What Works and Why (W3) Project

Understanding what works and why in peer based approaches for HIV and hepatitis C

www.W3Project.org.au

The W3 project has been a ground-breaking study to apply systems thinking to understanding and demonstrating the role of peer-led programs in a public health response, and their influence in their community, policy and sector systems.

Attached are:

- Cover page of the open access 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*
- Summary of the W3 Framework paper from HIV Australia

For more details, reports, and application of the W3 Framework in practice - go to www.w3project.org.au

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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

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The central role of community and peer-led programs has been a key characteristic of the Australian partnership response to HIV and hepatitis C since the beginning of the epidemics. Despite this, peer-led programs continue to have limited capacity to demonstrate their role and value as part of a multi-sectoral response. What makes one peer-led program a better investment than another? What role does the rest of the sector have in ensuring we gain the most value from these investments? To investigate this, we facilitated interactive systems thinking methods with 10 programs working within communities of people who inject drugs, gay men, sex workers and people living with HIV across Australia. This included articulating program theories in diagram and textual form to help us understand the role of peer-based programs promoting peer leadership within the Australian HIV and hepatitis C responses. Our aim was to develop a framework for monitoring and evaluation that could be applied to peer led programs at different levels and in different contexts. We found that for peer-led programs to fulfill their role, and to navigate the rapid changes occurring in the both epidemics, they need to: demonstrate the credibility of their peer and community insights; continually adapt to changing contexts and policy priorities in tandem with their communities; and maintain influence in both community and policy systems. We developed a framework of four key functions (Engagement, Alignment, Adaptation, and Influence) which peer-based programs need to demonstrate, which form the basis for identifying quality indicators. This article presents a new way of framing and monitoring investments in peer-led programs and peer eadership actions by these programs. If health policy is

The power of peers: W3 framework for evaluating the quality and influence of peer-led programs

By **Graham Brown and Daniel Reeders**

Introduction

Australia's response to HIV has often celebrated the partnership of affected community, clinicians, research and government. The key role of affected communities has been underpinned by peer-based health promotion and leadership among gay men, people who use drugs, sex workers, and people living with HIV.[1] These programs have needed to navigate and adapt to constantly changing political and stigmatising contexts around sex, sexuality and drug use. The emergence of PrEP (pre-exposure prophylaxis) and TasP (treatment as prevention) has only accelerated the climate of rapid change.

At its core, peer-based health promotion is all about interactions between the program and the communities it works with. However, most traditional evaluations look at programs in isolation, overlooking the impact of interactions with other programs and the community and the broader socio-political context in which the programs operate. This often results in policy commitments to community mobilisation and peer based responses to improve the health of our communities – but with programs contracted, evaluated and managed as information dissemination or generic service provision.

The What Works and Why (W3) Project wanted to really shift the capacity of peer programs to demonstrate the role and influence they play as part of a larger system of public health programs and complex communities and politics. We needed a better way to describe our understanding from both research and practice of what the program is or should be achieving – a better program theory to guide our evaluation.

This article focuses on the development of the W3 Framework, and using PrEP and TasP as an example, illustrates how the W3 framework can be used in practice.

What the W3 Project did

Working in collaboration with ten peer-led programs (Table 1), we used systems thinking and participatory methods to develop a better understanding of how peer-based programs work, formulating a framework to evaluate the role and contribution of peer-based programs and developing methods to best capture and share insights from practice.

What systems thinking brought to the table was an understanding that for peer-led programs, the way communities respond, enhance, adapt, resist or ignore interventions are part of the program, and that this something that should be leveraged.[2] The systems thinking approach conceptualises peer-based programs and the communities and policy environments they engage with as complex adapting systems.

Table 1 The W3 Collaboration

Australian Research Centre in Sex, Health and Society, La Trobe University
Australian Federation of AIDS Organisations
Australian Injecting and Illicit Drug Users League (AIVL)
Harm Reduction Victoria
Living Positive Victoria
National Association of People Living with HIV/AIDS
Positive Life NSW
Queensland Positive People
Scarlet Alliance – Australian Sex Workers Association
Victorian AIDS Council
Western Australian Substance Users Association
Funded by the Commonwealth Department of Health

