

THE COMMUNITY MONITOR

A Newsletter Publication of the Houston Medical Monitoring Project

Houston Department of Health & Human Services



Just one more thing and we can complete the puzzle.
Houston Medical Monitoring Project (HMMP)



The Community Monitor
Volume 3, Issue 1

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CAB SUPPORT ENHANCED PARTICIPATION IN HMMP

As part of the Centers for Disease Control and Prevention (CDC) collaboration agreement, the Houston Medical Monitoring Project (HMMP) team has been working with the local community advisory board (CAB) and consultants to promote and increase participation in the project. The HMMP CAB was formed in 2005. It is comprised of 18 members drawn from local healthcare organizations, health planning groups, community-based organizations and other stakeholders. It also includes 10 consultants from other local health departments in the Houston Metropolitan area. Houston was the first site among the 26 project sites to form the CAB.



HMMP CAB Chairperson, Dan Snare addressing members during CAB meeting.

Periodically, the board sends out correspondence informing the HIV/AIDS community about HMMP, its significance to public health and its potential to improve services for people living with HIV/AIDS. The board members developed a strategy involving joint courtesy visits with the project staff to selected providers. These efforts led to an increased level of provider participation

from 36% in 2005/2006 to 65% in 2007. There was also a 4% increase in the number of patients interviewed between the two data collection cycles.

The CAB functions in the following areas: assist in the planning, development and implementation of project programs and activities; assesses community impact and ensures that community concerns are considered, and serves as a voice for the HIV/AIDS community and study participants. It also provides invaluable input on operational considerations, promotion of the project and project instruments development including the local questionnaire.

Under the able leadership of Dan Snare, the CAB has been very supportive of the project and has successfully applied their mission statement of being proactive, creative, responsive, and effective in its support and guidance of the HMMP.



Houston Medical Monitoring Project Local Community Advisory Board

Dan Snare, **Chairperson**
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Bernie Vasquez, *HCHD*

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Paul Simmons
Co-Executive Director, CFA

The 2008 Facility Sampling Frame (FSF) Update

MMP is in its fourth year of data collection. As in previous years, MMP used the probability proportional to size (PPS) sampling method to select both providers and patients. Although the providers are selected for participation in the project on an annual basis, the pool of providers used for the process is updated every two years. The pool is a summary of an unduplicated comprehensive list of all known HIV-care providers in Houston/Harris County, and their estimated patient loads (EPLs) from various data sources. For this reason, the EPL distribution across the data sources is sometimes called the “Matrix of Facility EPLs.” A final anonymous provider pool is used by CDC and RAND to select facilities for participation in MMP.

The first update took place in 2008. Updating the provider pool generally involves reviewing, identifying, confirming and determining eligibility of facilities providing HIV care in Houston and Harris County. It also requires drawing a representative facility sample for Houston and Harris County based on the estimated patient load. The list of facilities reported in HIV/AIDS Reporting System (HARS), which served as a “Gold Standard,” and six other databases in the last two-years (2005-2007) were used to develop the 2008 providers pool. The six other data sources used to identify new facilities are: Cyber Lab, CDC Rx List, STD-MIS, ADAP, Death Registry and CaseFile.

A summary of the update indicates that 57 of 107 facilities originally sampled in 2005, were considered ineligible for 2008. Only 50 providers were eligible for inclusion in the 2008 providers pool. Some of the reasons for the providers’ elimination from the pool included: a closed practice, merger or affiliation with existing or new facility already in the pool, in-patient facility, out of jurisdiction and providers offering only counseling and testing services among other reasons.

Six new additional facilities were identified during the update process, bringing the total eligible facilities in the 2008 providers pool to 56. These providers gave an Estimated Patient Load (EPL) of 14,012 compared to 14,210 obtained in 2005. Although the number of facilities have reduced, the patients number remained almost the same. This may indicate that the patients sample obtained is still representative of the HIV/AIDS patients in Houston and Harris County.



