THE COMMUNITY MONITOR

A QUARTERLY PUBLICATION OF THE HOUSTON MEDICAL MONITORING PROJECT

HMMP ATTENDS CDC MEETING IN ATLANTA

The principle investigator/project coordinator (PI/PC) meeting was held in Atlanta in October. The meeting brought together all PIs/PCs of the 26 sites participating in the MMP. It was the first meeting since some sites began data collection for the 2005 year. The meeting was opened by Centers for Disease Control and Prevention (CDC) project leader, A.D. McNaghten, PhD, who gave a brief summary of Project Activities. She reviewed the new meeting format of roundtable discussion as CDC is now moving away from the previous format of single-speaker presentations. CDC staff presented a detailed meeting handbook containing outreach and promotional materials used by various sites in promoting the project. This handbook included HMMP's ***Community Monitor***.

The 26 site representatives were divided into five groups. Representatives of sites already collecting data were distributed amongst the various groups, allowing for interactions and sharing of experiences between different sites at various stages of the project.

The following topics were covered at the breakout session on the first day: 1) Data sources utilized in constructing facility sampling frames 2) Facility Tracking methods 3) Hard to recruit providers 4) Facility expenses 5) Correctional facilities and challenges and 6) Institutional Review Board (IRB) challenges, VA hospitals and other supportive relationships. Groups reported back to the entire room, about different experiences.

On the second day, CDC staff gave presentations on addressing inter-jurisdictional issues with a well prepared flowchart. Also, there were presentations and discussions on navigating challenges regarding data collection (interviews and medical record abstraction), data management and a national surveillance report with input from project areas. The following topics were covered at the breakout session: 1) Recruitment methods 2) Existing/Building Relationships 3) Refusals, patient tracking 4) Interviews and abstractions 5) Patient reimbursement. Reports from the different groups educated most of the start up sites on how best to address the above issues. The day ended with a brief discussion by CDC staff on the upcoming provider survey that is being put together by Research Triangle International (RTI).

Richard Sellick, an HIV/AIDS Incidence and Case Study Branch representative (HICSB) who has been involved with surveillance at the national level for more then 30 years, made a presentation on core surveillance. He stated that MMP has a lot to offer in answering questions that other surveillance projects have not been able to answer. There was an open discussion about integrating core surveillance and MMP. Every one supported the idea of project sites working closely with core surveillance programs within their jurisdiction. Participants were encouraged to establish and build relationships with core surveillance staff. There were discussions about the need for preparation to analyze 2008 data and sites were advised to conduct mock data transfer to CDC and perfect the system before data collection begins in 2008.

HMMP will be participating in the 15th STD/HIV state conference in Austin, December 11- 15. Through a collaboration between Houston and Austin MMP, staff will be making a presentation on provider recruitment and outreach. HMMP staff will also host a roundtable discussion on methodology and data collection .

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Houston Medical Monitoring Project Local Community Advisory Board

Chairperson, Dan Snare,

Bering Omega Community Services

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Bernie Vasquez,

Center for AIDS

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HMMP CAB ELECTS NEW CHAIRPERSON

Dan Snare was elected chairperson of the CAB at the October meeting. He replaces Steven Walker who resigned earlier this year. Dan joined Bering Omega Community Services as president in November of 2004. Dan has more than 25 years of experience in non-profit management and community development including 14 years spent with the American Diabetes Association. Prior to joining Bering Omega, Dan served as the chief executive officer of Community Health Charities, a national workplace involvement organization that raised more than $64 million annually for many of the country's leading health charities. Dan received his Bachelor of Sciences degree in advertising from the University of Texas at Austin in 1979.

Bering Omega Community Services is one of Houston's premiere charitable organizations providing a continuum of compassionate care for low income individuals affected by HIV/AIDS. Providing state-of-the-art HIV specific dental services, adult day care programs, end-of-life hospice care and short term financial assistance, Bering Omega offers unduplicated services to thousands of Houston's most needy residents. It brings together federal and local government resources with leading individuals, corporations, community organizations and foundations in a highly efficient and effective public/private partnership to address one of our most pressing and challenging public health problems.

HMMP CAB CHAIRPERSON ATTENDS NATIONAL CAB MEETING

Dan Snare represented the HMMP at the national CAB meeting in Atlanta in August. All of the representatives of the local CABs were given the opportunity to learn from the CDC staff overseeing and coordinating the project nationally.

