

Building a Community–Based HIV/HCV Shared Measurement System:

Successes and lessons learned from the Community HIV/HCV Evaluation and Reporting Tool (CHERT) in British Columbia

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Background

Shared measurement systems require all programs or initiatives operating within a field to report on the same measures, using identical indicators and methodologies¹. Such systems have the potential to increase efficiency, learning and impact within any given field by accurately documenting the work that is collectively being conducted.

Led by the Pacific AIDS Network (PAN) and funded by the Provincial Health Services Authority (PHSA), the Community HIV/HCV Evaluation and Reporting Tool (CHERT) is an online survey that collects annual data from community-based HIV/AIDS and/or hepatitis C (HCV) organizations operating in British Columbia. CHERT questions explore indicators related to the organizations' prevention, testing, treatment and support services (see Table 1). Among other objectives, the CHERT aims to measure the collective contribution community programs are making to the success of BC's provincial HIV/AIDS strategy – From Hope to Health: Towards an AIDS-free Generation². This poster outlines the successes, challenges and lessons learned from the process of implementing this shared measurement system in BC.

Table 1. Key CHERT Objectives

Demonstrating impact	Used over time, findings from CHERT will assess the contribution community-based organizations are making to the success of the provincial strategy to address HIV and HCV in BC, as outlined in From Hope to Health.
Program Planning & Involvement	CHERT provides community organizations with the information they need to identify gaps and trends in service delivery that can be used to adjust services or develop new programs.
Standardization	By working with funders CHERT aims to streamline the data collected and reported by community-based HIV/HCV organizations in BC, with the hope of reducing the number of repetitive and time-consuming reporting requirements required of community-based organizations.
Accountability	The CHERT is a tool that organizations can use to compare the actual activity against what was planned for in initial proposals and logic models. Accountability is important for organizations' members, service recipients, partners, and funders.

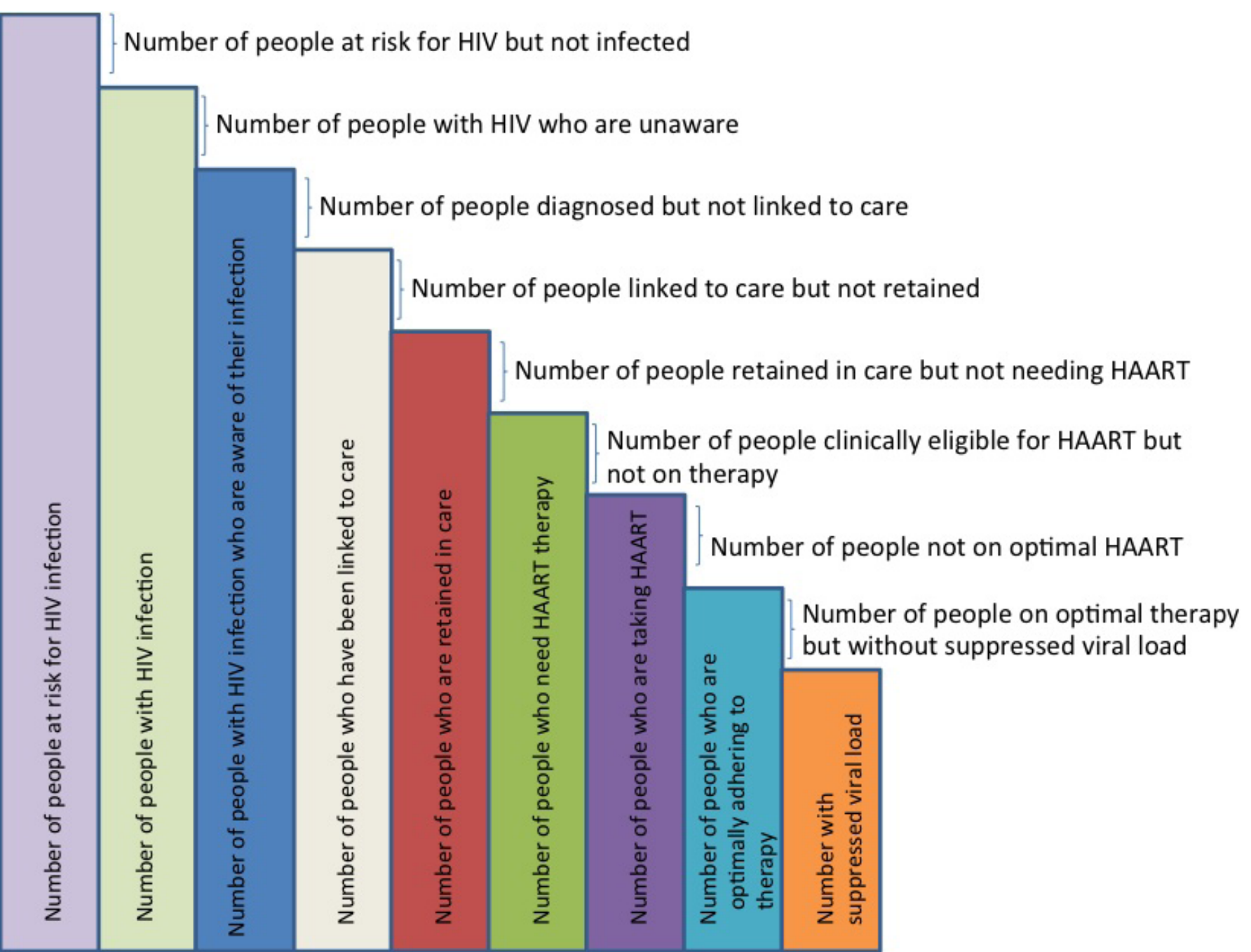
About the Pacific AIDS Network (PAN)

