

Developing questionnaire items related to PrEP access using a conceptual framework of access to care

During the development of the Engage questionnaire, the access to services module, including access to PrEP, was developed using the conceptual framework on access to care proposed by Levesque et al.(1) The Levesque model describes access through the lens of an individual's ability to identify health service needs, to seek, reach, and obtain services. Questionnaire items on access to services, including access to PrEP were developed to capture determinants from the user-perspective. The steps taken by the Engage team were as follows:

1. A literature review was conducted (MMP) to identify other studies/surveillance projects focusing on GBM populations from developed countries that measure access to health services.(2–9) The services of interest were HIV testing, HIV pre- and post-exposure prophylaxis, HIV prevention counseling and HIV care. Other similar questionnaires were reviewed (e.g., the UNAIDS Global AIDS Response Progress Reporting indicators,(10) the M-TRACK surveillance report(11)).
2. The questionnaire items were constructed (JC, GL, MMP) iteratively using the conceptual framework of access. Items were constructed to map along the individual-level dimensions of access to care: 1) ability to perceive a need, 2) ability to seek/look for, 3) ability to reach/obtain, 4) ability to pay and 5) ability to engage/adhere to a health service. Therefore, these items measure individual level barriers and facilitators to access that can be experienced when obtaining care and engagement with a service.
3. Questions were reviewed and discussed with members of the research team (JC, GL, MMP, TAH, DMM, NJL, JJ, RR, GO) to determine pertinence and utility in addressing the module's objectives
4. The questionnaire items were presented using a 5-point Likert scale of agreement, participants were asked “at this time, thinking about PrEP as an HIV prevention method, how much do you agree with the following statements?”
5. Input from community engagement committee (CEC) meetings was elicited to assess the face validity of the module's questions, to identify any missed barriers that may be experienced by GBM and to identify any relevant issues the module may have overlooked. CECs were established in each city (Montréal, Toronto and Vancouver). Members were identified in collaboration with local community-based organizations that work closely with the GBM community. The CEC's mandate in each city was to anchor the Engage study in the community, allowing for consultation and feedback from CEC members regarding the study procedures, validating the study questionnaire and other data collection tools, and to provide guidance during the promotional and implementation phases of the study.
6. The module was reviewed and finalized after incorporating the feedback from CEC and other members of the research team (TAH, DMM, NJL, JJ, RR, JO).
7. The module was piloted as part of piloting the complete questionnaire. the study team (JC, GL, MMP, TAH, DMM, NJL, JJ, RR, GO) developed a piloting guide with the objectives of validating the comprehension and clarity of the language used in the questionnaire, to identify any coding errors and/or typos, to gauge the time it takes to complete the questionnaire, and to verify other technical aspects of the questionnaire (e.g., response driven skip patterns, font size etc.). Piloting included completion of the questionnaire by GBM volunteers, followed by a focus group session. The aims of the focus groups were to receive feedback on: the general impressions and comprehension of the questionnaire, suggested changes to specific questions, suggestions for better

language and technical aspects. GBM volunteers included CEC members or other GBM from the social networks of the study research team (n=3 from Toronto, n=8 from Montreal). All feedback was documented by the local coordinators (MMP, RR), action items were identified and necessary questionnaire changes were made by the study team (JC, GL, MMP, TAH, DMM, NJL, JJ, RR, GO).

Dimensions specific to access to care according to Levesque et al ³	Corresponding Engage Questionnaire items
Dimensions related to perceiving the need for care	<p>“I don’t feel that I am at high enough risk to use PrEP.”</p> <p>“I know enough about PrEP to tell if it’s right for me or not.”</p>
Dimensions related to seeking care	<p>“I will choose my sexual partners based on whether they are taking PrEP or not.”</p> <p>“If I was taking PrEP, I would most likely stop using condoms.”</p> <p>“I am afraid that guys being on PrEP will stop using other ways of protecting themselves.”</p> <p>“PrEP would allow me to have the sex I want.”</p> <p>“PrEP is well-perceived in the community.”</p> <p>“If I were taking PrEP, I’d talk about it with my sexual partners.”</p> <p>“I am worried about being negatively judged for taking PrEP.”</p>
Dimensions related to reaching and paying for care	<p>“I don’t think I can find a doctor that is sensitive and accepting enough of my sexual activities and choices to prescribe PrEP.”</p> <p>“I know where to go to get a prescription for PrEP.”</p> <p>“I have not sought a prescription for PrEP in the past because of the cost of the medication.”</p> <p>“Clinics where I could get PrEP are too far away.”</p>
Dimensions related to engaging in care	<p>“I am worried about the short- and long-term side effects of taking PrEP.”</p> <p>“I don’t like the idea of being required to go to the regular medical follow-up visits involved in taking PrEP.”</p> <p>“I would have difficulty taking PrEP medication every day.”</p>

	“Most doctors do not know enough about PrEP to be comfortable prescribing it.”
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References

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