

Ryan White CARE Act 2004 Grantee Conference

US/Mexico Border Health Initiative

Presented by Tim Brittingham

Workshop F
Tuesday, August 24th, 2004

The Role of Program Evaluation in the Delivery of HIV/AIDS Primary Care along the US Mexico Border



US/Mexico Border Health Initiative

- Evaluation & Technical Assistance Center
 - Centro de Evaluación, The University of Oklahoma
- Five Demonstration Projects
 - Arizona Border HIV/AIDS Care Project
 - Camino de Vida Center for HIV Services
 - Centro de Salud Familiar La Fe
 - San Ysidro Health Center
 - Valley AIDS Council

Five Demonstration Projects

- ASO or CHC
- all have Ryan White Title III(b) clinics or contracts
- approximately 27 service sites in total
- covering approximately 2,000 miles

Data Collected

- Local site specific data
- Multi-site quantitative data
- Qualitative data for all sites
- Medical outcomes data

Preliminary Review of Selected Variables

- **Multi-Site Data Modules**
(data collected through 08/13/04)
- **HIV Medical Outcomes**
(YR03)
- **Measuring Adherence in Patient Care Plans**
(data collected through 08/13/04)



11/12/2004

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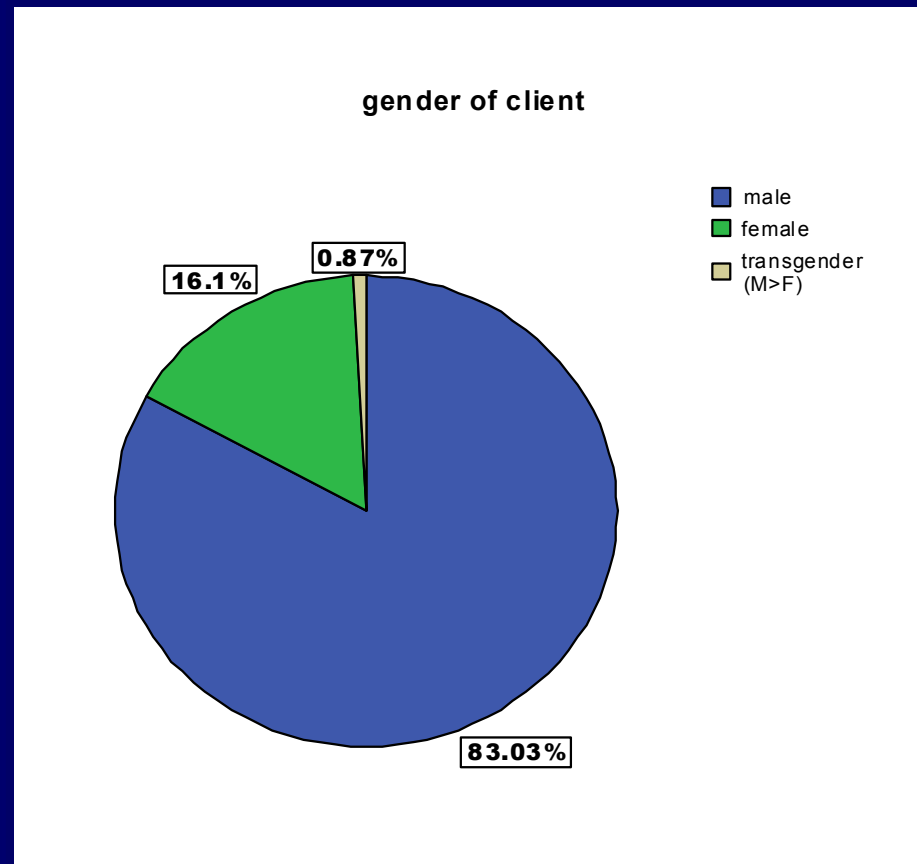


Project Totals

Total Multi-Site Sample as of August 16, 2004						
	TOTALS	CAL	ARZ	NMX	ELP	VAC
(A) Demographics	1155	323	124	93	336	279
(B) Lifestyle & Culture	1146	322	123	92	334	275
(D) Risk Factors	1146	323	122	92	336	273
Not considered multi-site.	Time 2	0	1	6	148	148
	Time 3*	0	1	3	1	68
	Time 4*	0	0	0	0	12
(E) Quality of Life	1116	306	122	92	336	260
* Not considered multi-site.	Time 2	156	38	14	175	139
	Time 3*	16	15	4	80	67
	Time 4*	0	1	0	0	9
(F) Barriers to Care	815	215	75	93	176	256
(G) Client Satisfaction	894	190	115	92	332	165
	Time 2	39	37	5	175	76
	Time 3	4	11	3	80	20
	Time 4	0	1	0	0	1

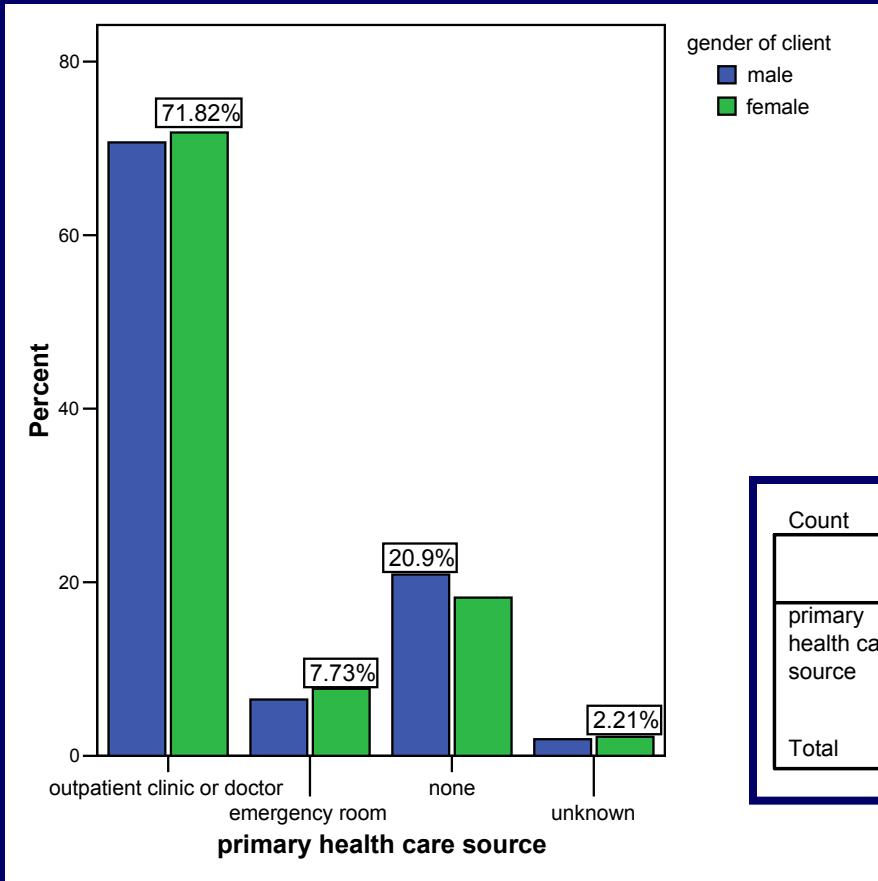
Number of Cases by Gender: Multi-Site Data (n = 1155)

