Peer Education Project

Evaluation

What Works & Why (W3 Framework)

Prepared by:

Multicultural Health Support Services (MHSS)

Centre for Culture, Ethnicity and Health

Prepared for:

Department of Health (DoH)

May 2021

centre for culture, ethnicity & health

north richmond community health

Table of Contents

Acknowledgement

We would like to thank **Melbourne Indian, Chinese, Filipino and Thai communities** for their support throughout the project, particularly the 12 peer educators for their hard work and dedication.

We would also like to thank **North Richmond Community Health (NRCH)** and our project partners **North Western Melbourne PHN, Cancer Council Victoria (CCV) and St Vincent's Viral Hepatitis Unit** for their support.

Together with our project partners, we would also like to thank the following organisations for their contributions, including:

Indian Peer-Ed Project:

- Northern Community Legal Centre (NCLC)
- Melton City Council
- International Students from various universities

North Western Melbourne PHN Viral Hepatitis Project:

- Filipino Community Council of Victoria
- Thai Information and Welfare Association Inc.
- Chinese Cancer and Chronic Illness Society of Victoria Inc.
- Latrobe Community Health Service
- Alfred Hospital
- Cohealth

Additionally, we would like to thank the **Australian Research Centre in Sex, Health and Society, Latrobe University** for sharing with us their What Works and Why (W3) Project Framework. The W3 is an evaluation and monitoring framework and tools that supports peer-based HIV and hepatitis C organisations to capture and use peer knowledge.

Finally, we would also like to thank the **Victorian Department of Health** for funding this project and prioritising the prevention, treatment and monitoring of Blood borne viruses (BBVs) and sexually transmitted infections (STIs) in these at-risk communities.

Introduction

This report outlines the experience and learnings gained by **Centre for Culture, Ethnicity and Health (CEH)** and **Multicultural Health and Support Service (MHSS)** program with the implementation of the Peer Educators project. CEH/MHSS is a Department of Health funded initiative.

MHSS works with communities and health professionals to address the poorer health outcomes experienced by people from refugee & migrant backgrounds, asylum seekers and mobile populations. It aims to prevent HIV, viral hepatitis and sexually transmissible infections, and offer a multicultural approach to alcohol and other drug support.

Project Overview

The Multicultural Health and Support Service (MHSS) is a program of the Centre for Culture, Ethnicity and Health (CEH). MHSS works with and empowers culturally and linguistically diverse (CALD) communities to achieve better health outcomes in relation to the diversity of highly complex and culturally sensitive issues regarding blood-borne viruses (BBV) and sexually transmissible infections (STI).

Peer-led education is an evidence- based method of health promotion based on the notion that people learn from their peers (Shiner, 1999). Research has shown that peer-based programs are highly effective and facilitate important changes in health-related behaviours among CALD communities. In addition, evidence suggests that being a peer educator (the individual delivering education to their peers) may increase self-esteem and improve social skills (Weber et al., 2010).

This project builds on the work of MHSS to develop partnerships and facilitate involvement of the Indian community. The aims of this project are to increase the educational capacity of the community around BBV/STIs and and ability to seek testing, treatment and care through peer education.

The peer education projects at CEH conducted by MHSS with different community groups (e.g. Vietnamese, Hazare, and Indian) started in 2016. The design and partnership approach for the North Western Melbourne PHN Viral hepatitis project was chosen bases on CEH's success in using peer education models to facilitate change at both individual and community levels and Cancer Council Victoria's success in reaching and motivating culturally diverse communities to talk to their doctor about hepatitis with media campaigns.

In the report we will be presenting the evaluation findings incorporating the W3 framework indicators for the two peer education projects - Indian Peer Education Project, followed by the North Western Melbourne PHN Viral Hepatitis Project.

Project Objectives

- Strengthen participating communities' capacity to address their health and social support needs;

- Provide skills and knowledge to peer educators and participants to enable them to reduce BBV/STI vulnerability at an individual level and within their friendship, family and community networks;

- Expand/increase reach and connectedness within the target communities;

What Works and Why (W3) Framework

The W3 Project is an evaluation and monitoring framework developed by the Australian Research Centre in Sex, Health and Society, Latrobe University. The framework supports peer-based programs to capture and use peer knowledge. This knowledge is used to refine organisational practice and improve their organisational influence within their community and policy environments.

The Framework identifies the four system level functions which need to be occurring for community and peer-led organisations to be effective and sustainable. The functions are engagement, learning and adaption, alignment, and influence in community and policy systems. They illustrate the flow of knowledge and influence, and can be used to demonstrate the effectiveness of a program or organisation's activities as a whole within the dynamic community and policy systems.

The W3 functions are as follows:

• **Engagement:** How the program maintains up to date knowledge 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 and sector environment and uses this to better understand how it works or what may need to change.

• **Adaptation:** How the program changes and refines its understanding and approach based on 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.