The main points made by other local CAB representatives were: 1) most of the local projects are slowly gaining momentum and facing largely the same issues in terms of gaining commitment and participation from both providers and patients 2)The major barriers to gaining provider commitment and participation are the perception of the administrative burden in providing line lists and access to patient charts and, to a lesser degree, concerns about patient confidentiality and 3)The major barriers to gaining patient participation are concerns about confidentiality and, surprisingly but significantly, the ability to locate and contact patients outside of their provider's offices.

The CDC staff highlighted:1)the national scope and significance of the project and the importance of obtaining complete and accurate data. The critical role of the local CAB was emphasized in a discussion about the scope and complexities of the data being gathered.

Dan came way from the project more confident than ever that the project is feasible and practical with the proper local support, particularly from the local CAB. Dan was further assured that the data security as well as the provider and patient confidentiality procedures in place were effective and more than adequate to allow HMMP to confidently promote participation at the local level.

MEET
Brian Goldberg

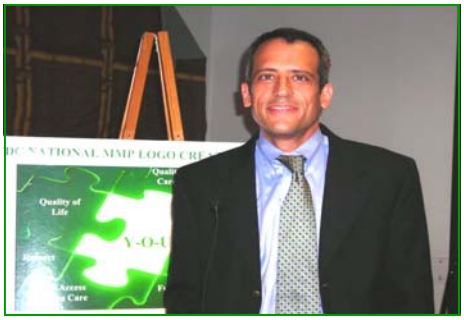
Brian Goldberg has been employed with the Houston Department of Health and Human Services since June 1994. From 1994 –2004 Goldberg worked as a public health investigator with the Bureau of TB Control where he performed directly observed therapy and skin testing.

He has worked in the Bureau of Epidemiology as an epidemiology investigator for more than 2 years. He has worked in HIV core surveillance, Adult/Adolescent study of HIV Disease Project (ASD), Supplement to HIV/AIDS Surveillance (SHAS), Hepatitis C Surveillance Project, general surveillance, and now on the Houston Medical Monitoring Project (HMMP).

DR. THOMAS GIORDANO, HMMP CAB MEMBER, DISCUSSES UNDIAGNOSED PATIENTS AT HDHHS PRESENTATION

As part of recruitment efforts in Houston, the Houston Medical Monitoring Project (HMMP) organized a journal club presentation for stakeholders in the area. The presenter was Thomas Giordano MD, MPH, director of HIV Services at HMMP's largest collaborating site in Houston. He is also a member of the HMMP Community Advisory Board (CAB).

Giordano's presentation titled, *"The Epidemiology of Infected but Undiagnosed HIV Patients in Houston: The Challenges and Complexities of Caring for Those who are Diagnosed but not in Care,"* attracted nearly 70 people from the Houston Department of Health and Human Services, community based organizations (CBOs) and the public. Giordano encouraged attendees to participate in HMMP if selected through random sampling. He also explained how HMMP is important to bridging the gaps in knowledge of people with HIV.



HDHHS HOLDS COMMUNITY ASSESSMENT IN CLINTON PARK

On September 8-9 HMMP staff members joined approximately 220 Houston Department of Health and Human Services employees, community agencies and volunteers conducting a door-to-door community assessment and intervention within Tri-Community, a residential neighborhood located on the far eastern area of the Houston. It is comprised of Clinton Park, Fidelity and Clinton View.

The Tri-Community Assessment and Intervention project began after members of the Tri-Community Super Neighborhood Association approached the department about help with identifying solutions to accessing health care within their community. As a result, HDHHS spearheaded an investigation of the "access to care" issues that have been identified as the community's number one priority. The department also investigated environmental concerns resulting from the community's proximity to the Houston Ship Channel.

The goal of the assessment and intervention project was to not only assess the community, but link people with needed services. An assessment was administered at every home within the Tri-Community as well as a tier of interventions delivered based on household need. Assessment questions triggered Tier 2 of the intervention and provided households with information and referral for specific services. Tier 3 involved HDHHS nurses who provided on the spot physical assessments of households in need of emergency care.