AIDS WALK HOUSTON 2009 - HDHHS HEALTHY SOLES TEAM

Houston Medical Monitoring Project Summary of Data Collection Activities (2005-2008)

The Medical Monitoring Project (MMP) arose out of a need for a nationally representative, population-based surveillance system to assess behaviors, clinical outcomes and quality of care of people with HIV infection who are receiving care. The surveillance system is based on a three-stage systematic Probabilistic Proportional to Size (PPS) sampling method.

The first stage involved selection of 20 geographic primary sampling units including six cities based on AIDS prevalence at the end of 2002. Houston was selected as one of the cities. The second stage involves the development of pool of HIV-care facilities in Houston/Harris County based on patient caseloads. A total of 107 facilities comprising small, medium and large facilities were identified in the provider pool. Twenty-five of the facilities were selected to participate in the project. However, only nine of these providers agreed to participate in the project. The third stage of the sampling process involves the patients.

Surveillance staff with the Houston Department of Health and Human Services worked with 9 of the sampled providers that agreed to participate in the project to develop a list of 3,574 HIV-infected patients who received care (from these providers) from May to July of 2005. Two-hundred patients were sampled from this pool for interviews and medical record abstractions.

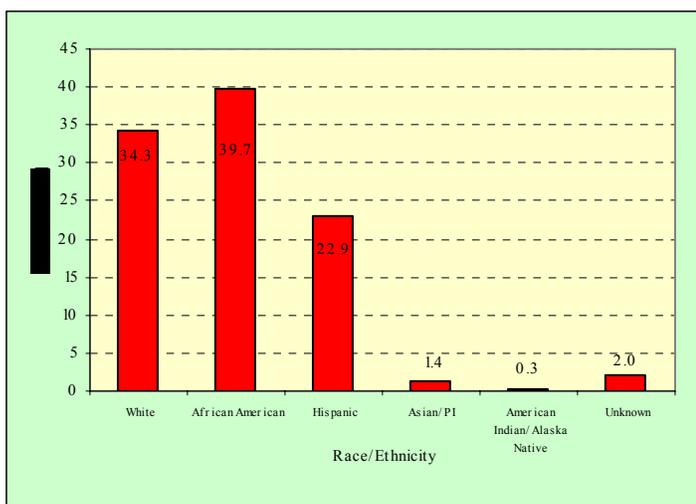


Figure 1: Distribution of study population by race/ethnicity

At close-out of the 2005 data collection activities, 46 in-person interviews and one proxy interview had been conducted, and 175 medical record abstractions were completed. A breakdown of medical record abstractions showed that 175 medical histories of patients with 1,254 episodes were obtained in the selected popula-

tion. The highest episodes encountered within the study period in the selected patient population was 36 with an average of 7.

During the 2007 data collection year, four providers were considered ineligible for participation because of mergers, closures or failure to meet the CDC criteria for participation. Consequently, 21 providers were eligible for participation in 2007, and only 13 of them agreed to participate. A total of 6,203 patients were sampled from the 13 providers. Of this number, 400 patients were randomly selected for participation in the project. As of close out in October 2008, a total of 108 interviews and 350 medical record abstractions of selected patients were completed. A breakdown of the medical record abstractions indicates that 350 medical histories of patients with 1,771 episodes were obtained in the selected population. The highest surveillance period encountered within the PDP in the selected patient population was 22 with an average of 5.

