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MMP Quarterly Newsletter

September/October 2009



Medical Monitoring Project

Centers for Disease Control and Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Behavioral and Clinical Surveillance Branch

Clinical Outcomes Team

Updates on the Medical Monitoring Project

The 2008 cycle of the Medical Monitoring Project (MMP) ended on May 31, 2009. The exciting news is that MMP has been approved for another 5 years starting June 1, 2009 through May 31, 2013. All 26 project areas applied to conduct data collection in the new cycle, but because of the limited availability of funds, not all areas could be funded. Three applications have been deferred but may be supported later should funds become available during the next 12 months.

The 23 project areas that will conduct data collection activities in the new cycle are

California; Chicago, IL; Delaware; Florida; Georgia; Houston, TX; Illinois; Indiana; Los Angeles, CA; Michigan; Mississippi; New Jersey; New York; New York City, NY; North Carolina; Oregon; Pennsylvania; Philadelphia, PA; Puerto Rico; San Francisco, CA; Texas; Virginia; and Washington.

Rita Reneé Morgan, MPH

Deputy Team Lead

Clinical Outcomes Team

Centers for Disease Control and Prevention

What's New with MMP

MMP Staff News

New staff members have joined the Clinical Outcomes Team:

- Christine Mattson, PhD, MS, Project Officer
- Huisheng Wang, MD, MS, Data Analyst
- Frazier, PhD has accepted an Epidemiologist position on the team

Abstracts

Tejero J, Dierst-Davies R, Acholonu U, Wohl A. Factors Associated with Intermittent HIV Care among a Representative Sample in Los Angeles County, California; 2009 American Public Health Association Annual Meeting; November 2009.

What's New with MMP (continued)

Presentations

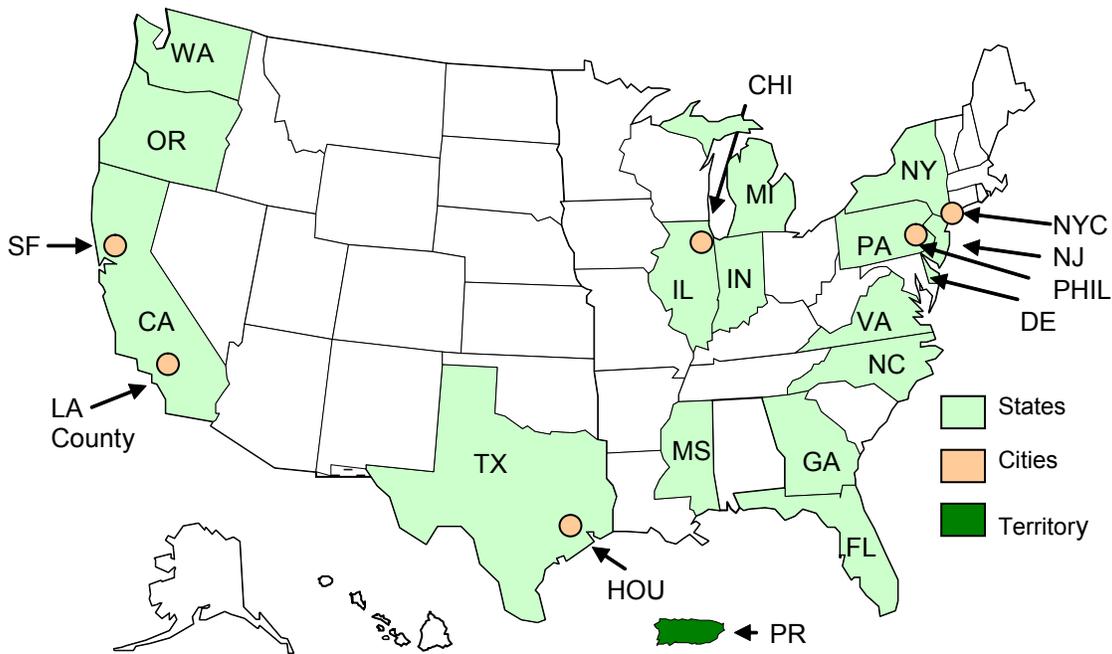
Beer L, Soe M, Valverde E, McNaghten AD. Dose, Schedule, and Instruction Adherence to Antiretroviral Medications in a Sample of HIV-infected Persons; 2009 National HIV Prevention Conference; August 2009.

