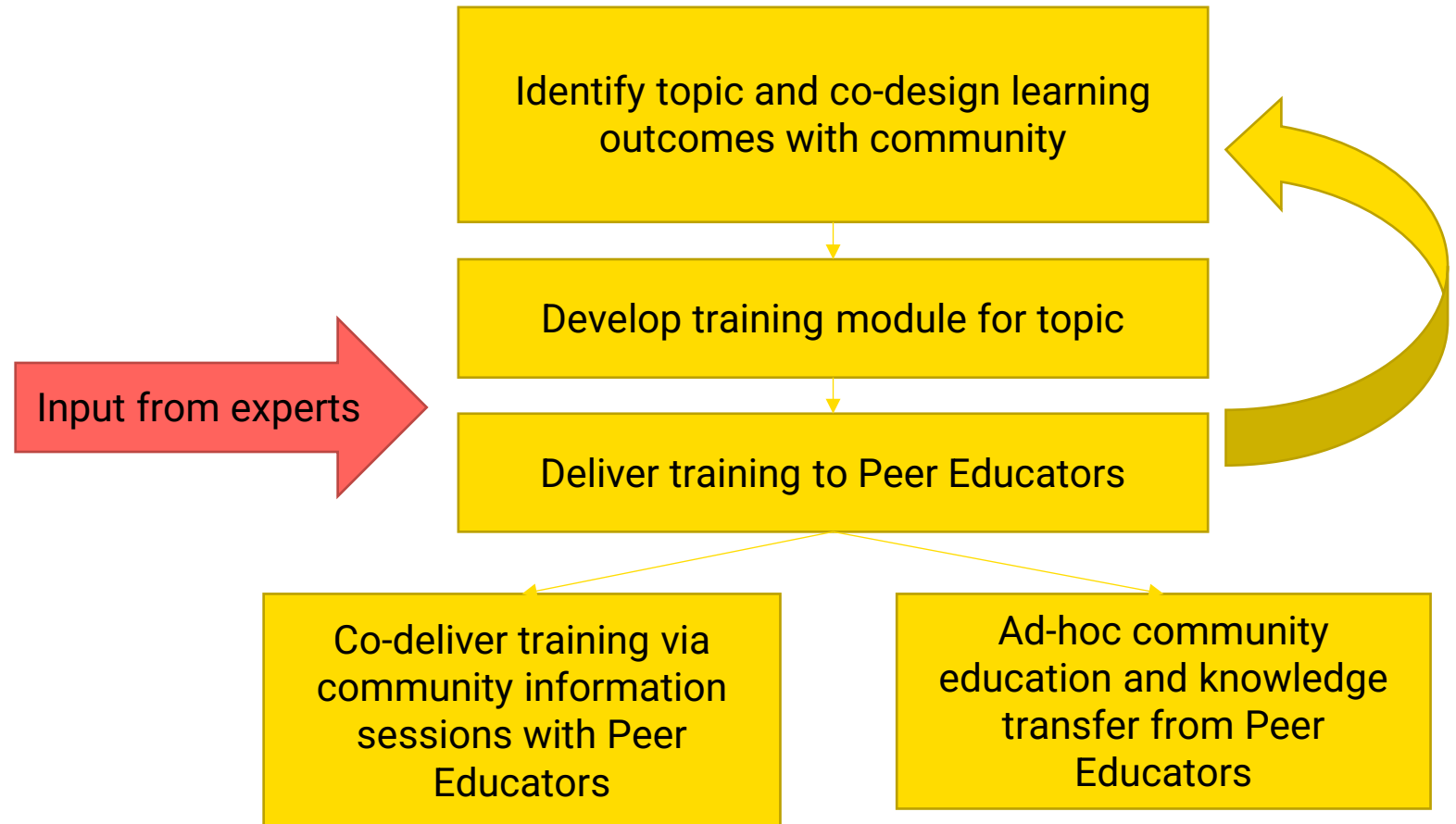


Expand and **illuminate pathways** to health services

# How does it work?

## Topics:

- Understanding mental health
- Understanding drug health
- Oral health
- Diabetes and nutrition
- Hoarding and squalor
- Women's health