The advent of PrEP and TasP have totally disrupted meanings of safe sex and the way HIV stigma is resisted or reinforced, resulting in community initiated access schemes to facilitate the importation of PrEP outside of the normal health structures. This has resulted in the community, peer-led HIV

prevention programs, and the health system each having to adapt and change in tandem with an environment in flux. Systems thinking helps us to look at the relationship between all the parts of this picture, and assumes the ground will keep moving. Our approach looks for the best leverage points and synergies as the system and the programs continue to adapt and evolve.[3,4,5,6]

Our work with the ten programs involved a series of workshops with each organisation to draw, articulate and revise complex system maps – like a map of an ecological system – describing what happens during these programs and their relationships with all the components of the community and policy system they are situated within. The aim was to examine how peer-led programs operate, drawing on a range of differing perspectives, including outreach workers, community development practitioners, workshop facilitators, policy and leadership, management and board members. Each of these stakeholders holds a particular perspective, but the pieces of this picture are rarely brought together.

This detailed mapping process required a huge amount of trust from our partners, and was breaking new ground. There is more detail about the approach and methods on our website (www.w3project.org.au). But the key point is that we analysed these complex system maps to draw out the system level key functions, which could be used to better demonstrate the value of investing in peer-led programs.

The W3 Framework

We found that peer-led programs are operating within and between two interrelated and constantly changing sub-systems – the community system and the policy (or sector) system. We found there are four functions that are required for peer-led programs to be effective and sustainable in such a constantly changing environment:

- **Engagement:** How the program maintains 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/sector environment and uses them to better understand how it works
- **Adaptation:** How the program changes its approach based on mental models that are refined according to new insights from engagement and alignment
- **Influence:** how the program uses existing social and political processes to influence and achieve improved outcomes in both the community and the policy/sector.

To unpack these concepts in more detail, let's again look to the specific example of the community and policy response to PrEP as a way of illustrating how each of these functions works in practice.

Engagement

Identifying the different ways in which PrEP is being used by gay men, and how it may be interacting with meanings of safe sex and stigma, is not limited to listening to clients and doing consultation. It is about the unique relationship a peer-based approach has within its community, achieved by utilising staff and volunteers who are from the community, and ensuring that the peer-led program is seen as being a part of the community. W3 framework looks for signs of genuine and high quality engagement that ensures accurate and real-time community insights, including insights about how well the peer-led program is keeping up to speed with the community response to PrEP.

Alignment

Peer-led programs also need to pick up real-time signals about what's happening regarding PrEP in the broader sector (policy, health services, surveillance and social research). Changes in how PrEP is defined, promoted, accessed, or researched impacts on communities, and can enhance the peer-led program's own understanding of their communities. All this can affect how the peer-led programs operate in regard to PrEP; how well the policy response and sector aligns with the priorities of peer-led programs and their communities; and can provide guidance for adaptations or advocacy that may be required. W3 framework looks for signs that the program is able to gain real-time insights into policy and sector changes, and is able to apply a peer lens to identify the implications.

Adaptation

Peer practitioners (staff or volunteers) are in a unique position to notice cues and patterns in their community, and so are able to constantly enhance and update their understanding of how their own personal experience of PrEP relates to a broader collective perspective of the community response to PrEP.

Because their community is changing in ways that are not easily predictable, peer programs often need to 'test the waters' as they adapt with their communities and monitor carefully. This includes adaptation within and across the range of peer activities, for instance, peer service delivery (such as peer-led rapid testing), peer health promotion (such as peer developed and implemented campaigns or community development), or peer leadership (such as peers taking leadership roles in their community, their sector, or participating in policy reform). This also means the organisation within which the peer activities are based need to understand the nuances of PrEP, in both the community and the policy systems, in order to support rapid adaptation. The W3 framework looks for signs that programs and organisations are learning and adapting (or even pre-empting) with their communities.

Influence

- **Within community systems**
  The unique opportunity peer-led programs have is that they are able to participate as a structural component within their community, rather than intervene on their community. While this still includes the usual changes in knowledge, attitudes or behaviour, it also includes the intentional and unintentional or distal influence a program has when it is navigating and participating in, rather than observing, community tensions and challenges in areas such as PrEP. W3 framework is looking for signs that: communities see the contribution of the peer-led program as culturally credible and authentic; communities are incorporating these into the ongoing adaptations in the community; and that the community expects the program to be based in the reality of their shared lives. The changes in the engagement with the peer program can be an indicator of the authenticity, relevance and impact of past influence.
- **Within policy systems**
  Other organisations in the policy and sector system, as they also adapt to

PrEP, can be enablers or barriers to the role of peer-led organisations. For example, the way PrEP is discussed in a clinical setting, or in the media, can reinforce or undermine strategies to reduce stigma.