demographics



Primary Health Care Source

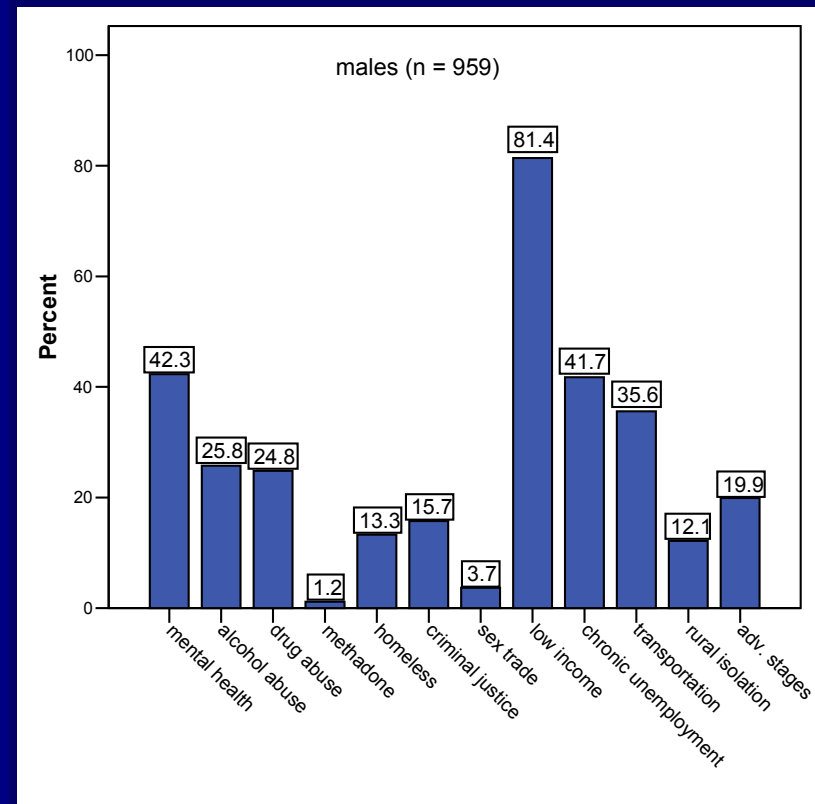
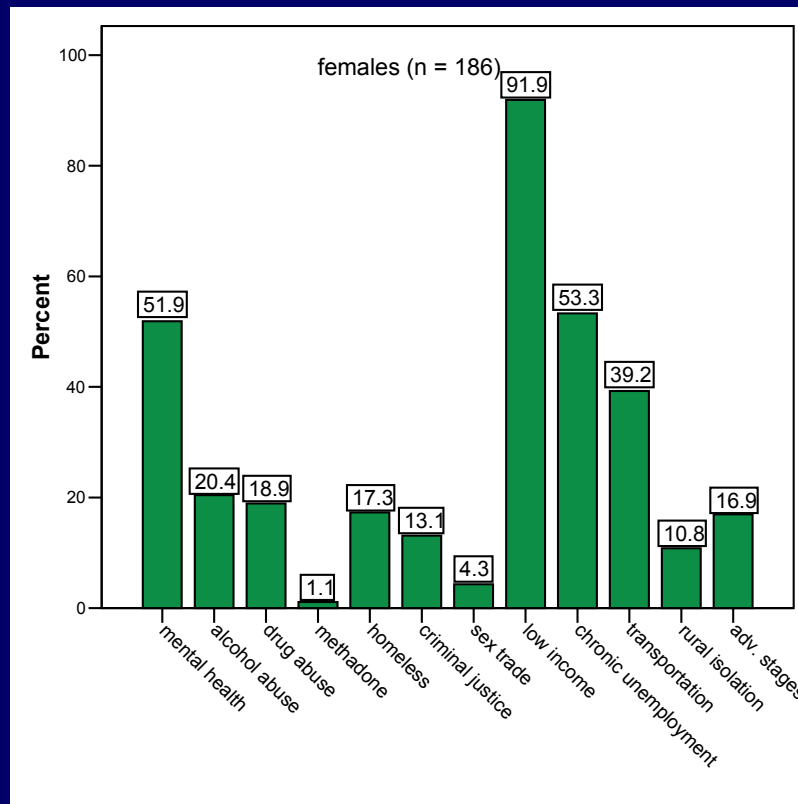
demographics



		gender of client		Total
		male	female	
primary health care source	outpatient clinic or doctor	663	130	793
	emergency room	61	14	75
	none	196	33	229
	unknown	18	4	22
Total		938	181	1119

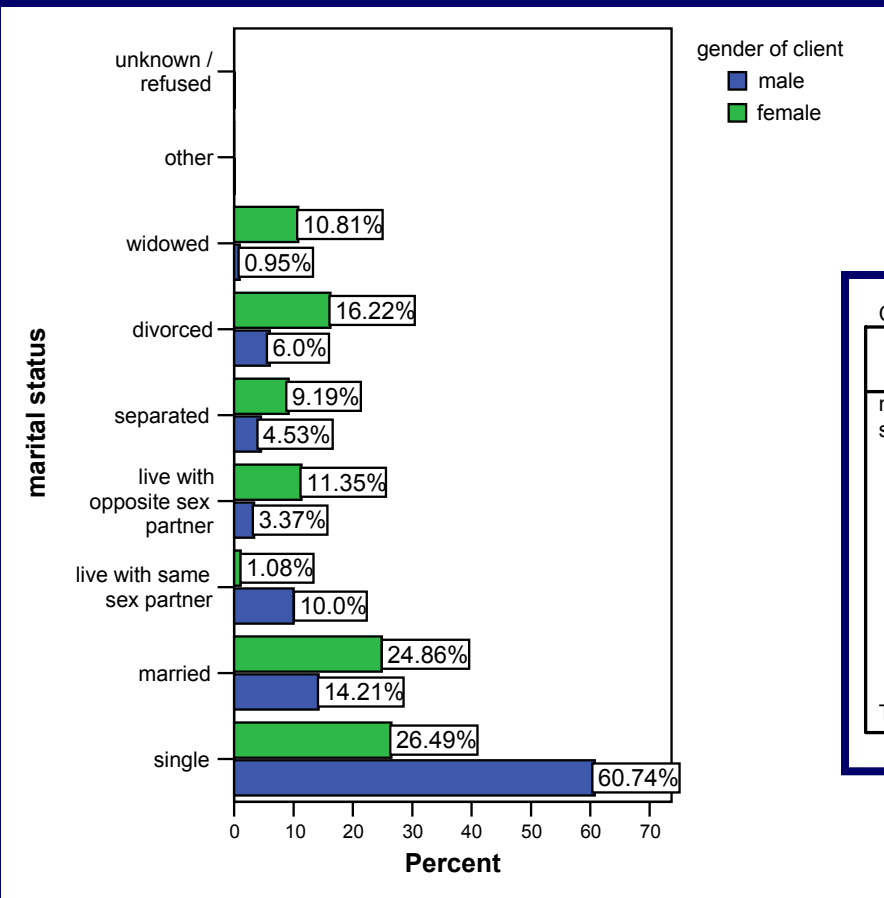
Inferred Presenting Issues

demographics



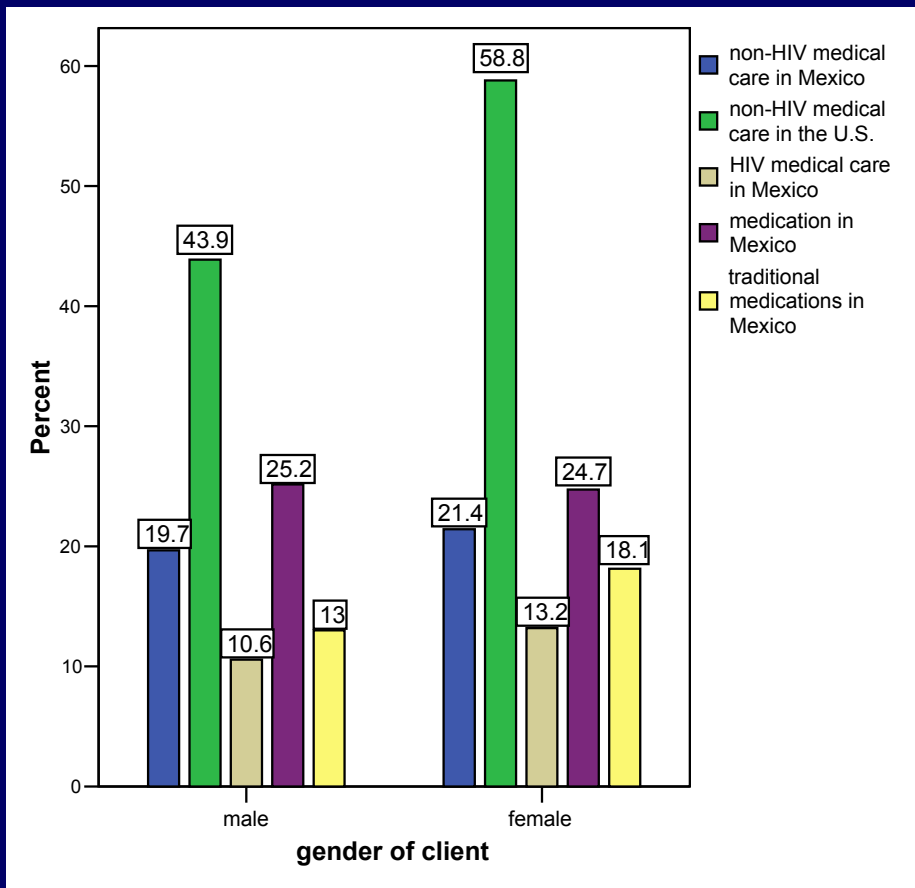
n reflects the largest number of respondents to this series of questions since every question was not answered by everyone.