We have evaluated Multicultural Health Support Services' peer-ed projects for 2018-2019 and 2019-2020 by applying different quality and impact indicators that peer programs can use to help demonstrate how well they are achieving the W3 Functions (engagement, alignment, adaptation, community influence, and policy and health system influence). The W3 framework comprised of total of 32 indicators (17 process and 15 impact). Out of the 32 indicators, we have used 21 indicators for the Indian peer-ed project and 24 for the North Western Melbourne PHN viral hepatitis project. Additionally, the indicators under the policy and health system influence were not applicable for the evaluation of both peer education projects due to the limited timeframes.

Evaluation methods

The following were methods used for data collection:

- Surveys for community members
- Surveys for peer educators
- Pre and post workshop survey (only for North Western Melbourne PHN viral hepatitis project)
- Face to face feedback
- MHSS team and Peer educators' reflections
- Program documentation

Indian Peer Education Project

2019-2020

Evaluation findings

W3 Function- ENGAGEMENT

Engagement is how the peer program interacts with and learns from its communities.

(Process / Quality Indicators)

These indicators measure if the program is undertaking the necessary actions to achieve strong engagement.

- ***The peer program is well accessed by diverse community members***

  The Indian peer education project delivered 16 sessions in total during 2019-2020. The sessions were accessed by 252 Indian community members, 25.7% males and 64.28% females. The participants were from a diverse range of communities, which included Indian, Pakistani, Bangladeshi, Nepali and Kuwaiti.

- ***Peer-to-peer interaction within the peer program is of a high quality.***

  The feedback from the peer educators about their training was positive throughout the project. During the staff reflections, it was identified that more training sessions on presentation skills and Zoom were needed. These were then delivered separately during the second half of the project. Additional self-reflection meetings were arranged to resolve conflicts/difference of opinions. These meetings led to a strong team of peer educators and further strengthened their interaction and understanding of each other.

'The picture cards activities especially the one that discussed difference between Hepatitis B and C were very useful and the presentations were clear, simple and easy to understand."

- Peer Educator, Indian Community.

- ***The peer program is delivered by a diverse group of well-trained peer staff with connection to diverse peer communities.***

  All the peer educators were from the Indian background. However, they were from different age groups, gender and visa statuses. For example,

  - ***Group 1*** –International students (Age group 25-35 years, Gender – Male and Female)
  - ***Group 2*** – Community members (Age group – 30-40 years, Gender- Females)
  - ***Group 3*** – Young people 20-30 years, Gender- Male and Female)

  Although all of them had strong connection within their community groups, they experienced issues in the recruitment of community groups for their sessions due to the COVID-19 lockdown in Victoria. This issue was addressed by the MHSS staff and relevant support was provided.

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong engagement.

- ***The peer program's understanding of what is happening in the community is updated and strengthened by insights from on-the-ground program work.***

  Program staff had regular meetings with the peer educators to discuss emerging community issues from within communities. These discussions led to the addition of a session on "Taking care of your mental health during COVID-19" along with the other 5 topics for the over 60 years mixed community group as it was specifically requested by them.

- ***Program participants report they have something to contribute and that their contribution added value to the program.***

  The peer educators were consulted in the planning and implementation stage of the program. Peer educators had a focus group where they selected a topic of their choice – "*Healthy relationship and consent"*.

  The program initially planned to co-design a resource in the community language (Hindi). However, it couldn't happen due to the pandemic and associated lockdown in Victoria.

- ***The peer program's relationships with different community members and networks are built or strengthened as a result of its activities and reputation.***

  The program receives a number of word-of-mouth referrals from within community. For example, Northern Community Legal Centre, Indian women's group provided referral to the Arabic women group for us to deliver same topic sessions to the community group. All the peer educators from the past projects are requested to join the Multicultural Community Action Network (M-CAN). M-CAN is a community-led initiative of Multicultural Health & Support Services (MHSS). It is based on community development principles, and peer-based strategies. M-CAN enables its members to advocate more effectively for the prevention of sexually transmitted infections (STIs) and blood borne viruses (BBVs).

  Since its establishment, M-CAN has trained over 150 community members and young people from diverse backgrounds. Our members represent key priority populations and contribute as peer educators and sexual health advocates within their own communities. They raise awareness through community-driven campaigns and promote change through sexual health workshops and forums.

  In addition, the peer educators also participated in the following CEH projects:
  - North Western Melbourne PHN Mental Health
  - Optimise study COVID-19
  - Gilead HIV translation project

W3 Function- ALIGNMENT

Alignment is about how the peer program interacts with, partners with, and learns from the broader health sector and policy environment.

(Process / Quality Indicators)
These indicators measure if the program is undertaking the necessary actions to achieve strong alignment.

- ***Other organisations and services perceive the peer program as useful and valuable.***

  The program collaborated with the following organisation during the peer-ed project:

  - Melton City Council
    Delivered **5 peer-ed sessions**
  - Northern Community Legal Centre (NCLC)
    Delivered **5 community education sessions** to the Indian women's group at NCLC.
  - International Students from various universities (University of Melbourne, Monash University, Latrobe University, Deakin University etc.)
    Delivered **5 peer-ed sessions**

  As a result of the community engagement and relationships during the project, MHSS received referrals from the following services for further community education sessions:

  - Northern Community Legal Centre (NCLC)
    Delivered **4 community education sessions** to the Arabic women's group at NCLC.
  - Brotherhood of St Lawrence
    Consultation to deliver community education session to the Indian group at Epping community services Hub. COVID- 19 lockdown lead to postponing the sessions.

