

ACS3. ABORIGINAL OR ETHNOCULTURAL MSM EXPERIENCES IN ACCESSING SERVICES

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Capacity to access care and support

Intervention types:

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

Worked well with these populations:

- ✓ People living with or affected by HIV or hepatitis C

Interventions for:

- ✓ HIV
- ✓ hepatitis C

DESCRIPTION

Short questionnaire about the experiences of minority MSM in accessing mainstream services; could be used to assess staff and volunteers to understand and respond to the needs of MSM from minority cultural groups. A British study documented higher levels of anxiety and confidentiality concerns in some MSM minority groups than others. The tool could be adapted for use with youth or women in minority cultural groups, as the focus is on intersecting vulnerabilities.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Could be used to assess the impacts of staff and volunteer capacity development on access to care and support.
- ✓ Easily completed and analysed.

Developed in:

- ✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION

- This questionnaire should take less than 10 minutes to complete.
- Tell participants why you are using the questionnaire, being clear that it is to evaluate the intervention to help make it better, and not to evaluate or judge them.
- Participation should be voluntary, so tell participants that it is ok if they do not complete the questionnaire, 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 [Ethics Resources](#))
- If used in a group setting, ensure that people feel safe and provide reminders about confidentiality. Ensure that no one can see each other's answers (screen or paper), and put completed questionnaires 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:** Have the questionnaires filled out 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 questionnaires while protecting confidentiality, for example using a [password](#) or unique identifier that respondents generate and remember
3. **SCORING:** Create each person's total Experiences in Accessing Services Score by adding up his or her answers. Scores can range from 0 to 7.
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.

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 questionnaire so that it asks people what their answer is now and what it was before the intervention

For example, for question 1 ask: *"Thinking about the last time you went to [service], were you anxious about going there?"* AND *"Before you started coming here, when you went to [service], were you anxious about going there?"* (see an [example](#))

2. **SCORING:** Create each person's total Experiences in Accessing Services Score by adding up his or her answers. Scores can range from 0 to 7. Lower scores are more positive.
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.

ACS4. ABORIGINAL OR ETHNOCULTURAL MSM EXPERIENCES IN ACCESSING SERVICES

Thinking about the last time you went to [service]:	
1. Were you anxious about going there?	0 Not at all anxious 1 A little anxious 2 Very anxious
2. Were you concerned that other people could hear you when you were talking?	0 No 1 Yes
3. Did you feel comfortable sitting in the waiting room?	1 No 0 Yes
4. Did the worker assume you have sex with women? (OR: adapt to priority group – Did the worker assume things about who you have sex with?)	0 No 1 Yes
5. Were you worried that if you said that you have sex with men people in your community would find out? (OR: adapt to priority group –)	0 No 1 Yes
6. Would you recommend the [service] to other MSM? (OR: adapt to priority group)	1 No 0 Yes

Sources : adapted from Elford, J., McKeown, E., Doerner, R., Nelson, S., Low, N., & Anderson, J. (2010). **Sexual health of ethnic minority MSM in Britain (MESH project): Design and methods**. BMC Public Health, 10 doi:10.1186/1471-2458-10-419; McKeown, E. et al **The experiences of ethnic minority MSM using NHS sexual health clinics in Britain**. Sex Transm Infect. 2012 Dec;88(8):595-600. doi: 10.1136/sextrans-2011-050436. Epub 2012 Jun 20.