



HIV and HCV Primary Prevention Indicators

Indicator 1: Number of people reached through HIV and HCV education sessions focused on risk behaviour reduction	
Description	<ul style="list-style-type: none"> Total number of people reached through HIV/HCV education sessions/ workshops focused on risk-behaviour reduction.
Significance	<ul style="list-style-type: none"> HIV education programs have demonstrated to be effective in decreasing risk behaviour and increasing contraceptive use (Kirby et al., 2006).
Data source	<ul style="list-style-type: none"> CBO administrative data
Possible disaggregation	<ul style="list-style-type: none"> Target populations Sessions focused on HIV vs. HCV vs. both Peer education vs. not
Limitations	<ul style="list-style-type: none"> Participant tracking challenges

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





Indicator 2: Sexual Health Capacity Scale scores before and after participation in education session	
Description	<ul style="list-style-type: none"> The Sexual Health Capacity Scale measures knowledge and confidence in preventive sexual practices for HIV and STIs (Bavinton, et al., 2013). Higher scores would indicate greater perceived knowledge and confidence in maintaining sexual health.
Significance	<ul style="list-style-type: none"> HIV education programs have demonstrated to be effective in decreasing risk behaviour and increasing contraceptive use (Kirby et al., 2006).
Scale	<ul style="list-style-type: none"> Scale: 1 (strongly disagree), 2, 3, 4, 5 (strongly agree) Items: <ul style="list-style-type: none"> I have a good understanding of how HIV is transmitted. I have a good understanding of how HCV is transmitted (ADDED). I would be able to recognize the symptoms of a sexually transmissible infection (STI). I know where to get to get a full sexual health check-up. I know how to put a condom on properly. I know that I am at increased risk for HIV if I have multiple sexual partners (ADDED). I know that I am at increase risk for HIV if I have, or have recently had, a sexually transmitted infection (ADDED). I know that I am at increase risk for hepatitis C by sharing needles and other equipment used to inject drugs (ADDED). I feel confident that I can negotiate the use of condoms with sexual partners.
Measurement	<ul style="list-style-type: none"> Participants should complete the scale both before and after participation in education session. Participation should be voluntary. Compare participants' mean scores on the items before and after participation.
Data source	<ul style="list-style-type: none"> Education session participants
Possible disaggregation	<ul style="list-style-type: none"> Target population
Limitations	<ul style="list-style-type: none"> Survey questions focused on sexual health.





Indicator 3: Knowledge of new HIV and HCV prevention technologies before and after participation in CBO education session	
Description	<ul style="list-style-type: none"> Knowledge of new HIV and HCV prevention technologies before and after participation in CBO education workshops.
Significance	<ul style="list-style-type: none"> HIV education programs have demonstrated to be effective in decreasing risk behaviour and increasing contraceptive use (Kirby et al., 2006).
Measurement	<ul style="list-style-type: none"> The Canadian Public Health Association (CPHA) (n.d.) developed a training module to enhance frontline providers' knowledge of New HIV Prevention Technologies. This module also includes a brief evaluation survey that participants fill out before and after participation in the module.
Data source	<ul style="list-style-type: none"> Survey with workshop participants
Possible disaggregation	<ul style="list-style-type: none"> Type of new prevention technology discussed Target group of education session
Limitations	<ul style="list-style-type: none"> Need to survey workshop participants

Indicator 4: Number of condoms distributed by CBOs	
Description	<ul style="list-style-type: none"> Total number of condoms (male or female) distributed by CBOs. Does not include other safer sex materials, such as dental dams and lubricant.
Significance	<ul style="list-style-type: none"> Interventions that increase the availability or accessibility of condoms are efficacious in increasing condom use behaviours (Charania, et al., 2011). Condoms reduce risk of HIV and HCV transmission through sexual intercourse.
Data source	<ul style="list-style-type: none"> CBO administrative data (e.g. condom distribution tracking sheet)
Possible disaggregation	<ul style="list-style-type: none"> Male vs. female condoms Distribution to HIV-positive vs. HIV-negative individuals Population served (e.g. sex workers, men who have sex with men, etc.)
Limitations	<ul style="list-style-type: none"> At the individual level, distribution of condoms does not always translate to increased condom use. May be difficult for CBOs to track.