  The feedback from the services was positive consistently. For example,

> *'Thank you so much for delivering the session. The group found it extremely useful and easy to understand as it was delivered by someone from their own community in their own language."*
> - *Northern Community Legal Centre*

- ***The peer program collaborates with useful and relevant research initiatives.***

  The peer educators and community members who were reached via peer education program participated in the following three research initiatives:
  MHSS was a part of the project as partner organisation with North Western Melbourne PHN Melbourne University, and Paper Giant respectively. We recruited community members and conducted various focus groups for the delivery of the projects.

- North Western Melbourne PHN Mental Health
- Optimise study COVID-19
- Gilead HIV translation project

- ***The peer program's priorities align with/contribute to the achievement of key high-level sector goals and strategies (e.g., National HIV or Hep C Strategy).***
  The program strategies are aligned with the following Victorian BBV/STI Strategies/Plans:
  - Hep B 2016- 2020;
  - Hep C 2016- 2020;
  - HIV 2017- 2020;
  - STI plan 2017-18;
  - Victorian Public Health and Wellbeing Plan 2015-2019;
  - Women's Sexual and Reproductive Health – Key priorities 2017-21.

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong alignment.

- ***The peer program is being integrated within the broader health service system and culture.***
  Peer educators from the past projects have been referred to M-CAN where they work as volunteers on small projects within their community groups.

- ***The peer program is supporting, strengthening, and/or streamlining referral pathways and service linkages.***
  A formal referral pathway, where we directly refer/link the community services, was not a part of our peer education project, However, information about different service providers was shared in the all our sessions.

W3 Function- ADAPTATION

Adaptation is about how the peer program changes the way it works to suit its changing environment.

(Process / Quality Indicators)

These indicators measure if the program is undertaking the necessary actions to achieve strong adaption.

- ***The peer program draws on peer insights, research and epidemiology, and program evaluations to refine programs.***

  The peer education project follows the MHSS' Peer Education Manual which is based on the past peer insights, updated research and epidemiology. It is regularly reviewed by project officers using the healthy literacy project principles. It provides information that assists in facilitating peer education sessions in a way that is engaging and relevant. The story dialogue allows to discuss sensitive issues with members of the community in a safe manner.

  The project included 7 presentations in total outlining each topic based on the current evidence, building on presentation skills and delivery.

- ***The peer program team responds to emerging practices and changes within the community, health sector, and/or policy environment by adapting their approach***

  During COVID-19 lockdown, the peer education project was put on hold for a few months. The MHSS staff maintained communicated through ongoing correspondence over Zoom, phone and emails. The project was also transitioned to an online platform and all the sessions to the community groups were conducted online via ZOOM. Ongoing training and support were provided during the transition phase.

- ***Peer insights over time are collated, summarised, and shared within and beyond the peer program.***

  The peer insights over time are incorporated each year into the MHSS' Peer Education Manual.

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong adaption.

- ***The peer program has adapted to the needs of its clients and community.***

  The session on "Sexually Transmitted Infections" was replaced with "Taking care of your mental health during COVID-19" for community member above 60 years, because of its appropriateness and as a way of the project be responsive to the expressed needs of the community.

W3 Function- COMMUNITY INFLUENCE

Community influence is about how well the peer program is able to affect their community's health, behaviour, knowledge, or attitudes (for example, through health promotion, harm reduction, or support services).

(Process / Quality Indicators)

These indicators measure if the program is undertaking the necessary actions to achieve strong influence within their communities.

- ***The peer program has a broad reach across and within its community.***

  As part of the peer education project 6 peer educators were trained from the Indian Community. Further a total of 252 Indian community members attended the sessions delivered by the peer educators as mentioned below:

  The sessions delivered by the per educators included:

  - Group 1- Indian International students- 6 sessions delivered. (In English)
  - Group 2- Indian women's group- 5 sessions delivered. (In Hindi)
  - Group 3- Senior citizen group (Indian)- 5 sessions delivered. (In Punjabi)

  During education sessions, the following supporting resources were distributed to community members

  - Post session notes
  - Information on referral services
  - Links to the appropriate resources on Health Translations Directory.

- ***The peer program has a strong profile within and is endorsed by online peer networks.***
  - Twitter – 1587
  - Facebook
    - Reach = 2432
    - Engagement = 308
  - LinkedIn – 578
  - Website story – 243

  The peer project was also promoted via Study Melbourne Facebook group which has 538,850 members. The peer educators also advertised the sessions on to their personal social media groups that they were a part of. In addition, peer educators from each project are referred to M-CAN for long-term partnership.

- ***The peer program receives increasing word-of-mouth referrals from community members (including those who have not previously accessed the program).***

  The program receives a number of word-of-mouth referrals from within community. For example, Northern Community Legal Centre, Indian women's group provided referral to the Arabic women

group for us to deliver same topic sessions to the community group. All the peer educators from the past projects are requested to join M-CAN.
In addition, the peer educators also participated in the following CEH projects:

- **North Western Melbourne PHN Mental Health**
  Participants for the focus groups.
  Develop the Mental health video (Hindi).

