ACS1. ACCESS TO AND USE OF SUPPORTIVE AND ANCILLARY HEALTH SERVICES INTERVIEW CHECKLIST

USE WHEN YOU WANT TO EVALUATE:

Outcomes:

- ✓ Capacity to access care and support
- ✓ Collaboration and networking

Intervention types:

- ✓ Interventions to promote retention in care and treatment
- ✓ Activities to help people living with HIV/AIDS, hepatitis C or related communicable diseases access. resources and services
- ✓ Activities to improve collaboration, coordination and networking

Priority populations:

✓ People living with HIV or hepatitis C

Interventions for:

- ✓ HIV
- √ hepatitis C

DESCRIPTION

This is an interview checklist of the types of services that people living with HIV and/or hepatitis C could access (to be completed by program staff, coordinators, peer workers or volunteers). Note that it should be adapted to refer to the services as they are known locally by the priority population. It is filled out by a worker when speaking with a client.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED PROGRAMS. Use of supportive and ancillary services has been shown in BC to relate to better outcomes for people living with HIV, including lower viral loads, higher CD4 count, and better treatment adherence, all associated with declining mortality. Supportive service use has impact beyond the service itself, by connecting users to a greater network of organizations, agencies, and health care professionals as well as peers. Use of these services is linked to a variety of social factors that are addressed in community-based programming, and community organizations often act as connectors and navigators for people living with HIV and hepatitis C.

- ✓ Suitable for before and after testing of a program's effects.
- ✓ Easily completed and analysed.
- ✓ Could be adapted to a self-completed questionnaire if appropriate for the priority group.
- ✓ Could easily be given electronically.

Developed in:

✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADAPTATION

- Put the local names of the services in the form. (Use workers' names if that will help respondents recall them.)
- Add any other ancillary or support services available to participants in your setting.
- Add prompt in notes regarding whether client had need for particular services. If no need for service, then no change response would be expect and should not be a reflection of the effect of the intervention.

ADMINISTRATION

- This interview should take about 15 minutes to complete.
- Tell participants why you are conducting the interview, being clear that it is to evaluate the intervention





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- to help make it better, and not to evaluation or judge them.
- Participation should be voluntary, so tell participants that it is ok if they do not want to participate in the
 interview, and assure participants that there are no negative consequences if they don't want to
 complete it. Give them a way to do something else at the same so that the confidentiality of this decision
 is protected. (For further information on ethical considerations in carrying out evaluations, see <u>Ethics Resources</u>)
- Ensure that people feel safe and that the space is confidential: that no one can hear their answers, and that completed questionnaires are put into a sealed envelope.

DESIGN OPTIONS

Measuring before and after intervention(this is the best option because it measures real change)

- 1. **WHEN TO USE:** Conduct the interview before the intervention or at the very beginning of it, and again after, as close to the end as possible (often the very last session is not suitable because it may be a celebration, or have low attendance).
- 2. **LINKING RESULTS:** Include a way to match the same person's interviews while protecting confidentiality, for example using a <u>password</u> or unique identifier that respondents generate and remember.
- 3. **SCORING:** Create each person's total Services Use score by adding up the "yes" answers to questions 1-14 (count "don't know" answers as "no"). Scores can range from 0 to 14.
- 4. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people improve, how many stay the same, and how many get worse.
- 5. **FOLLOW-UP:** If the respondent is not aware of some services he or she could benefit from, provide information and accompaniment as necessary, and note this on the form, to be taken into consideration on the post-test measure.

Measuring change only after the end of an intervention: (this is the second best option, because people often think the intervention has had more effect than it really did)

1. Adapt the questions so that the interview asks people what their answer is now and what it was before the intervention

For example, for question 1 ask: "In the last month, did you use [case management services]?" AND "Before you started coming here, did you use [case management services]?" (see an example)

- 2. **SCORING:** Create each person's total before and after Services Use score by score by adding up the "yes" answers to questions 1-14 (count "don't know" answers as "no"). Scores can range from 0 to 14.
- 3. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people say they improve, how many stay the same, and how many get worse.