HIV AND TB CO-INFECTION

Tuberculosis (TB) is one of the opportunistic infections that is captured while reviewing medical records and interviewing patients for HMMP. The risk of developing active TB disease is 100 times greater for those infected with HIV and living with AIDS. This high level of risk underscores the critical need for targeted TB screening and preventive treatment programs for HIV-infected people and those at greatest risk for HIV infection. Everyone infected with HIV should be tested for TB, and if infected, complete preventive therapy as soon as possible to prevent TB disease. Individuals who are co-infected with HIV and TB face possible complications that can occur when taking HIV treatment regimens along with drugs commonly used to treat TB. Physicians prescribing these drugs must carefully consider all possible contraindications.

CDC estimates that 10 percent to 15 percent of all TB cases and nearly 30 percent of cases among people ages 25 to 44 are occurring in HIV-infected individuals. Approximately 2 billion people (one-third of the world's population) are infected with *Mycobacterium tuberculosis*, which is a bacterium that causes of TB. TB is the cause of death for one out of every three people with AIDS worldwide. The spread of the HIV epidemic has significantly impacted the TB epidemic. One-third of the increase in TB cases over the last five years can be attributed to the HIV epidemic.

HIV-positive people are at very high risk of progressing from TB infection to TB disease and should be tested annually. People with TB should cover their mouth and nose with a tissue when coughing, sneezing, or laughing. It is best for a contagious individual to be isolated.

Preventing TB infection from becoming TB disease is done with preventive therapy including medications given over the course of at least six months. The Houston Department of Health and Human Services sends a field worker to meet with two or three times a week. This is referred to as *directly observed therapy* or DOT. Poor adherence to DOT encourages multi drug resistance. Without treatment, TB disease can result in death.

ENHANCED PERINATAL SURVEILLANCE (EPS)

The HIV/AIDS Surveillance Program is part of the Bureau of Epidemiology within the Division of Surveillance and Public Health Preparedness at the Houston Department of Health and Human Services (HDHHS). The HIV/AIDS Surveillance program consists of Core HIV Surveillance, which collects and analyzes data on new and existing (adult and pediatric) cases of HIV and AIDS; Incidence Surveillance, which collects and analyzes data on new adult cases of HIV (to estimate the number of new infections in a population); and **Enhanced Perinatal Surveillance (EPS)**, which collects and analyzes data on all positive pregnant women and their newborn infants.

In the last 10 years, the number of HIV infected children has decreased considerably. The reduction in the number of HIV infected children can be attributed to the use of zidovudine during pregnancy for HIV infected women, and for newborn infants and the implementation of the United States Public Health Service (USPHS) guidelines for universal counseling and testing of pregnant women. Although there have been great strides, there are still challenges that prevent the further reduction of perinatal HIV. A child diagnosed with perinatally-acquired HIV in this day and age illustrates that there is still work to be done. Every perinatal HIV infection represents a sentinel health event, often indicating a woman who had undiagnosed HIV infection before pregnancy or did not receive appropriate interventions to prevent transmission of the virus to her infant.

Therefore, to strengthen and sustain measures that reduce perinatal transmission, and in accordance with the goals and objectives of Health People 2010, the Centers for Disease Control and Prevention have continued funding for the EPS program. EPS addresses the Healthy People 2010 focus area of "Advancing HIV Prevention: to decrease the number of perinatally acquired AIDS cases, and to further decrease perinatal HIV transmission."

The purpose of EPS is to evaluate: 1) the impact of implementation efforts to maximally reduce perinatal HIV transmission; 2) prevention failures for perinatal HIV transmission; 3) the efficacy of zidovudine (ZDV) and other antiretroviral medications in preventing perinatal HIV transmission; 4) potential adverse outcomes of perinatal and postnatal antiretroviral therapy and 5) the Public Health Service recommendations for opportunistic infection prophylaxis.

HIV EDUCATIONAL MATERIALS IN REVIEW

Program Review Panel Guidelines:

The Bureau of HIV/STD Prevention Program Review Panel (PRP) meets quarterly throughout the year. All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula, etc. that requires approval by the Bureau of HIV/STD Prevention's Program Review Panel must meet the following guidelines:

1. All materials must be submitted to the PRP facilitator 30 days prior to each meeting. If the date falls on a weekend, materials are due to facilitator by 5:00 pm the Friday prior to such date.