- **Optimise study COVID-19**
  Participants for the interviews on COVID-19.

- **Gilead HIV translation project**
  Participants provide feedback on the HIV plain language scripts developed in their community language (Thai and Chinese).

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong influence within their communities.

- ***Participants report increases in the outcome goals of the program (e.g., quality of life, resilience, health behaviours, knowledge, behaviour etc).***
  We have not conducted any of these surveys for the Indian peer education project. However, we wish to use these metrics in our upcoming peer programs and will be working on ways to use these in the near future.

- ***Peer program delivery has decreased the gap between what the community has and what the community needs***
  The sessions not only provided the information about the following topics, but also bridged the language gap as all the sessions were delivered in their own language (Hindi) and (Punjabi).

  - Australian Health Care System
  - Hepatitis B & C
  - Human Immunodeficiency Virus (HIV) & Pre-Exposure Prophylaxis (PrEP)
  - Sexually Transmitted Infections (STIs)
  - Healthy Relationships & Consent

  Following are some of the comments shared by participants who attended the sessions:

"The sessions were full of information. Some information which we didn't know before such as about Australian Health care system"

*

"The sessions were interactive and slides were easy to understand. I loved the open communication and friendly facilitators"

*

"We were not aware about the difference between different types of hepatitis. The session really helped us understand"

*

"I think it is necessary to have this kind of session, so that we also know when we are being abusive in a relationship without realizing it"

- ***Peer program materials are adapted and incorporated by members of target networks and cultures.***

  Due to the COVID- 19 pandemic development of material/resources for the project was not carried out. However, following online resources were distributed during the sessions with the participants:

  - Post session notes
  - Information on referral services
  - Links to the appropriate resources on Health Translations Directory.

North Western Melbourne PHN
VIRAL HEPATITIS Project

2018-2019

Project Overview

North West Melbourne PHN catchment has both the highest hepatitis B and C prevalence among all North Western Melbourne PHN in Victoria. In 2017, it was estimated that 22,043 people or 1.28% were living with chronic hepatitis B and 14,505 people or 0.87% were living with chronic hepatitis C (MacLachlan 2019).

Lack of awareness and understanding of hepatitis and testing, lack of knowledge and confidence to seek information and support from GPs and health services, and stigma associated with being diagnosed pose significant challenges, particularly in many culturally diverse communities.

To address these challenges, North Western Melbourne PHN funded this partnership project, undertaken by Cancer Council Victoria, the Centre for Culture, Ethnicity and Health (CEH) and St Vincent's Melbourne. The project received $159,819.56 for implementation over a 12-month period, from July 2018 to July 2019.

Project Objectives

Co-designed with community members, the objectives were:

- To increase awareness and conversations around viral hepatitis and liver cancer prevention in three culturally diverse communities by training six peer educators who provided education to 300 community members, and disseminating key messages via a targeted media and communication strategies
- To increase health literacy about hepatitis and ability to seek testing, treatment and care through peer education and communication strategies
- To increase awareness of health support services and enhance links between community members and health services through service familiarisation for peer educators and a GP communication strategy.

Evaluation findings

W3 Function- ENGAGEMENT

Engagement is how the peer program interacts with and learns from its communities.

(Process / Quality Indicators)

These indicators measure if the program is undertaking the necessary actions to achieve strong engagement.

- ***The peer program is well accessed by diverse community members***

  Six peer educators delivered a total of 19 education sessions to more than 470 people from the Chinese, Filipino and Thai communities.

  Chinese community (Group 1): Seven sessions were delivered by Chinese peer educators in the North West region covering across Fitzroy, Preston and Footscray. A total of 178 Chinese community members attended the sessions in women's group, libraries groups and senior groups.

  Thai community (Group 2): Six sessions were delivered by the Thai peer educators covering areas in Brunswick, Moreland, Darebin and Thai temples in Box Hill and Forest Hill. More than 173 people attended. The sessions were conducted mostly in temples. Some small groups were recruited through Thai restaurants, massage parlours and community members' homes.

  Filipino community (Group 3): Six sessions were delivered by the Filipino peer educators in the North West region covering areas in Tarneit, Laverton, Point Cook, Hoppers Crossing, Yarraville and St Albans with a total of 119 community members. The sessions were conducted in churches (Couples for Christ), Migrant Melbourne, community centres, senior groups and community members' homes.

- ***Peer-to-peer interaction within the peer program is of a high quality.***

  The feedback from the peer educators about their training was positive and consistent. However, to determine the success of the training, a mixed method evaluation approach was adopted to assess the knowledge, skills and confidence of peer educators to share hepatitis and liver cancer health messages. Peer educators completed quantitative surveys and qualitative interviews before and after their training program, and findings were combined to provide a deeper understanding of the outcomes and impact of the activity.

- ***The peer program is delivered by a diverse group of well-trained peer staff with connection to diverse peer communities.***

  CEH successfully recruited six peer educators (one female and one male from the Chinese, Thai and Filipino community). Peer educators were selected due to their links to the community and their past work experience around health-related topics.