Table 1: Distribution of Participating Patients by race/ethnicity and Gender **

Race	Gender		Total
	Male	Female	
White	111 (31.7%)	9 (2.6%)	120 (34.3%)
African American	87 (24.9%)	52 (14.9%)	139 (39.7%)
Hispanic/Latino	65 (18.6%)	15 (4.3%)	80 (22.9%)
Asian/Pacific Islanders	4 (1.1%)	1 (0.3%)	5 (1.4%)
American Indian/Alaska Native	1 (0.3%)	0 (0.0%)	1 (0.3%)
Unknown	4 (1.1%)	1 (0.3%)	5 (1.4%)
Total	272 (77.7%)	78 (22.3%)	350 (100.0%)

** Based on 2007 medical record abstractions

Figure 1 shows the distribution of participants by race or ethnicity. African-Americans recorded the highest number of participants (39.7%), followed by White and Hispanic with 34.3% and 22.9%, respectively. The distribution of the study population by race or ethnicity and gender is given in Table 1. The participants comprised of 272 (77.7%) males and 78 (22.3%) females. The majority of females were African-American (14.9%). However, the pattern of distribution of race/ethnicity of the participants was similar to those obtained during the previous years of the project (2005 and 2007).

The project is currently in its fourth year of data collection and activities are ongoing in preparation for the 2009 data collection cycle.



Gender Differences in the Progression to AIDS and Mortality in the Houston Adult/Adolescent Spectrum of HIV/AIDS Disease (ASD) Surveillance Project

Dr. Raouf Arafat, assistant director of the Houston Department of Health and Human Services and Houston Medical Monitoring Project consultant, presented a study titled "Gender Differences in the Progression to AIDS and Mortality in the Houston Adult/Adolescent Spectrum of HIV/AIDS Disease (ASD) Surveillance Project" at the 2008 meeting of the American Public Health Association (APHA). The ASD project was a CDC National surveillance program that provided a method for monitoring the trends and full spectrum of the HIV-related illnesses. Other collaborators in the study include Debo Awosika-Olumo MD, MS, MPH, HMMP principal investigator and Bureau Chief, Bureau of Epidemiology; Marcia Wolverton, MPH, HMMP consultant and ASD principal investigator, James Gomez and Lydwina Anderson, both HMMP staff.



Dr. Raouf Arafat

Using Kaplan-Meier curve estimate, they noted that in general, male patients progressed significantly ($P < 0.001$) faster than females from HIV-infection to AIDS condition (38 vs. 40 months) and have less survival time from AIDS stage to death (50 vs. 59 months). The scientists also reported an overall mean survival time from enrollment into the study to death of 86 months for males and 96 months for females. Further analysis in the study also attempted to evaluate the effect of several independent factors on the progression time from study enrollment to first AIDS condition and survival. The model outcome significantly ($P \leq 0.01$) implicated the following factors: age (Hazard Ratio (HR) = 1.02), gender (HR=1.24), blood transfusion (HR=2.23), CD4 counts (HR=2.52), and HAART (HR=1.43) as being responsible for rate of progression from study enrollment to first AIDS condition, after adjusting for all variables in the model. However, the patients' overall survivability was significantly ($P \leq 0.01$) determined by age (HR=1.02), gender (HR=0.81), MSM/IDU (HR=1.54), undetermined mode of transmission (HR=1.31) and stage of illness at enrollment (HR=1.43). Although race was not a significant ($P > 0.05$) comorbidity factor to survival, the study concluded that Black and Hispanic females were more likely to have longer survival probability than males from study enrollment to death.

HMMP CAB WELCOMES NEW MEMBERS

~ Sharon Wagner and Dr. Steven Coats ~

Sharon Wagner has been working in various research and community organizations since 1998. She has been actively involved in design, implementation, monitoring and evaluation of community-based programs for the HIV/AIDS community. She has received many distinguished awards for her services. She brings with her a rich experience of community-based organizations.



Dr. Steven Coats is a licensed psychologist with a strong background in clinical evaluation and treatment, organizational development, evaluation methods, professional training and application of computer technology to support learning. He provides clinical and administrative supervision in the healthcare industry, working closely with physicians, nurse practitioners, physician assistants and psychologists serving people in long-term care settings. He has proven leadership, facilitation and communication skills with the ability to conduct needs assessment, analyze complex data, and deliver and design training programs to promote behavioral change and help individuals realize their potential.