Hillman D, Percy C, Carnicom L, Connor M, Lofton S, Roseberry J, Tobias J. Childhood Sexual Abuse in Indiana Rural and Urban HIV-Infected populations. Presented at the National Conference on HIV/STD Prevention in Rural Communities; April 2009; Bloomington, Indiana.

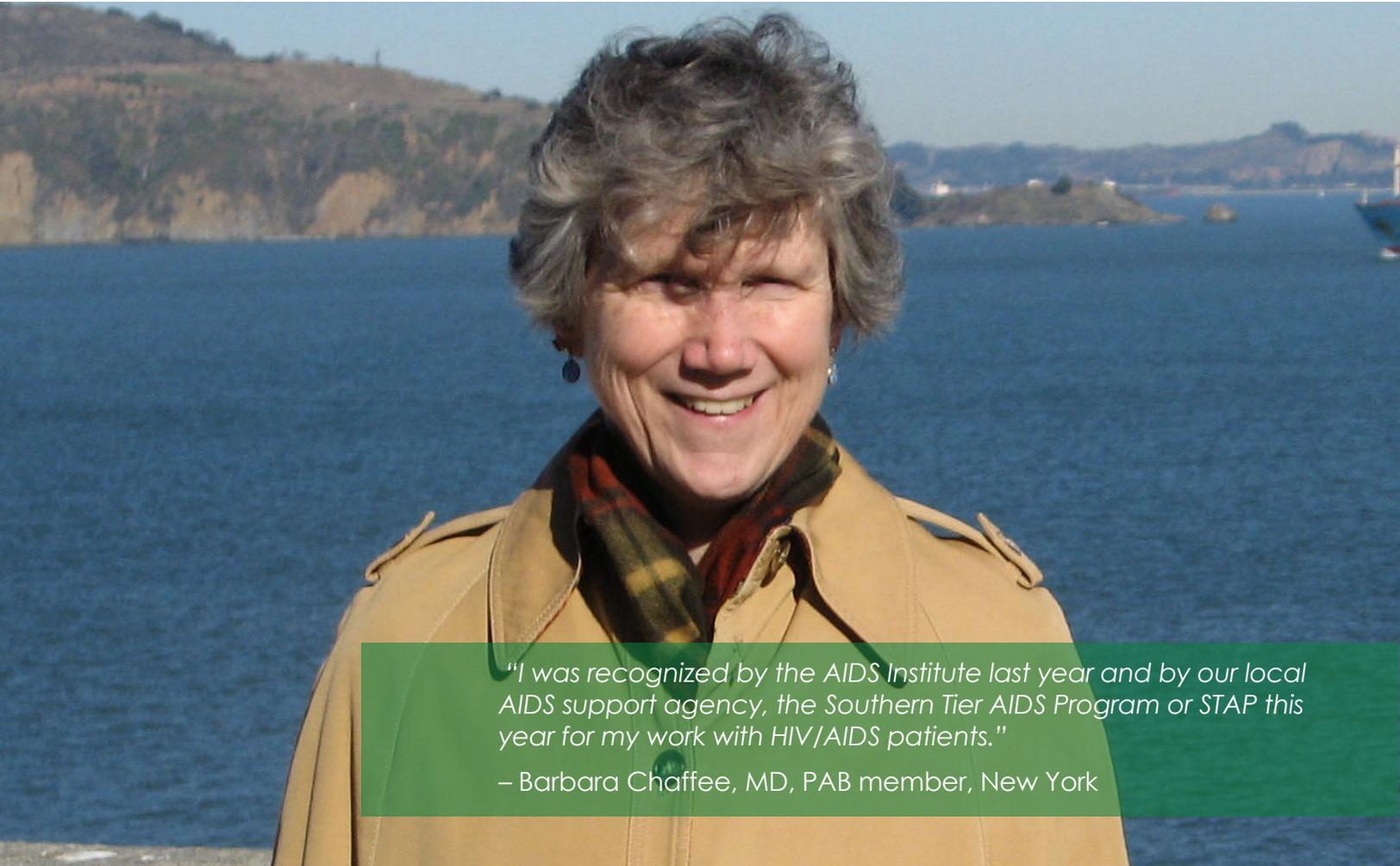
Khuwaja S, Gomez J, Mgbere O, Awosika-Olumo A, Fasoranti T, Anderson L, Goldberg B, Miller K. Differences in Treatment Outcomes Among HIV/AIDS Patients Based on Frequency of Healthcare Visits. Presented at the Council of State and Territorial Epidemiologists Conference; June 2009; Buffalo, New York.

