



The Community Monitor

A NEWSLETTER PUBLICATION OF THE HOUSTON MEDICAL MONITORING PROJECT



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CDC Clinical Outcomes Team Commends Houston Medical Monitoring Project (HMMP)

The Houston Medical Monitoring Project (HMMP) team has been recognized by the Centers for Disease Control and Prevention (CDC) Clinical Outcomes team for excellent performance in meeting the target benchmarks for interview and medical record abstractions (MRA) completion for November 2012. The benchmarks are used as a performance measure to assess all 23 participating project areas in the United States. Each site had a targeted benchmark of completing 35% interviews and 15% medical record abstractions by November 1st 2012 (5 months after the commencement of data collection activities for each project cycle) based on the total eligible sample size. While only few project areas were able to attain these set goals, the Houston team completed 40% (104 of 262) of interviews and 23% (61 of 262) of medical record abstractions, thereby meeting and exceeding the benchmarks for both interview and medical record abstraction by 5% and 8%, respectively. Assistant Director Dr. Raouf Arafat of the Office of Surveillance and Public Health Preparedness (OSPHP) congratulates the HMMP team for the excellent performance and for consistently maintaining the lead in all aspects of the project implementation process. Dr. Arafat also serves as consultant to the local Community Advisory Board of the project.

The HMMP is a special HIV/AIDS surveillance project funded by CDC with the primary purpose of gaining a deeper understanding of health-related experiences and needs of people ...

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HMMP team members are pictured with CDC staff above: From left to right are Fayaz Momin (Research Epidemiologist), Dr. Osaro Mgbere (Project Coordinator), Fernando Segura (Surveillance Investigator), Dr. Raouf Arafat (OSPHP Assistant Director), Lydwina Anderson (Surveillance Investigator), Dr. Salma Khuwaja (Principal Investigator), Dr. Janet Blair (CDC Project Officer), Lydia Poromon (CDC Public Health Analyst), Bethany Hammons (Data Manager), Karen Miller (Surveillance Investigator), and Brian Goldberg (Surveillance Investigator).



Houston Medical Monitoring Project Community Advisory Board

- Eric Roland (Chairperson)**
Marketing and Communication Consultant and
HIV/AIDS Activist
- Dan Snare (Chairperson: 2006-2011)
Bering Omega Community Services
- Cathy Wiley, *HDHHS*
- Maria Rodriguez-Barradas MD
VA Medical Center
- Marlene McNeese-Ward, *HDHHS*
- Nancy Miertschin MPH, *HHS*
- Porfirio Villarreal, *HDHHS*
- Ben Barnett MD
UT Med. School at Houston
- Charles Henley, *HCPHES*
- Roberto Andrade MD, *TSC*
- Sharonda Wright, HIV/AIDS Activist
- Hunter Hammill, MD
Primary Health Network of South Texas
- Dena Gray, HIV/AIDS Activist
- Steven Vargas, *AAMA*
- Sharon Wagner, *Community Advocate/
HIV/AIDS Activist*
- Steven Coats PhD
Psychological Consulting, PLLC., Houston, TX
- Provider Advisory Board
Representative**
- Tanvir Bell MD**
UT Med. School at Houston
- Houston Medical Monitoring Project
Consultants**
- Raouf Arafat MD, MPH,
OSPHP, HDHHS
- Herminia Palacio MD, MPH *HCPHES*
- Kaye Reynolds MPH
Fort Bend County Health and Human Services
- Cathy Troisi, PhD, *UTSPH*
- Umir Shah, MD, MPH *HCPHES*
- Marcia Wolverton, MPH, *HDHHS*
- Paul Simmons RN,
Legacy Community Health Services
- Ekere J. Essien MD, Dr.PH, FRSPH
Institute of Community Health, UH
- Lupita Thornton, *HDHHS*

