



## Algoma Client-Centred Care Tool: An Evaluation Scale for Assessing Staff Use of Client-Centred Practices

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### Abstract

Findings from a study of the psychometric properties of the Client-Centred Practices Scale, a predecessor of the *Algoma Client-Centred Care Tool* (ACCCT), are reported in this paper. The participants were 439 clients receiving services from Algoma Public Health in Sault Ste. Marie, Ontario, Canada. The focus of analyses were the internal reliability estimates of the scale, the factor structure of two sets of scale items, the concurrent predictive validity of the scale, and the convergent and divergent validity of the scale. Results indicated that the scale had adequate psychometric properties on all dimensions that were the focus of analysis and which were the basis for the development of the ACCCT. Implications for evaluating client-centred practices are described.

### Introduction

Client-centred care is a particular way of delivering health care to children, adults, and families (Fearing & Clark, 2000; International Alliance of Patients' Organizations, 2007; Wilkins, Pollock, Rochon, & Law, 2001). The term client-centred care is often used interchangeably with patient-centred care, family-centred care, and person-centred care. This approach to help giving explicitly emphasizes practices that build and strengthen help giver-client relationships and which actively involve clients in taking responsibility for their health care and that of their family members (Dunst & Trivette, 1994; Jayadevappa & Chhatre, 2011). Research on the use of client- and family-centred practices has found that this approach to help giving is associated with a host of positive child, adult, and family benefits (e.g., Dempsey & Keen, 2008; Dunst, Trivette, & Hamby, 2008; Rosenbaum, King, Law, King, & Evans, 1998).

Algoma Public Health in Sault Ste. Marie, Ontario, Canada has adopted a client-centred approach to the delivery of public health programs and services as a way of improving both program and service delivery and client outcomes (Antonello, Boston, & Vanderburg, 2011). Two activities that occurred as part of this initiative were the development of a client-centred care instrument and client completion of the scale to evaluate the extent to which public health staff were delivering programs and services in a client-centred manner.

An earlier version of our client-centred care scale (Zimmerman, Boston, & Vanderburg, 2011) included 26 items, 22 of which assess client-centred care practices, three items which measure self-efficacy belief appraisals (Bandura, 1997; Zimmerman, 2000), and one item that measures program loyalty (Mosahab, Mahamad, & Ramayah, 2010; Satmetrix Systems, 2001). A short-form version of the original 26 item version of scale includes 14 items, 10 of which measure client-centred care, three items which measure self-efficacy beliefs, and one item which measures program loyalty.

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The *Algoma Client-Centred Care Tool* (ACCCT) is a copyrighted instrument that requires written permission from Algoma Public Health to be used for program evaluation, research, or any other purpose.

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The short-form version of the scale was completed by 439 Algoma Public Health clients and was the focus of the psychometric analyses described in this paper. Both versions of the scale, and lessons learned from client completion of the scales (Antonello et al., 2011; Zimmerman et al., 2011), were the foundations for the development of the *Algoma Client-Centred Care Tool* (ACCCT) described later in the paper and included in Appendix A.

The items on the two versions of our scales were initially selected or adopted from other client-centred and family-centred assessment and evaluation scales (e.g., Dunst, Trivette, & Hamby, 2006b; Trivette & Dunst, 2004). Two different kinds of items were included on the scales: relational practices indicators and participatory practices indicators (Trivette & Dunst, 2007). Relational practices include help giving behavior that build and strengthen staff-client relationships, and include, but are not limited to, staff active and reflective listening, treating clients with dignity and respect, and staff sensitivity to personal and cultural beliefs and values. Participatory practices include help giving behavior that provide clients full and complete information in order for them to make informed choices and decisions and practices that actively involve clients in their own health care and the care of family members. The particular items that were on our earlier versions of the scales, as well as the wording of the items, were determined through multiple conversations and discussions among Algoma Public Health Program staff (Antonello et al., 2011).

## Psychometric Analysis of the Client-Centred Practices Survey

### Participants

The participants were 439 Algoma Public Health program clients who completed the 14 item short form version of the *Client-Centred Practices Survey*. The clients received services from 15 different public health programs and services. These included family health home visiting, prenatal/parenting classes and drop in centre, prenatal nutrition program, infant and child development, pre-school speech and language, nurse practitioner services, alcohol and drug assessment and counseling, community mental health case management, dental services, immunization, food safety, sexual health clinic services, and genetic services.