# What happened?

Delivered **18** training sessions with Peer Educators

Implemented **>25** workshops / activities

Attended by **630** social housing tenants

Expanded to include Waterloo, Redfern, Glebe, Camperdown, Surry Hills





# Where did it come from?

## Co-design

“You are not alone and have the right support”



Distributed care, Taeyoon Choi

# Who was involved?

Led by **Waterloo Healthy Living Program Manager in SLHD**  
and **Counterpoint Community Services**

Evaluated by **Health Equity Research Development Unit (HERDU)**

**20**  
Peer  
Educators

**6**  
partner  
agencies

**10**  
SLHD  
services /  
teams





# Does it work?

## Impacts on peers and community

- Increased **active engagement** in health and improved **knowledge**
- Activities reached **more residents** than standard health education workshops
- Developed knowledge and **personal skills**
- Empowerment of peers and community
- Change in attitudes and levels of **health behaviours**
- Appropriate **trusted and accessible** health services
- Improved health outcomes
- Positive **social outcomes**

## Impacts on health system

- Incorporating collaborative and strength-based approaches
- Tapping into **community knowledge** and patient experiences to enhance services
- Building relationships and trust to **optimise services' reach and uptake**
- **Activating collaboration** and forming new cross-sectoral partnerships

“I came to know more people in the community...I'm **going out more often and being a part of the world**”

“realis[ing] that no matter what your age group, no matter your social standing, we all have issues. All of us. And these are our particular ones to our neighbourhood and that's **what we're going to focus on: us**”

“**I know how to support somebody... I can actually confidently be of assistance...** being through the peer education program, you've got that confidence, you've got that reassurance that there is support out there, and we're giving you the correct [info]”

“[The program was good] for **confidence, for connection, for self-esteem... To add something worthwhile to your day.** All those benefits and all of those **contribute to your overall health.**”

“When I **have chance conversations** with other people, with families and friends...I do recommend, I do tell them, you can go here [health service]”

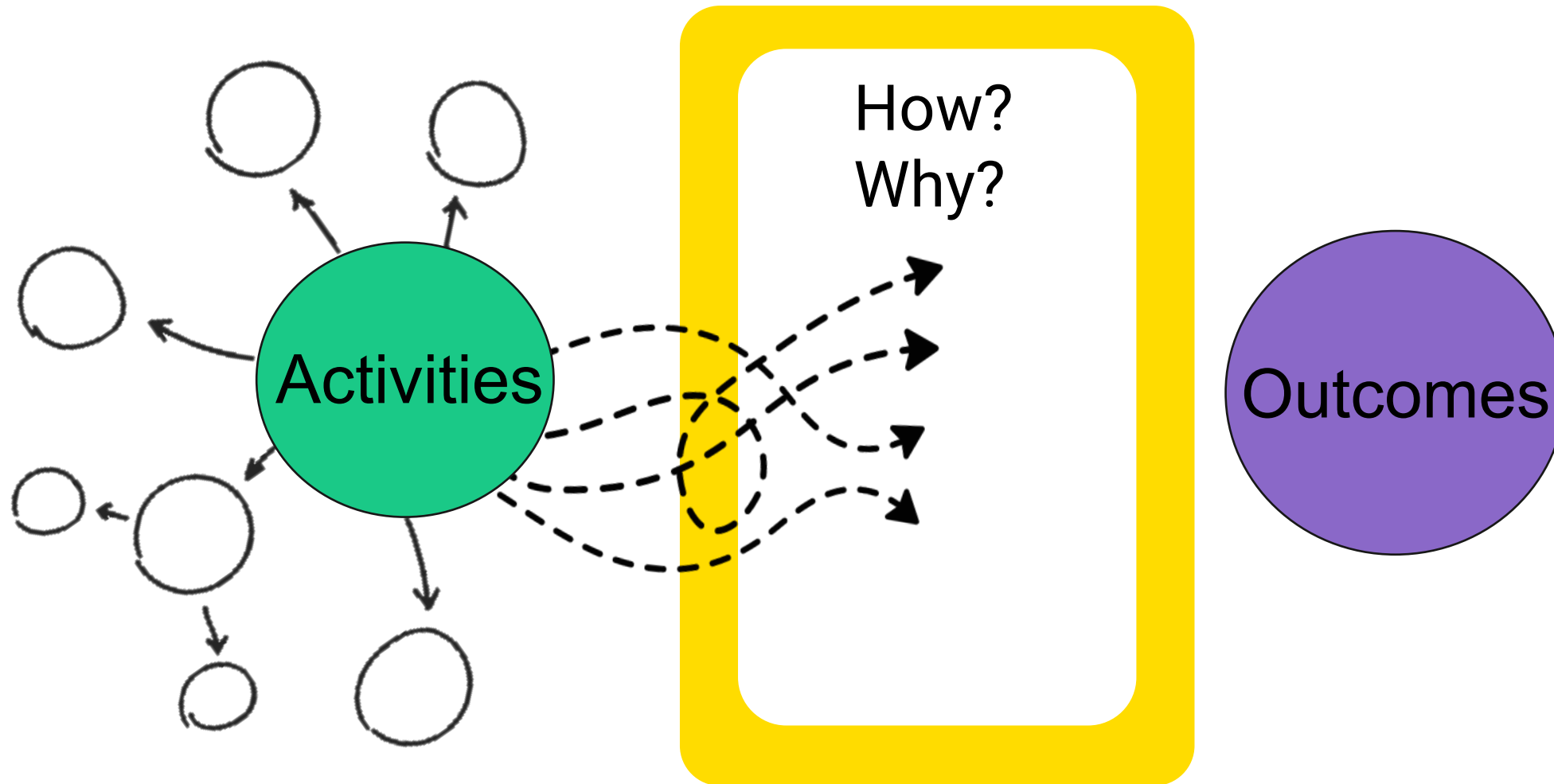
“I've learned so much from the training.. I've got a better understanding of the problems other people are facing”