By way of background, PAN is a pro-active member-based coalition that provides a network to the abilities and efforts of its over 50 member organizations to respond to HIV, HCV and related issues in BC. PAN facilitates communication and the sharing of best practices, and provides professional/workforce development and leadership training to its members and people living with HIV/AIDS (PHAs) from throughout BC. PAN also acts as a voice for the community-based response to the HIV/AIDS and HCV epidemics. It also provides face-to-face networking opportunities, opportunities for mutual support; education and skills development; promotes community-based research (CBR); and undertakes collective action to influence public perceptions and policies affecting persons living with HIV/AIDS, hepatitis C and those most at risk.

Successes

Since the CHERT's launch in 2012, the measurement system has successfully collected three years of data with approximately 70% (n ~ 30) of PAN member organizations participating each year. The collection of this data has allowed the sector to monitor the performance of its community organizations and track contributions to BC's cascade of prevention and care over time (Figure 1). For instance, findings from the CHERT demonstrate that community organizations are critical players in the prevention of new HIV and HCV infections by providing a range of prevention education sessions and distributing harm reduction and prevention materials. CHERT respondents distributed more than 400,000 condoms and 850,000 clean needles per year, over the last three years.

Fig 1. HIV cascade of prevention and care for BC³



Data from the CHERT also illustrates that community organizations substantially contribute to HIV and HCV testing in the province, with an average of 11 organizations reporting that they hosted or administered such testing for roughly 2,441 people/year over the last two years. Further, most CHERT respondents have consistently provided post-positive services, including in-house support services and counselling, referrals for support and counselling, and referrals for clinical care and treatment services.

Moving along the cascade, we can also explore how community organizations have contributed to engaging and retaining people in care following positive diagnoses. An average of 6 organizations reported providing HIV treatment services in the last two years, treating an average of 574 people for HIV infection, and 108 for HIV/HCV co-infection. In the continuum of HIV prevention, testing, treatment and support, there are multiple instances in which people can become disengaged or 'fall off' the cascade due to a range of barriers, such as food insecurity, homelessness, mental health and addictions issues, and stigma and discrimination³. Results from the CHERT have also demonstrated that community organizations are key players in addressing these barriers.