### Client-Centred Survey

The 14-item short form version of the scale that was sub-

jected to the psychometric analysis described in this paper included six client-centred relational practices indicators, four client-centred participatory practice indicators, three self-efficacy belief items, and one program loyalty item. The scale also asked clients for background information (age, education, etc.) and asked them to indicate which public health program or service they were receiving.

The relational practice items assessed how well “staff interact with me in a warm and caring manner,” “staff honour and respect my personal and cultural beliefs and values,” “staff value what I say,” “staff see me in a positive way,” and “staff give me their full attention.” The participatory practice items assessed how well “staff gives me information about different kinds of resources and supports available to me,” “staff help me identify the benefits and risks before I make a decision,” “staff explain things to me so I can understand,” and “staff work with me to set my goals to meet my needs.”

The self-efficacy items assessed clients’ beliefs about their abilities to achieve intended outcomes (e.g., “I (am able to) access the resources I need when I need them”). And the program loyalty item assessed clients’ intentions to help others obtain health centre services (“I help other people by telling them about services they can get from Algoma Public Health”).

### Results

Table 1 summarizes the results from the psychometric analyses of the two client-centred practices subscales (relational practices and participatory practices) and all scale items combined (total scale score). Both Cronbach’s coefficient alpha (Cortina, 1993) and Carmines’ theta (Carmines & Zeller, 1979) ranged between .84 and .92. This indicates that both subscales as well as the total scale score have adequate internal consistency (reliability) estimates. All three sets of analyses produced single factor analysis solutions with the factor loadings for individual items ranging between .76 and .82 for the relational practices indicators, .78 and .88 for the participatory practices indicators, and .70 and .81 for all indicators combined. The factor analysis also showed that 59% to 67% of the variance in the factor scores were accounted for by the covariation among the individual scale item scores. This was evidenced by the fact that the squared multiple correlations of each item with all other items in each of the three analyses ranged between .42 and .65.

The concurrent predictive validity of the *Client-Centred Care Practices Survey* was assessed by correlating the two subscale score and the total scale score with the clients’ self-

Table 1  
*Psychometric Properties of the Client-Centred Practices Survey*

Family-centred practices	Internal consistency		Factor analysis		
	Alpha	Theta	Eigervalue	Variance	SMC <sup>a</sup>
<b>Relational</b> (6 items)	.89	.89	3.88	65%	.46-.57
<b>Participatory</b> (4 items)	.84	.84	2.70	67%	.42-.59
<b>Total scale score</b> (10 items)	.92	.92	5.92	59%	.47-.65

<sup>a</sup>Squared multiple correlations of each item with all other items.

efficacy belief score (sum of the 3 individual item scores), their program loyalty item score, and the client background variables. The results are shown in Table 2. All three client-centred practice measures were significantly related to one another and all three were related to both self-efficacy beliefs and program loyalty in a manner similar to that found in other studies (e.g., Dunst, Trivette, & Hamby, 2007). These findings are evidence for the predictive validity of the client-centred practices scores.

The convergent and divergent validity (Nunnally & Bernstein, 1994) of the client-centred practices measures were estimated from the patterns of correlations between client-centred practices and both the two outcome measures and the client background variables. The client-centred practices measures were correlated with the self-efficacy and loyalty measures (convergent validity) as expected but were not correlated with the background variables (divergent validity) also as expected.

### Discussion

Results from the psychometric analyses of the *Client-Centred Care Practices Survey* indicated that the scale has acceptable reliability estimates, is internally consistent, and is associated with the outcomes constituting the focus of analysis in the manner expected. The results are very similar to those found in studies using other client-centred and family-centred scales in other types of programs with different populations of parents and families (e.g., Dempsey & Keen, 2008; Dunst et al., 2007; Rosenbaum et al., 1998; Trute & Hiebert-Murphy, 2013). This indicates that the items on the short-form version of the *Client-Centred Care Practices Survey* behaved in the same way as has been found in other studies, and that the three summated scores for the client-centred practices measures were related to the self-efficacy and pro-

gram loyalty outcomes also in the same manner as found in other studies.

