Developing evaluation of peer based programs in complex environments: Outcomes of the W3 project

Graham Brown

Australian Research Centre in Sex, Health and Society

In collaboration with Living Positive Victoria and Harm Reduction Victoria

W3 project.org.au

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Peer and Community Organisations in research

Thank you to the peer organisations and peers who have generously shared their time, experience, and trust for research throughout the epidemic.

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Background

The unprecedented developments in prevention and treatment in HIV and HCV are resulting in major changes in community, policy and practice, and highlighting the importance of peer based community programs.

However, these programs have faced many challenges in demonstrating their impact.

Drawing on a systems theory of peer-based programs, we developed and trialled ways to demonstrate the quality and impact of peer-based programs in a complex and changing environment.

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What Works and Why (W3) Project

W3 Project took a systems approach to develop a **program theory or framework for peer based programs** to guide their planning, evaluation and evolution in a changing social and biomedical environment

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The four key functions are things that need to be happening for a program to be effective and sustainable in a constantly changing environment.

Function	Definition	
Engagement	How the program engages with community to maintain up to date mental models of the diversity and dynamism of needs, experiences and identities in its target communities.	
Alignment	How the program picks up signals about what's happening in its policy environment and uses them to achieve stronger alignment, synergy and partnerships.	
Learning and Adaptation	How the program uses peer skill to change and refine its approach according to new insights from engagement and alignment.	
Influence	Community	How the program uses the community's existing ways of doing things to promote new ways of doing things.
	Policy	How the program achieves or mobilises influence on processes and outcomes within its policy environment.

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12 quality and impact tools

- These included :
  - the quality of peer interactions in workshops and one-one peer support;
  - the reach and scope of peer outreach;
  - the impact of programs on quality of life, resilience, health care engagement;
  - the role of partner organisations and services; and
  - collating and translating evolving community trends into persuasive policy and service advice.

  We have also applied the W3 Framework to identify relevant indicators that align with contracting requirements of funders

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Living Positive Victoria – Phoenix Workshop

Function	Indicator		Source/data
Engagement (process/quality)	• Diversity of PLHIV participating • **Baseline resilience, health literacy and QoL** • **Quality of peer interactions**		Participant pre eval Facilitator completed quality feedback
Alignment and partnership (process/quality)	• Organisations referring to Phoenix • Alignment of messages on key topics		Profile monitoring Participant feedback
Learning, Adaptation and peer skill (Process/quality)	• Changing dominant topics • Peer interaction, relevance, experience • **Facilitation and peer skill** • **Tracking of emerging topics raised in workshops**		Facilitator feedback Participant feedback
Influence (Impact)	Community	• **Resilience, health literacy and QoL** • Word of mouth referral	Participant post eval Community profile monitoring
	Policy (Leadership)	• Collation of peer insights shared within LPV, and with partner organisations in sector • Partner orgs seeking advice/insights	Phoenix monthly/annual reports Policy / advocacy

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Please Rate the Workshop on the Below Factors

Group Factors	
1. Participants report being satisfied with workshop	
2. Observed participants engaging with workshop activities	
3. Observed supportive dialogue between participants (validation, sharing experiences)	
4. Group agreements observed by participants	
5. Tensions positively resolved by participants (if any)	
6. Participants were inclusive during workshop activities	
7. Participants appear to have improved confidence (body language, talking about HIV	
Program Content Factors	
8. Observed participants engaging with workshop activities	
9. The "anxieties and wishes" participants expressed were covered by workshop	
10. Participants appear to have improved confidence (receiving/giving feedback, talking about HIV, stigma and community engagement and volunteering).	
Facilitator Factors	
11. You had enough knowledge + experience as a peer	
12. You had enough skills + capacity as a facilitator	
13. Your rapport with participants	
14. You felt supported as a facilitator	
15. Your sense of satisfaction/accomplishment in delivering the workshop	

quality of peer interaction between participants

Peer relevance and engagement with content

Peer skill and facilitator skills

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Facilitator Completed

- Example open questions for note

- Were there any particular areas of interest from participants?