Spotlighting the CAB Chairperson

Eric Roland has spent nearly 20 years working in the field of HIV/AIDS. His experience started in the early 1990s in Binghamton, New York, where he volunteered with the People with AIDS Coalition. For 11 of his 14 years at Legacy Community Health Services, he directed the agency's HIV/STD prevention programs, from HIV testing and counseling and community outreach programs to syphilis social marketing and group educational workshops. He has been integral to the development of Internet-based HIV/STD prevention, having developed guidelines that have been implemented across the U.S. and Canada and have become a part of the National Guidelines on Internet-based HIV/STD Prevention. In August 2012, Eric spent nearly 3 weeks in Johannesburg, South Africa, volunteering for Come Back Mission, an organization that provides social services to people living with or affected by HIV/AIDS. Come Back Mission recently started an HIV/AIDS education program based on a curriculum that Eric developed for them. He is a board member for LIVE Consortium, a Houston-based nonprofit community organization with a mission to fight HIV stigma. Eric received a bachelor's degree in English from Miami University in 1990.



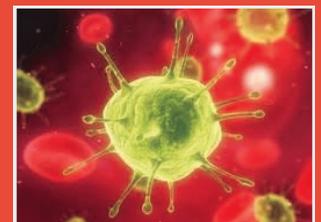
CDC Site Visit to Houston MMP



During the CDC site visit in August 2012, the CDC MMP staff and HMMMP team had the opportunity of touring the ultra modern Legacy Community Health Services (LCHS) facility at 1415 California Street, Houston, Texas. Legacy is a full-service, Federally Qualified Health Center (FQHC) that identifies unmet needs and gaps in health-related services and develops client-centered programs to address those needs. The facility contributes 20-22% of the Houston MMP total patient sample each cycle. Beside is a photograph taken during the visit. From left to right are Karen Miller (*Surveillance Investigator*), Lydia Poromon (*CDC Public Health Analyst*), Dr. Janet Blair (*CDC Project Officer*), Bethany Hammons (*Data Manager*), Fayaz Momin (*Research Epidemiologist*), Amy Leonard (*Sr. Director of Public Health Services at LCHS*) and Dr. Osaro Mgbere (*Project Coordinator*).

Staying Healthy With HIV

People sometimes wonder what they can do right away to manage HIV. Because HIV is an immune disease, any steps you can take to help your immune system can be helpful.



Stop smoking: This is the single biggest step you can take to improve your health. Ask your doctor about ways to help you quit.

Stop or cut down on drinking: Alcohol can harm your liver, especially when combined with certain HIV medicines.

Get enough sleep: Not getting enough sleep can weaken your immune system.

Get in shape: Exercise is a great way to maintain health and reduce stress.

Eat healthy foods: Eat more fresh fruits and vegetables and whole grains. Be sure to drink enough water, too.

Reduce stress: High levels of stress can worsen your health. Manage your stress by exercising, joining an HIV support group or doing activities such as meditation or yoga to help you relax.

Get help for mental health issues: Depression, anxiety and other mental health issues can make it harder to stay healthy while living with HIV. An HIV case manager can provide referrals for mental health services in your area.

Get help for alcohol and drug problems: Heavy drinking and drug use also make it harder to stay healthy while living with HIV. If you're ready to get clean, an HIV case manager can help with referrals.

Source: <http://www.dshs.state.tx.us/hivstd/info/HIV-Positive.shtm>



HMMP Research Corner

Managing the Personal Side of Health Care among HIV/AIDS Patients in Houston/Harris County, Texas: A Pilot Study of Providers' Perspectives

