

Boston Part A EMA HIV Health Services

**EVALUATION COMMITTEE**  
**2010-2011 Year-End Report**

June 2011



Planning Council Support  
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## **Table of Contents**

<b>I. Introduction</b>	<b>2</b>
A. Committee Charge	2
B. Committee Membership	2
C. Committee Meeting Activities	2
<b>II. Work of the Committee</b>	<b>3</b>
A. Overview of 2010-2011 Review of Evaluation Products	4
B. Review of Completed Reports	
1. <i>Service Specific Data: Outcomes Measurement Summary</i>	5
2. <i>Characteristics of Patients with Low CD4 Counts in 2008</i>	5
3. <i>Factors Associated with Improved Immunologic Status             from 2004 – 2008</i>	6
<b>III. Recommendations</b>	<b>7</b>
A. Recommendations for Future Evaluation Projects	7
B. Recommendations for 2011-2012 Evaluation Committee	7

## **I. INTRODUCTION**

### **A. Committee Charge**

The Evaluation Committee is one of the Planning Council's standing committees. The Planning Council's bylaws state the charge to the committee at Section 6.4.4:

*“The Evaluation Committee shall assess the efficiency of the administrative mechanism in rapidly allocating funds within the EMA and assess the impact of Part A funding and programs within the EMA. The Evaluation Committee shall summarize and inform the Planning Council on evaluation data; develop standards of care; make recommendations to the Planning Council on priority areas for evaluation and evaluation projects; and review evaluation projects purchased by the Planning Council.”*

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### **B. Committee Membership**

#### **Members**

Lena Asmar (Chair)  
Steve Batchelder (Vice-Chair)  
Aixa Almonte  
Daniel Alroy  
Carol Bolstad  
Diane Hackett  
Corin Landrum  
Lester Payne  
Shirley Royster  
Chevelle Sloan

#### **Staff**

Laura Kozek, PCS  
Cara Mathews, PCS  
Apryl Pagliaro, PCS\*  
Shannon O'Malley, BPHC  
Erin Wnorowski, BPHC

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### **C. Committee Meeting Activities**

- **Monday, November 8, 2010 – Lower Level B, Boston Public Library**  
The meeting included a review of the committee work plan and recommendations for the 2010-2011 term. The Grantee provided a general overview of quality management and evaluation products to be reviewed during the 2010-2011 term. Lena Asmar was appointed as the Evaluation Committee Chair.
- **Thursday, December 2, 2010 – Lower Level B, Boston Public Library**  
Wendy Chow, from JSI Research and Training Institute, Inc (JSI), presented two clinical chart review special projects, *Characteristics of Patients with Low CD4 Counts in 2008* and *Factors Associated with Improved Immunologic Status From 2004-2008*, to the Committee. Steve Batchelder was elected Vice-Chair.

- **Thursday, January 6, 2011 – Mezzanine Level Conference Room**  
Jeremy Holman, from JSI, presented the *MA & Southern NH HIV/AIDS Consumer Survey* to the Committee.
  - **Thursday, February 3, 2011 – Lower Level B, Boston Public Library**  
Mira Levinson, from JSI, presented the *Service Specific Data: Outcomes Measurement Summary (March 2008 – August 2009)*.
  - **Thursday, March 3, 2011 – Cancelled**  
This meeting was cancelled.
  - **Thursday, April 7, 2011 – Lower Level B, Boston Public Library**  
Karen Schneider and Molly Higgins-Biddle, from JSI, presented the *MA and Southern NH HIV/AIDS Consumer Survey: Exploring Age and Mental Health Status* report. The Committee also started drafting the 2010-2011 Year-End Report.
  - **Thursday, May 5, 2011 – Lower Level B, Boston Public Library**  
The Committee finalized the 2010-2011 Year-End report and presentation to be shown to the Council in June.
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## **II. WORK OF COMMITTEE**

- Reviewed Part A Evaluation Products.
- Created recommendations for future Part A research and evaluation.
- Prepared/presented 2010-2011 Year-End Report with recommendations for the 2011-2012 Evaluation Committee and Planning Council.

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## A. Overview of 2010-2011 Reviewed Evaluation Products

### ANNUAL PROJECTS

- *Service Specific Data: Outcomes Measurement Summary March 2008 – August 2009* (February 2010, JSI Research and Training Institute, Inc.)

### FY10-11 SPECIAL PROJECTS

- *Characteristics of Patients with Low CD4 Counts in 2008* (March 2011, JSI Research and Training Institute, Inc.)
  - The objectives of this project were to describe the characteristics of patients whose last measured CD4 count in 2008 was under 200, and to identify factors associated with a CD4 count under 200.
- *Factors Associated with Improved Immunologic Status from 2004 – 2008* (March 2011, JSI Research and Training Institute, Inc.)
  - The objectives of this analysis were to describe the characteristics of patients with their last CD4 count under 200 in 2003 and to identify factors associated with improved immunologic status specifically:
    - Achieving a CD4 count greater than 200;
    - Achieving two consecutive CD4 counts above 200;
    - Becoming lost to care at the site or dying; and
    - Having a documented hospitalization during the follow-up period.