The results, together with lessons learned from both staff and client feedback, were used to develop a revised version of the scale that is currently the focus of use with health program clients. The data from the administration of the updated scale will be used to replicate both the psychometric analyses reported in this paper and to evaluate the extent to which clients receiving services from Algoma Public Health are being provided those services in a client-centred manner. The revised scale was developed so that the item indicators were applicable to all of the different programs and services provided by Algoma Public Health and that there were an equal number of client-centred relational and participatory practice indicators.

### Algoma Client-Centred Care Tool

The updated version of our client-centred scale, the *Algoma Client-Centred Care Tool* (ACCCT), includes five relational client-centred practices, five participatory client-centred practices, three self-efficacy items, two program loyalty items, and one social validity item (Appendix A). The client-centred tool also includes two questions about the clients' involvement in the health program (length and frequency of involvement), and one question each asking for the clients' age and gender.

After accessing or receiving a specific health program service, staff provide clients with a copy of the scale and ask them to complete it keeping in mind the service they just received. If a client participates in more than one program or receives more than one service at the time the scale is completed, the client is asked to complete a survey for each program and service that is accessed or received.

Table 3 lists the relational and participatory scale items,

Table 2  
*Correlations Between the Client-Centred Practices Measures, Outcome Measures, and Participant Background Variables*

Measures	Client-Centred Practices			Outcomes		Background Measures				
	REL	PAR	TSS	SEB	LOY	AGE	EDU	GEN	LOI	
<b>Client-centred practices</b>										
Relational (REL)	-									
Participatory (PAR)	.76*	-								
Total scale score (TSS)	.95*	.93*								
<b>Outcomes</b>										
Self-efficacy belief (SEB)	.75*	.67*	.76*	-						
Program loyalty (LOY)	.47*	.47*	.50*	.52*	-					
<b>Participant background measures</b>										
Age (AGE)	.00	-.04	-.02	-.02	-.10	-				
Education (EDU)	-.05	-.06	-.06	.02	.04	.23				
Gender (GEN)	-.06	-.02	-.04	.05	.15	-.30	.00	-		
Length of involvement (LOI)	-.02	.02	.00	.01	.16	.05	.10	.25	-	

\*  $p = .0000$ .

self-efficacy belief items, program loyalty items, and the social validity item. The 16 items are randomly ordered to avoid an order effect and to embed the outcome items within the client-centred care item indicators. Respondents are asked to indicate on a 5-point scale for each item the extent to which each statement is true in terms of their involvement in the public health program. The five responses are: *not-at-all-true*, *rarely true*, *sometimes true*, *usually true*, or *always true*.

The relational and participatory practices scale items were developed through an iterative process that involved staff review and selection of previously developed items, discussions of the applicability of the items for different health public programs and services, rewriting of the items based on staff comments and feedback, further review and modifications of the items, and final item construction. The same process was used to develop the self-efficacy, program loyalty, and social validity items.

The *Algoma Client-Centred Care Tool* (ACCCT) is currently being completed by public health clients whose responses will be used to evaluate the psychometric properties of the newly developed scale. As of June 20, 2013, more than 900 surveys have been completed by Algoma Public Health clients. Because of the ways in which the items were developed and the scale was constructed, we anticipate that the results from the psychometric analyses will be similar to those reported in this paper as well as in our other reports (Antonello et al., 2011; Zimmerman et al., 2011).

#### Potential Tool Applicability

The responses on the *Algoma Client-Centred Care Tool* (ACCCT) will be analyzed in a number of different ways in

order to take full advantage of the data yield and the opportunities to learn about the processes and outcomes of client-centred care. First, items rated a 4 or 5 on the 5-point scale will be used to ascertain staff adherence to client-centred practices (see e.g., Dunst & Trivette, & 2005). Second, profiles of individual item responses will be computed to identify the particular practices for which staffs' help giving behavior are consistent and inconsistent with client-centred care. Third, between program or service components will be compared to evaluate differences in staff use of client-centred practices. Fourth, the relationships between client-centred practices and outcomes of interest (e.g., self-efficacy beliefs) will be assessed to evaluate whether the nature of the relationships among the different measures are as expected and consistent with existing research evidence including that reported in this paper. Fifth, the data from the use of the scale will be used to model the relationships among the different scale constructs (client-centred practices, self-efficacy, loyalty, social validity) to identify the mediated and moderated relationships among the scale constructs (see e.g., Dunst et al., 2008). These are but a few of the possible uses of the scale.