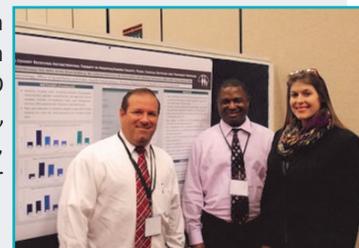
Treatment decisions for the medical management of HIV disease are complex. As the medical needs of persons living with HIV have evolved, so have the demands placed on providers and the healthcare workforce to provide optimal care. Ascertaining information about clinicians who provide HIV care, providers' perceptions of patients, and the factors that influence their care decisions is not commonly done. These aspects formed the basis of a recent pilot study conducted by the HMMP and Centers for Disease Control and Prevention (CDC) staff in collaboration with Community Advisory Board members in Houston, Texas. This study attempted to assess the socio-demographic and practice characteristics of HIV care providers and the types of healthcare services offered to patients and provider-patient interactions during medical encounters. The data used was from the pilot cycle of the CDC's Medical Monitoring Project (MMP) Provider Survey, a cross-sectional study of HIV care providers (physicians, nurse practitioners and physician assistants) in Houston/Harris County, Texas. Participating providers were from 13 outpatient HIV care facilities selected to participate in MMP in 2007. A semi-structured questionnaire was administered to 51 participants between June-September 2009 with a 45% response rate obtained.

The study reports that the majority of the HIV medical workforce in Houston is largely composed of HIV clinicians who entered the field in the early years of the epidemic. As these clinicians retire without qualified replacements, the HIV care system may face a serious crisis in care capacity due to increased numbers of individuals being diagnosed and entering care. The high proportion of HIV care providers in the study who reported that their patients showed up late for HIV care only after experiencing symptoms is alarming. This implies that greater access to both routine and targeted HIV testing, particularly in the geographic areas with the highest HIV/STD morbidity, is needed to ensure early identification of acute infections and subsequent reduction in the proportion of people unaware of their status. With only 67% of HIV care providers offering HIV screening to all patients 13 to 64 years of age, there is a need to identify the barriers and specific circumstances hindering screening during patient encounters. In addition, the primary care linkage should be facilitated at the time of diagnosis, especially when HIV infection is diagnosed at an advanced stage. Medical and prescription drug benefits are generally designed to ensure that no person goes without care or highly active antiretroviral therapy because of lack of resources. With HIV care providers' assertion that HIV medical care services including medication assistance and other supporting services are easily available to patients, it behooves PLWHA in Houston/Harris County to make effective use of these opportunities and stay healthy. This study is being submitted for publication in the Journal of Community Health.

This study was presented at the recent 2013 Texas Public Health Association (TPHA) educational conference held in San Antonio, Texas on March 19-22, 2013. The study group comprised of the following: Raouf Arafat, MD, MPH, Salma Khuwaja, MD, MPH, Dr.PH, Osaro Mgbere, PhD, MPH, Bethany Hammons, MPH, MBA, Fayaz Momin, MPH of the Houston Department of Health and Human Services; Janet Blair, PhD, MPH of the Centers for Disease Control and Prevention, Atlanta, Georgia; Tanvir K. Bell, MD of the University of Texas Health Science Center-Houston, Texas; Maria C. Rodriguez-Barradas, MD of the Infectious Diseases Section, Michael E. DeBakey VA Medical Center, and Department of Medicine, Baylor College of Medicine, Houston, Texas; Ekere James Essien, MD, Dr.PH of the Institute of Community Health, University of Houston College of Pharmacy and Eric Roland, BA of the HMMP Community Advisory Board.

HMMP at the 18th Texas HIV/STD Conference

As part of HMMP research and data dissemination efforts, the team attended the 18th Texas HIV/STD Conference held on October 28-31, 2012, at the Hyatt Regency Austin, Texas, where a round table and poster presentations were delivered.



HMMP staff at the 18th TX HIV/STD conference

The round table presentation, titled "Conducting Population-Based HIV/AIDS Survey: Challenges and Integrated Experiential Solutions", was moderated by Brian Goldberg and based on the PechaKucha 20x20 format (<http://www.pecha-kucha.org>). Brian discussed the issues and challenges faced in locating, recruiting, tracking, and interviewing HIV/AIDS patients receiving care in outpatient clinics in Houston/Harris County. The HMMP team has developed various strategies to track and interview patients taking into consideration the socio-economic and cultural diversity of the target population. Different approaches that are used to ensure that the methodological rigor of the evaluation are maintained were also highlighted. Some of those include adapting a flexible interview protocol, maintaining interviewer objectivity, independence from job roles, and protecting client confidentiality. The round table discussion has several implications for HIV/STD prevention, treatment, and/or care services. This is because knowledge of the potential challenges and pitfalls in recruiting sampled HIV/AIDS patients and the recommended solutions may be helpful in improving the representativeness of the sample, reducing apparent bias of the respondents, and yielding more diverse participants. Abstract of this presentation is available at: <http://www.houstontx.gov/health/Epidemiology/HMMP/2012-3-Conducting.pdf>