Valverde E, Fagan J, Beer L, Soe M, McNaghten AD. Sexual Risk Behaviors and Exposure to HIV Prevention Education among HIV-infected Adults Receiving HIV Medical Care; 2009 National HIV Prevention Conference; August 2009.

MMP Project Areas



States		Cities	Territory
California	New Jersey	Chicago	Puerto Rico
Delaware	New York	Houston	
Florida	North Carolina	Los Angeles	
Georgia	Oregon	New York City	
Illinois	Pennsylvania	Philadelphia	
Indiana	Texas	San Francisco	
Michigan	Virginia		
Mississippi	Washington		



"I was recognized by the AIDS Institute last year and by our local AIDS support agency, the Southern Tier AIDS Program or STAP this year for my work with HIV/AIDS patients."

– Barbara Chaffee, MD, PAB member, New York

Provider Advisory Board (PAB) Spotlight

Barbara Chaffee is the lead Provider Advisory Board (PAB) member for the New York State Medical Monitoring Project (MMP).

I grew up near Philadelphia, went to Swarthmore College, then the University of Illinois College of Medicine and School of Public Health, then the University of Pittsburgh, followed by the University of Iowa for Internal Medicine training. My husband and I were taking turns following each other's careers around. He is a History Professor at Binghamton University whose field is pre-modern China. He is the director of the Asian and Asian American studies department. Thus, his job landed us in this area. Currently, I am the proud grandmother of twin grandsons, Gideon and Caleb, born March 25th.

I serve on committees for the AIDS Institute of the New York State Department of Health and they recommended me for the Provider Advisory Board for MMP. I have tried to help when the MMP staff identifies a program or physician whom they have not been able to get enrolled. I was recognized by the AIDS Institute last year and by our local AIDS support agency, the Southern Tier AIDS Program or STAP this year for my work with HIV/AIDS patients.

Community Advisory Board (CAB) Spotlight

Kenneth Bargar is the lead Community Advisory Board (CAB) member for the Florida Medical Monitoring Project (MMP).

"I am now going back to full-time AIDS Activism and trying to get it re-energized for future generations."

– Kenneth Bargar, CAB member, Florida

I am currently living in a rural area of Northern Florida called Wellborn. I am a rarity, in that I am a 4th generation native Floridian. Although I have traveled to many places and lived in a few other states, Florida is home. Wellborn is basically where I-10 and I-75 cross each other in North Florida. I have been HIV-positive for over a dozen years and involved with AIDS activism for over 20 years. Until recently, I was the primary full-time caregiver for my father. I am now going back to full-time AIDS activism and trying to get it re-energized for future generations.

