

**IN THIS ISSUE:**

- We've developed a framework that can be used to help stakeholders better understand HIV-related disability.
- Why randomized controlled trials aren't appropriate for evaluating complex health interventions.
- Recommendations for conducting research on neighbourhoods and health.
- Unaddressed cognitive deficits could be keeping many homeless people from getting and staying housed.

### Putting episodic disability into context: a qualitative study exploring factors that influence disability experienced by adults living with HIV/AIDS.

O'Brien KK, Davis AM, Strike C, Young NL, Bayoumi AM. J Int AIDS Soc. 2009 Nov 9;12(1):5.

**CRICH STUDY CONTACT:**

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**BACKGROUND:**

HIV and its associated treatments can be disabling. Disability (including physical or mental health problems, challenges interacting in society) can fluctuate daily, and over a lifetime. Contextual factors (e.g. physical, social, or political environment; personal characteristics) may affect how people with HIV experience disability. These factors are not well understood.

**FOCUS OF THE STUDY:**

We developed the Episodic Disability Framework to better understand how disability affects people with HIV, and to help identify interventions or services that may help reduce or prevent disability. The Framework was developed using data from four focus groups and 15 face-to-face interviews with 38 men and women living with HIV in Toronto.

**KEY FINDINGS:**

Factors that may exacerbate or alleviate episodes of HIV-related disability include:

- Social support (e.g. support from friends and family)
- Stigma (e.g. from family members, work colleagues)
- Living strategies (e.g. seeking social interaction)
- Personal characteristics (e.g. gender, age)

Access the framework: [www.jiasociety.org/content/12/1/30](http://www.jiasociety.org/content/12/1/30)

**IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:**

The Episodic Disability Framework can be used by:

- **People living with HIV** - to help them better understand their own condition and talk about their health challenges with health and service providers.
- **AIDS Service Organizations and health and social service providers** - to help them ask the right questions and intervene to help prevent or reduce disability.
- **Policy makers** - to help guide new programs and policies.

### Do health improvement programmes fit with MRC guidance on evaluating complex interventions? (Analysis)

Mackenzie M, O'Donnell C, Halliday E, Sridharan S, Platt S. BMJ 2010;340:c185.

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**BACKGROUND:**

The use of RCTs to evaluate complex population health interventions is a controversial issue in the research community. Randomized controlled trials (RCTs) are quantitative experiments in which investigators compare one or more interventions to a "control" (a standard practice, a placebo, or no intervention at all). One of the most important quality indicators in an RCT is how well the study controls for the influence of contextual factors on program implementation and outcomes.

**KEY ARGUMENTS:**

- **Policy interventions are too complex, adaptive, and dependent on context to standardize for RCTs.**
- **Many important evaluation questions about a complex intervention can't be answered with an RCT.** For example:
  - Was it implemented as planned, and did it meet expected goals?
  - To what extent did it reach and engage the most socioeconomically deprived groups?
  - To what extent did it become standard practice?
  - How did differences in approach relate to contextual differences (e.g. was the intervention carried out differently in different neighbourhoods)? Did differences in approach affect the intervention's impact?

**IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:**

**RCTs are not always appropriate for evaluating complex health interventions. A mix of multiple approaches (including observations studies, experimental designs, qualitative studies) may generate more useful evidence for decision-makers about if and how a complex intervention works.** Evaluations would also benefit from a closer focus on the theory of change that informs the implementation of a complex intervention.

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## Examining methodological details of neighbourhood observations and the relationship to health: a literature review.

Schaefer-McDaniel N, Caughy MO, O'Campo P, Gearey W. Soc Sci Med. 2010 Jan;70(2):277-92.

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### BACKGROUND:

*Systematic social observations (SSO) of the neighbourhood context* is a method in which trained observers use a checklist to rate neighbourhood features (e.g. structural and building features; use of green, public and vacant spaces; security/safety; accessibility to amenities). More and more, researchers are using SSO to study neighbourhoods and health.

### FOCUS OF THE STUDY:

Our goal was to critically review, evaluate, and comment on the current state of observational methods in research on neighbourhoods and health, and to identify shortcomings and weak areas that need to be addressed. We reviewed 51 English language studies (published from 1990 onward) that used neighbourhood observations as a method.

### KEY FINDINGS:

- **There is a lack of precision and wide variability in how neighbourhood observations are carried out, analyzed, and reported.**
- This makes it difficult to:
  - Confidently compare findings across studies
  - Conclude which neighbourhood attributes matter most to residents' health and well-being

### RECOMMENDATIONS FOR FUTURE RESEARCH:

Implementing one standard approach is not the answer. We suggest that researchers continue to use SSO in ways that are most appropriate for their research topic, setting, and funding.

**However, it is important to be more explicit when describing how observations were conducted.**

At minimum, researchers should report:

- The reason for undertaking neighbourhood observations
- How observation areas were selected and defined
- Whether (and how) formative research was conducted to develop the observation tool
- Items and domains observed
- When observations were conducted (time of day, year)
- How observations were conducted (on foot, by car, single vs. multiple observations, length of observations)
- How raters were trained and how inter-rater reliability was established
- How observational data was analyzed

## A systematic review of cognitive deficits in homeless adults: implications for service delivery.

Burra TA, Stergiopoulos V, Rourke SB. Can J Psychiatry. 2009 Feb;54(2):123-33.

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### BACKGROUND:

Cognitive deficits are impairments in a person's ability to:

- Acquire, classify, and integrate information
- Store and retrieve memory
- Communicate information and ideas

There are many different causes of cognitive deficits, including mental illness, substance use, head trauma, and malnutrition. When cognitive deficits overlap and affect a person's overall functioning, they become "global".

### FOCUS OF THE STUDY:

We were interested in learning more about how cognitive deficits impact the day-to-day functioning of homeless people, and exploring the implications for clinical care. We reviewed 23 North American, South American, Australian, and European studies that focused on homeless adults and cognitive functioning.

### KEY FINDINGS:

- **Global cognitive deficits are very common in the homeless population.** About 4-7% of homeless people exhibit global cognitive deficits (more than twice the rate in the general population).
- **Cognitive function is likely a risk factor for becoming and remaining homeless.**
- No studies have yet investigated how global cognitive deficits might affect a homeless person's ability to function.

### IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

- **Unaddressed cognitive deficits could be keeping many homeless people from:**
  - Getting and staying independently housed
  - Benefiting from skills training and rehabilitation programs
  - Adhering to medical treatment
- **Cognitive rehabilitation interventions (e.g. occupational therapy, task-specific training) may help improve outcomes for many homeless people.**
- People with cognitive deficits may benefit from:
  - Clear written and verbal instructions (e.g. for taking medications as prescribed, navigating to appointments, carrying out tasks in vocational programs)
  - Frequent reminders about appointment times
  - Case management