## Draft Shared Measures PHSA HIV and HCV Collaborative

Revised Wednesday, July 5, 2017

Logic model component	Indicators	Applicability of indicators to projects
Supporting an active and engaged network of people living with HIV and HCV     (Foundational Activity)	<ul> <li># of people with lived experience participating in service provision, research and evaluation, leadership, decision-making and policy development [2, #38]</li> <li>GIPA Report Card: https://oan.red/wp-content/uploads/2013/06/living serving3 oct2011.pdf</li> <li>Advocacy         <ol></ol></li></ul>	Applicable for: - All contracted agencies - PHSA HIV/HCV Collaborative as a whole

Logic model component	Indicators	Applicability of indicators to projects
2. Supporting an active	<ul> <li>10. How does your organization provide opportunities to people living with HIV and/or HCV to carry out real and meaningful roles in HIV/HCV interventions, such as counsellors, peer educators and/or outreach workers or role models?</li> <li>11. How does your organization provide opportunities to a broad range of people living with HIV and/or HCV for meaningful involvement in the design, implementation and evaluation of HIV/HCV interventions?</li> <li>12. How does your organization provide the opportunity for people living with HIV and/or HCV to be engaged and accepted as professionals?</li> <li>13. How does your organization provide opportunities to people living with HIV and/or HCV to be active spokespersons in campaigns to raise awareness, change attitudes and behaviours, and to be meaningfully involved in sharing their views at meetings and conferences?</li> <li>See below for other indicators measuring involvement of people with lived experience in PHSA HIV and HCV Collaborative (#3, #5)</li> </ul>	Applicable for:
and engaged network of CBOs: coordination, monitoring and evaluation, capacity building and partnerships (Foundational Activity)	<ul> <li># of partnerships (formal vs. informal) previously held with other agencies (non-profit organizations, corporations, public sector – health authorities, government bodies, universities, etc.) that support the success of PHSA HIV/HCV Collaborative [2, #40]</li> <li># of new partnerships (formal vs. informal) held with other agencies (non-profit organizations, corporations, public sector – health authorities, government bodies, universities, etc.) that support the success of PHSA HIV/HCV Collaborative [2, #40]</li> <li>reported value partnerships bring to individual organization and larger collaborative (request examples)</li> </ul>	<ul> <li>All contracted agencies</li> <li>PHSA HIV/HCV Collaborative as a whole</li> </ul>
	<ul> <li>Capacity Building</li> <li>Capacity-building needs assessment conducted (using Members' &amp; Stakeholders' Survey)</li> <li>Learning structures and processes are embedded in the work of the Cl initiative: # of capacity-and skills-building events facilitated by the network [PAN EF]</li> <li># of PAN's members, network members, and stakeholders who report benefits to participating in PAN's capacity- and skills-building network/PHSA HIV/HCV Collaborative [PAN EF]</li> <li>Partners report using data to inform selection of strategies and actions [PAN EF]</li> </ul>	

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3. Advocacy, policy and	<ul> <li>Collaborative members report satisfaction in the collaborative's ability to establish a culture of openness, transparency, and inclusion, where decision-making processes are open and transparent, and partners feel included in major decision-making processes [PAN EF]</li> <li>See below (#5, #9) for indicators related to: coordination &amp; communication; service integration; shared measurement &amp; community-based M&amp;E</li> <li>List of advocacy, policy and stigma reduction projects that contracted agencies are undertaking</li> </ul>	Applicable for:
stigma reduction activities (Foundational Activity)	<ul> <li>Assess PAN's support to agencies in identifying activities for advocacy and policy change [PAN EF]</li> <li># of working groups formed to work on advocacy, policy, and stigma reduction activities [PAN EF]</li> <li>Composition of working groups (i.e. # of members, # of people with lived experience) [PAN EF]</li> <li>Number and type of favourable policy actions supported by contracted agencies' projects [4,5]</li> <li>Relationships with policy developers (decision-makers/legislation) are strengthened [5]</li> <li>Public policies are passed that supports the agencies' and collaborative's priority actions [5]</li> <li>PAN to advocate for an aligned policy agenda [PAN EF]</li> </ul>	- All contracted agencies - PHSA HIV/HCV Collaborative as a whole
4. Supporting the social determinants of health (Foundational Activity)	<ul> <li>Agencies conduct research and evaluation work that educates health decision-makers and supports program planning about social determinants of health [6]</li> <li>Agencies advocate for public policy action on the social determinants of health [6]</li> <li>Agencies build community capacity to address the social determinants of health [6]</li> <li>Agencies address systemic barriers to access health services [6]</li> </ul>	Applicable for: - All contracted agencies - PHSA HIV/HCV Collaborative as a whole
5. Increased coordination, service integration communication, community-based evaluation and shared measurement (Short-term Outcome)	<ul> <li>Coordination &amp; Communication</li> <li>PHSA HIV and HCV Collaborative established         <ul> <li># collaborative meetings held to facilitate communication and coordinate efforts</li> <li># of participants and composition of collaborative meetings (# of organizations, type of organizations, # of people with lived experience, etc.) [PAN EF]</li> <li>How useful do agencies think collaborative meetings are? Areas for improvement?</li> <li>Collaborative communication plan developed and implemented</li> </ul> </li> </ul>	Applicable for: - All contracted agencies - PHSA HIV/HCV Collaborative as a whole