I am the current co-chair of the Florida Statewide Consumer Advisory Group (CAG), the at-large consumer representative for the Florida Statewide Prevention Planning Group (PPG), the chair of the Florida HIV/AIDS Advocacy Network (FHAAN), president of Northeast Florida AIDS Network (NFAN), president of the Southeast Regional Gay Men's Health Summit (SRGMHS), vice-chair of my local consortia (North Central Florida CARE Consortium), chair of our local prevention planning body (Area 3/13 Prevention), and volunteer director of Friends-Together (www.friendstogether.org) in Lakeland, Florida. Friends-Together is an all volunteer organization that does outreach throughout the state. They host weekend summer camps at no charge 4-5 times a year for kids and their families and run a week long camp for teens. They are one of the best things to happen for newly diagnosed, long time survivors and those born with HIV/AIDS. Also, I have been the assistant volunteer coordinator for the United



States Conference on AIDS (USCA) held in Florida, one in Miami (2004) and one in Fort Lauderdale (2006). I have been asked to be on the planning group for the conference in 2010 in Orlando, Florida! I hope some of you come and help!

I love traveling all over the place and I have been to 47 out of the 50 states missing only Vermont, Alaska, and Maine so far. I have also been to Africa 3 times and plan on going back next summer to help with the AIDS organization we set up through Friends Together. I am very outgoing and enjoy meeting new people and seeing new areas of the world. I work well with the Florida Provider Advisory Board member, Jeff Beal, Pam Fillmore (Project Manager), and Becky Grigg (Principal Investigator) and they are the reason I still like working on MMP! We create flyers, attend meetings and conferences, and speak anywhere that it is wanted or allowed.

I was actually asked by the Florida Department of Health Bureau Chief, Tom Liberti, to join the MMP CAB. I was in my car, my cell phone rang, and it was Tom. He asked if I liked Atlanta. I was a little shocked and wondered several things: 1) how he had my cell phone number; 2) why would he ask such an unusual question; and 3) was this a joke? And then I was shocked and honored that he would consider me for the job! I said yes and have never looked back.



Houston MMP: A Project Area Perspective

"Without cooperation from our stakeholders and patients, MMP would have been a nightmare."

Lydwina Anderson, MMP Surveillance Investigator; Abstractor and Interviewer, Houston

The Medical Monitoring Project (MMP) in Houston includes 8 staff members:

Debowale Awosika-Olumo, MD, MS, MPH (Principal Investigator), **Salma Khuwaja, MD, MPH, DrPH** (Coordinator), **Taiwo Fasoranti, MD** (Team Lead and Epidemiologist), **Osaro Mgbere, PhD** (Data Manager and Biostatistician), **James Gomez, BS** (Investigator; Abstractor and Interviewer), **Brian Goldberg, BA** (Investigator; Abstractor and Interviewer), **Lydwina Anderson, BS** (Investigator; Abstractor and Interviewer), and **Karen Miller, MS** (Investigator; Abstractor and Interviewer).

In Houston, 18 providers were sampled for 2008. Out of the 18 sampled facilities, 10 agreed to participate. During the cycle, we conducted 74 interviews and abstracted 74 patients' medical records. Our Community Advisory Board (CAB) and Provider Advisory Board (PAB) members were actively involved in the recruitment process. Both CAB and PAB members placed phone calls to reluctant providers encouraging them to participate in the project. In addition, they used their positions in the community to promote MMP at many organized community events and used the MMP DVD and other materials during the recruitment process. The board members also developed a strategy where joint courtesy visits were made with project area staff to selected providers. These efforts greatly enhanced providers' and patients' participation in the project over time. Periodically, the board members also sent correspondence informing the HIV/AIDS community about MMP, its significance to public health, and its potential to improve services for people living with HIV/AIDS.

There were many lessons learned during the first phase of the project. Participation in the pilot year allowed us to understand project dynamics. Ongoing HIV/AIDS Core Surveillance team activities at most providers' offices allowed easy access to the facilities for MMP-related activities. The use of standard contact forms and workbooks allowed for uniformity and standardization of information obtained. Also, our participation in numerous outreach activities and events created awareness and interest in MMP among the potential pool of providers and patients. Use of the CAB in recruiting activities improved cooperation and participation by providers and patients. Regular participation in national conference calls improved staff understanding of project implementation as well as the progress of other participating project areas.