The poster presentation, titled "Monitoring of HIV-Infected Cohort Receiving Antiretroviral Therapy in Houston/Harris County, Texas: Clinical Outcome and Treatment Response", examined the outcome of antiretroviral treatment regimens on viral load and CD4 cell counts of HIV-infected cohort in Houston/Harris County, Texas, based on data obtained from the 2009 cycle surveillance. Findings indicate that 76% (95%CI: 69.7-82.0) of the study population were on antiretroviral therapy. Females recorded significantly ($p < 0.05$) higher median CD4 cell counts than males (472.4 ± 27.8 cells/ μ L vs. 426.7 ± 13.7 cells/ μ L). Overall, 37.5% (95%CI: 31.8-43.1) of the patients had undetectable viral loads with a male-female ratio of 3:1. Age category of patients was significantly ($p < 0.01$) associated with viral load suppression, with age less than 50 years being 2 times (OR: 1.96; 95%CI: 1.19-3.25) more likely than age greater than 50 years to have undetectable viral load. About 17.5% of the patients were at AIDS-defining stage (below 200 cells/ μ L). The race/ethnicity of the patients and number of healthcare visits had no significant ($p > 0.05$) effects on CD4 cell count and viral load. The study shows significant improvement in the health status of the HIV-infected patients and suggests that community-wide monitoring of viral load and CD4 cell count may be helpful in determining HIV disease progression and effectiveness of therapy at population and individual levels. Abstract of this presentation is available at: <http://www.houstontx.gov/health/Epidemiology/HMMP/2012-2-Monitoring.pdf>

HMMP Welcomes New Staff and Community Advisory Board Member



On behalf of the Houston Department of Health and Human Services (HDHHS) management and the Houston Medical Monitoring Project (HMMP) team, we would like to welcome the following new staff and CAB member and wish them success in their respective positions.



Bethany Hammons, MPH, MBA is the Data Manager for HMMP. She received her Bachelor of Science degree in Microbiology/Molecular Biology from New Mexico State University in Las Cruces and Masters in Public Health and Business Administration degrees from the same University. Her previous experiences include working as a Microbiologist with Young Pecan Company and New Mexico State University in Las Cruces, NM, and as Environmental Scientist with the Environmental Protection Agency (EPA). She joined the New Mexico Department of Health after her graduate studies, where she served as Border Health Epidemiologist for two years before joining HDHHS in 2012.



Fayaz Momin, MPH is the Research Epidemiologist with HMMP. He received his Bachelor of Science degree in Brain, Behavior, and Cognitive Science from the University of Michigan in Ann Arbor and his Master of Public Health degree in Epidemiology from the University of Illinois-Chicago School of Public Health. Before joining HMMP in 2012, Fayaz completed an internship at HDHHS with the West Nile Virus/Vaccine-Preventable Diseases/Influenza Team in 2010, during which he completed original research on the H1N1 influenza epidemic in Houston published in the Journal of Community Health.



Fernando Segura, BS is a Surveillance Investigator with HMMP. He joined the project team in 2012. Fernando graduated from Southern Nazarene University in Oklahoma with a Bachelor of Science degree in Biology. He has worked at various levels of public health here in Houston and in the state of Nevada, with previous positions including Health Educator for the Harris County Public Health and Environmental Services; Communicable Disease Specialist for the Clark County Health District in Las Vegas, Nevada; Disease Control Specialist II for the Nevada State Health Division Bureau of Disease Control and Intervention Services; and Senior Public Health Investigator with HDHHS's Bureau of HIV/STD and Viral Hepatitis Prevention.