- Did any new/ emerging issues from participants come up during the workshop?

- What were the significant events/problems encountered?

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	Policy (Leadership) s of partnership and collaboration	• Collation of peer insights shared within LPV, and with partner organisations in sector • Partner orgs seeking advice/insights	Phoenix monthly/annual reports Policy / advocacy

PozQoL
Valuing quality of life among PLHIV

Living Positive Victoria – Peer Navigator Program

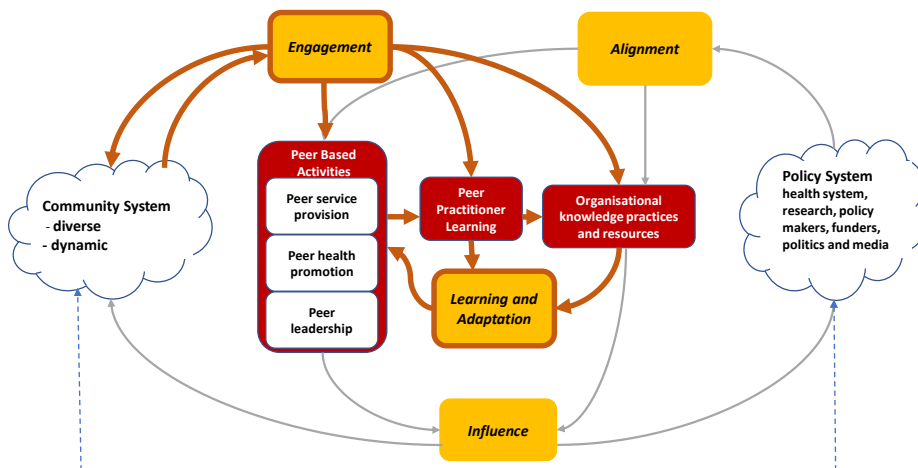| Function	Example Indicators from Peer Navigator Program		
	• Outputs / Process		• Outcomes
Engagement	• **Peer Navigators are identifying changing experiences of newly diagnosed.** • Clients are offering suggestions for improving peer navigator program or clinical services. • Increasing word of mouth and referral to peer navigator program.		• Analysis of client data identifies who is being reached and who is currently not represented.
Alignment and Partnership	• 70% of clinic staff report peer navigator program is an asset to their clinical practice. • Case examples of health service adaptation or reorientation with the support or participation of the peer navigator program.		• **70% of clinics demonstrate culture, environment and referral protocols that support an effective peer navigator program.**
Learning and Adaptation	• **Peer insights are collected are regularly collated and packaged to refine program and support peer leadership advocacy efforts.**		• Indicators of quality peer interaction and peer skill are maintained across 80% of client sessions.
Influence	Community	• Increase in clinical engagement indicators for peer navigator clients. • Increase in endorsements or referrals to peer navigators within social media.	• **60% of clients report increase confidence with health providers, disclosure,, resilience and quality of life.**
	Policy	• Increased interest from non-participating clinics in the peer navigator program.	• **Clinics seek and act on community insights from Peer Navigator program.**