STAFF SPOTLIGHT

HMMP Investigator

Karen Miller graduated from Texas Southern University in Houston. She received her Bachelor's of Science degree in health education and her Master's of Science degree in health education. Over the last 18 years, she has worked as a surveillance investigator in HIV/STD prevention and surveillance. She also worked as a health educator in the Immunization Bureau for several years.



Karen Miller BS, MS

Karen joined the Houston Medical Monitoring Project in January of 2006. Since coming on board, her years of experience in the field of public health has been helpful in carrying out project-related activities. In her words, she pursued a career in public health because "I like helping people and the community." She also sees her job as a calling in fulfilling her interests as she provides services to the community. When she is not at work, she enjoys sports (basketball, football, and baseball). She is a "Die Hard Dallas Cowboy Fan"! Karen also enjoys reading.

HMMP wins First Place in Poster Presentation at Kelsey Seybold Foundation 9th Annual Health Services & Outcomes Research Conference

The Houston Medical Monitoring Project (HMMP), a specialized HIV/AIDS surveillance project of the Bureau of Epidemiology, Houston Department of Health and Human Services, recently won first place in a poster presentation at the Kelsey Seybold Foundation 9th Annual Health Services & Outcomes Research Conference. The title of the presentation was: "Validity of self reported CD4 cell count and HIV viral load among HIV Infected patients in Houston/Harris County." Congratulations on the hard work.



Pictured above are HMMP team members with the award. *Standing left to right:* Osaro Mgbere, Ph.D, biostatistician & data Manager; Tai Fasantani, MD, team lead and epidemiologist; Debo Awosika-Olumo, MD, MS, MPH, principal investigator and bureau chief; James Gomez, BS, investigator; Brian Goldberg, BA, investigator; *Sitting Left to right:* Karen Miller, MS, investigator; Hyewon Lee-Han, Ph.D, epidemiology manager; Salma Khuwaja, MD, MPH, Dr.PH, project coordinator and Lydwina Anderson, BS, investigator.

PROVIDER SPOTLIGHT

Pete Rodriguez, RNBSN, ACRN, is the director of HIV Services for the Harris County Hospital District, currently providing medical care for over 4,000 HIV infected people at Thomas St. Health Center, Northwest Health Center, Settegast Health Center and the Women's program at Lyndon B. Johnson's Hospital (LBJ).



Rodriguez completed his board certification in HIV Nursing in 2005 and is the Director at Large for the Association for Nurses in AIDS Care, the Houston-Galveston chapter. He has served in various capacities on the Ryan White Planning Council over several years including serving as grant reviewer and site monitor for Ryan White Care Act Titles I, 111 and IV. He has also served on committees for STAGE, Region 6 Prevention and Planning, and other local planning bodies. Rodriguez, who is the current vice chair of the Ryan White Planning Council, completed his 30th year of nursing in May of 2007, with 20 of those years spent in HIV nursing. He was recently honored by HDHHS for his contributions and support to HIV/AIDS surveillance programs at the Houston Department of Health and Human Services.

"The Community Monitor" (CM) editorial team interviewed Pete Rodriguez (PR):

CM: What led you to HIV/AIDS care?

PR: In 1986, while working in emergency room medicine at the county hospital in Fort Worth, we began to see a large number of HIV infected patients. I then realized that more effort was needed to meet the health needs of these patients. So the following year, I entered the field of HIV nursing as an AIDS Education Specialist, conducting pre and post-test counseling and presenting educational programs to target populations and community groups.

CM: What do you see as your main accomplishments at Thomas Street Clinic (TSC) since becoming director?

PR: A major accomplishment has been in maintaining the quality of HIV care and continuing to provide a number of other HIV-related services for patients - an important difference that distinguishes TSC from other primary care providers. Examples of these other TSC services offered are mental counseling, social services and case management. Support groups in different areas of patient interest that foster the health and well-being of patients are also encouraged.