- ***Group 1*** –Chinese Community (Age group- 65 years and above, Gender – Male and Female)
- ***Group 2*** – Thai Community (Age group – 35-45 years, Gender- Females)
- ***Group 3*** – Filipino community (35-50 years, Gender- Male and Female)

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong engagement.

- ***The peer program's understanding of what is happening in the community is updated and strengthened by insights from on-the-ground program work.***

  Program staff from all the three organisations (CEH, Cancer council, St. Vincent's) had fortnightly meetings to discuss the progress of the project.
  The peer educators from each group were asked to assess the following:

  1) Acceptability of sessions: After each session, peer educators were asked to document their reflections on how the session went, and to summarise questions that arose, myths that were addressed and any feedback that was provided by participants. This feedback was collated and summarised.(Please refer to the table on page 26).

  2) Enablers and barriers: At the end of all sessions, semi-structured interviews were undertaken with five out of the six peer educators to reflect more broadly on the enablers and barriers of the community education sessions.

- ***Program participants report they have something to contribute and that their contribution added value to the program.***

  A key priority for this project was for it to be meaningfully co-designed with community members. As such, extensive community consultation was undertaken throughout the development, delivery and evaluation of this project.

  Codesign of the evaluation strategy:
  Bilingual health facilitators and peer educators attended an evaluation workshop delivered by Cancer Council Victoria's Research and Evaluation Manager. This workshop was to inform the final evaluation plan, using a co-design approach to gain input and advice about evaluation methods that were suitable for each community to evaluate the education sessions. Several options were discussed, and together the group determined what would be useful, easily understood and non-burdensome for community participants.

- ***The peer program's relationships with different community members and networks are built or strengthened as a result of its activities and reputation.***

  The sessions were well organised and both the peer educators and the community participants reported that the education and resources provided were useful and acceptable, supporting the

use of peer education to provide health information in these three communities. There were some demonstrated increases in knowledge, moderate intentions to discuss hepatitis with others, a high confidence to see a GP to discuss hepatitis testing.

In addition, the peer educators also participated in the following CEH projects:

- North Western Melbourne PHN Mental Health
- Optimise study COVID-19
- Gilead HIV translation project

W3 Function- ALIGNMENT

Alignment is about how the peer program interacts with, partners with, and learns from the broader health sector and policy environment.

(Process / Quality Indicators)

These indicators measure if the program is undertaking the necessary actions to achieve strong alignment.

- ***Other organisations and services perceive the peer program as useful and valuable.***
  This design and partnership approach were chosen based on Cancer Council Victoria's success in reaching and motivating culturally diverse communities to talk to their doctor about hepatitis with media campaigns, and CEH's success in using peer education models to facilitate change at both individual and community levels.
  The feedback from the services was positive consistently. For example,
  "Appreciate being involved in the co-designing approach. It showed that the project was culturally sensitive and understood communities' perspective"

- ***The peer program and other partner services strive to complement each other.***
  The Effective project partnership between Cancer Council Victoria, St Vincent's Hospital and CEH was a key driver in the success of this project, as was the co-designed approach to working with the Chinese, Thai and Filipino communities. (Reported in detail under the indicator on page 29).

- ***The peer program collaborates with useful and relevant research initiatives.***
  The peer educators and community members who were reached via peer education program participated in the following three research initiatives:
  - North Western Melbourne PHN Mental Health
  - Optimise study COVID-19
  - Gilead HIV translation project

- ***The peer program's priorities align with/contribute to the achievement of key high-level sector goals and strategies (e.g., National HIV or Hep C Strategy).***
  The program strategies are aligned with the following Victorian BBV/STI Strategies/Plans:
  Hep B 2016- 2020;
  Hep C 2016- 2020;
  Victorian Public Health and Wellbeing Plan 2015-2019;

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong alignment.

- ***The peer program is being integrated within the broader health service system and culture.***
  Peer educators from the past projects have been referred to M-CAN where they work as volunteers on small projects within their community groups.

- ***The peer program is supporting, strengthening, and/or streamlining referral pathways and service linkages.***
  A communications campaign strategy for each community was developed in consultation with the bilingual health facilitators and disseminated to build understanding that viral hepatitis can be prevented, managed and treated. Community resources were delivered and evaluated through extensive community consultation. Broad-reaching media platforms including Facebook/WeChat, radio and press were utilised.

- ***Other organisations and services from the broader health sector recognise the peer program as helping them meet their own strategic goals and engagement with community.***
  The peer education project was shared at the conference by both the project workers from Cancer Council Victoria and CEH.
  - Australian Viral hepatitis Elimination Conference, 2019

W3 Function- ADAPTATION

Adaptation is about how the peer program changes the way it works to suit its changing environment.

(Process / Quality Indicators)
These indicators measure if the program is undertaking the necessary actions to achieve strong adaption.

- ***The peer program draws on peer insights, research and epidemiology, and program evaluations to refine programs.***

  The peer education project follows the MHSS' Peer Education Manual which is based on the past peer insights, updated research and epidemiology. It is regularly reviewed by project officers using the healthy literacy project principles. It provides information that assists in facilitating peer education sessions in a way that is engaging and relevant. The story dialogue allows to discuss sensitive issues with members of the community in a safe manner.