“There was some catchphrases that are always good to remember and **then pass on.** If they're impactful for you, they'll be impactful for someone else”

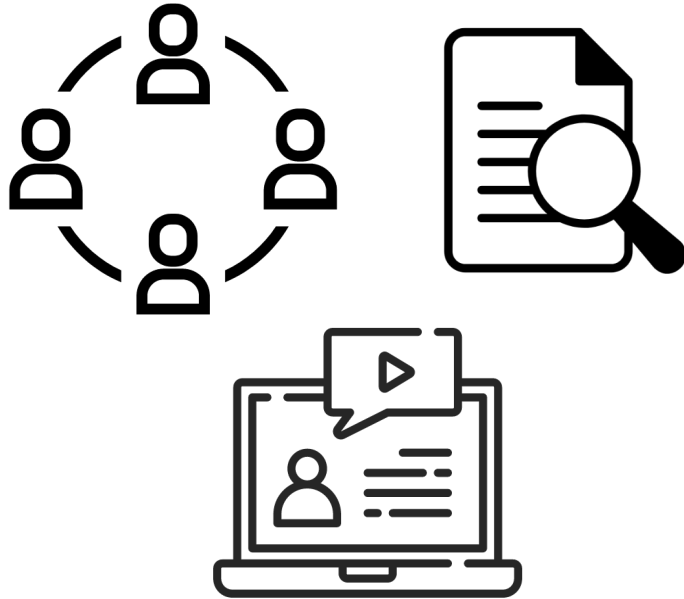
“There was things like domestic violence and family violence [...] **I had lived experience, but I really didn't know how to get really the supports.** So ... that was really educational for me”



# How and why does it work?



# Mixed-methods Realist evaluation



14

14 **interviews** with peer educators (including people who dropped off the program)

5

5 **interviews** with service providers (health services and community org partners)