#### Discussion

Most client-centred, patient-centred, and family-centred scales and instruments have been developed for use with specific populations of children and families, for children or families with specific conditions, or for use in specific types of programs or settings (e.g., Allen, Petr, & Brown, 1995; Curley et al., 2013; Dempsey, 1995; King, Rosenbaum, & King, 1996; Mitchell et al., 2012; Murphy, Lee, Turnbull, & Turbiville, 1995). A unique feature of the *Algoma Client-*

Table 3  
*Algoma Client-Centred Care Tool Items*

Constructs	Item Descriptions
<b>Relational practices</b>	<ol style="list-style-type: none"> <li>1. Staff treats me in a respectful way.</li> <li>2. Staff take the time to make me feel comfortable.</li> <li>3. Staff give me enough time to have my questions answered.</li> <li>4. Staff really listens to what I am telling them</li> <li>5. Staff explains available services in a way that makes sense.</li> </ol>
<b>Participatory practices</b>	<ol style="list-style-type: none"> <li>1. Staff help me to understand the benefits and risks of different options before I make a decision</li> <li>2. Staff share information in ways that help me with my choices.</li> <li>3. I am always learning something when I interact with the staff.</li> <li>4. Staff make me feel like an equal partner in the services I receive.</li> <li>5. Staff are willing to change how they work with me when my situation changes.</li> </ol>
<b>Self-efficacy beliefs</b>	<ol style="list-style-type: none"> <li>1. I am able to access Algoma Public Health services whenever I need them.</li> <li>2. I know I can obtain information or advice from staff.</li> <li>3. I feel good about how I am able to figure out what I need from Algoma Public Health.</li> </ol>
<b>Program loyalty</b>	<ol style="list-style-type: none"> <li>1. I help other people by telling them about the services available from Algoma Public Health.</li> <li>2. I feel Algoma Public Health does a lot of good for people in our community.</li> </ol>
<b>Social validity</b>	<ol style="list-style-type: none"> <li>1. My involvement with Algoma Public Health staff is worth my time and effort.</li> </ol>

*Centred Care Tool* (ACCCT) is a broad based applicability to a variety of programs, services, clients, settings, and other types of programs and organizations. This type of applicability was the foundation, in part, for the development of the ACCCT. The first test of how well this goal was accomplished will be determined as part of the analyses described in the **Potential Tool Applicability** section of this paper.

Another noteworthy feature of the *Algoma Client-Centred Care Tool* (ACCCT) is the fact that it is brief and easy to complete, yet includes enough items to yield reliable measures of client-centred practices and items that have been found to be associated with variations in clients' self-efficacy beliefs and program loyalty measures (see e.g., Dunst et al., 2007).

Yet another unique feature of the *Algoma Client-Centred Care Tool* (ACCCT) is the inclusion of self-efficacy and program loyalty items as both outcomes and mediators of other client outcomes. The largest majority of client-centred and family-centred studies have used client and parent satisfaction as one of the primary outcome measures (e.g., DeWeese & Negron, 2012; King, King, & Rosenbaum, 2004). Parent satisfaction, however, has proven to be an extremely poor mediator of other client and parent outcomes (Dunst et al., 2008). In contrast, self-efficacy beliefs has proven to be potent mediators of a host of client and parent outcomes, including parent and family well-being, parenting competence and confidence, child social-emotional health, parent-child relationships, and child behavior and development (Dempsey & Keen, 2008; Dunst et al., 2007, 2008; Kuhlthau et al., 2011), including program loyalty (Dunst & Trivette, 2005). These findings were the basis for the inclusion of self-efficacy indicators rather than satisfaction measures as one outcome of client-centred care.

Algoma Public Health is making the *Algoma Client-Centred Care Tool* (ACCCT) available in hopes that it will prove useful for other public health programs as well as other health and human service programs and organizations serving children and families for evaluating adherence to client-centred practices and for discerning the manner in which variations in use of relational and participatory practices are related to variations in client-outcomes.