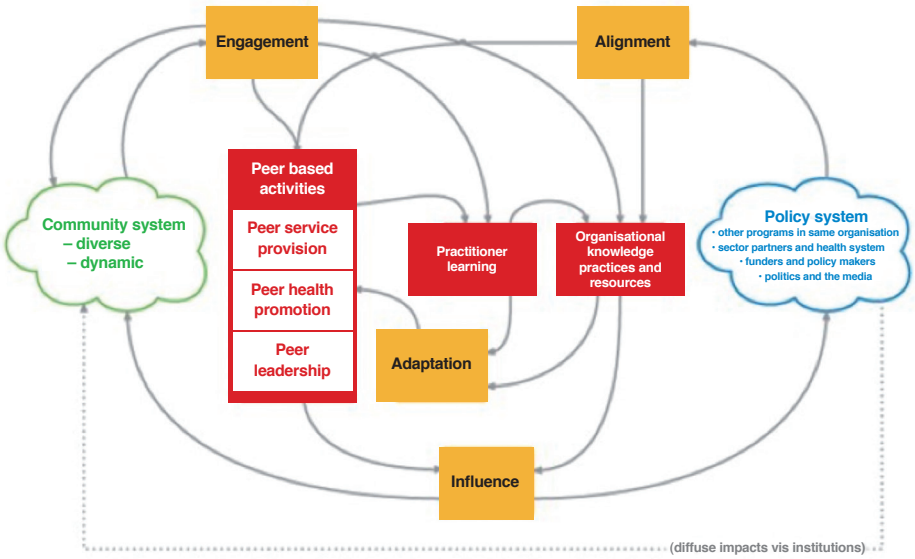
Insights from peer-led programs may be the broader sector's only source of real-time knowledge about emerging issues in rapidly changing environments. For example, insights about how different networks of gay men are adapting and responding to the emerging use of PrEP are insights useful for policy and health services as well as guiding social research. W3 framework looks for signs of the quality of this participation in the policy and sector system, recognising it as a key to improving system alignment to enhance the effectiveness of peer-led programs. W3 framework recognises that if funders, policymakers and researchers are not drawing on and gaining strategic benefit and insight from peer-led programs and leadership around issues such as PrEP, then the partnership as a whole is not maximising its investments.

Relationships between functions and other system elements

The most important part of the framework is how these functions and other elements in the peer-led program's system interact with each other. The diagram of the W3 framework (Figure 1) shows the flows of influence and knowledge that are crucial for the peer program to be effective and sustainable in this environment.

For example, if engagement is not functioning effectively, then our mental models will not be up-to-date, or not complex enough, and we will not be able to adapt programs to be influential within the community or have useful insight to leverage changes in the policy system. If we do not have effective alignment then controversial programs may be vulnerable to or caught unaware of political or policy changes, without enough time to influence the policy system or adapt the peer program.

Every box and arrow on this diagram is a potential source for an indicator – a thing that we need to be confident is happening in order to feel confident that a peer-led health promotion program is effective and sustainable in the long term. The framework helps us identify and tailor the most important indicators for monitoring the long-term effectiveness and sustainability of a program.



Element	Definition
Community system	The community system includes the networks and cultures the program engages with, and the processes of interaction and change that are taking place within them.
Policy system	The policy system includes funders, policymakers, politicians, the news media, sector partners and stakeholders, surveillance and research, the health system, and other programs in the same organisation or sector.
Engagement, Alignment, Adaptation, and Influence	Functions that are required for peer-led programs to be effective and sustainable in a constantly changing environment.
Peer-based activities	Different kinds of peer-based approaches that depend on practitioners having and using peer skill – the ability to combine personal experience and real-time collective understanding to work effectively within a diverse community.
Practitioner learning	Staff and volunteers in peer-based programs pick up insights from clients and contacts, and in their practice over time they develop, test and refine mental models of their environment.
Organisational knowledge practices	Program management encourages the discussion and capture of insights from practitioner learning as an asset for the organisation and for sharing with stakeholders in the policy system.
Arrows	Flows of knowledge or causal influence that constitute the program as a system.

System level functions	Definition
Engagement	How the program maintains 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/sector environment and uses them to better understand how it works.
Adaptation	How the program changes its approach based on mental models that are refined 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.