Indicator 5: Percent change in health and social service providers' perceived ability to respond to HIV and HCV issues before and after participation in education session

Description	<ul style="list-style-type: none"> Percent change in health and social service providers' perceived ability to respond to clients' HIV and HCV issues before and after their participation in CBO-led education sessions.
Significance	<ul style="list-style-type: none"> Ongoing training for health and social service providers improves understanding and practice of evidence-based HIV prevention services (CDC, 2016).
Scale	<ul style="list-style-type: none"> Scale: 1 (low ability), 2, 3, 4, 5 (high ability) Items: (i) Ability to respond to clients' issues related to HIV/AIDS; (ii) Ability to respond to clients' issues related to Hepatitis C.
Measurement	<ul style="list-style-type: none"> Participants should complete the scale both before and after participation in education session. Compare participants' scores before and after participation and calculate percent change.
Data source	<ul style="list-style-type: none"> Education session participants
Possible disaggregation	<ul style="list-style-type: none"> Target population for education session
Limitations	<ul style="list-style-type: none"> Survey participation dropout following education session

Indicator 6: Percent of respondents who report using a condom the last time they had sex

Description	<ul style="list-style-type: none"> The percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months. Reported condom use at last sex is a valid proxy for condom use behaviours over longer time periods (Younge et al., 2008).
Significance	<ul style="list-style-type: none"> Condom use is a key prevention strategy for HIV and HCV transmission.
Data source	<ul style="list-style-type: none"> Self-report client survey
Possible disaggregation	<ul style="list-style-type: none"> Target group
Limitations	<ul style="list-style-type: none"> Social desirability bias





Indicator 7: Number of clean needles and syringes distributed	
Description	<ul style="list-style-type: none">Total number of clean needles and syringes distributed.
Significance	<ul style="list-style-type: none">Exposure to needle and syringe programs is associated with reduction of HCV transmission (Turner, et al., 2011).
Data source	<ul style="list-style-type: none">CBO administrative data (e.g. harm reduction material distribution tracking sheet)
Possible disaggregation	<ul style="list-style-type: none">Distribution by target groups
Limitations	<ul style="list-style-type: none">At the individual level, distribution of clean needles and syringes does not always translate to use of this equipment.Can be difficult for CBOs to track.

Indicator 8: Number of clean pipes/glass tubes distributed	
Description	<ul style="list-style-type: none">Total number of clean needles and syringes distributed.
Significance	<ul style="list-style-type: none">Exposure to needle and syringe programs is associated with reduction of HCV transmission (Turner, et al., 2011).
Data source	<ul style="list-style-type: none">CBO administrative data (e.g. harm reduction material distribution tracking sheet)
Possible disaggregation	<ul style="list-style-type: none">Distribution by target groups
Limitations	<ul style="list-style-type: none">At the individual level, distribution of clean needles and syringes does not always translate to use of this equipment.Can be difficult for CBOs to track.





Indicator 9: Number of referrals to HIV/HCV prevention and support services for those at-risk

Description	<ul style="list-style-type: none">• Total number of referrals made to HIV and HCV prevention services.
Significance	<ul style="list-style-type: none">• Engagement of vulnerable and marginalized populations in the health and social service system aims to reduce transmission of communicable diseases (HRSS, 2013).
Data source	<ul style="list-style-type: none">• CBO administrative data
Possible disaggregation	<ul style="list-style-type: none">• Type of service referrals are made for (e.g. screening/testing for HIV/HCV, syringe services program, post-exposure prophylaxis, mental health and substance use services, etc.)
Limitations	<ul style="list-style-type: none">• CBO tracking issues• Lack of standardized manner to track referrals• Difficulty for CBOs to determine whether client followed through with referral

Indicator 10: Number of at-risk clients provided with HIV/HCV prevention and support services

Description	<ul style="list-style-type: none">• Total number of clients provided with HIV/HCV prevention and support services
Significance	<ul style="list-style-type: none">• Engagement of vulnerable and marginalized populations in the health and social service system aims to reduce transmission of communicable diseases (HRSS, 2013).
Data source	<ul style="list-style-type: none">• CBO administrative data
Possible disaggregation	<ul style="list-style-type: none">• Type of prevention/support service provided (e.g. screening/testing for HIV/HCV, syringe services program, post-exposure prophylaxis, mental health and substance use services, etc.)
Limitations	<ul style="list-style-type: none">• CBO tracking issues





Indicator 11: Percent change in resiliency and self-efficacy following receipt of support from CBO health promotion case managers

Description	<ul style="list-style-type: none">• Total number of clients provided with HIV/HCV prevention and support services
Significance	<ul style="list-style-type: none">• Engagement of vulnerable and marginalized populations in the health and social service system aims to reduce transmission of communicable diseases (HRSS, 2013).
Measurement	<ul style="list-style-type: none">• Outcomes to be measured upon initial consultation with case manager and at follow-up. Percent change in outcomes to be calculated.
Data source	<ul style="list-style-type: none">• Survey with clients receiving support from health promotion case managers
Possible disaggregation	<ul style="list-style-type: none">• Client target group• Peer vs. non-peer case managers
Limitations	<ul style="list-style-type: none">• Need to conduct client survey





References

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4. Centre for Disease Control and Prevention (CDC). (2016). Effective interventions: HIV prevention that works. Retrieved from: <https://effectiveinterventions.cdc.gov>
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6. Kirby, D.B., Laris, B.A., & Roller, L.A. (2006). Sex and HIV education programs: Their impact on sexual behaviours of young people throughout the world. *Journal of Adolescent Health*, 40, 206 – 217.
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