  Additionally, a separate workshop was conducted for the peer educators to discuss about the co-design approach to gain input and advice on the content of the education sessions. Several options were discussed, and together the group determined what would be useful, easily understood and non-burdensome for community participants.

- ***The peer program team responds to emerging practices and changes within the community, health sector, and/or policy environment by adapting their approach***

  A number of strengths were observed in this project, particularly the rigor of the codesign elements, and the successful engagement strategies undertaken to maximise the reach of the activities within the Chinese, Filipino and Thai communities. The following broader learnings and implications were also acquired through undertaking this project:

  - A combination of utilizing a peer education model and communications campaign proved to be effective in engaging with the Chinese, Filipino and Thai communities. Attendees at the education session were representative of the target demographic likely to benefit from the information, suggesting they were appropriately promoted. Social media (including Facebook and WeChat) were effective modes of reaching our target populations to increase awareness.

  - Although the combination of both hepatitis B and C messaging resonated with the three communities, and was seen as acceptable and appropriate in the co-design process, the lower levels of knowledge about transmission may have been improved with more time to focus on the different viruses separately.

  - Co-designed and community led initiatives are the key foundations for successful community engagement campaigns. However, it is also important to ensure that those representing the community members (in this case the bilingual health facilitators and peer educators) are mindful of the likely lower levels of health literacy that others may have. Additional pilot

testing in the community may be necessary to ensure that all materials, particularly evaluation tools, are understandable and appropriate.

- ***Peer insights over time are collated, summarised, and shared within and beyond the peer program.***

  The project team communicated regularly through partnership Working Group and through emails and informal communications as needed. This included fortnightly meetings with CEH, Cancer Council Victoria and St. Vincent's hospital. Meting minutes available on request.

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong adaption.

- ***The peer program has adapted to the needs of its clients and community.***

  Bilingual health facilitators and peer educators attended an evaluation workshop delivered by Cancer Council Victoria's Research and Evaluation Manager. This workshop was to inform the final evaluation plan, using a co-design approach to gain input and advice about evaluation methods that were suitable for each community to evaluate the education sessions. Several options were discussed, and together the group determined what would be useful, easily understood and non-burdensome for community participants.

- ***The program adapts and then learns from the result of peer insights and evaluation.***

  Specific feedback related to the high levels of engagement, challenges with recruitment, feedback on resources and perceptions of the evaluation process. Example quotes are presented in Table below:

Peer educators' feedback from education sessions

Themes	Example quotes
Positive Engagement	"People felt comfortable to ask questions and share their personal; experiences" (Thai). "People were engaged and the Filipino prevalence stats resonated with people" (Filipino). "People had lots of questions and some people said they'll get tested" (Filipino).
More clinical Information	"People wanted more information on other health issues" (Filipino)
Recruitment and organising sessions	"It was challenging to recruit people… Timing and weather were a challenge. Some organisations didn't respond to our requests to host education sessions. Most required months of advanced bookings." (Filipino).

	"Peer education sessions attracted mainly older generation" (Chinese). "Challenging to find people who had time to participate in sessions" (Thai).
Resources	**Poster** "Really liked it. It was easy to understand and the prevalence stats were catchy… It resonated with people and they paid attention" (Filipino) "Good reminder for people when we put it around in libraries, communities centres" (Chinese) **Banners** "A friend tagged me on the Filipino post on Facebook – it was engaging, there were lots of comments… Good to reach younger generation" (Filipino) **Hepatitis books** "Not many people took them but they're very informative" (Filipino) "Didn't receive the Tagalog book in time for the sessions" (Filipino)
Evaluation	"Appreciate being involved and co-designing the different feedback… showed you were culturally sensitive and understood community engagement" (Filipino) "Participants were not engaged in the evaluation, especially the tokens in the jar. Maybe people didn't feel comfortable putting their answer in the jar in front of everyone." (Filipino) "People didn't like being asked questions at the beginning and they felt quizzed" (Filipino) "Good to co-design the evaluation methods… The tokens in the jar didn't work well…Doing the evaluations is time consuming in the community sessions. Some people ticked everything" (Chinese) "Only keep the evaluation form and include the tokens in the jar questions on the form" (Chinese) "Tokens in the jar were confusing. Children were playing with it while we were presenting" (Thai) "Warm up quiz and evaluation form were really good" (Thai)
Recommendations	"More practice with other peer educators" (Filipino) "FAQs for peer educators" (Chinese) "Provide a nurse to go with us to the education sessions" (Thai) "Run the campaign every few years" (Chinese) "Provide information in early immigration services – perhaps through customs" (Chinese) "Provide more support, for example regular check-ins after sessions" (Filipino) "Provide ideas on how to recruit participants and more time do so" (Filipino) "Recruit younger participants for different perspective" (Chinese)

- ***Knowledge acquired through engagement and alignment improves the relevance and influence of future work.***

Evaluation of the partnership and co-design approach

The success of the partnership was evaluated through interviews with the project partners. Semi-structured interview questions were designed to capture the effectiveness of the partnership to leverage the skills and expertise of all parties to meet the deliverables, consolidate working relationships and develop a set of sustainability recommendations.