2. Any materials not received by the submission deadline will not be reviewed until the next scheduled meeting.

3. A CBO representative with extensive knowledge of the material that is requested for review is required to attend the PRP meeting. This ensures that correct responses will be given to panel members on any questions they may have about the materials. (Please note: the CBO representative is to only attend the meeting in which their materials are up for review.)

4. Approval is granted when five or more PRP members approve the materials. In the event that five or more panel members do not approve the materials that are reviewed, the materials may not be distributed or used in any activities funded in any part with CDC assistance funds.

The above procedures may change pending the release of CDC's new Program Review guidelines. The PRP facilitator, Hyron Hall, senior trainer, will notify each CBO within 2 weeks of the meeting date to inform them of the status of their materials (approval or disapproval). For more information please call Hyron at 713-794-9169.

Amana Turner and Ronnie Leopold (standing) of Families Under Urban and Social Attack (FUUSA) review a new brochure with the panel for approval.

Robin Green (left) and Sharonda Wright (right) of the National Association for the Advancement of Colored People (NAACP) listen closely as new materials are being presented to them.

BERNIE VASQUEZ HMMP CAB MEMBER SPEAKS AT JOURNAL CLUB

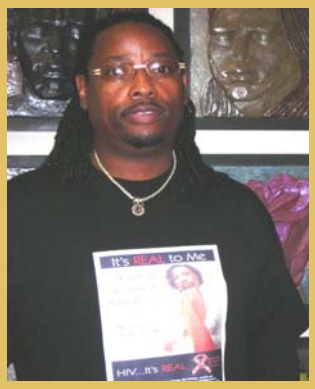
HMMP staff attended the Journal Club presentation of an article from the *Journal of AIDS* (9:2006) titled "Mortality in the Highly Active Antiretroviral Therapy Era: Changing Cause of Death and Disease in the HIV Outpatient Study." Bernie Vasquez, educational outreach manager at the Center for AIDS (CFA) and facilitator of Project Leap for the Ryan White Planning Council, made the presentation. He has had several articles published in POZ and other HIV-related magazines in Spanish.

Vasquez's presentation of the journal article was very well received. His ability to explain particular findings from the journal article as it related to his personal and professional experience was valuable to the audience from the HMMP staff and the HDHHS Bureau of Epidemiology. A significant finding of the HIV Outpatient Study (HOPS) was the observation that among the 6,945 patients on whom follow-up was conducted from 1996 to 2004 there were a significant proportion of deaths attributable to Non-AIDS Defining Illness (NADI) as compared to AIDS defining infections. The finding and its implications for HIV treatment therapies were later discussed.

Although the methodological approach of the multi-state HOPS is unlike that of the HMMP, it appears that the cohort size is somewhat comparable. The observational findings from this study were especially relevant to the MMP members attending the presentation. Now that Vasquez is a CAB member, HMMP will benefit from his knowledge and depth of experience.

HMMP'S COMMUNITY SPOTLIGHT

African American State Of Emergency Task Force



Amber David, Chairperson

A *State of Emergency* was declared on December 1, 1999 to raise awareness of the HIV epidemic in African-Americans within the City of Houston. World AIDS Day (December 1) was the targeted declaration date. World AIDS Day was chosen as a result of its significance and utilization by public health officials to promote awareness on HIV/AIDS. The State of Emergency Plan presented to Mayor Lee P. Brown included a recommendation to establish a State of Emergency Task Force (SOETF). The goals of the task force were threefold: 1) to increase advocacy and education activities directed to African-American communities; 2) expand media coverage on the HIV epidemic in Houston; and 3) assure implementation of the Mayor's Call to Action Response Plan. The Task Force functions with three committees:

Advocacy and Education – to identify key community stakeholders to increase HIV prevention efforts and services. In addition, the committee takes an active role in working with city council members, state and federal officials, philanthropists, and other collaborative bodies in order to increase the funding for HIV services.

Media – to develop opportunities for new and innovative educational and awareness campaigns using large and small medical, including newspaper, radio, television, and the Internet. This would also include HIV/AIDS data updates in the African-American community.

Action – to develop a monthly activity schedule for the State of Emergency Task Force, coordinate and implement outreach efforts in high-risk communities, and establish and maintain relationships with key organizations that can enhance the prevention efforts of the SOETF.

For more information visit: www.itsrealhouston.org.

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POSTAGE

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