For the 2009 data collection cycle, we plan to enhance provider and patient participation by working more closely with the CAB and PAB members. We are planning to use our board members to approach reluctant providers. In order to maintain constant communication with providers, we have prepared a schedule for visiting the selected and non-selected providers throughout the year. We are also working with providers to organize patient education sessions throughout the year. The team members are constantly updating the calendar of HIV/AIDS-related community events and activities in Houston and we plan to attend as many of those as possible. We also plan to vigorously distribute the MMP DVD and materials to providers' offices as well as share the DVD with advertising media to increase visibility of the project in the community.



Data Management Updates

ICF Macro

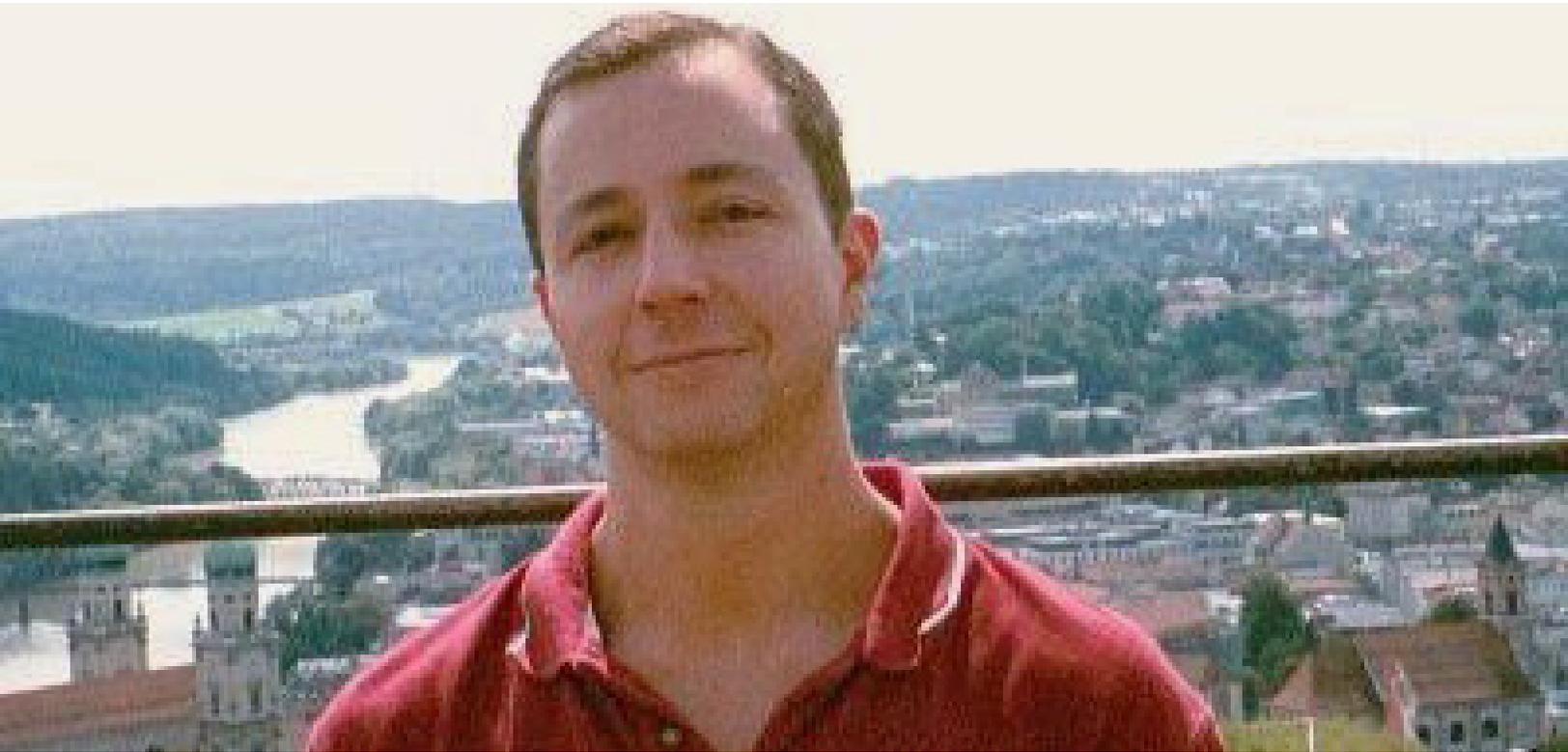
In 2008, a contract was awarded to ICF Macro (also known as Macro International Inc.) to provide data management services for MMP. ICF Macro developed the Data Coordinating Center (DCC) to conduct all data management activities. The DCC will begin processing MMP data in September 2009.

