

Quality of Life for HIV/AIDS Patients on the US/Mexico Border

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Evaluation Research Question

Does intervention by HIV/AIDS programs on the US/Mexico Border improve the quality of life for HIV infected patients?

The Study

- Sample Size: $N = 65$
 - Constituted 9.9% of total sample ($N=659$)

 - Case for analysis must have a time 1 and time 2 measurement
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Source of Data

	SPNS program	
	Count	%
Arizona	11	16.9%
Southern California	44	67.7%
New Mexico	3	4.6%
Valley AIDS Council	7	10.8%
Total	65	100.0%

The Instrument

- Short form from the MOS
 - Uses 21 items instead of 30 to 60 items in MOS
 - Purpose of reducing items is to minimize the burden in data collecting (for patients and staff)

 - Bozzette, S. A., R. D. Hays, et al. (1995). "Derivation and properties of a Brief Health Status Assessment instrument for use in HIV disease." Journal of Acquired Immune Deficiency Syndromes **8**(3): 253-265.
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Subscales in the instrument

- Current health perceptions
 - Physical functioning
 - Energy/fatigue
 - Mental health
 - Cognitive functioning/distress
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Measurement Issues

- Quality of life is defined in the context of “health related” QOL
 - MOS QOL items have been demonstrated to be highly reliable with HIV-infected populations
 - These measures display excellent
 - Construct validity
 - Known-groups validity
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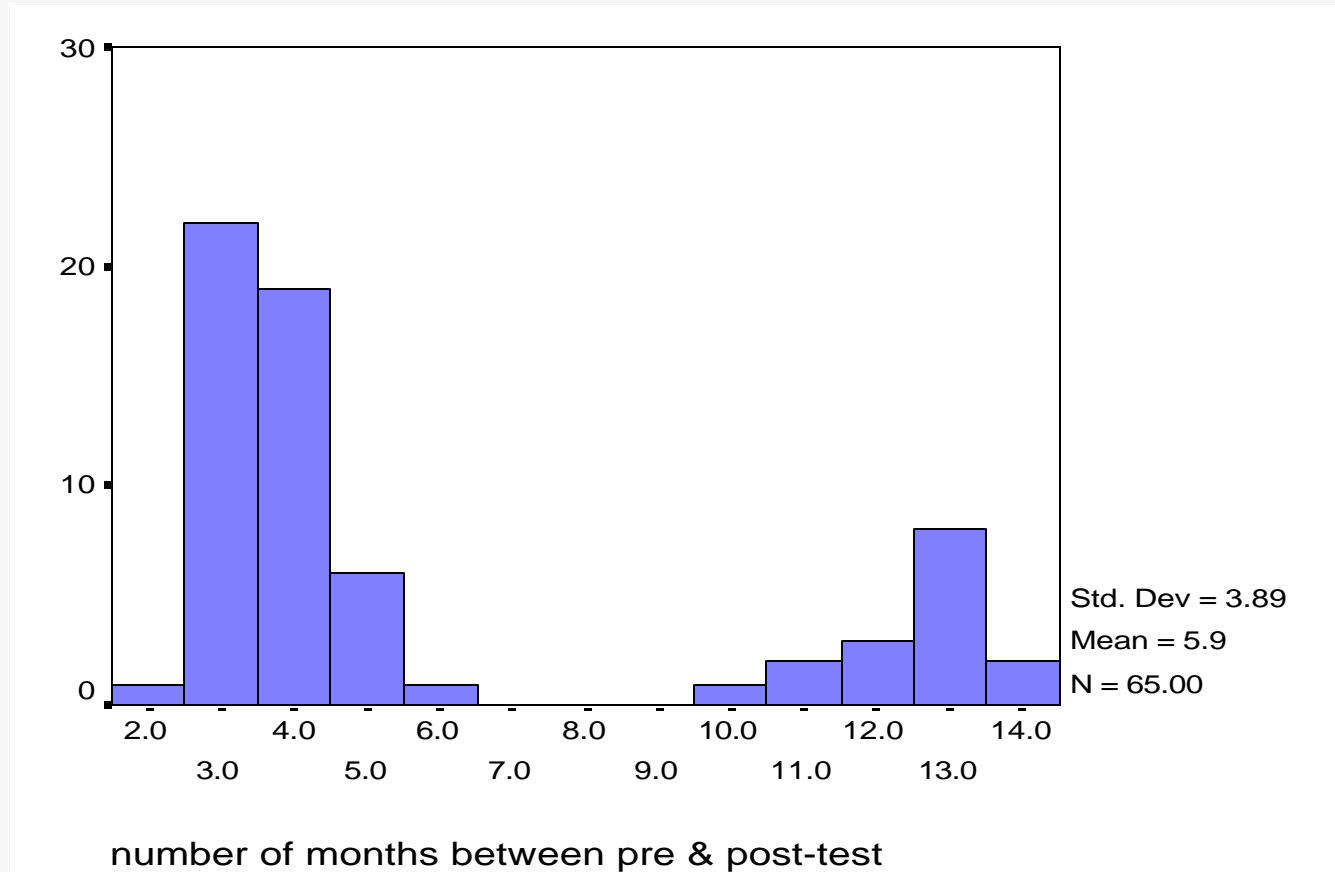
□ Correlates well with

- CD4 cell count
 - symptom counts
 - disability
 - use of health care
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Limitations of Study

- ❑ Treated ordinal variables as “continuous,” thus, statistical assumptions may have been violated (polychoric correlations not used)
 - ❑ Missing data were addressed by “pairwise deletion”
 - ❑ Preliminary analysis was exploratory and no adjustment was made multiple significance tests (e.g., no Bonferoini adjustment)
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Time between pre & post test



FINDINGS

1. In general, QOL was maintained on all variables (except one variable)
 2. QOL improved for overall self-assessment of health ($p=.04$)
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Differences in PRE & POST SPNS

- No statistically significant difference between pre-SPNS patients and post-SPNS patients ($p=.20$)
 - No statistically significant differences between pre-SPNS and post-SPNS patients in outcomes
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Lessons Learned

- Important to use more global measurement items in HIV/AIDS program evaluation, as
 - sample sizes are small
 - data is collected in the field by line staff and administrative support staff

 - Too difficult to have agency staff collect data at a preset time interval
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- Finding of improved QOL on overall health and no change on all other items goes contrary to other studies—where QOL declines over time
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