Marital Status



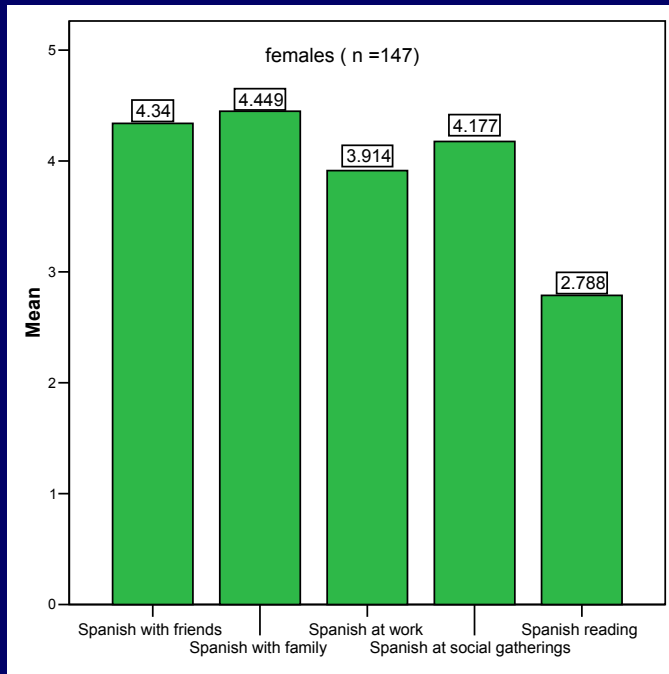
		gender of client		Total
		male	female	
marital status	single	577	49	626
	married	135	46	181
	live with same sex partner	95	2	97
	live with opposite sex partner	32	21	53
	separated	43	17	60
	divorced	57	30	87
	widowed	9	20	29
	other	1	0	1
	unknown / refused	1	0	1
	Total	950	185	1135

Medical Care Usage

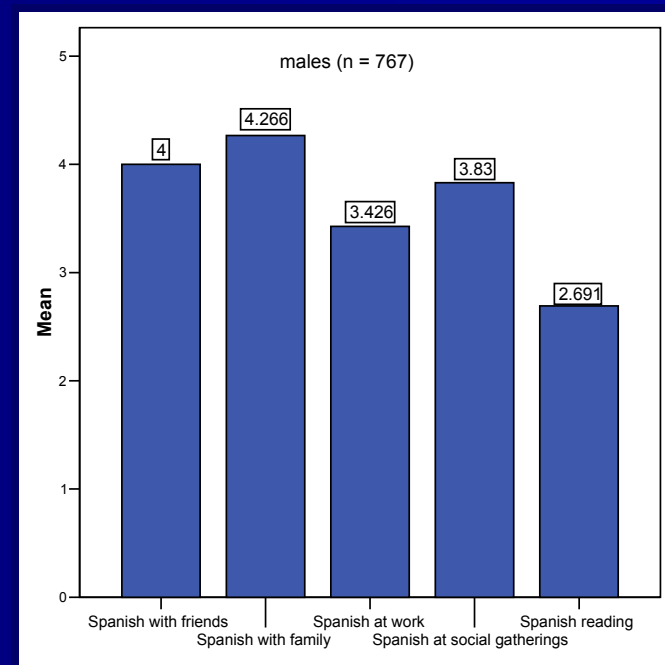


n reflects the largest number of respondents to this series of questions since every question was not answered by everyone.

Situational Use of Spanish



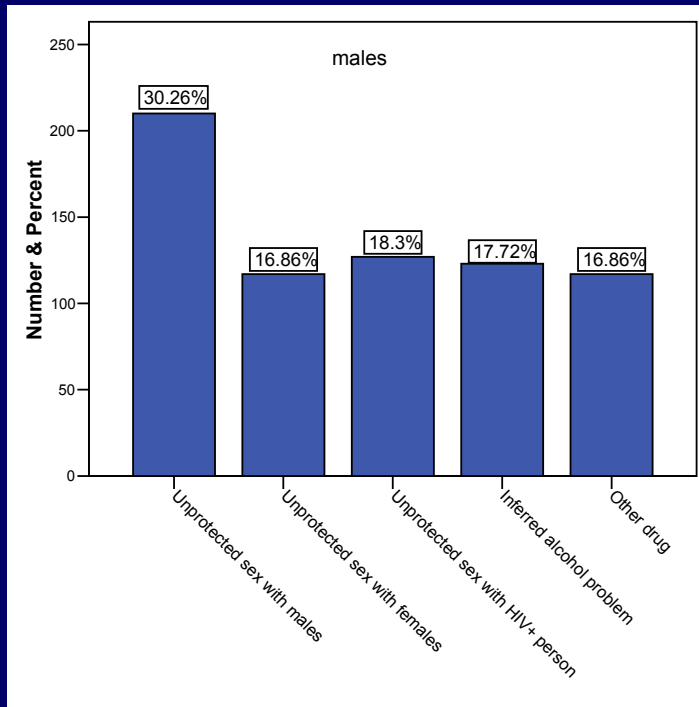
n reflects the largest number of respondents to this series of questions since every question was not answered by everyone.



- 1 = never
- 2 = seldom
- 3 = about half the time
- 4 = most of the time
- 5 = always

Five Most Noted Current Risk Factors: *Time 1* (differences by gender)

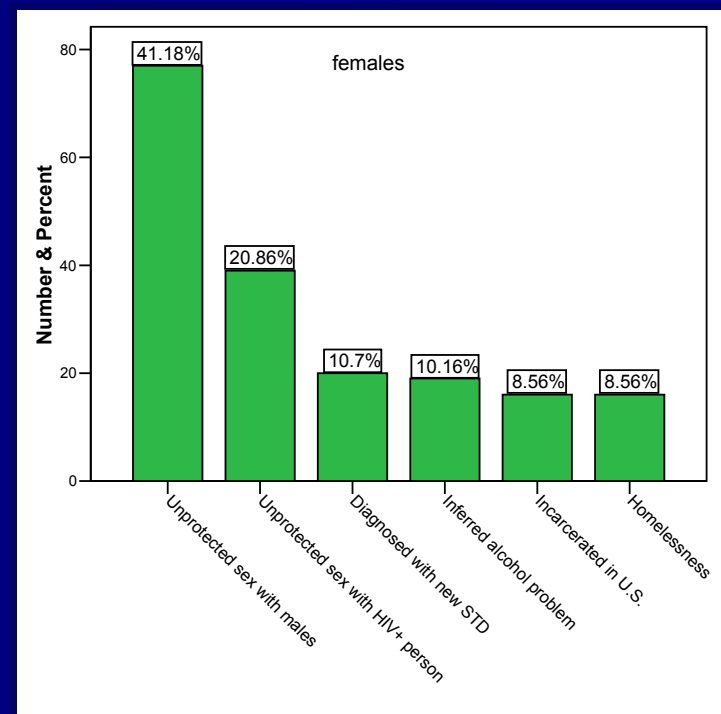
risk factors



n reflects the largest number of respondents to this series of questions since every question was not answered by everyone.

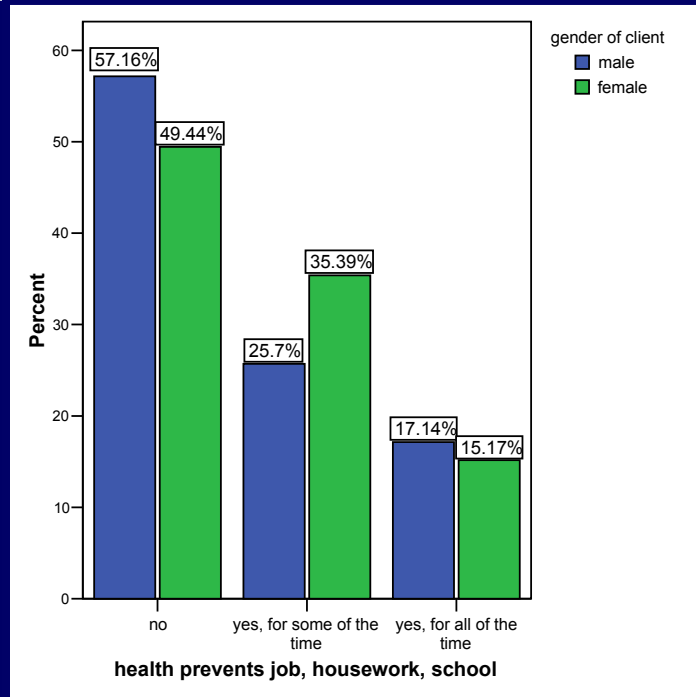
*suggested administration of Time 1 is within first 30 days of intake.