Specific objectives of the DCC are to:

- Receive data from 23 MMP project areas
- Process data for quality assurance
- Create and transfer final data sets to CDC and project areas
- Provide ad-hoc technical assistance to MMP project areas
- Provide formal training sessions for MMP project areas
- Prepare reports for CDC

ICF Macro is a professional services firm that has been supporting CDC's HIV prevention, research, and surveillance activities since the late 1980s. ICF Macro's history includes

conducting some of the earliest formative research on counseling, testing, and referral for women and youth prior to the creation of the National Center for HIV, STD, and TB Prevention. ICF Macro staff has been supporting similar types of work across CDC: in adolescent and school health, childhood obesity prevention, cancer prevention and disease registries, diabetes, intimate partner violence, and a wide range of other public health concerns. ICF Macro maintains offices in several U.S. cities and employs nearly 1,000 people. Headquartered in Maryland, ICF Macro has a large presence in Atlanta's Corporate Square offices adjacent to CDC's Behavioral and Clinical Surveillance Branch offices.



CDC Staff Corner

Christopher Johnson, MS, CDC MMP Statistician

Christopher is a Statistician in the Quantitative Sciences and Data Management Branch (QSDMB) of the CDC's Division of HIV/AIDS Prevention. He supports MMP and the Never In Care (NIC) project.

Chris is a native of Georgia – something of a rarity at CDC and in Atlanta. He grew up in various small towns around the state but eventually left the state to pursue higher education. He received a bachelor's degree in mathematics at the University of North Carolina at Chapel Hill, studied for a year at the Universität Dortmund in Germany, and then got a master's degree in statistics from Florida State University in Tallahassee. Since 2005 he has been pursuing an MPH degree in public health practice through the distance-learning program of the University of South Florida in his spare time and hopes to finish coursework and thesis this year.

After graduate school, Chris worked for the Bureau of Labor Statistics in Washington, DC, for four years. He had no background in public health before moving to Atlanta to take a job with CDC's Division of Reproductive Health (DRH), but his experience in survey design and estimation translated well to his work on the

Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based survey of new mothers that expanded from 6 to 33 states during his years with DRH. In addition to PRAMS, Chris worked on a variety of DRH projects, including analyzing data from large-scale behavioral intervention studies and studies of preventing mother-to-child transmission of HIV as well as the first efficacy trials in the United States of the female condom. He was the lead Statistician and Project Officer on two national studies of vasectomy providers and recipients. From 2000 to 2005 he was the leader of the DRH statistics team, supervising a maximum of 17 statisticians, programmers, and data managers.

In June 2007, Chris moved to CDC's Division of HIV/AIDS Prevention (DHAP) to join the Quantitative Sciences and Data Management Branch (QSDMB). He supports and collaborates on projects of the Behavioral and Clinical Surveillance Branch, devoting about 75% of his time to MMP but also working with the Never In Care project and occasionally with the National HIV Behavioral Surveillance System. His role on MMP is that of sampling statistician, in which capacity he reviews the

CDC Staff Corner continued

facility sampling frames and patient lists that project areas submit and uses them to draw samples. Chris will head up the weighting of the survey responses, developing procedures in collaboration with RAND Corporation experts, and the creation of analysis datasets. Also, he leads meetings of the MMP team's Data Analysis Work Group (a.k.a. "the DAWG"), a forum for discussions related to analysis and related data issues.

He represents his branch on the division's Men Who Have Sex with Men (MSM) Executive Committee. As the only self-described survey statistician in DHAP, he is frequently consulted on projects and manuscripts that involve implementing or analyzing data from surveys.