Figure 1 The W3 Framework

Piloting indicators of quality and influence in peer-led health promotion

We worked with most of the W3 project partners to develop indicators under each of the four functions. The indicators are defined as 'things that would *be happening* if this function were being fulfilled'. Table 2 provides hypothetical examples of Quality and Influence Indicators for a peer-led program to support gay community engagement with PrEP. We piloted a range of different methods and tools for gathering insights against the indicators and functions, guided primarily by the needs of our partner agencies and the questions they wanted to answer within their community and policy systems. Our goal was to develop methods that *add value to existing practices* without creating too much additional labour. The main aim was to identify what would be feasible within the resources of community and peer-led organisations. The analysis of these tools is still underway and the results will be available soon on the W3 project website (www.w3project.org.au)

Table 2 Example Quality and Influence Indicators

Adaptation	■ The program integrates peer insights with knowledge acquired from research, and signals from the policy system. ■ The program's mental maps of the community and policy systems and their responses to PrEP are checked and refined on an ongoing basis. ■ Organisational leadership support continual practitioner learning and facilitate the capture and packaging of knowledge from peer insights as an organisational and strategic asset. ■ The team identifies emerging practices with PrEP to assess their implications for prevention across the community.
Engagement	■ Insights from on the ground peer programs update and strengthen the understanding of how PrEP is being used in the community. ■ Community members recognise the program as a participant within its networks and cultures and feel a sense of ownership around its work. ■ The program updates a mental map of the networks and cultures within the community and works to extend its reach within them. ■ Peer staff use personal experience as well as cultural knowledge to communicate and work effectively with community.
Influence	**Community** ■ Materials produced by health promotion undergo circulation, adaptation and incorporation by members of target networks and cultures. ■ Reach and recall of health promotion products, images or messages among members of the targeted networks and cultures. **Policy** ■ Policy, media and funding environment supports (or does not impede) innovative and culturally relevant approaches to expanding meanings of safe sex. ■ The broader sector and policy system includes and values the peer approach and insights it generates.
Alignment	■ The team identifies emerging practices with PrEP to assess their implications for prevention across the community. ■ Other programs and sector stakeholders adapt their approach to support the effectiveness of the program. ■ The organisation communicates with sector partners to improve their understanding of the program's perspective on emerging issues. ■ The program actively seeks out and uses knowledge from partners and stakeholders with different perspectives on emerging issues within the sector.

Next steps

The next phase of W3 will build on and extend this work by trialling and refining the W3 framework at an organisational level. We plan to recruit two peer-led organisations in HIV and hepatitis C to implement and trial the W3 framework across their entire organisation. This will include the development of practical and sustainable tools that use data and insights to improve the impact of programs as well as share real-time knowledge with the broader sector and policy response.

The W3 project continues its aim to support community and peer-led organisations to demonstrate their quality and impact, adapt their programs to the rapid changes occurring in HIV and hepatitis C, and strengthen the evidence base to guide investment in community and peer-led health promotion programs.

References

1 Brown G., O'Donnell, D., Crooks, L., Lake, R. (2014). Mobilisation, politics, investment and constant adaptation: Lessons from the Australian health-promotion response to HIV. *Health Promotion Journal of Australia, 25*(1), 35–41. doi: 10.1071/HE13078

2 Brown, G., Reeders, D., Dowsett, G., Ellard, J., Carman, M., Hendry, N., et al. (2015). Investigating combination HIV prevention: isolated interventions or complex system. *Journal of the International AIDS Society, 18*(1), 20499. doi: 10.7448/IAS.18.1.20499

3 Shiell, A., Hawe, P., Gold, L. (2008). Complex interventions or complex systems? Implications for health economic evaluation. *British Medical Journal, 336*(7656), 1281–1283. doi: 10.1136/bmj.39569.510521.AD

4 Luke, D., Stamatakis, K. (2012). Systems Science Methods in Public Health: Dynamics, Networks, and Agents. *Annual Review of Public Health, 33*, 357–376. doi: 10.1146/annurev-publhealth-031210-101222

5 Adam T. (2014). Advancing the application of systems thinking in health. *Health Research Policy and Systems,12*(1), 50. doi: 10.1186/1478-4505-12-50

6 Carey, G., Malbon, E., Carey, N., Joyce, A., Crammond, B., Carey, A. (2015). Systems science and systems thinking for public health: a systematic review of the field. *BMJ Open, 5*(12), e009002. doi: 10.1136/bmjopen-2015-009002

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