> *"We all brought something different. That was good. We all had some similar skills but different ones too. The three organisations all had slightly different world views. This was a good value add to resources and outcomes"*

Partners were also asked to reflect on the co-design approach of engagement with community members, peer educators and bilingual health facilitators to inform the communication materials and evaluation methods.

> *"It was good that evaluation was considered right from the start. But it has to be a dynamic approach whenever you have input from communities, each group within communities is different."*
>
> *
>
> *"Anything to do with co-design – you have to have time, you need to understand the community. And they have to have the skills. For example, with evaluation, if they don't have the skills and understanding, then how real is the input?"*
>
> *
>
> *"Perhaps having sessions on the evaluation with community members and peer educators to simplify it more. In my opinion, the community members had trouble with the evaluation."*
>
> *

W3 Function- COMMUNITY INFLUENCE

Community influence is about how well the peer program is able to affect their community's health, behaviour, knowledge, or attitudes (for example, through health promotion, harm reduction, or support services).

(Process / Quality Indicators)

These indicators measure if the program is undertaking the necessary actions to achieve strong influence within their communities.

- ***The peer program has a broad reach across and within its community.***

  Six peer educators delivered a total of 19 education sessions to more than 470 people from the Chinese, Filipino and Thai communities.

  Resource development and distribution

  Through the focus groups, community members provided feedback on each of the resource formats and key messages, ultimately deciding on the following:

  - Chinese bilingual poster (double sided)
  - Thai bilingual poster (double sided)
  - Filipino poster in English

  For all three communities it was recommended that a family image be included on the posters, to serve as a strong motivator for people to get tested and protect their families.
  Refer to appendix 1 for the sample poster.
  Feedback was also sought about the most appropriate distribution channels for resources. Preferred channels of dissemination included GP clinics, social media, newspapers, radio and community events.

  GP Distribution

  Cancer Council Victoria mailed 290 copies of the resources to bilingual or community identified GP practices and nurses in the North Western Melbourne PHN catchment (reaching more than 1000 health professionals). Along with the posters, this also included:

  - Hepatitis B GP cards to assist GPs/nurses on key populations, testing, diagnosis and treatment
  - Hepatitis C Help website card
  - GP/nurse letter

  Community Distribution

  Cancer Council Victoria, bilingual health facilitators and peer educators distributed 90 posters (30 in each community) to community organisations, libraries and community centres, such as temples and churches. This was to reach community organisations who may not have seen the media campaign or participated in the peer education sessions.

A further 180 copies of the posters were provided to the partner organisations, CEH and St Vincent's Hospital, who displayed the resources at their centres and will continue to distribute it to relevant stakeholders.

- ***The peer program has a strong profile within and is endorsed by online peer networks.***

The media channels were chosen based on community recommendations on where community members seek information.

Chinese Community

- 3ACR Chinese radio – 30 second ad in Cantonese (the ads played **59 times**, with a bonus of **14 extra plays**)
- 3CW Chinese radio – 30 second ad in Mandarin
- WeChat ads – the banner ads were seen by **165,942** users

Filipino Community

- Facebook ads - reached **26,996 people**, with **82 likes**, **17 comments** and **42 shares**
- Newspaper (The Philippine Times)
- 3ZZZ radio – 30 second ad in Tagalog (the ads played **29 times**, with a bonus of **9 extra plays**)

Thai Community

- Facebook ads - reached **14,228 people**, with **256 likes**, **20 comments** and **92 shares**.
- 2 newspapers (Melb Magazine and ANTS News Magazine)

(Impact Indicators)

The indicators measure if the program is achieving impact (outcomes/results) through strong influence within their communities.

- ***Participants report increases in the outcome goals of the program (e.g., quality of life, resilience, health behaviours, knowledge, behaviour etc).***

Participants pre-post workshop evaluation survey

- Knowledge at baseline: Each participant group completed a baseline quiz at the start of each session to assess existing knowledge about Hepatitis B and Hepatitis C. Eight statements about hepatitis were read by the educator to the group, who were asked whether it was 'true' or 'false.' Through a show of hands. The number of people who got each item correct was recorded (as a percentage of the group).

- Knowledge at follow-up: After the session, each participant was asked to complete a survey to assess hepatitis knowledge. Six questions asked about the key messages that had been covered in the session. Participants received one point for each correct answer. A

performance target was set that most (80%) of participants would score at least four knowledge items correctly following the session.

- Intention to discuss hepatitis with others / Confidence to see GP: To determine the impact of the program, participants were given two tokens after the session. They were asked to 'vote' by placing them in jars marked either 'yes' or 'no' for whether they intended to discuss hepatitis information with others, and whether they were confident to speak with their doctor about Hepatitis B and C testing. A performance target was set that half would intend to discuss hepatitis with their friends and family, and two-thirds would vote that they were confident to discuss hepatitis testing with their doctor.