## References

- Allen, R. I., Petr, C. G., & Brown, B. F. C. (1995). *Family-Centered Behavior Scale and user's manual*. Lawrence: University of Kansas, Beach Center on Families and Disability.
- Antonello, D., Boston, S., & Vanderburg, S. (2011). *Incorporating client centred care principles into public health practice*. Sault Saint Marie, Ontario, Canada: Algoma Public Health.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: Freeman.
- Carmines, E. G., & Zeller, R. A. (1979). *Reliability and validity assessment (Quantitative Applications in the Social Sciences No. 17)*. Newbury Park, CA: Sage.
- Cortina, J. M. (1993). What is coefficient alpha? An examination of theory and applications. *Journal of Applied Psychology*, 78, 98-104.
- Curley, M. A. Q., Hunsberger, M., & Harris, S. K. (2013). Psychometric evaluation of the family-centered care scale for pediatric acute care nursing. *Nursing Research*, 62(3), 160-168. doi:10.1097/NNR.0bo13e318286d64b.
- Dempsey, I. (1995). The Enabling Practices Scale: The development of an assessment instrument for disability services. *Australia and New Zealand Journal of Developmental Disabilities*, 20, 67-73.
- Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. *Topics in Early Childhood Special Education*, 28, 42-52. doi:10.1177/0271121408316699.
- DeWeese, A., & Negron, J. T. (2012). Exploring the impact of a family-centered maternity care program on staff attitudes and patient satisfaction. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 41(s1), S66. doi:10.1111/j.1552-6909.2012.01361\_15.x.
- Dunst, C. J., & Trivette, C. M. (1994). What is effective helping? In C. J. Dunst, C. M. Trivette, & A. G. Deal (Eds.), *Supporting and strengthening families: Methods, strategies and practices* (pp. 162-170). Cambridge, MA: Brookline Books.
- Dunst, C. J., & Trivette, C. M. (2005). *Measuring and evaluating family support program quality* (Winterberry Monograph Series). Asheville, NC: Winterberry Press.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2006a). *Family support program quality and parent, family and child benefits* (Winterberry Monograph Series). Asheville, NC: Winterberry Press.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2006b). *Technical manual for measuring and evaluating family support program quality and benefits* (Winterberry Monograph Series). Asheville, NC: Winterberry Press.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helping practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13, 370-378. doi:10.1002/mrdd.20176.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2008). *Research synthesis and meta-analysis of studies of family-centered practices* (Winterberry Monograph Series). Asheville, NC: Winterberry Press.
- Fearing, V. G., & Clark, J. (2000). *Individuals in context: A practical guide to client-centered practice*. Thorofare, NJ: SLACK.
- International Alliance of Patients' Organizations. (2007). *What is patient-centred healthcare? A review of definitions and principles*. London, UK: IAPO.
- Jayadevappa, R., & Chhatre, S. (2011). Patient centered care - A conceptual model and review of the state of the art. *The Open Health Services and Policy Journal*, 4, 15-25.
- King, S., King, G., & Rosenbaum, P. (2004). Evaluating health service delivery to children with chronic conditions and their families: Development of a refined Measure of Processes of Care (MPOC-20). *Children's Health Care*, 33, 33-57.

- King, S. M., Rosenbaum, P. L., & King, G. A. (1996). Parents' perceptions of caregiving: Development and validation of a measure of processes. *Developmental Medicine and Child Neurology*, *38*, 757-772.
- Kuhlthau, K. A., Bloom, S., Van Cleave, J., Knapp, A. A., Romm, D., Klatka, K., Homer, C. J., Newacheck, P. W., & Perrin, J. M. (2011). Evidence for family-centered care for children with special health care needs: A systematic review. *Academic Pediatrics*, *11*(2), 136-143. doi:10.1016/j.acap.2010.12.014.
- Mitchell, M., Burmeister, E., Chaboyer, W., & Shields, L. (2012). Psychometrics of the "Family-Centred Care Survey - Adult Scale". *The International Journal of Person Centered Medicine*, *2*(4), 792-798. doi:org/10.5750%2Fijpcm.v2i4.313.
- Mosahab, R., Mahamad, O., & Ramayah, T. (2010). Service quality, customer satisfaction and loyalty: A test of mediation. *International Business Journal*, *3*(4), 72-80. Retrieved from <http://www.ccsenet.org/ibr>.
- Murphy, D. L., Lee, I. M., Turnbull, A. P., & Turbiville, V. (1995). The Family-Centered Program Rating Scale: An instrument for program evaluation and change. *Journal of Early Intervention*, *19*, 24-42.
- Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.
- Rosenbaum, P., King, S., Law, M., King, G., & Evans, J. (1998). Family-centred service: A conceptual framework and research review. *Physical and Occupational Therapy in Pediatrics*, *18*(1), 1-20.
- Satmetrix Systems. (2001, February). *Measuring customer loyalty*. Mountain View, CA: Author.
- Trivette, C. M., & Dunst, C. J. (2004). Evaluating family-based practices: Parenting experiences scale. *Young Exceptional Children*, *7*(3), 12-19. doi:10.1177/109625060400700302.
- Trivette, C. M., & Dunst, C. J. (2007). *Capacity-building family-centered helping practices* (Winterberry Research Reports Vol. 1, No. 1). Asheville, NC: Winterberry Press.
- Trute, B., & Hiebert-Murphy, D. (Eds.). (2013). *Partnering with parents: Family-centred practice in children's services*. Toronto, Canada: University of Toronto.
- Wilkins, S., Pollock, N., Rochon, S., & Law, M. (2001). Implementing client-centred practice: Why is it so difficult to do? *Canadian Journal of Occupational Therapy*, *68*, 70-79.
- Zimmerman, B. J. (2000). Self-efficacy: An essential motive to learn. *Contemporary Educational Psychology*, *25*, 82-91. doi:10.1006/ceps.1999.1016.
- Zimmerman, G., Boston, S., & Vanderburg, S. (2011). *Client centred care: Survey development and validation*. Sault Saint Marie, Ontario, Canada: Algoma Public Health.