Findings based on "current, within last year"



Activities of Daily Living during the Past 4 Weeks: *Time 1*

quality of life

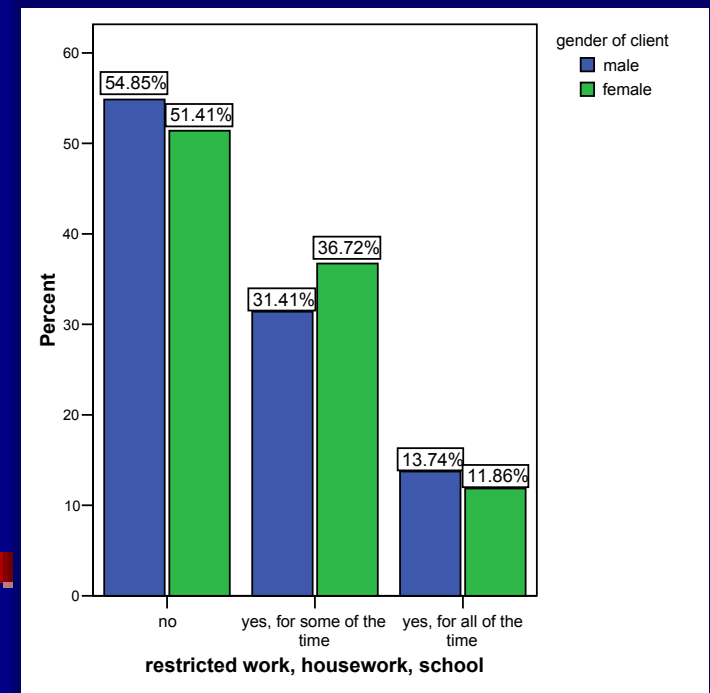


Count

		gender of client		Total
		male	female	
health prevents	no	527	88	615
job, housework, school	yes, for some of the time	237	63	300
	yes, for all of the time	158	27	185
Total		922	178	1100

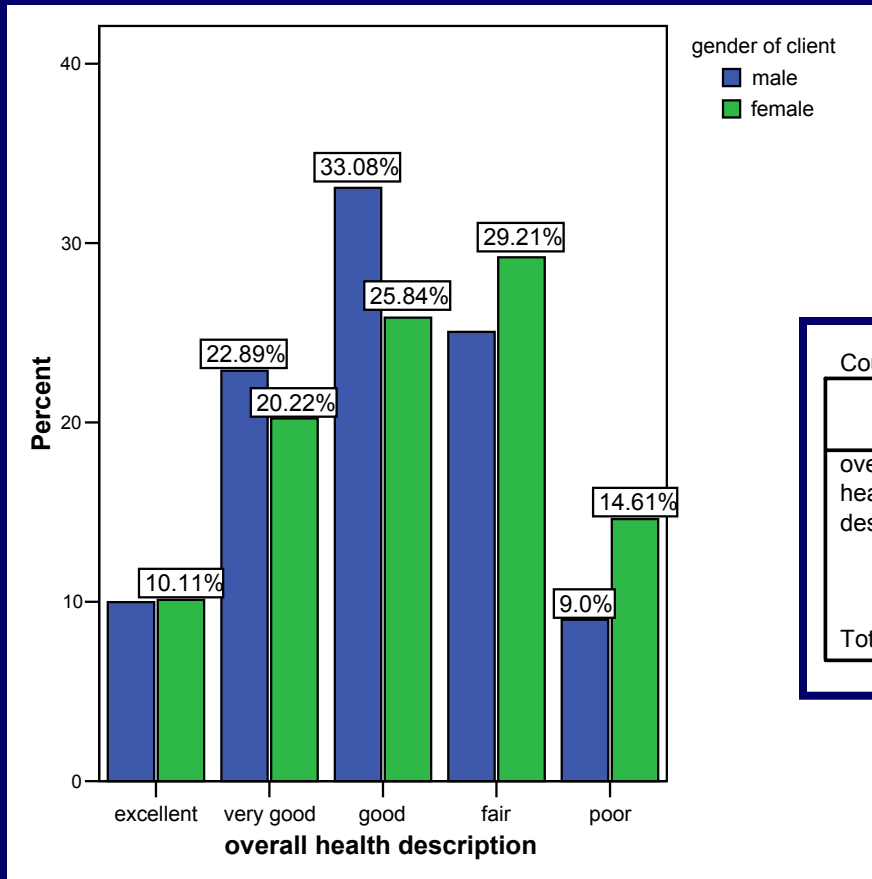
Count

		gender of client		Total
		male	female	
restricted work, housework, school	no	503	91	594
	yes, for some of the time	288	65	353
	yes, for all of the time	126	21	147
Total		917	177	1094



Overall Quality of Life: *Time 1*

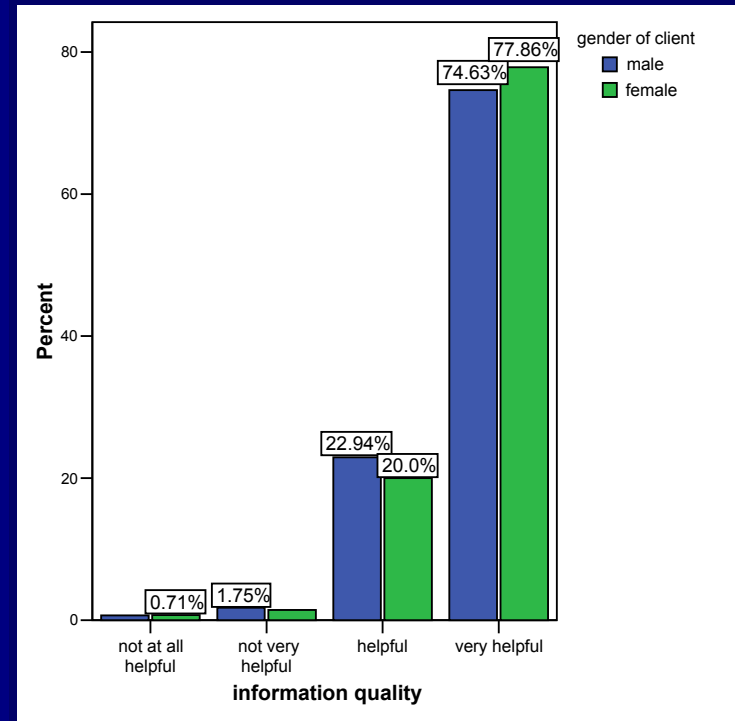
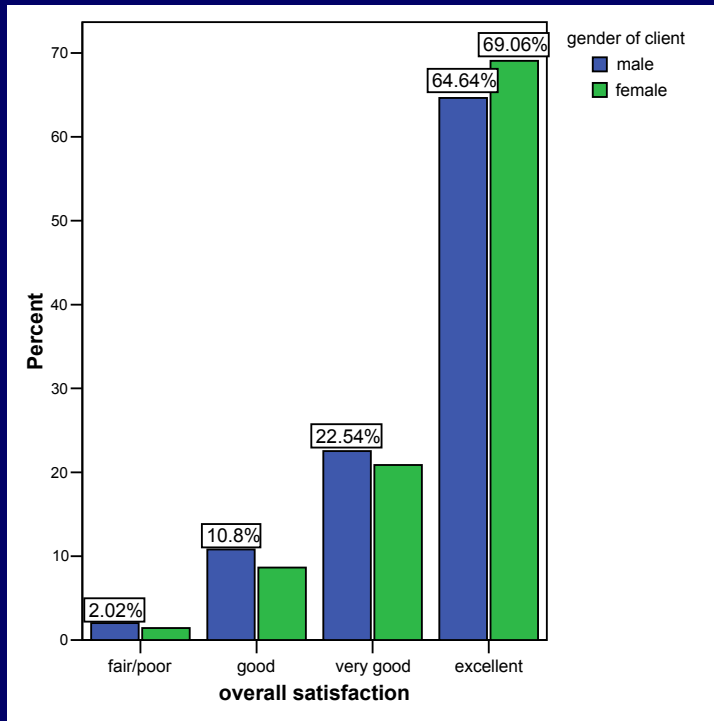
quality of life



		gender of client		Total
		male	female	
overall	excellent	92	18	110
health description	very good	211	36	247
	good	305	46	351
	fair	231	52	283
	poor	83	26	109
Total		922	178	1100

Client Satisfaction: *Time 1*

client satisfaction



*suggested administration of Time 1 is within six months of intake.