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Logic model component	■ Contracted agencies report satisfaction with the amount and quality of communication within the collaborative [PAN EF]  - Agencies define the priority action items (i.e. common agenda) for the collaborative [5, PAN EF]  ○ By the end of year 1, partners will have achieved a common understanding of the problem, set goals and vision for moving forward [PAN EF]  ○ Level of urgency on key issues identified by network members and key stakeholders across the province [PAN EF]  ○ How have agencies contributed to the collaborative's priority actions? How satisfied are agencies with progress towards each of the collaborative's priority actions? What actions should be prioritized in the future?  ○ Members of the target population report that they help shape the common agenda, participate on work groups, make decisions [PAN EF]  - Status of collaborative's health (i.e. examine purpose, membership, resources, operations, communications, leadership and governance, advantage, and performance) [PAN EF]  ○ Structure/policy for inclusive decision-making defined [PAN EF]  ○ Shifts in ability of the collaborative to respond to shifting needs of the community and epidemic over time [PAN EF]  ○ Agencies regularly seek feedback and advice from one another [5]  ○ Sufficient funding and human resources are available over a multi-year period to support the collaborative's work [PAN EF]  ■ Fund development plan created for the PHSA HIV/HCV Collaborative	indicators to
	<ul> <li>Backbone Support</li> <li>Network members report on their satisfaction with the ability of the backbone organization to support the work on the collective and quality of the support received [PAN EF]</li> <li>Network members look to PAN as the backbone organization, the PHSA BBO and SC for initiative support, strategic guidance, and leadership [PAN EF]</li> <li># of PAN's members, network members, and stakeholders who report benefits to participating in PAN as well as the capacity- and skills-building network/collaborative [PAN EF]</li> </ul>	

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	Service Integration	
	- See long-term outcome #9 below	
	Shared Measurement & Community-Based Evaluation	
	- Data needs of the PHSA HIV/HCV Collaborative determined through needs assessment	
	conducted (using Members' & Stakeholders' Survey) [PAN EF]	
	- Shared measurement system developed [PAN EF]	
	<ul> <li>A participatory process is used to determine a common set of indicators and data collection methods [5, PAN EF]</li> </ul>	
	Agencies understand the value of the shared measurement system [5]	
	<ul> <li># of other health authorities using shared measurement in their work [PAN EF]</li> </ul>	
	- Agencies feel collective accountability for results of the collaborative and progress towards priority actions [5]	
	- Agencies regularly analyze and interpret data, synthesize findings and refine plans as a collective [5]	
	<ul> <li>System established for engaging with data and using evidence to improve the reach, work and outcomes of the PHSA HIV/HCV Collaborative [PAN EF]</li> </ul>	
	<ul> <li># of agencies who report using data generated from program evaluations or shared measurement work [PAN EF]</li> </ul>	
	<ul> <li># of agencies that report increased capacity to understand, implement and use data from shared measures [PAN EF]</li> </ul>	
	<ul> <li>How do agencies use evaluation results to learn and make ongoing adaptations to their programs?</li> </ul>	
	- Development of individual evaluation plans for agencies	
	- Evaluation plan for the PHSA HIV/HCV Collaborative developed [PAN EF]	
6. Improved treatment and care outcomes	- N/A (contracted agencies are contributing to this outcome, but will not be measured)	Indirectly Applicable for all
(Medium-Term Outcome)		contracted agencies
7. Increased reach and coverage of HIV and HCV	- N/A (contracted agencies are contributing to this outcome, but will not be measured)	Indirectly Applicable for all