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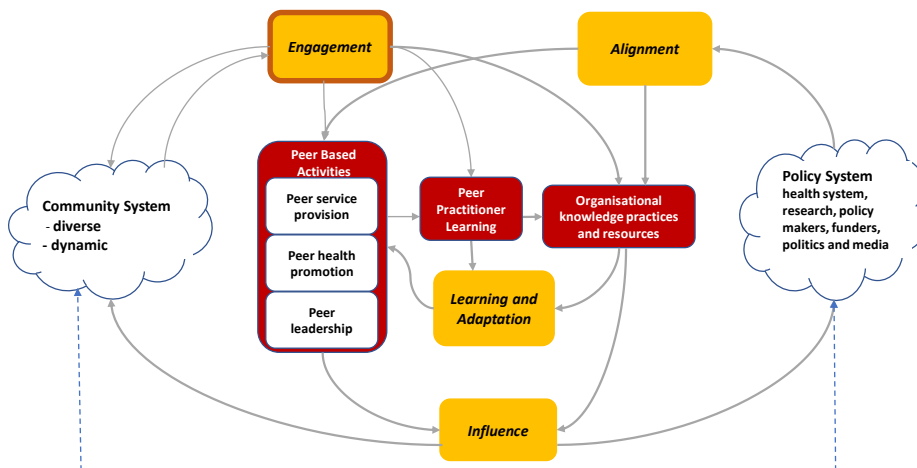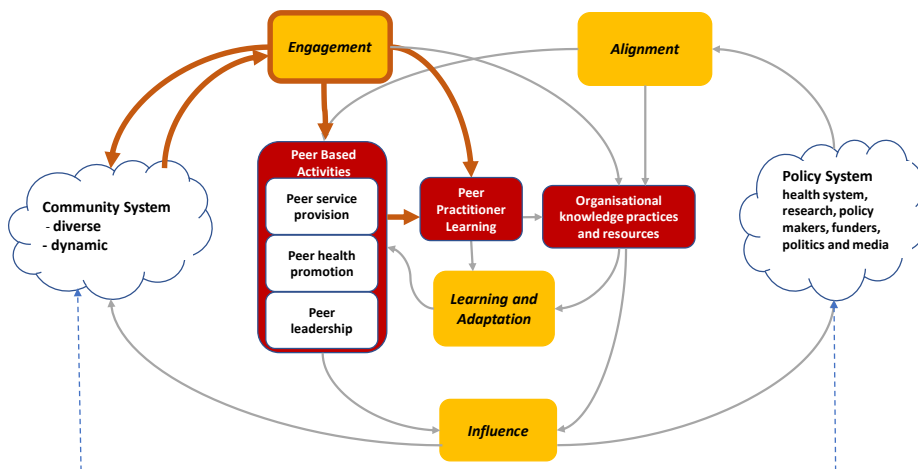
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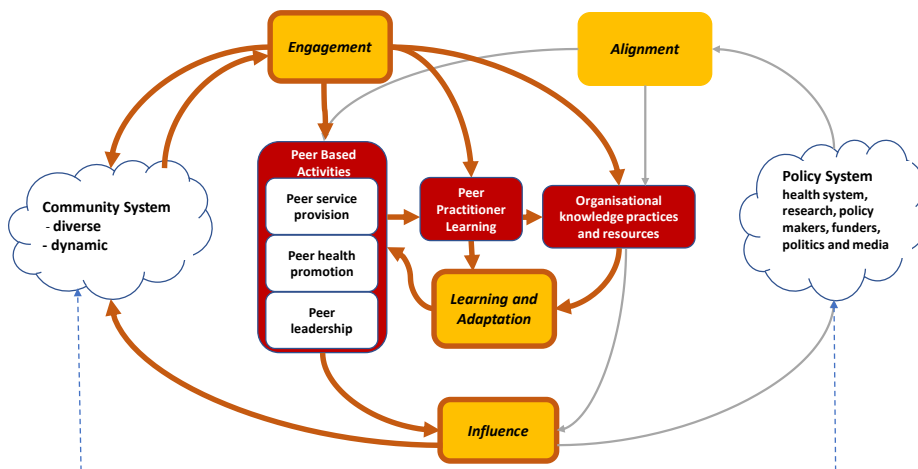
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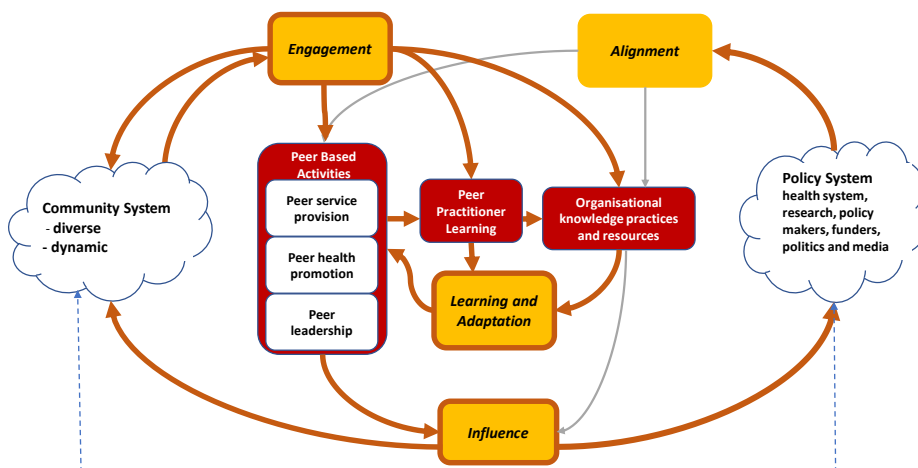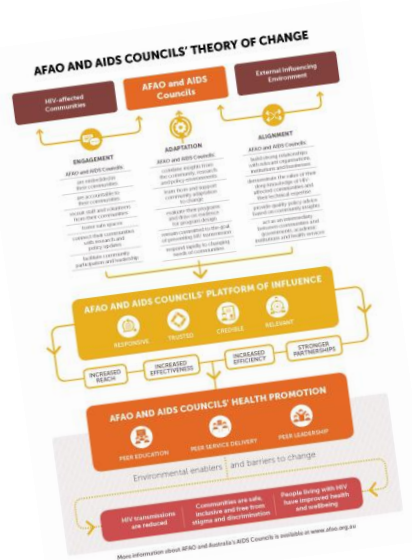
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Living Positive Victoria – Peer Leadership