In 2013-2014, CHERT respondents were asked about how their organizations contribute to the success of the cascade of prevention and care and Treatment as Prevention (TasP) in BC. As seen in Table 2, respondents most commonly described the role their organizations play in educating the general public and priority populations about transmission risks, effective prevention techniques, and the importance of HIV/HCV testing (n = 14). Other key contributions discussed were the provision of services that support people living with HIV to engage, re-engage and remain engaged along the cascade of care (n = 9) and linking people living with HIV to care and support (n = 8).

Table 2. Summary of responses to qualitative CHERT question: "How does your organization contribute to the success of the cascade of prevention and care and TasP in BC?", 2013-2014 (n = 21)

Key themes	# Responses
Educating the general public and priority populations about risks, effective prevention techniques, promoting testing, etc.	14
Providing services that support people living with HIV to engage, re-engage and remain engaged along the cascade of care (e.g. housing services, mental health and substance use services, food security, emotional support, peer support, etc.)	9
Linking people living with HIV to care and support	8
Providing treatment adherence programs and services	5
Re-engaging people living with HIV who are lost to care	4
Providing harm reduction services and education (e.g. distribution of harm reduction supplies)	4
Educating people living with HIV to support them across the continuum of care	4
Referrals to support services (e.g. housing, food security, etc.)	3
Educating service providers on HIV issues	2
Facilitate connections between community organizations and health care providers to ensure the success of care and support	2
Providing or hosting testing and treatment services	2
Evaluation of the contribution community organizations are making to the provincial HIV strategy	1

Challenges

Alongside the successes of the CHERT, PAN has experienced some challenges in the process of implementing and using this shared measurement tool. The following are some of the key challenges experienced in this process:

Similar, but different initiatives

While CHERT respondents appear to maintain a shared vision for change for HIV and HCV, their approaches and structures are often divergent, which makes the establishment of shared measures and indicators challenging.

Focus on process, rather than outcome indicators

To date the CHERT has focused on collecting process-level indicators rather than outcome indicators. This focus has been largely due to the time and resources it would take to develop more complex outcome indicators. Unfortunately, this concentration on process indicators has made the CHERT less appealing to our BC health authority partners, ultimately reducing use of the findings.

Competing priorities

While one of the central objectives of the CHERT is to streamline the data collected and reported by the community HIV/HCV organizations in BC, competing priorities of different stakeholder groups have made agreeing on common measures a difficult task. For instance, we have found that data a community organization is interested in is often different from what BC's health authorities and the Public Health Agency of Canada are interested in measuring.

Lessons Learned and Next Steps

Over the last three years, the CHERT has made substantial progress in measuring the contribution community-based organizations make in addressing the HIV and HCV epidemics in BC. However, given the challenges listed above the decision has been made to pause data collection on the CHERT for this fiscal year. The time will be used to re-examine and realign the goals and objectives of the CHERT and to build indicators that support the needs of both service providers and funders in BC. Furthermore, the PHSA has expressed interest in identifying a set of common indicators that the health authorities would use to evaluate the work of their contracted, community-based services.

The last three years have taught us many things and we will engage the following lessons when continuing to build a shared measurement framework for community-based HIV and HCV services in BC moving forward:

- ➔ Focus on outcome as well as process indicators – thanks to a grant from the CIHR Centre for REACH in HIV/AIDS PAN will be working on developing outcome indicators that will strengthen this shared measurement system
- ➔ Engage all stakeholders as active members in the planning and implementation of shared measurement tools
- ➔ Align tools with relevant policy documents and strategic directions
- ➔ Create a continuous communication system across the system to ensure that all stakeholders have the information they need to support the work
- ➔ Invest in a strong central leadership and implementation team that moves the work of the group forward

References

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- ³ Wilton, J., & Broecker, L. (2013). The HIV treatment cascade - patching the leaks to improve HIV prevention. Retrieved from: <http://www.catie.ca/pif/spring-2013/hiv-treatment-cascade-patching-leaks-improve-hiv-prevention>

Download past CHERT reports:

<http://pacificaidnetwork.org/the-community-hivhcv-evaluation-and-reporting-tool-chert-2>

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