- ***Peer program delivery has decreased the gap between what the community has and what the community needs.***

Client survey and feedback results:

Knowledge of Hepatitis B and C

At the beginning of each session all attendees were asked several items about Hepatitis B and C, including some false items, to determine baseline understanding and knowledge. After the session participants completed a survey which asked six questions about hepatitis. The target was set that at least 80% would get four or more questions correct after the session. Understanding of the key hepatitis messages was quite low across all three communities before the session, though the Filipino participants had higher knowledge for all items. Knowledge about vaccinations and cures was particularly limited in the Chinese and Thai participants (ranging from 24% to 35%). Pleasingly, all three communities had relatively higher understanding that Hepatitis B and C can cause liver cancer (ranging from 51%-80%).

After the education sessions, there was a notable increase in knowledge for all of the hepatitis messages across all three communities. There were particularly large increases (more than 30%) evident for participants knowing there is a vaccination to prevent Hepatitis B (all communities) and that you cannot get Hepatitis B or C by sharing food (in the Chinese and Filipino communities).

Intention to discuss Hepatitis with others.

Using tokens to measure the impact of the activity, participants were asked to 'vote' on whether they intended to talk to family and friends about hepatitis, and whether they were confident to talk to a doctor about Hepatitis B and C.

intention to talk to family and friends about Hepatitis

	Respondents	Answered Yes *
Chinese	35 (20%)	19 (54%)
Filipino	48 (40%)	45 (94%)
Thai	103 (103%)	92 (89%)

Confidence to talk to doctor about Hepatitis B and C

	Respondents	Answered Yes *
Chinese	42 (24%)	26 (62%)
Filipino	46 (39%)	44 (96%)

Thai	93 (85%)	84 (90%)

- ***Peer program materials are adapted and incorporated by members of target networks and cultures.***

  Refer to Appendix 2- Community Consultation.

Conclusion

MHSS has successfully delivered BBV/STI education to different migrant communities using peer education approach. The peer education model is designed to be a structural intervention addressing the causes (language, culture, knowledge) that creates barriers to accessing appropriate health care by affected communities. This was achieved via the delivery of interactive community sessions facilitated by PEs. The sessions were designed to be accessible across all ranges of educational backgrounds. For example, the content and structure of peer education sessions followed a low literacy format utilising narrative story telling in a culturally appropriate and sensitive manner. Following the intensive training, the PEs were able to organise and run sessions for their communities in their preferred language and setting.

Due to COVID-19 restrictions in Victoria last year, the mode of delivery for the Indian Peer Ed project was changed from face to face sessions to online. This transition had a significant impact on the number of community participants due to a number of reasons. However, the data shows that both PEs and community participants have a high degree of satisfaction with what they have learned during the sessions, and most of them wished for the sessions to continue. The education sessions reached their maximum capacity with 722 (252 Indian Peer Ed, 470 North Western Melbourne PHN Viral Hepatitis Project) community members participating. The feedback from the community participants was predominantly positive and value was given to the education they received and how it was received.

With any peer education project, retention of the trained PEs is an issue, particularly as this role is often a transitional one. To ensure the potential for ongoing community ownership and long-term sustainability between MHSS and the trained PEs, a formal structural partnership is required.

It is important to further stress that short-term projects like peer education will not necessarily yield definitive outcomes (e.g. increased BBV/STI testing, or changes in numbers of people accessing health services) early in the project. Many of the benefits such as improved health literacy and access, and community engagement, are not easily quantifiable and are often difficult to demonstrate. These contextual constraints do not lessen the credibility of the conclusion reached.

Recommendations & Future Considerations

1. ***Develop a program that will provide effective support and supervisory structures for a formal partnership with the trained volunteer PEs.***

MHSS should capitalise on the training, engagement and enthusiasm of PEs, especially given the resources expended in recruitment, training and support. There is no formal structure for how the relationship between MHSS and the trained PEs would continue after the project finishes. Although, PEs are encouraged to join Multicultural Community Action Network (M-CAN), but the transition from a paid position to voluntary is not ideal for many.
Therefore, for the purpose of sustainability without the cost a formal, structured and supported program that extends beyond the training and delivery of education sessions is essential.

2. ***Continue to extend the capacity of PEs by introducing additional skills training where appropriate, and integrating professional development opportunities into the PE model.***

The training received by the PEs give them formal qualifications that could be used as pathways to further education and/or employment. It is possible that by extending the skills of PEs to include health literacy, cultural competence, project development, and management or evaluation, for example, MHSS would continue to attract recruits to ensure ongoing reach of the program.

3. ***Methodology and tools for project data collection should be revised ahead of each phase of the project.***

The Peer Education project is designed to improve knowledge among priority populations and access to healthcare. It is important that relevant data is captured to measure the extent to which MHSS efforts address these objectives. Capturing feedback from participants and stakeholders is also important for ongoing improvement of the project itself. Throughout the Peer Education project there should be additional opportunities (pre and post training, focus groups, reflections with the team etc.) for data collection and feedback.

Appendix

1. Resources developed for the communities (Including the sample posters)

Resources developed for communities.pdf

2. Community consultation summary about the incorporation and implementation of the materials

Appendix 2_ Bilingual Health Facilitator Consultation Summary.pdf