## Appendix A

### Algoma Client-Centred Care Tool (ACCCT)

The *Algoma Client-Centred Care Tool* includes space for indicating which public health service respondents' received; the 16 items measuring client-centred practices, self-efficacy beliefs, program loyalty appraisals, and social validity; the length and frequency of provision of the targeted service; and the respondents' ages and gender. Appendix B shows which items are measuring which constructs and variables. Space is also provided for respondents to share any other information they consider important regarding their experiences with health program staff.

The scale takes less than 10 minutes to be complete yet includes a wealth of information for both evaluating how well

staff are treating clients in a client-centred manner and for conducting different types of statistical analyses for discerning the nature of the relationships among the client-centred practices variables and the other scale measures. How well staff are treating clients in a client-centred manner could be determined, for example, for all respondents taken together or separately according to type of service, length or frequency of service provision, or respondent age or gender. The relationships among the scale measures could be examined through correlational analyses, regression analyses, structural equation modeling (path analysis), or any other appropriate statistical procedure.

## How Are We Doing? – Algoma Public Health 2013

### Which Algoma Public Health program or service helped you today or recently?

**Note: Please only choose one.**

- |  |  |
|--|--|
| <input type="checkbox"/> Community Alcohol and Drug Assessment Program<br><input type="checkbox"/> Community Mental Health Program<br><input type="checkbox"/> Dental Services<br><input type="checkbox"/> Family Health<br><input type="checkbox"/> Genetics Program<br><input type="checkbox"/> Immunization | <input type="checkbox"/> Infant and Child Development<br><input type="checkbox"/> Preschool Speech and Language<br><input type="checkbox"/> Quit Smoking Program<br><input type="checkbox"/> Sexual Health Services<br><input type="checkbox"/> Travel Consultation<br><input type="checkbox"/> Other (Please specify) |
|--|--|

**Instructions: Thinking about the program or service you chose, please select the response that best describes your experience.**

	Not at all true	Rarely true	Sometimes true	Usually true	Always true
Staff treats me in a respectful way.	1	2	3	4	5
Staff helps me to understand the benefits and risks of different options before I make a decision.	1	2	3	4	5
I am able to access Algoma Public Health services whenever I need them.	1	2	3	4	5
I help other people by telling them about services available from Algoma Public Health.	1	2	3	4	5
Staff takes the time to make me feel comfortable.	1	2	3	4	5
Staff shares information in ways that help me make my choices.	1	2	3	4	5
I know I can obtain information or advice from staff.	1	2	3	4	5
I feel Algoma Public Health does a lot for people in our community.	1	2	3	4	5
Staff gives me enough time to have my questions answered.	1	2	3	4	5
I feel good about how I am able to figure out what I need from Algoma Public Health.	1	2	3	4	5
Staff explains available services in a way that makes sense.	1	2	3	4	5
I am always learning something when I interact with the staff.	1	2	3	4	5
My involvement with Algoma Public Health is worth my time and effort.	1	2	3	4	5
I feel like an equal partner in the services I receive when working with the staff.	1	2	3	4	5
Staff really listens to what I am telling them.	1	2	3	4	5
Staff are willing to change how they work with me when my situation changes.	1	2	3	4	5



The questions below will help us gain some general information about our clients who completed our survey.