### FY10-11 PROJECTS IN DRAFT FORM

- *MA & Southern NH HIV/AIDS Consumer Survey* (JSI Research and Training Institute, Inc.)
  - An advisory board made up of staff from the Boston Public Health Commission (BPHC), the Massachusetts Department of Public Health (MDPH), and members of the Planning Council and MA Statewide Consumer Advisory Board, in conjunction with JSI developed and administered a survey for consumers of Ryan White Part A services and other HIV/AIDS services to assess their HIV care and support service needs, challenges to living with HIV/AIDS, barriers to accessing services, and other related issues. The survey target consumers who are in care and used targeted field methods to reach those not in care.
- *MA & Southern NH HIV/AIDS Consumer Survey Sub-Analyses* (JSI Research and Training Institute, Inc.)
  - JSI performed two specific sub-analyses, on the data collected from the *MA & Southern NH HIV/AIDS Consumer Survey*, one on mental health, and one regarding HIV in people over 50 years of age.

\*Copies of these reports may also be obtained at the PCS Office or on the BPHC website: [www.bphc.org/aids](http://www.bphc.org/aids).

## B. Review of Completed Reports

### Report 1: *Service Specific Data: Outcomes Measurement Summary (March 2008 – August 2009)*

Objective: To summarize outcome measurement data across all Boston Public Health Commission providers funded under Part A of the Ryan White Act. This data includes demographic, descriptive, and outcomes data summaries for all clients serviced by Part A-funded providers.

Methodology: Outcome Measurement Forms, including four Health and five Quality of Life outcomes, were completed by Part A providers for each active client during three six-month reporting periods. The report includes data for each service category compared to data for the EMA.

Findings:

- ❖ Case management, food services/meals, client advocacy, and mental health services had more statistically significant increases in outcomes.
- ❖ For client advocacy and peer support (as well as the EMA overall), all significant decreases were followed by significant increases in the next reporting period.
- ❖ Dental and housing services had the most statistically significant decreases among service categories.

### Report 2: *Characteristics of Patients with Low CD4 Counts in 2008*

Objective: The objectives of this project were to describe the characteristics of patients whose last measured CD4 count in 2008 was under 200, and to identify factors associated with a CD4 count under 200.

Methodology: A cross-sectional analysis of 1,139 patients reviewed in 2008 using primary care chart review data from the Boston Public Health Commission (BPHC) and the Massachusetts Department of Public Health (MDPH). A total of 17 sites across Massachusetts receiving BPHC and MDPH funding were included.

Findings:

- ❖ Eleven percent of patients had a last measured CD4 $\leq$ 200 in 2008.
- ❖ Risk factors associated with having a low CD4 count in 2008 include:
  - Being more recently diagnosed (in 2006 or later);
  - Being long term HIV patients diagnosed prior to the highly active anti-retroviral therapy era (diagnosed prior to 1996);
  - Having an initial low CD4 count at entry to care at the site;
  - Having intravenous drug use history as a risk behavior;
- ❖ Being on anti-retroviral therapy and having a viral load less than 400 (VL<400) were both associated with lower risk of CD4 $\leq$ 200
- ❖ No disparities based on race/ethnicity, gender or country of birth were found.

### Report 3: *Factors Associated with Improved Immunologic Status from 2003-2008*

Objective: The objectives of this analysis were to describe the characteristics of patients with their last CD4 count under 200 in 2003 and to identify factors associated with improved immunologic status specifically: 1) achieving a CD4 count greater than 200; 2) achieving two consecutive CD4 counts above 200; 3) becoming lost to care at the site or dying; and 4) having a documented hospitalization during the follow-up period.

Methodology: Five-year cohort analysis to estimate the percentage of patients with last CD4 count  $\leq 200$  in 2003 who were still currently in care. Trends were compared by levels of patient demographics. Analyses were performed to determine significant factors associated with each outcome. Significant factors were entered into models.

Findings:

- ❖ Fourteen percent of patients had a last measured CD4 $\leq 200$  in 2003.
- ❖ Being on anti-retroviral therapy at the end of 2003 was associated with achieving a CD4 above 200 during follow-up.
- ❖ Having intravenous drug use history as an HIV risk behavior was the only factor associated with increased risk of *not* achieving CD4 $>200$  (remaining immunosuppressed) during follow-up.
- ❖ Consistently having a CD4 $\leq 200$  or not recovering from a low CD4 significantly increased risk for a medical hospitalization during follow-up.

### **III. RECOMMENDATIONS**

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#### **A. Recommendations for Future Evaluation Projects**

Based on a review of the reports, the Evaluation Committee would like to present the following recommendations to the Grantee for consideration for next year's evaluation projects:

- Analysis of *MA and Southern NH Consumer Survey* by geographic area.
  - Research populations in transition, and those not in care.
  - Mental health, specifically barriers and access to care.
  - Effectiveness of case management services (social and medical), and the link to peer support programs.
  - Health and quality of life outcomes for people co-infected with HIV and Hepatitis C.
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#### **B. Recommendations for 2011-2012 Evaluation Committee**

The Evaluation Committee would like to make the following recommendations to the 2011-2012 Evaluation Committee:

- Continue to further analyze the data from the *MA & Southern NH Consumer Survey*.
  - Continue to have Grantee representation at the Committee meetings to give updates on research and evaluation projects, as well as any collaboration between the Grantee and the Department of Public Health.
  - Institute a “parking lot” of topics that need further discussion throughout the year.
  - Prioritize topics at the beginning of the term, allowing more time on the agenda for higher priorities.
  - Invited guest speakers to the Committee to discuss topics that have been identified, but cannot be addressed by the Grantee or Planning Council Support staff.
  - Compare the Boston EMA research projects and data with other EMAs.
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