Hickmon Friday, MPA, MPH is a new member of the HMMP CAB. He received a Master of Public Administration degree from the University of Texas at El Paso, and a Master of Public Health degree from the University of Pittsburgh. Mr. Friday has served as coordinator for several CDC-funded HIV surveillance projects with HDHHS. From 2004 – 2006, he was the Project Coordinator of HMMP. Mr. Friday is currently a Senior Health Planner with the Bureau of HIV/STD and Viral Hepatitis Prevention and is coordinating the development and implementation of the Electronic Client-Level Integrated Prevention System (ECLIPS), an Internet-based HIV prevention data system that will interface with the Harris County Public Health and Environmental Services, Ryan White, Centralized Patient Care Data Management System (CPCDMS). We welcome him as he brings his vast experience and commendable achievements to play as a new CAB member of HMMP CAB.

Reach Out!

Loss-to-follow-up (LTFU) to HIV Care

The use of antiretroviral medications to manage HIV/AIDS has substantially improved the quality of care of people living with HIV/AIDS. However, as with any chronic illness, HIV patients require long-term, regular clinical follow-up to monitor disease progression and to assess treatment response and adherence to antiretroviral therapy and associated adverse events. Therefore, long-term retention is an important component of HIV care, and high rates of loss-to-follow-up (LTFU) compromise the effective delivery of HIV care. LTFU has been associated with poor clinical outcomes even if the patient eventually returns to care. For instance, non-adherence with medical visits has been associated with multiple undesirable outcomes such as lower CD4 counts and higher viral loads, delays in virologic suppression and failure, development of AIDS-defining illnesses, and reduced survival.

What is loss-to-follow-up to HIV Care?

Simply put, LTFU may be defined as unexplained lapse in medical care or interruption between medical visits of more than 180 days. Therefore, a patient is said to be lost-to-follow-up for HIV care if he/she fails to show up for appointments for more than 6 months. Usually, attempts by the facility to locate such patients at the last address or phone number in the patient's medical records often proved unsuccessful.

What are the consequences of loss-to-follow-up?

- Makes it difficult to evaluate outcomes of treatment and care;
- Makes it difficult to monitor HIV laboratory parameters, such as CD4 count and viral load;
- Can lead to discontinuation of treatment. Patient may run out of the medications if there is no valid prescription for medications;
- Can lead to development of viral resistance or treatment failure because the virus would no longer be responding to treatment;
- Failing therapy may result in the need for changing medication often to a regimen with a higher pill burden or more side effects;
- Overall, patient's health condition may worsen, which could lead to increased risk of death;
- In addition, patient may lose opportunity to receive HIV care, especially if the patient is under a specified program.

What can be done to minimize loss-to-follow-up to HIV care?

To minimize loss to follow-up, both the patient and the facility/provider have to play a role.

A. Patient

- If you can not make it to the appointment with the doctor/ physician, it is important to call or get someone to call on your behalf;
- If moving away from the address the facility has on your medical records or there is change of phone number(s), contact the facility immediately and give them your new contact information;
- If the facility is aware of the move, they may be able to prepare or complete the necessary paperwork to transfer your medical records to another clinic or provider where you can continue to receive HIV care;
- If you have any other issues that are affecting your ability to receive HIV care, contact your healthcare provider. He/she may be able to advise or direct you to where you can receive help.

B. Facility/Provider

Monitoring of patients' appointments is essential to identify those who may be prone to LTFU. Providers may have the opportunity to counsel identified patients accordingly and prevent LTFU. To avoid LTFU, care facility/provider may consider the following:

- Facility may have appointment cards with dates to remind patients of their upcoming appointments;
- Facility should routinely ask the patients about change of contact information (address, phone number, email) during the registration process;
- A reminder phone call, email or letter could be mailed to patients using the contact information on the patient medical record at the facility;
- Provider should endeavor to contact patients who missed their appointment using the information on the patient medical record to obtain the reason(s) why they missed their appointments;
- Facility could routinely compile reasons given by patients for missing their appointments and use such documents to develop strategies aimed at reducing the rates of LTFU;

[Continued on page 6]

Loss-to-follow-up (LTFU) to HIV Care

[Continued from page 5]

- If resources are available, a home visit may be made to establish whether the patient still lives at the address on the patient's medical record at the facility.