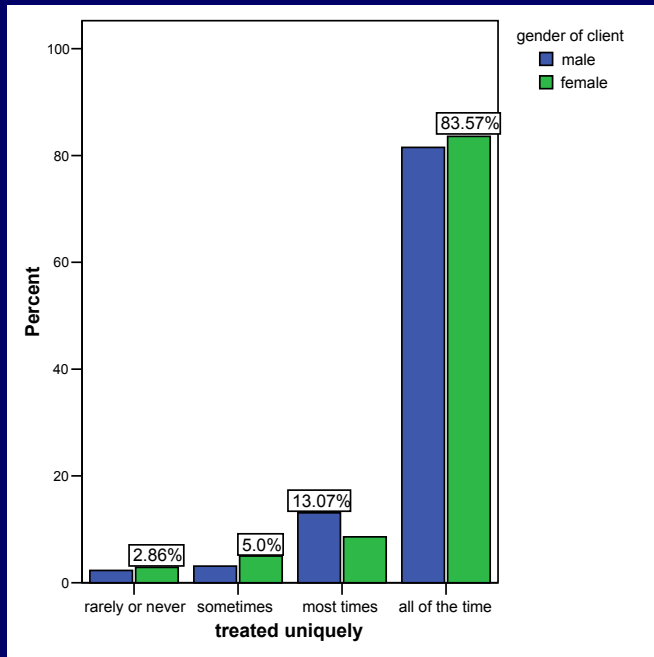
Count		gender of client		Total
		male	female	
overall satisfaction	fair/poor	15	2	17
	good	80	12	92
	very good	167	29	196
	excellent	479	96	575
Total		741	139	880

Count		gender of client		Total
		male	female	
information quality	not at all helpful	5	1	6
	not very helpful	13	2	15
	helpful	170	28	198
	very helpful	553	109	662
Total		741	140	881

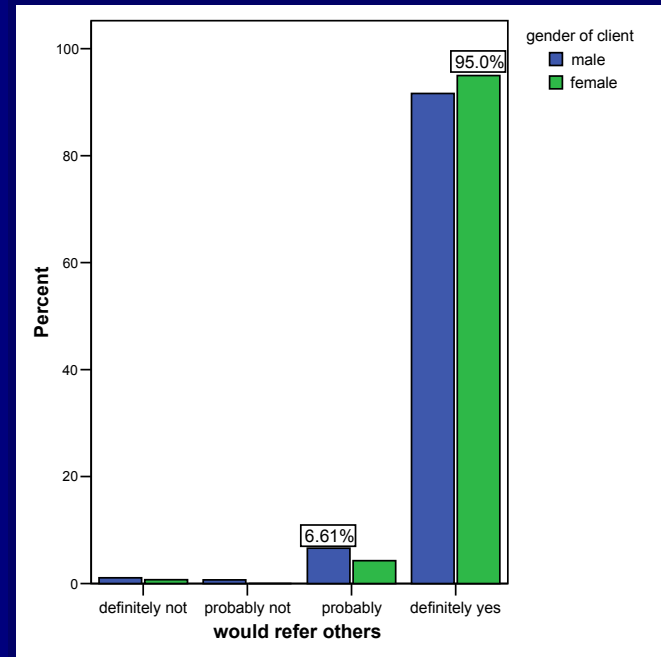
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Client Satisfaction: *Time 1*

client satisfaction



Count		gender of client		Total
		male	female	
treated uniquely	rarely or never	17	4	21
	sometimes	23	7	30
	most times	97	12	109
	all of the time	605	117	722
Total		742	140	882



Count		gender of client		Total
		male	female	
would refer others	definitely not	8	1	9
	probably not	5	0	5
	probably	49	6	55
	definitely yes	679	133	812
Total		741	140	881

Preliminary Findings: Medical Outcomes Study

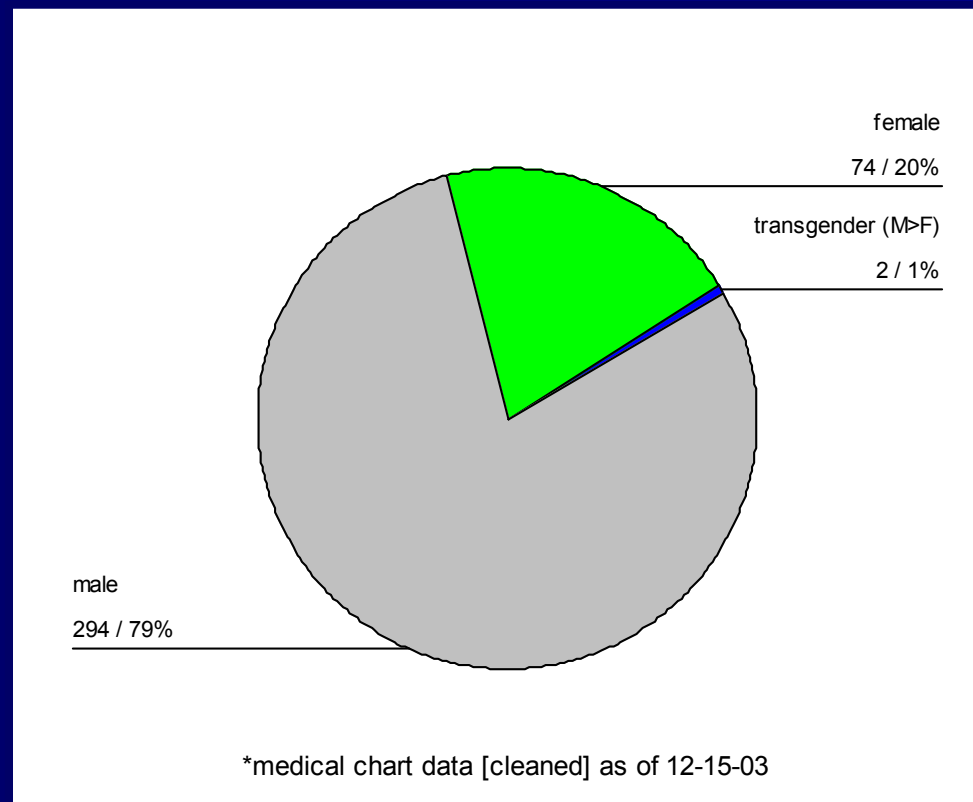
- A collaborative effort between HRSA, OU, and five HIV/AIDS Service Organizations along the US/Mexico Border;
- Assesses the impact of HIV health care services provided to clients, using medical chart reviews;
- Medical outcomes presented include AIDS status at Intake, CD4 and viral load counts, and HIV exposure category from YR03 Chart Review (incomplete data set).

History

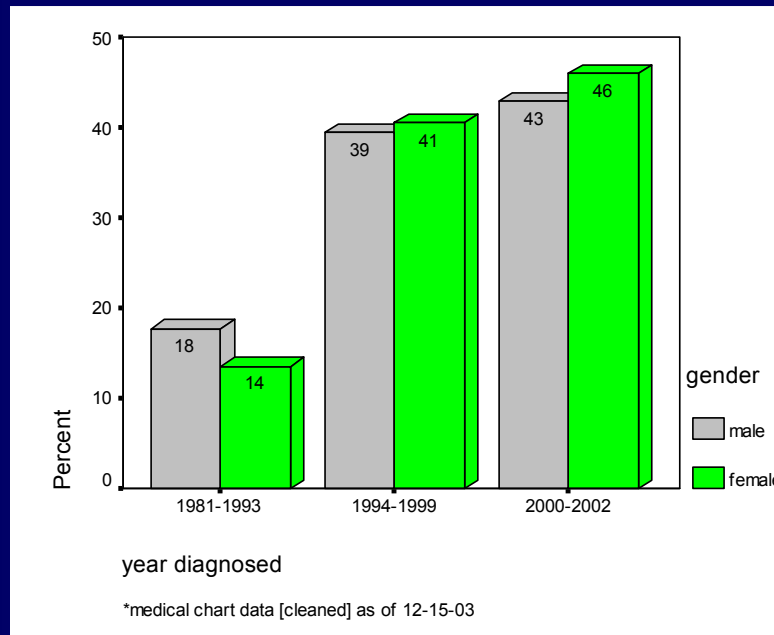
- Adapted from previous work done by The Measurement Group LLC with Gary Morey, M.D., 10/2000. Based on materials copyright 1996-2000 by The Measurement Group LLC, used with permission.
- Agreement to participate by all grantees.
- The first round of YR03 data have been submitted. An additional round of YR03 data were attempted.
- The process has required intensive data cleaning and adaptation of complex syntax files. Major indicators such as CD4 levels, Viral Loads, Opportunistic Infections and Medications need further refinement.
- Originally, data were intended to be captured in two major waves during YR03 and YR05. Time constraints resulted in an additional data collection period to increase the sample size obtained for the YR03 data set.
- The YR05 data collection will begin this year. The projected sample size to be reviewed in YR05 should range from 700-800 cases.