**How long have you been involved with this program/service?**

- |   |  |
|---|--|
| <input type="checkbox"/> Only one time      | <input type="checkbox"/> 3 to 4 years    |
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> 6 to 12 months     | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> 1 to 2 years       | (Please specify)                         |

**How often do you access this program/service?**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Daily                 | <input type="checkbox"/> Yearly      |
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Only Once   |
| <input type="checkbox"/> Weekly                | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Monthly               | (Please specify)                     |

**Your age:**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 20 years | <input type="checkbox"/> 40 to 49 years   |
| <input type="checkbox"/> 20 to 24 years     | <input type="checkbox"/> 50 to 59 years   |
| <input type="checkbox"/> 25 to 29 years     | <input type="checkbox"/> 60 to 69 years   |
| <input type="checkbox"/> 30 to 39 years     | <input type="checkbox"/> 70 or more years |

**Gender:**    Female    Male    Other

**Any comments?**

**Thank you for completing our survey. We appreciate your input.**

## Appendix B

### Algoma Client-Centred Care Tool Constructs and Items

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<b>Constructs</b>	<b>Item descriptions</b>
<b>Relational practices</b>	Staff treats me in a respectful way. Staff take the time to make me feel comfortable. Staff give me enough time to have my questions answered. Staff really listens to what I am telling them Staff explains available services in a way that makes sense.
<b>Participatory practices</b>	Staff help me to understand the benefits and risks of different options before I make a decision Staff share information in ways that help me with my choices. I am always learning something when I interact with the staff. Staff make me feel like an equal partner in the services I receive. Staff are willing to change how they work with me when my situation changes.
<b>Self-efficacy beliefs</b>	I am able to access Algoma Public Health services whenever I need them. I know I can obtain information or advice from staff. I feel good about how I am able to figure out what I need from Algoma Public Health.
<b>Program loyalty</b>	I help other people by telling them about the services available from Algoma Public Health. I feel Algoma Public Health does a lot of good for people in our community.
<b>Social validity</b>	My involvement with Algoma Public Health staff is worth my time and effort.
<b>Health program services</b>	Type of service received or accessed. Length of involvement in the program. Frequency of service provision.
<b>Client background measures</b>	Client age. Client gender.

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## Appendix C

### Permission to Use the Algoma Client Centred Care Tool (ACCCT)

The *Algoma Client-Centred Care Tool* is a copyrighted scale that cannot be used without explicit permission from Algoma Public Health. When permission is granted, the scale must include the copyright and any documents, printed or electronic, that reference the tool or its use must include this paper as the source of the scale.

Persons interested in using the *Algoma Client-Centred Care Tool* should complete the **Request Form** and submit it to Algoma Public Health by post, fax, or as an email attachment. Algoma Public Health will review the request and inform the requestee of its decision.



## Request for APH's Algoma Client Centred Care Tool (ACCCT)

The *Algoma Client-Centred Care Tool (ACCCT)* is a copyrighted instrument that requires written permission from Algoma Public Health to be used for evaluation, research, or any other purpose.

Organization	Contact	Phone Number / Email
Address		
Intended use of the ACCCT Tool:		

The *Algoma Client-Centred Care Tool (ACCCT)* is a copyrighted scale that cannot be used without the explicit permission of the Algoma Public Health. When permission is granted, the scale must include the copyright and the appropriate citation for the scale. If you use or adapt the *Algoma Client Centred Care Tool (ACCCT)* the following citation must appear on the document:

**Algoma Public Health (2013). Algoma Client Centred Care Tool (ACCCT). Ontario, Canada: Author**

By signing below, you agree to the terms described above and that you will not sell or profit from use of this material.

Submit completed form to:  
 Algoma Public Health  
 c/o Research and Evaluation Chair  
 Fax: (705) 759-1534  
 Email: sboston@algotmapublichealth.com

\_\_\_\_\_  
 Signature of Requester

<b>Algoma Public Health internal use only:</b>
Approved <input type="checkbox"/> Not approved <input type="checkbox"/>
Comments:

\_\_\_\_\_  
 Algoma Public Health Research & Evaluation Chair

\_\_\_\_\_  
 Date

Email completed copy to Research & Evaluation clerical for filing.