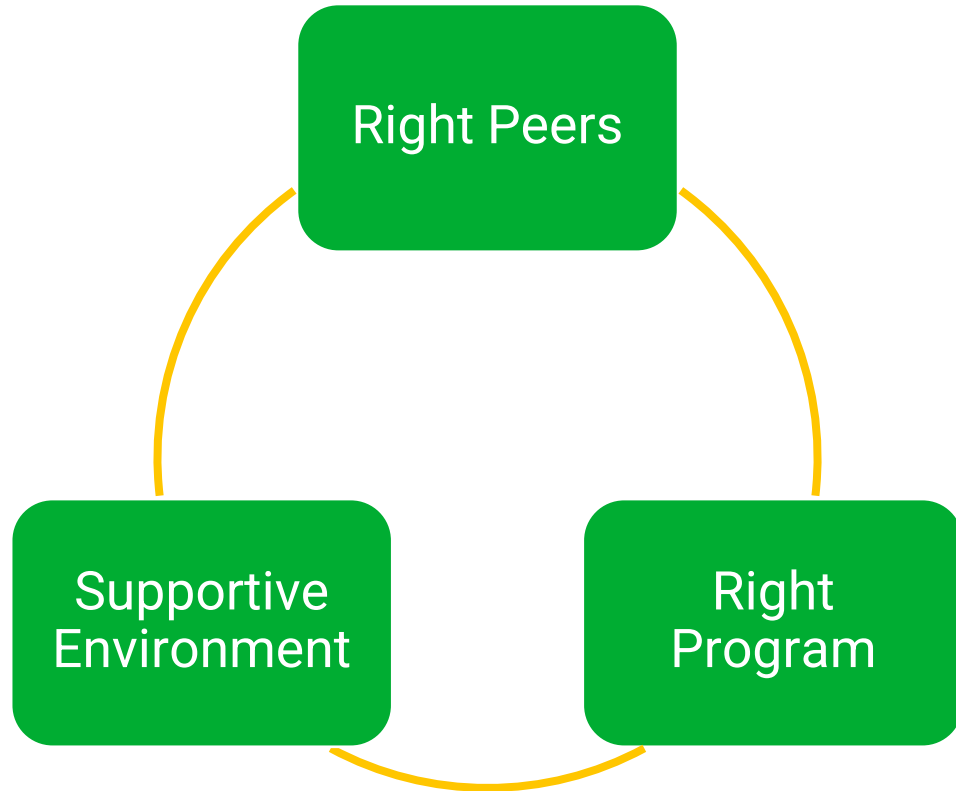
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**Observation** across 15 training workshops (>3hr each) for peer educators  
Feedback forms and one survey post training

9

9 different types of activities peer ed delivered to community

# How did it work?



# The right peers



Motivations

Social network

Aspirations

Skills

Peerness

Time

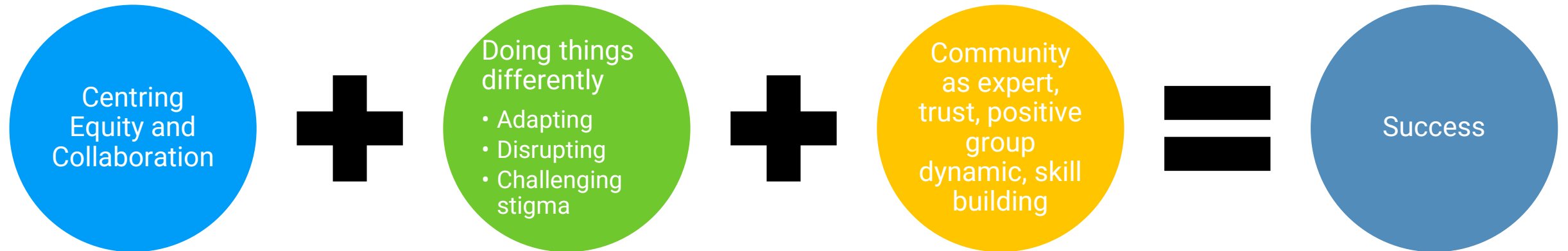
Capabilities

Personal attributes

Lived experiences



# The right program



# A supportive environment



# Investing in community-based peer educators



- **ENGAGING** genuinely, from the start
- **ENABLING** by building on strengths, social connections, upskilling, and valuing lived experience
- **INFLUENCING** by feeding back to health services and emulating more equitable ways of working

# Disrupting the story of disadvantage

- Maintain social housing in well-located areas
- Advocating for more equitable allocation of resources, place and strength-based



# For more information

<https://waterloo2017.com/peer-educators/>