Number of Cases by Gender: medical chart clients (n = 370)

medical outcomes study



Year Diagnosed by Gender



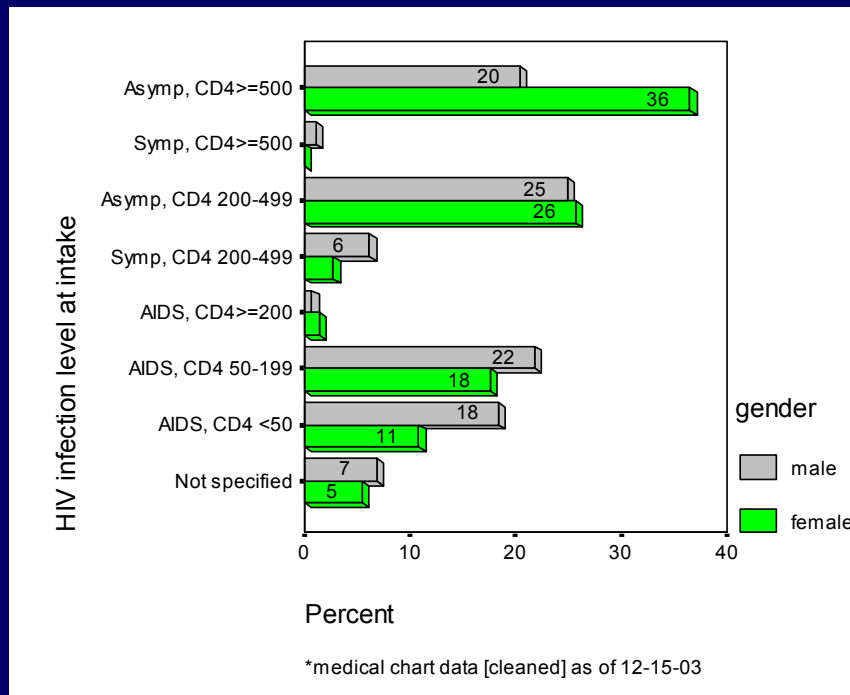
year diagnosed by gender

Count

		gender		Total
		male	female	
year diagnosed (grouped)	1981-1993	52	10	62
	1994-1999	116	30	146
	2000-2002	126	34	160
Total		294	74	368

HIV Infection Level at Intake by Gender

medical outcomes study



Count		gender		Total
		male	female	
HIV infection level at intake	Asymptomatic, CD4 greater than/equal to 500	60	27	87
	Symptomatic, CD4 greater than equal to 500	3		3
	Asymptomatic, CD4 200-499	73	19	92
	Symptomatic, CD4 200-499	18	2	20
	AIDS, CD4 greater than/equal to 200	2	1	3
	AIDS, CD4 50-199	64	13	77
	AIDS, CD4 less than 50	54	8	62
	Not specified	20	4	24
Total		294	74	368

Earliest CD4 compared to Minimum, Maximum and Average CD4

medical outcomes study

		Earliest CD4 Count	minimum CD4 during study period	maximum CD4 during study period	average CD4 during study period
N	Valid	350	350	350	350
	Missing	0	0	0	0
Mean		305.75	295.59	470.13	379.83
Minimum		1	3	20	12
Maximum		1980	1170	1549	1333

Earliest Viral Load compared to Minimum, Maximum and Average Viral Load

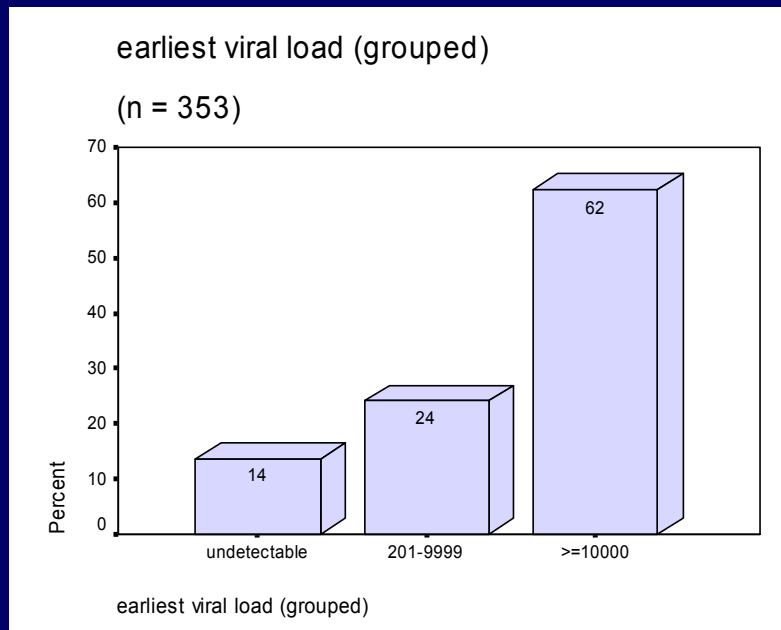
medical outcomes study

Statistics						
		earliest viral load (undet=200)	minimum viral load during study period (undet=200)	maximum viral load during study period (undet=200)	average viral load during study period (undet=200)	
N	Valid	353	353	353	353	
	Missing	0	0	0	0	
Mean		120853.43	17202.13	108061.63	46106.46	
Minimum		200	200	200	200	
Maximum		750001	750000	750001	750000	

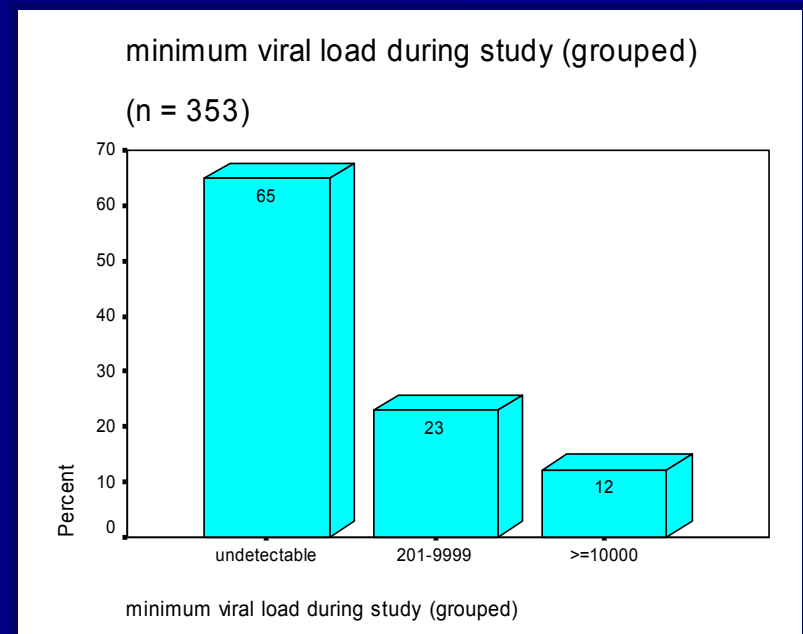
Statistics						
		earliest log 10 viral load	minimum log 10 viral load during study period	maximum log 10 viral load during study period	average log 10 viral load during study period	
N	Valid	353	353	353	353	
	Missing	0	0	0	0	
Mean		4.2420	2.8288	4.0249	3.3404	
Minimum		2.30	2.30	2.30	2.30	
Maximum		5.88	5.88	5.88	5.88	

All of the viral load counts take into account the assay method used to measure viral loads (counts resulting from bDNA tests prior to 1998 were multiplied by 2). Also, all viral loads less than or equal to 400 (undetectable) were recoded to 200 and outliers for maximum viral load counts were recoded to 750,001. This table includes only those clients having both an early viral load count and at least one viral load count during the study period.

