



HIV Care, Treatment and Retention Indicators

Indicator 33: Number of clients receiving HCV treatment from CBOs	
Description	<ul style="list-style-type: none"> Total number of CBO clients receiving treatment for HCV from CBOs.
Significance	<ul style="list-style-type: none"> Early treatment for HCV improves viral clearance outcomes (Corey, et al., 2010). Treatment is highly effective when administered within 12 weeks of diagnosis (Corey, et al., 2010).
Data source	<ul style="list-style-type: none"> CBO administrative data
Possible disaggregation	<ul style="list-style-type: none"> Type of treatment received
Limitations	<ul style="list-style-type: none"> CBO tracking issues Lack of consistent tracking method leads to limited comparability of data

Click [here](#) to download a comprehensive list of indicators in the Indicators Technical Report.





Indicator 34: Number and satisfaction of HCV-positive people provided with ancillary support services by CBOs	
Description	<ul style="list-style-type: none"> Total number and satisfaction of HCV-positive people provided with ancillary support services by CBOs. Recommendations for satisfaction scales can be found in Indicator #36.
Significance	<ul style="list-style-type: none"> Appropriate health information and social supports can play a key role in the self-management of health for people living with HCV (Temple-Smith, et al., 2004).
Data source	<ul style="list-style-type: none"> CBO administrative data
Possible disaggregation	<ul style="list-style-type: none"> Types of ancillary services provided (e.g. housing support, mental health and substance use services, food security services, etc.)
Limitations	<ul style="list-style-type: none"> CBO tracking issues

Indicator 35: Number of referrals to ancillary support services for HCV-positive people, provided by CBOs	
Description	<ul style="list-style-type: none"> Total number of referrals made to support services for HCV-positive people by CBOs.
Significance	<ul style="list-style-type: none"> Appropriate health information and social supports can play a key role in the self-management of health for people living with HCV (Temple-Smith, et al., 2004).
Data source	<ul style="list-style-type: none"> CBO administrative data
Possible disaggregation	<ul style="list-style-type: none"> Types of ancillary services provided (e.g. housing support, mental health and substance use services, food security services, etc.)
Limitations	<ul style="list-style-type: none"> CBO tracking issues Lack of standardized approach for tracking referrals results in limited ability to compare numbers between organizations

*** Note: HIV-specific indicators # 30 – 32 could be adapted to measure HCV care and treatment, including: (i) clients reporting whether staff of CBOs “know them as a person; (ii) quality of life; and (iii) loneliness scale scores.





References

1. Corey, K.E., Mendes, J., Gorospe, E.C., Zheng, H., & Chung, R.T. (2010). Early treatment improves outcomes in acute hepatitis C virus infection: A meta-analysis. *J Viral Hepat*, 17(3): 201-207.
2. Temple-Smith, M., Gifford, S., & Stoove, M. The lived experience of men and women with hepatitis C: Implications for support needs and health information. *Australian Health Review*, 27(2): 46-56.