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| Ir an | the last month, y of the followin replace with lo | have you used g services? [NB: ocal name] | If no: | INTERVIEWER NOTES: REFERRALS, INFORMATION, ACCOMPANIMENT MADE, WITH DATE |
|----------|---|---|--|--|
| 1. | | ☐ Yes | 15. Do you know where you could | |
| | management | □No→ | get case management services? | |
| | (social worker) | ☐ Don't know | ☐ Yes ☐ No | |
| 2. | Drop-in centre | ☐ Yes | 16. Do you know where there is a | |
| | 2.0p coc | □ No → | drop-in centre you could use? | |
| | | ☐ Don't know | ☐ Yes | |
| | | | □ No | |
| 3. | Food banks or | ☐ Yes | 17. Do you know where you could go | |
| | meal services | □ No→ | to get food? | |
| | | ☐ Don't know | ☐ Yes | |
| | | | □ No | |
| 4. | Health | ☐ Yes | 18. Do you know where you could | |
| | promotion or | □No→ | get information about your | |
| | education | ☐ Don't know | health and living a healthy way? | |
| | programs | | ☐ Yes ☐ No | |
| 5. | Housing | ☐ Yes | 19. Do you know where you could | |
| ٦. | referrals or | □ No→ | get help finding housing? | |
| | advocacy | ☐ Don't know | Yes | |
| | , | | □ No | |
| 6. | Mental health | ☐ Yes | 20. Do you know where you could | |
| | services | □ No→ | get mental health services? | |
| | | ☐ Don't know | ☐ Yes | |
| | | | □ No | |
| 7. | Needle | ☐ Yes | 21. Do you know where you could | |
| /. | exchange | □ Yes □ No → | 21. Do you know where you could get clean needles? | |
| | programs | ☐ Don't know | Yes | |
| | programs | Don't know | □ No | |
| | | | | |
| 8. | Outreach or | ☐ Yes | 22. Do you know where you could | |
| | street worker | □ No→ | get in touch with a street worker? | |
| | services | ☐ Don't know | □ Yes | |
| | | | □ No | |
| 9. | Sexual assault | ☐ Yes | 23. Do you know where you could | |
| | assistance | □ No→ | get help because of sexual | |
| | | ☐ Don't know | assault? | |
| | | | ☐ Yes ☐ No | |
| | | | LINU | |

| 10. | Social support | ☐ Yes | 24. Do you know where you could go | |
|-----|----------------|--------------|------------------------------------|--|
| | group | □ No→ | to a support group? | |
| | | ☐ Don't know | ☐ Yes | |
| | | | □ No | |
| 11. | Substance | ☐ Yes | 25. Do you know where you could | |
| | abuse | □ No→ | get help with addictions to drugs | |
| | counseling or | ☐ Don't know | or alcohol? | |
| | rehabilitation | | ☐ Yes | |
| | | | □ No | |
| 12. | Supervised | ☐ Yes | 26. Do you know where you could go | |
| | injection site | □ No→ | to shoot up in a safe place? | |
| | (if in | ☐ Don't know | ☐ Yes | |
| | Vancouver) | | □ No | |
| 13. | Treatment | ☐ Yes | 27. Do you know where you could | |
| | adherence | □ No→ | get help to take your treatments | |
| | assistance | ☐ Don't know | all the time? | |
| | | | ☐ Yes | |
| | | | □ No | |
| 14. | Youth centre | ☐ Yes | 28. Do you know where there is a | |
| | | □ No | youth centre you could go to? | |
| | | ☐ Don't know | ☐ Yes | |
| | | | □ No | |

Sources: adapted from: O'Brien, N., Social-structural factors associated with supportive service use among a cohort of HIV-positive individuals on antiretroviral therapy. AIDS Care. 2013 Aug;25(8); Duncan, K. C., Salters, K., Forrest, J. I., Palmer, A. K., Hong, W., O'Brien, N., . . . Hogg, R. S. (2013). Longitudinal investigations into supportive and ancillary health services. International Journal of Epidemiology,42(4), 947-955; Observation Sheet, provided by a funding recipient through PHAC.