Because HIV-infected patients are so challenging to find and re-engage after they are lost, only few studies have reported their clinical outcomes. While it is known that loss-to-follow-up generally leads to poor health, complications and eventual death if the situation worsens, there is a critical need for new studies to assess the magnitude of this problem and to identify the best ways to prevent it. However, in a recent MMP providers' survey, it was reported that on an average clinic week, about 20% of HIV patients in Houston missed their scheduled appointments.¹ Also, it is estimated that 30 percent of people with an HIV or AIDS diagnosis are currently out of care,² and 25 percent of all people living with HIV/AIDS have been out-of-care at some point during their diagnosis.³

References

1. Mgbere, O., Khuwaja, S., Bell, T. et al. (2013). Managing the Personal Side of Health Care among HIV/AIDS Patients in Houston/Harris County, Texas: A Pilot Study of the Providers' Perspectives. Being a presentation at the 2013 Texas Public Health Association Annual Education Conference held at San Antonio, Texas. March 20-22, 2013.
2. Texas Department of State Health Services, Unmet Need Analysis Through 2010, Utilizing data from eHARS, ADAP, ELR, ARIES, Medicaid, private providers, and Houston VA, September 2011.
3. 2011 Houston Area HIV/AIDS Needs Assessment, Houston Area Ryan White Planning Council. April 2011.

CDC Clinical Outcomes Team Commends Houston Medical Monitoring Project (HMMP)

[Continued from page 1]

...living with HIV/AIDS in the United States. The project, initiated in 2004, is in the fourth year of its second 5-year phase (2009 - 2013). Data obtained from the project will provide valuable local, state, and national estimates of health care utilization, quality of care, severity of need, and effectiveness of HIV prevention services. The data may also help to estimate the resource needs for treatment and services for HIV-infected persons.

**STD—the risk is not knowing.
Get tested.**

Staff Spotlight

HMMP Project Coordinator

Osaro Mgbere PhD, MS, MPH is the Project Coordinator (PC) of HMMP. Dr. Mgbere is one of the foundation staff of MMP in Houston, Texas, and was instrumental to the construction of the first MMP facility sampling frame that served as a model to other project sites. Dr. Mgbere is a Senior Epidemiologist-Biostatistician at the Houston Department of Health and Human Services (HDHHS) and served as Data Manager for HMMP from 2005-2008. He was appointed the team leader in 2009 and served in this capacity from 2009-2012. Dr. Mgbere was promoted to his current position in March 2012. Some of his administrative goals are to develop new strategies that would enhance provider and patient participation in MMP and the dissemination of survey outcomes to stakeholders, policy makers and members of the public through reports and factsheets, presentations at meetings/conferences and publications.



Dr. Mgbere received his MS degree in Animal Biotechnology and PhD degree in Quantitative Genetics from the University of Ibadan, Nigeria. He also has a Master in Public Health degree in Biostatistics and Epidemiology from the University of New England, College of Osteopathic Medicine, Portland, Maine. He graduated from Project LEAP, a comprehensive HIV advocacy-training program at the Centers for AIDS, Houston, Texas, in 2005. Dr. Mgbere has more than 23 years of extensive experience in teaching, research, community development and public health that span academic and research institutions and international organizations. Before joining HDHHS, Dr. Mgbere was an Associate Professor of quantitative genetics at the University of Science & Technology, Port Harcourt, Nigeria. Dr. Mgbere has also served as Consultant Biometrician to many international organizations funded projects in Africa including WHO, World Bank, UNDP, GTZ and EEC. He is currently a visiting scientist and guest lecturer at the Institute of Community Health, University of Houston College of Pharmacy, Texas Medical Center, Houston, Texas.