CM: What have been the main challenges or obstacles in achieving this aim?

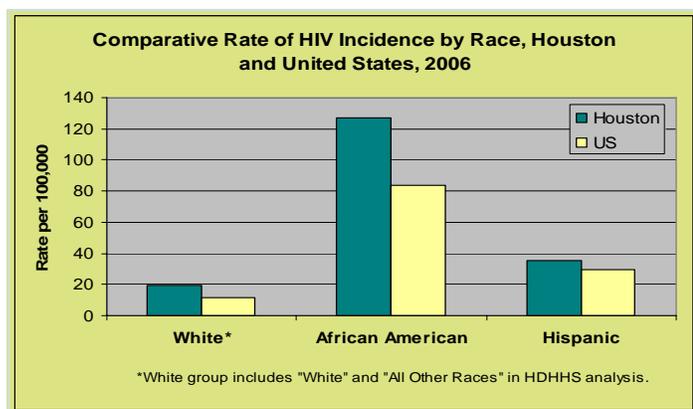
PR: The limitation of space prevents us from adding many programs that we would otherwise like to provide. But in any event, partnering with other institutions for HIV-related health

[...Continue on page 6]



HIV Incidence Estimates in Houston and the United States

The Centers for Disease Control and Prevention (CDC) published national HIV incidence estimates for 2006 in the *Journal of the American Medical Association* in August 2008. An estimated 56,300 persons were newly infected with HIV in the United States in 2006 – a number that is substantially higher than the previous estimate of 40,000 people each year. However, it is important to note that the higher number does not suggest an increase in HIV incidence, but reflects a more precise method that directly measures the number of persons newly infected with HIV. In fact, the number of new infections each year has been relatively stable since the late 1990s.



In Houston, the HIV Incidence Surveillance team has been collecting data for this project since 2005. For the first time, the Houston Department of Health and Human Services (HDHHS) was able to directly estimate the number of new HIV infections in the Houston area and further categorize them by race, gender, age and mode of transmission. Using the new method developed by the CDC, HDHHS estimated 1,700 people were newly infected with HIV in 2006 in the Houston area. The estimated rate of HIV incidence in Houston in 2006 (43.6 per 100,000 persons) was almost two times greater than the national rate of new infections (22.8 per 100,000 persons) based on analysis of data reported in Houston and Harris County.

Who bears the greatest burden of HIV infection?

The 2006 HIV incidence estimates show:

- Men who have sex with men continue to be heavily affected by HIV, accounting for 34% of all new infections in Houston.
- The impact of HIV is greater among African-Americans than any other racial group, both in Houston and nationally. African-Americans in Houston accounted for 52% of new HIV infections while comprising only 18% of the Houston population. In Houston, African-Americans have a much higher rate of new HIV infections (127 per 100,000) compared to other races (35 per 100,000 among Hispanics and 19 per 100,000 among White/Other races). Overall, African-Americans and Hispanics accounted for 78% of new HIV infections in 2006.

- The HIV incidence rate in males (57.3 per 100,000) was almost twice the rate found in females (30.0 per 100,000). In both cases, the rate of new infections was higher in Houston than the national rate of new HIV infections in 2006.

What do the new HIV incidence estimates mean?

There are a growing number of people living with HIV in the United States and an increased need for HIV testing, treatment, and prevention services to slow the epidemic. To reduce the impact of HIV, greater attention needs to be paid to preventing infection and efforts should meet the needs of both infected and uninfected populations. There is significant evidence that prevention can – and does – work. Infection rates for people who inject drugs have declined dramatically over time. Infection rates in women of all races and among heterosexuals who engage in high-risk sexual behaviors have been relatively stable since the early 1990s. This stability is a sign of progress since a growing number of people living with HIV would be expected to increase opportunities for HIV transmission. However, many populations at risk for HIV are not being reached by prevention efforts and more must be done. Studies show that once people learn they are HIV-infected, most take steps to protect others. It is estimated that the majority of new infections are transmitted by those who are unaware of their infection and approximately 20% of HIV-infected individuals are unaware of their infection.