Shortly after moving to Atlanta, Chris began volunteering after work on Thursdays at Project Open Hand, a meals-on-wheels program for people with HIV/AIDS. Most Thursday evenings for the past 17 years, he has been part of a crew that packs meals (which another crew delivers to clients' homes the next day).

One side benefit of this volunteer work was meeting his partner of 16 years. Chris and his partner live in Decatur, although not together. Chris shares his house with two cats, brother and sister to each other, and recently nursed the male through 6 months of chemotherapy. A former competitive amateur ballroom dancer, Chris took up square dance 6 years ago and is currently learning the "Challenge 2" level. He is the secretary of a local square dancing club and part of a planning committee that will bring approximately 1000 square dancers to Atlanta in the summer of 2011 for a convention. He goes to the gym regularly, taking part in several step aerobics and spin classes each week so that he can eat and drink what he wants. In his spare time he enjoys reading novels, drinking beer, and lying beside a pool, preferably all at the same time.

Collaborating Organizations Corner

National Association of People with AIDS (NAPWA)

Stephen Bailous, NAPWA Vice-President for Community Affairs

The National Association of People with AIDS (NAPWA) is the oldest national AIDS organization, as well as the first network of people living with HIV/AIDS in the world. NAPWA believes in making a difference in the lives of all people who are living with and affected by HIV/AIDS. They do this by:

- Providing information and resources
- Telling our collective stories about HIV from the past, present, and future
- Being the trusted independent voice of people living with HIV

The foundation of the self-empowerment movement for people with HIV -- and all of the service providers, treatment activism, public education, and awareness that followed in its wake -- is found in a document known as "The Denver Principles." For people with HIV, "The Denver Principles" is the Declaration of Independence, Bill of Rights, Constitution, and Magna Carta all rolled into one. NAPWA has launched "The Denver Principles Project," raising awareness of the principles and to build NAPWA's membership. Go to www.napwa.org for more information.

In June 2009, Stephen Bailous, NAPWA Vice President for Community Affairs offered CDC space on the NAPWA web site to provide an MMP article that will be used in advertisement and outreach activities for MMP. NAPWA has



collaborated with MMP from the beginning of the project by making sure their constituents understand the importance of this project and participate actively. Many of the MMP Community Advisory Board members are also NAPWA members who work with the project as visible, positive, leaders who work to ensure we achieve the MMP stated goals. A.D. McNaghten, Clinical Outcomes Team Leader, presented with MMP CAB members at NAPWA's last two "Staying Alive" conferences and will be invited to present again at NAPWA's new "AIDS In America/Positive Living" conferences in the near future.

Project Activities Corner

Patient Recruitment from the Interviewer Perspective

Taken from MMP Interviewer conference call participants

February 3, 2009

What are some successful and not so successful techniques in recruiting patients for MMP?

Successes:

- Facilities recruiting patients over the phone or in-person
- Receiving appointment times from the facility and recruiting and/or interviewing at those times
- Case managers at the facilities doing recruitment
- MMP access to patient's phone numbers-calling them directly for recruitment
- Detailed scripts to facilities for patient recruitment
- Patient with confidentiality concerns refused to participate, but was given MMP brochure and business card, spoke with his/her provider and then consented to be interviewed
- Mailing letters with a facility contact person's information in the letter
- Mailing letters and then follow-ups by phone or in-person
- Continue recruiting throughout the data collection cycle. If someone is non-responsive periodically contact him/her
- Having 2 interviewers go to each facility
- A volunteer was trained at a large facility to do patient recruitment and was very successful with recruitment

Challenges:

- A system where patients are told to call an MMP number to schedule an appointment was not successful. If the interviewers had to call the patients back, it was hard to reestablish contact.
- Providers who do not explain MMP well to participants
- Sending out recruitment letters-low response rate
- Non-responsive patients
- Staffing issues at facilities

MMP Upcoming Events

National MMP CAB Meeting, September 22–23, 2009

National MMP PAB Meeting, September 24–25, 2009

National MMP PI/PC Meeting, October 21–23, 2009

CAB Quarterly Conference Call

December 7, 2009, at 1 pm (EST)