Dr. Mgbere is also a current member of the Houston Ryan White Planning Council representing the public health agencies, and Comprehensive HIV Planning and Project LEAP advisory committees. He is a recipient of HDHHS's Key to Excellence Award and the Kelsey Research Foundation Patient-Centered Care Research Award. His research endeavors, which span from the area of biochemistry, biotechnology and quantitative genetics through public health, have earned him well over 70 scientific publications in reputable scientific journals. Dr. Mgbere presently serves as scientific advisory board member and reviewer to many international journals including the Journal of Behavioral Health, Journal of Health Care for the Poor and Underserved, HIV/AIDS - Research and Palliative Care, AIDS and Behavior, and Social Science and Medicine.

HMMP Photo Gallery



CDC Site Visit, August 2012



HMMP CAB Meeting, October 2012



HMMP and Texas MMP at 2012 Texas HIV/AIDS Conference, October 2012



Brian Goldberg at UH Downtown Health Fair, Sept 2012



Bethany and Karen at Kids Vision for Life



Leonard Brown, HMMP Volunteer



HMMP staff with Stephen Williams, HDHHS Director, at 2013 Texas Public Health Association Conference in San Antonio, March 2013



HMMP Community Spotlight

Legacy Community Health Services (LCHS)

As a full-service, Federally Qualified Health Center, Legacy Community Health Services identifies unmet needs and gaps in health-related services and develops client-centered programs to address those needs. A United Way-affiliated agency since 1990, Legacy currently provides adult primary care, pediatrics, dental care, vision services, behavioral health services, OB/GYN and maternity, vaccinations and immunizations, health promotion and community outreach, wellness and nutrition, and comprehensive HIV/AIDS care. Legacy was formed in 2005 as a result of the merger of two leading Houston area community organizations — Montrose Clinic and The Assistance Fund—that had both been providing Houston and the Harris County area with quality health care and medication services for nearly 30 years. Legacy has continuously grown and evolved over the past decade to meet the diverse health care needs of our community. Legacy’s team of health care professionals — physicians, nurse practitioners, psychiatrists, ophthalmologists, optometrists, social workers, nutritionists, and nurses — tailor services to meet the needs of each patient regardless of age, sex, race/ethnicity, sexual orientation, gender identity, or ability to pay. Patients are treated through a holistic approach to health care that promotes optimal health and wellness.



Legacy’s network of community clinics is designed to make patients and their families feel welcomed, respected, and valued. Legacy believes that health care is a fundamental human right, and we want our patients to receive the highest quality services, regardless of their ability to pay. Legacy Montrose Clinic, the 40,000 square foot flagship in the heart of Montrose, brings all Legacy service lines under one roof. The clinic was built with the patients in mind – with vital input coming from Legacy health care providers – so that the entire medical team is grouped together in a “pod.” Each pod has a health care provider, a medical assistant, a medical case worker, and a community case worker. These pods allow Legacy to integrate each aspect of patient care into one team that can focus their complete attention on each individual. The result is a seamless patient experience that puts the medical team in one place, and the patient front and centered at all times. The growth Legacy has enjoyed in recent years was possible due to the support of its generous donors and the communities it serves. The time, energy, financial support, and passion for Legacy’s mission will allow Legacy to reach more underserved Texans than ever before and to continue building healthy communities for many years to come. All Legacy campuses accept Medicaid, Medicare and CHIP, in addition to private insurance, and offer a five-tiered, sliding-scale payment system for patients who are uninsured or underinsured.

For more information about our services, visit www.LegacyCommunityHealth.org or call 832-548-5000. For media inquiries, contact Kimberly Paulus, Chief Marketing & Communications Officer, at 832-374-3954 or kpaulus@legacycommunityhealth.org.

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- Bethany Hammons MPH, MBA - Data Manager
- Fayaz Momin MPH - Research Epidemiologist
- Lydwina Anderson BS - Surveillance Investigator
- Karen Miller MS - Surveillance Investigator
- Brian Goldberg BA - Surveillance Investigator
- Fernando Segura BS - Surveillance Investigator
- Jessica Wilson BS - Intern (Case Western Reserve University)
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POSTAGE

ADDRESS LABEL