Where can I find additional information about the new HIV incidence estimates?

Information about HIV Incidence Surveillance including new fact sheets, the *JAMA* article, and related materials can be found at <http://www.cdc.gov/hiv/topics/surveillance/incidence.htm>. For questions or further information about the Houston incidence estimates, please contact the HDHHS HIV Incidence Surveillance Program at 713-794-9181.

[...Continued from page 5]

services not currently available onsite is an alternative. An example is our partnership with Bering Dental which we would like to further develop.

CM: How do you see the HIV epidemic as it affects the local Latino community?

PR: The percentage of those Latinos infected with HIV in proportion to the Latino population in Houston/Harris County might be under-represented. If that is the case, I suspect it is due to the lack of awareness of the need for HIV testing and the language barrier among monolingual Latinos. Often, the Latino patient will discover they are HIV positive only after presenting at the hospital for being very ill with an AIDS-defining infection. So there is still much that can be done to raise the awareness about HIV and to lessen the stigma by utilizing various media resources. ~ END~



HMMP'S PHOTO GALLERY



Stephen Williams, Director, HDHHS addressing the audience during World AIDS Day 2008



A cross section of the audience at World AIDS Day 2008 commemoration ceremony



Dr. Vaneet Arora, HMMP Intern receives an award from PI, Dr. Debo Awosika-Olumo



Susan Samkutty, former HMMP Intern with project team



Pete Rodriguez, RNBSN, ACRN, Director for HIV Services at Thomas Street Clinic receives Recognition Award from HDHHS.



Team HMMP with Ms Bunmi Ogunleye, Medical Records Manager at Thomas Street Clinic.



AIDS Walk Houston 2009



HMMP Community Advisory Board Meeting & Providers Recognition Award 2008



HMMP'S COMMUNITY SPOTLIGHT

The Houston Area HIV Services Ryan White Planning Council



Houston's Ryan White Planning Council is a 40-member volunteer planning group comprised of community members who have been appointed by County Judge Ed Emmett to serve a two-year term. Individuals appointed have a wide range of viewpoints and expertise including health care providers, public health officials and people of various race, ethnic background and sexual orientation. At least one-third of the members of the planning council must be people living with HIV. These members bring the consumers' point of view to planning council discussions. The Council elects officers (chair, vice chair and secretary) to serve a one year term. The Council decides what services are most needed in the eligible metropolitan area and Houston HIV service delivery areas. The council set priorities and decides on how much money should be used for each of these services and develops a comprehensive plan to provide the services. These decisions are based on an evaluation of the needs of people living with HIV.

The chair of the Planning Council assigns each member to work on one or more of the five standing committees. Committees include: affected community, comprehensive HIV planning, operations, priority and allocations and quality assurance. All meetings are open to the general public, and although only Council members are allowed to vote, public comment is always welcome. Some of the HIV medical and support services provided by Ryan White program funds include: ambulatory/outpatient medical care, case management, adult day care, dental care, early intervention services, health insurance co-payments and co-insurance, home health care, hospice services, legal assistance (criminal matters are NOT eligible), local medication program, mental health services, nutritional supplements, referral, rehabilitation care, substance abuse treatment and counseling, transportation to medical appointments. The Council is also responsible for the publication of The HIV/AIDS resource guide, more commonly known as *The Blue Book*, Houston Area HIV/AIDS Comprehensive Plan, Houston Area HIV/AIDS Needs Assessment and various special studies.

For further information, please contact the Office of Support at: 2223 West Loop South, Suite 240 Houston Texas 77027. Hours of operation are: 8:00 am – 5:00 pm ~ Monday - Friday. Phone: 713-572-3724, TTY: 713-572-2813, Fax: 713-572-3740; Website: www.rwpc.org

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POSTAGE

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