MMP Word Search

L N D R O C E R L A C I D E M S G P Y I M H U
T F X L I N W D V R R R E C O H Q P R M S T J P R E Q X D M C N V
C Y P E I N V D R R E T J E C T P Y A P R C R E E Z B I G Y
A W E I V D R R E T J E C T P Y A P R C R E E Z B I G Y
P A P C S D Y C S T R L Q E D O B V F A M Y W I H D L H R
I P N Q S P O O I A R Y E A C C P L I W T U B N X R T S
C C D S K O I A R Y E A C C P L I W T U B N X R T S
I P J D S R L C R Y E A C C P L I W T U B N X R T S
R W H S S R L C R Y E A C C P L I W T U B N X R T S
N I Y D S R L C R Y E A C C P L I W T U B N X R T S
V A A M K I N O L J H S M S I K A V I T A X H M T P K K Q Q
C A G S O N U T I N L E I F J E N E I A B E A X H M T P K K Q Q
R F L A O A T T Y H M E T H E R B E A X H M T P K K Q Q
J T F M B T C Y I O L W F H C E T F X C C E L Z B V D D
X Z P L R R O M D W X G H C E T F X C C E L Z B V D D
P D A I O K E N O I T H C A R T S B A Y T S O D D D
N F H N W U S M I L H H J Y V P C B Y S Y W Y
U X M G M S B L S R O I V A H E B W H E Y K T
Y G L A E R A T C E J O R P D A T A E Y K T

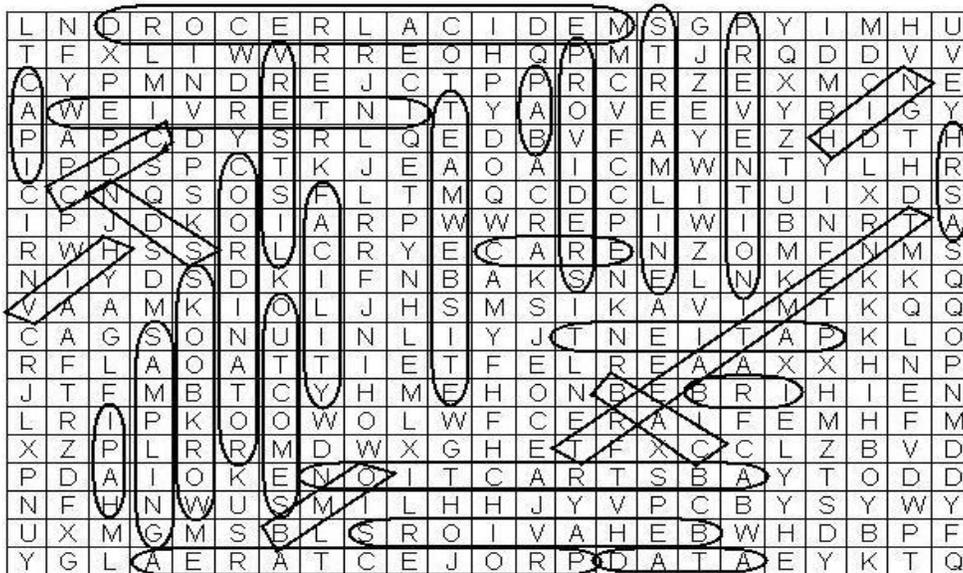
MMP Words

ABSTRACTION
TREATMENT
HAPI
PROVIDERS
CAB
HRSA
CDC
BEHAVIORS
SDN
SAMPLING

INTERVIEW
CARE
CAPI
FACILITY
PAB
NIH
OMB
OUTCOMES
TEAM WEBSITE
HIV

PREVENTION
MEDICAL RECORD
PATIENT
PROJECT AREA
COORDINATOR
HRSA
IRB
DATA
LISTSERV
STREAMLINE

MMP Word Search Answers



To be “Spotlighted” in the MMP Newsletter contact:

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