Earliest Viral Load compared to Minimum Viral Load



Cases were included only if they had a recorded earliest viral load and at least one recorded viral load during the study period.



Adherence Study

adherence study

- Measuring Adherence in HIV/AIDS Patient Care Plans
- A collaborative study between OU and one of the demonstration projects.

Purpose of Study

adherence study

- To identify the factors that are significantly related to an HIV positive patients ability to adhere to HIV medical treatment and to reduce/discontinue involvement in risk behaviors,

and
- To begin the process of developing a standardized statistically reliable risk assessment tool capable of predicting non-adherence to HIV/AIDS medications for use in a clinic setting by other medical providers.

History

adherence study

- This collaborative research initiative was born out of the concerns of a local HIV/AIDS Primary Care physician regarding patient adherence and its associated health outcomes and public health risks.
- All study instruments were developed collaboratively and/or translated with final approval from the local project.
- Collaborators allowed the addition of a third instrument (Part II) to assess social and social-psychological factors associated with adherence, and are being proposed for use in a doctoral dissertation.

Study Components

adherence study

- Medical Adherence Part I & III:
 - The forms are completed by the nurse case manager with the assistance of the participant. Informed consent must be signed and a \$5.00 client incentive is provided for the completion of both forms.
 - Participation in the study by new SPNS participants requires them to be prescribed antiretroviral therapy for a minimum of 3 months.

Study Components

adherence study

- Medical Adherence Part I & III:
 - Measurement items include: demographics, brief self-reported mental health and physical health history, self reported medical treatment and dietary adherence, CD4's, Viral loads, Pill Counts, risk behaviors, supportive health attitudes towards treatment and care providers, support service usage, and possible service barriers (Part I: Catz et al., 2001; Chesney et al., 2000; Cook et al, 2001; Eldred et al., 1998; Kalichman, Ramachandran, & Catz, 1999; Laws et al, 2000; Murphy et al., 2000; Roberts & Mann, 2000; Roberts, 2000; Steele et al., 2001, REC Border Health modules and items collaboratively developed by David D. Barney, PhD and F. Garcia, MD, Part III: Nieuwkerk et al., 2001).

Study Components

adherence study

- Medical Adherence Part II:
 - Informed consent and HIPPA consent forms must be signed by the study participant before he/she can participate. English and Spanish versions of the Part II instrument, consent letter and HIPPA consent forms are available.
 - Part II is a self-report instrument to be offered to all current or new SPNS clients during regular office visits. Participation in the study by new SPNS participants requires them to be prescribed antiretroviral therapy for a minimum of 3 months.
 - A \$10.00 client incentive is provided for the completion of this instrument. The number of study participants are not to exceed 250 clients. If the participant is unable to complete the form on their own, the nurse case manager will assist in its completion.

Study Components

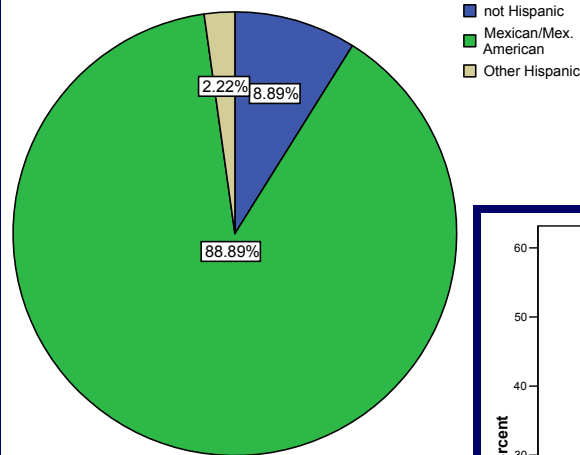
adherence study

- Medical Adherence Part II:
 - The Part II instrument measures partner, family, child and peer attachment and commitment, self-control, goal blockage and perceived equity in goal attainment, stigmatization, stressful life events, opportunity to engage in risk behavior, behavior coping strategies, self-esteem and self-efficacy (Godwin & Scanzoni, 1989; Agnew & Brezina, 1997; Elliot et al., 1983; Hirschi, 1969; Grasmick et al., 1993; Mazerolle & Piquero, 1998, Mazerolle et al., 2000; Centro de Evaluación: Multi-site Border Health data collection modules; Hoffmann & Miller, 1998; Hoffmann & Cerbone, 1999; S. Redhawk Love, 2001; Rosenberg et al., 1995; Agnew & White, 1991; Carver, Scheier & Weintraub, 1989; Pearlin & Schooler, 1978; Pearlin et al., 1981; Radloff, 1977).

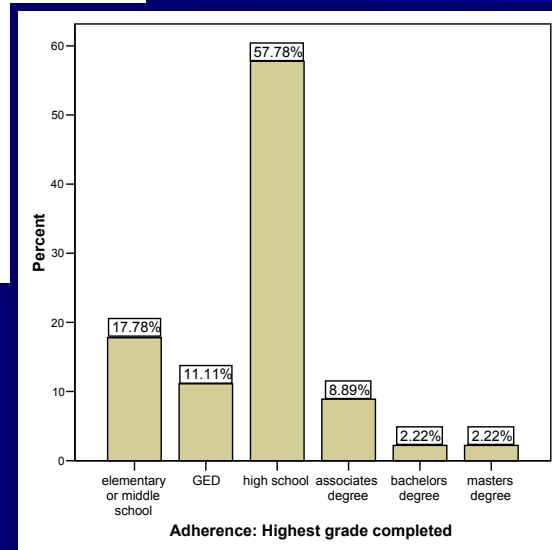
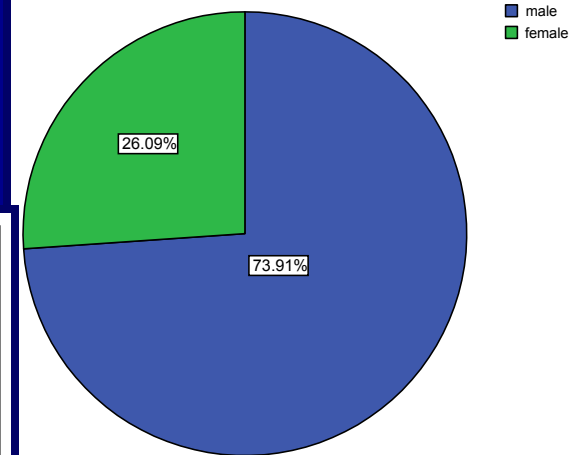
Preliminary Data: Demographics