Function	Example Indicators from Peer Navigator Program		
	• Outputs / Process		• Outcomes
Engagement	• Diverse PLHIV peer leaders are regularly identified, recruited and supported from across peer programs • PLHIV peer programs and PLHIV leadership identify and regularly share new insights		• LPV is hearing new things from community, reflective of the changes in community experiences and the diversifying epidemiology
Alignment and Partnership	• Policy and sector allies voice their confidence in the PLHIV peer programs and the advice from PLHIV peer leadership • Repeat requests from sector partners for advice from LPV		• Policy and sector allies demonstrate commitment to a community based response and the role of PLHIV • LPV advice cited in policy advice documents
Learning and Adaptation	• **Maintain peer skill and insight through the collation and translation of peer insights from across programs**		• **LPV insights influencing the refinement of LPV programs**
Influence	Community	• LPV is seen by clients as trustworthy, provides peer leadership, worth sharing experiences with LPV	• LPV is recognised by community as an authentic voice for PLHIV
	Policy	• **Evidence of LPV insights being recognised as current and useful by the sector:**	• **Changes in policy or services to better meet needs of PLHIV**

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Other Applications

AFAO AND AIDS COUNCILS' THEORY OF CHANGE

- AIDS Action Council ACT has adapted and applied W3 and developed a range of dashboard indicators

- AFAO and Alison Barclay adaptation of W3 and the use of W3 in case studies and broad theory of change

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Significance/closing

- This has been a ground breaking project to use a systems based framework to develop a better understanding of how peer-based programs and leadership can be planned and evaluated.

- We argue that to enhance peer based programs and leadership, we need practical and sustainable evaluation approaches that support learning and adaptation and demonstrate influence within the whole community, health service and policy system in which they operate.

- Yet to finalise and upload the tools to website

    www.w3project.org.au

- The full report in the new year

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Open access journal paper

- Brown, G., Reeders, D., Cogle, A., Madden, A., Kim, J., & O'Donnell, D. (2018). A Systems Thinking Approach to Understanding and Demonstrating the Role of Peer-Led Programs and Leadership in the Response to HIV and Hepatitis C: Findings From the W3 Project. *Frontiers in Public Health*, *6(231). doi:10.3389/fpubh.2018.00231*

- Go to google scholar and type

    "W3 Project Graham Brown"

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Thank you

- **Living Positive Victoria,**
- **Harm Reduction Victoria**

- **Australian Federation of AIDS Organisations,**
- **Australian Injecting and Illicit Drug Users League (AIVL),**
- **National Association of People Living with HIV/AIDS,**
- **Western Australian Substance Users Association,**
- **Queensland Positive People,**
- **Positive Life NSW.**
- **Victorian AIDS Council,**
- **Scarlet Alliance − Australian Sex Workers Association,**