Logic model component	Indicators							Applicability of indicators to projects	
services across the province									contracted agencies
(Medium-Term Outcome)									
8. Increased HIV and HCV prevention, diagnosis and linkage to care	- Epid	lemiological data (STOP H	IV/AIDS (	Quarterly	reports, BC F	lepatitis Testers	Cohort)		Indirectly Applicable for all contracted
(Long-Term Outcome)  9. Reduced duplication and improved collaboration between service partners (Long-Term Outcome)	HIV/ - Cont prior - Part dupl - Num	HIV/HCV Collaborative and its priority actions [5]						Applicable for: - All contracted agencies - PHSA HIV/HCV Collaborative as a whole	
		Funding Purchasing of services	1	2	3	4	5	DK DK	

Logic model component	Indicators							Applicability of indicators to projects
	Facility space	1	2	3	4	5	DK	
	Record keeping and management information systems data	1	2	3	4	5	DK	
	Developing programs or services	1	2	3	4	5	DK	
	Program evaluation	1	2	3	4	5	DK	1
		1	2	3	4	5	DK	
	Informing the public of available services	1	2	3	4	5	DK	
	Diagnoses and evaluation/assessment	1	2	3	4	5	DK	
	Common intake forms	1	2	3	4	5	DK	
	HIV/HCV service plan development	1	2	3	4	5	DK	
	Participation in standing interagency committees	1	2	3	4	5	DK	
	Information about services	1	2	3	4	5	DK	
	Case conferences or case reviews	1	2	3	4	5	DK	
	Informal agreements	1	2	3	4	5	DK	1
	Formal written agreements	1	2	3	4	5	DK	
	Voluntary contractual relationships	1	2	3	4	5	DK	

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10. Improved responsiveness, relevance and effectiveness of community and health care services for those affected across BC (Long-Term Outcome)	<ul> <li>How do agencies assess the needs of their clients or the larger community they aim to impact?         <ul> <li>Client satisfaction scale (where the 'client' would be other organizations or other stakeholders who are doing frontline work)</li> </ul> </li> <li>How are agencies' policy and advocacy work shifting based on the current context/needs? Is the work of the organizations responsive?</li> <li># of contracted agencies with mechanisms in place to assess whether they are meeting the needs of their "clients"</li> <li>How do agencies build the capacity of their clients to more responsive, relevant and effective in providing community and health care services for those affected?</li> </ul>	Applicable for: - All contracted agencies - PHSA HIV/HCV Collaborative as a whole

## References

- 1. Preskill, H., Parkhurst, M., & Juster, J.S. (2014). Guide to Evaluating Collecting Impact. Retrieved from: http://www.fsg.org/publications/guide-evaluating-collective-impact#download-area
- 2. Vlahaki, E., & Duddy, J. (2016). Technical Report: Shared Measures for Community Organizations Addressing HIV & Hepatitis C. Retrieved from: http://pacificaidsnetwork.org/wp-content/uploads/2016/07/Final-technical-report-Shared-Measures-for-CBOs.pdf
- 3. Greenbaum, P.E., & Dedrick, R. F. (). Interagency Collaboration Activities Scale (IACAS). Retrieved from: <a href="http://rtckids.fmhi.usf.edu/rtcpubs/study01/CollaborationScaleVersion6.pdf">http://rtckids.fmhi.usf.edu/rtcpubs/study01/CollaborationScaleVersion6.pdf</a>
- 4. Canadian HIV/AIDS Legal Network. Advocacy and Social Justice: Measuring Impact. Retrieved from: <a href="http://www.aidslaw.ca/site/our-story/measuring-impact/?lang=en">http://www.aidslaw.ca/site/our-story/measuring-impact/?lang=en</a>
- 5. Preskill, H., Parkhurst, M., & Juster, J.S. Guide to Evaluating Collective Impact (n.d.). Supplement: Sample Questions, Outcomes, and Indicators. Retrieved from: <a href="https://collectiveimpactforum.org/sites/default/files/Guide%20to%20Evaluating%20Cl%2003.pdf">https://collectiveimpactforum.org/sites/default/files/Guide%20to%20Evaluating%20Cl%2003.pdf</a>
- 6. Canadian Institute for Health Information. (2013). Health Region Interviews that Address the Social Determinants of Health: Equity and Structural Lenses in Intervention Research. Retrieved from: https://secure.cihi.ca/free\_products/HighlightsSDOH-ENweb.pdf