adherence study

Adherence: Hispanic group

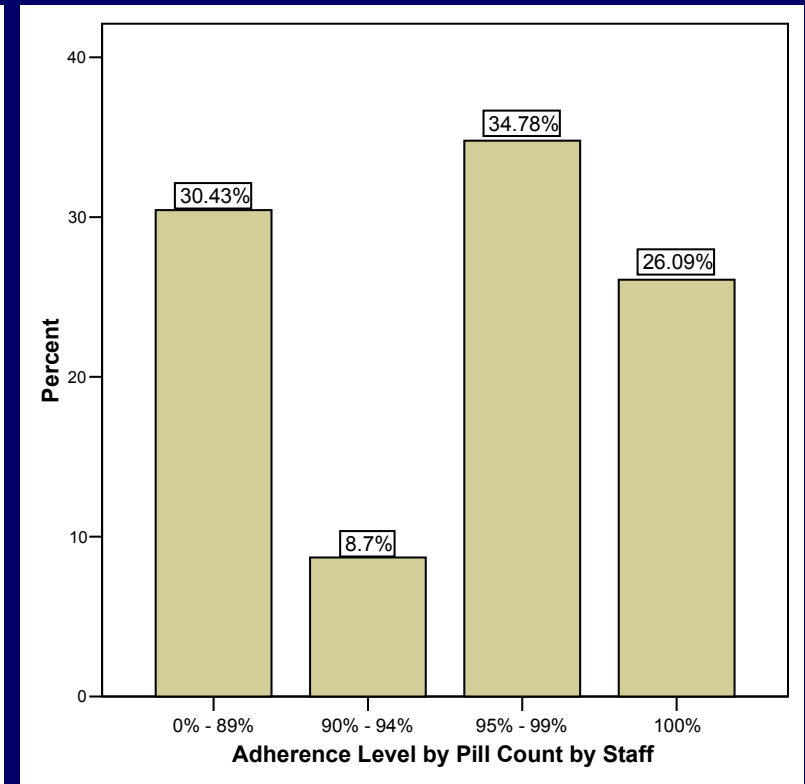
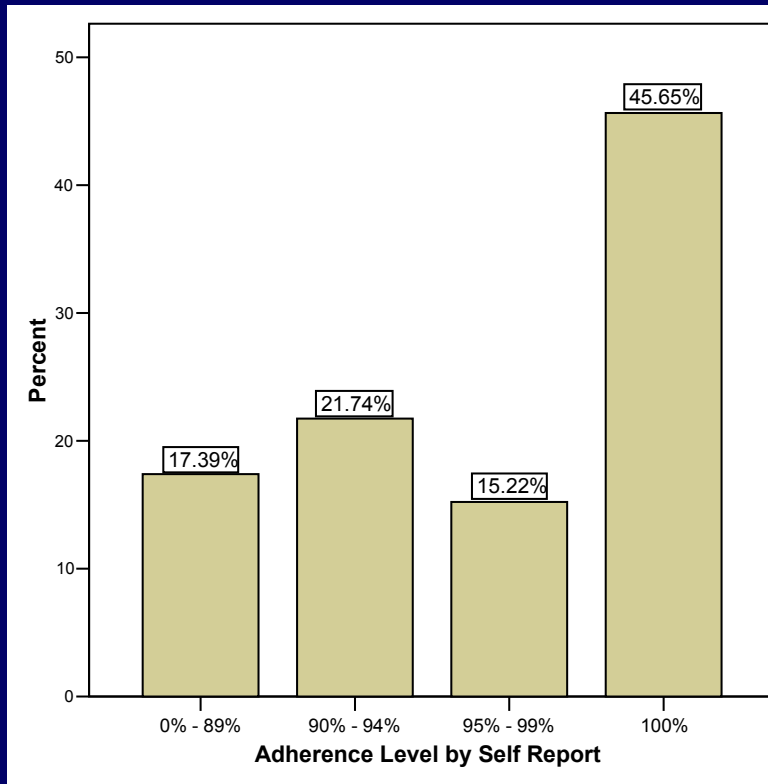


Adherence: Gender



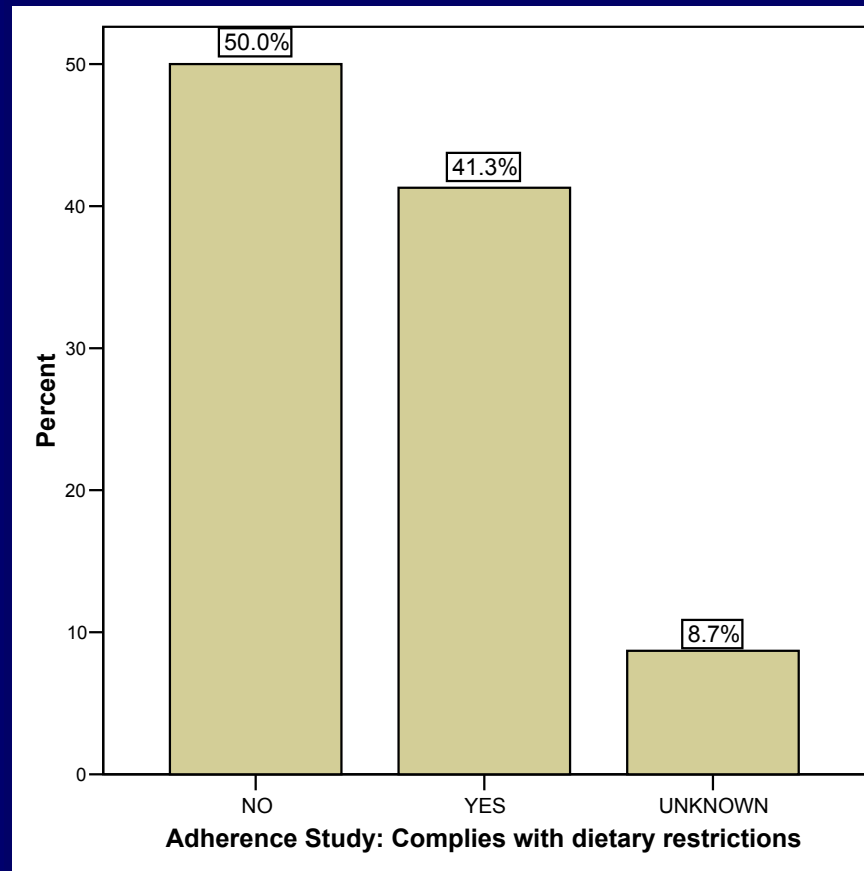
Preliminary Findings: Adherence Level

adherence study



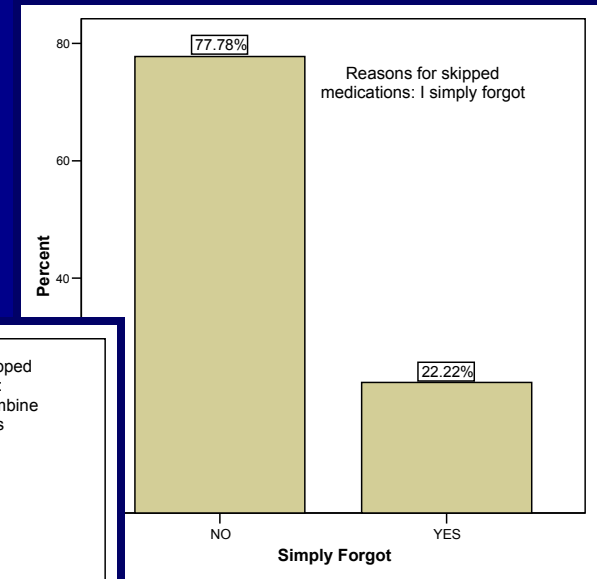
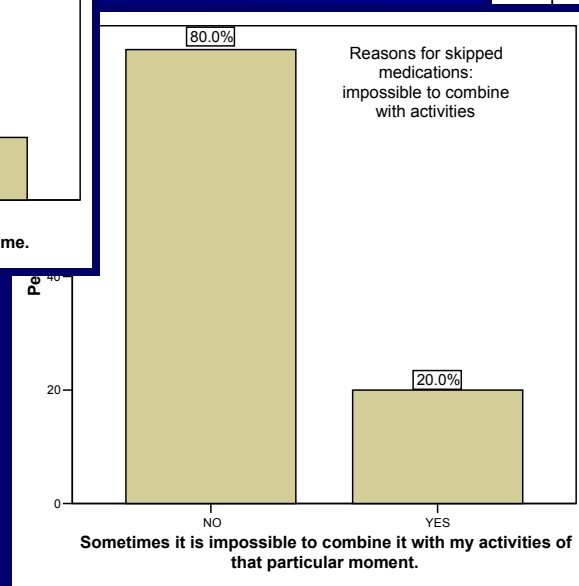
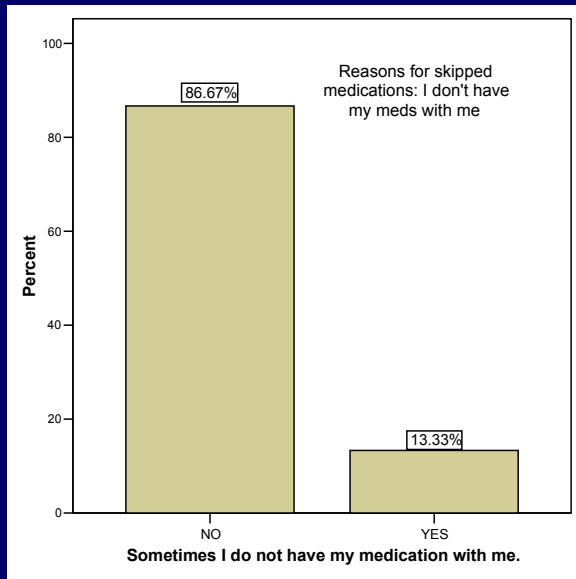
Preliminary Findings: Diet

adherence study



Preliminary Findings: Reasons for Skipped Meds

adherence study



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39