- **W3 is funded by the Australian Department of Health**

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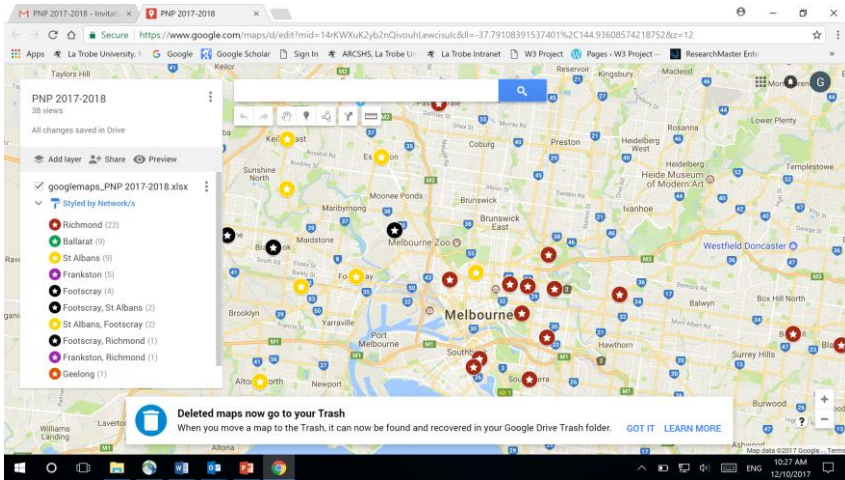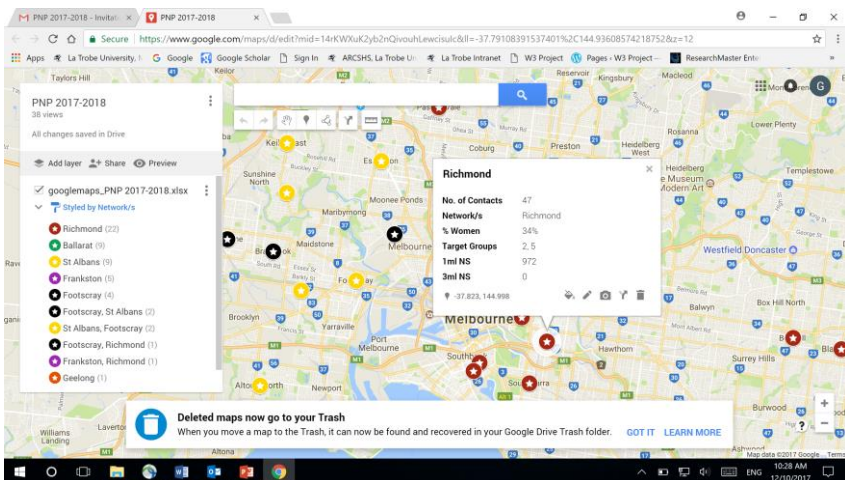|	Activity	Activity Output	Activity Impact
Engagement	Recruit, train and maintain peer networkers (Engagement)	Number of recruited, trained & maintained peer networkers active in the program	80% of peer networkers from diverse networks demonstrate required knowledge and skills 80% of peer networkers currently enlisted are active in the program
Alignment	Maintain relationship with partner orgs (Alignment)	Number and geographic spread of partner agencies Quality of support from partners for the PNP	Partner organisations are geographically diverse 60% of partner organisations provide quality and ongoing support to the PNP.
Learning and adaptation	Collation of peer insights and emerging trends into workshops	Peer insights over time are collated, summarised and shared at LPV	Peer insights contribute to refinement of Phoenix and other LPV Programs (incl peer leadership and influence) At least 75% of participants report the workshops to be relevant to their needs/experiences
Influence	Peer networker distribution of sterile equipment	PWID reached by age, gender, and priority group status Sterile equipment distributed by trained peer networkers	Description of network profiles/PWID reached through PNP compare against other services data Proportion of network members being reached who report having little/limited access to other options for equipment at the time other than PNP

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