

DRAFT REPORT – PLEASE DO NOT DISTRIBUTE

# Minority AIDS Initiative Outcome Evaluation

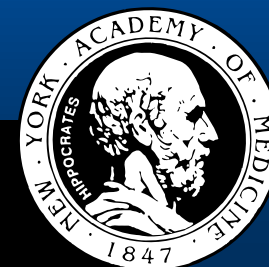
## Access to Care and Maintenance in Care Programs

Presentation to the HIV Health and  
Human Services Planning Council of  
New York

Data Day 3: Using Data to Assess Title  
I Services

February 6, 2004

*The New York Academy of Medicine*



# Programs Being Evaluated

- **Access to Care (13 programs)**

Community based organizations and health care organizations that provide outreach and referral services to members of the target population who are not in care.

- **Maintenance in Care (10 programs)**

Health care organizations that provide intensive follow up and supportive services to help members of the target population stay connected to care.

# Client-Level Data Collection

- All client-level evaluation forms are completed by front-line service providers at each program site. These providers are trained by NYAM.
- When a new client intake takes place, an “**initial encounter**” form is completed. This form captures the services provided at the first encounter and basic demographic information.
- Each time a client is provided with a service, this is documented using a “**follow-up encounter**” form.
- Within one month of intake, a comprehensive **baseline assessment** is completed.
- Clients are then reassessed every quarter (3 months) using a **quarterly assessment** tool.
- When a client’s case is closed, a “**data collection closure**” form is completed.

What Services are Being Provided  
and Who is Being Served?

## What Services are Being Provided and Who is Being Served?

### Baseline Characteristics of All Enrollees

Characteristics		Percent of All Enrollees (n=3218) %
<b>Gender</b>	Female	38
	Male	61
	Transgender	1
<b>Race/Ethnicity</b>	Black	57
	Latino/Hispanic	37
	White	3
	Asian/Pacific Islander	<1
	Native American	<1
	Other/Mixed	3
<b>Borough</b>	Bronx	32
	Brooklyn	25
	Manhattan	31
	Queens	3
	Staten Island	<1
	Westchester	6
	Other	1
<b>HIV Status</b>	HIV Positive	69
	Unknown	31

Data as of December 31, 2003. Missing data not shown.

## What Services are Being Provided and Who is Being Served?

### Services Provided: Mean Units of Service Per Client (12/1/02 – 11/30/03)

Service Type	ATC Programs	MIC Programs
Case Mgmt: Initial Assessment	1.0	1.2
Case Mgmt: Follow-Up	7.7	11.8
Support Group	6.2	4.2
Crisis Intervention	2.0	2.3
Health Education – Individual	2.2	4.8
Health Education – Group	4.2	4.4
Substance Use Counseling- Ind.	3.4	4.5
Substance Use Counseling – Grp.	5.4	4.8
Supportive Counseling	5.8	4.7
Escort Services	2.0	3.2
Re-Engagement Effort	4.1	9.3
Service Orientation	1.2	1.5

Data as of December 31, 2003

# What Services are Being Provided and Who is Being Served?

## Services Provided:

Number of Services per Client (12/1/02 – 11/30/03)

	ATC Programs	MIC Programs
<b>Total Number of Services</b>	<b>27,688</b>	<b>26,686</b>
<b>Unduplicated Clients</b>	<b>2,402</b>	<b>1,123</b>
<b>Number of Services Per Client</b>	<b>11.5</b>	<b>23.8</b>

Are Title I Services  
Accomplishing the Objectives of  
the Strategic Plan?

Are Title I Services Effective?

# Change in Functional Health Status

## Baseline to 1<sup>st</sup> Quarterly Follow-Up

Addresses Health Service Objective 1A:

Persons with HIV disease engaged in health care services will have improved health outcomes

	All Sites (n = 1428)
Domain	Mean % Change
General Health Perception	25.1*
Physical Functioning	12.8*
Role Functioning	9.6*
Social Functioning	15.1*
Cognitive Functioning	16.6*
Pain	14.6*
Mental Health	24.5*
Vitality/Energy	20.4*

\*Significant at  $p < .05$  level.

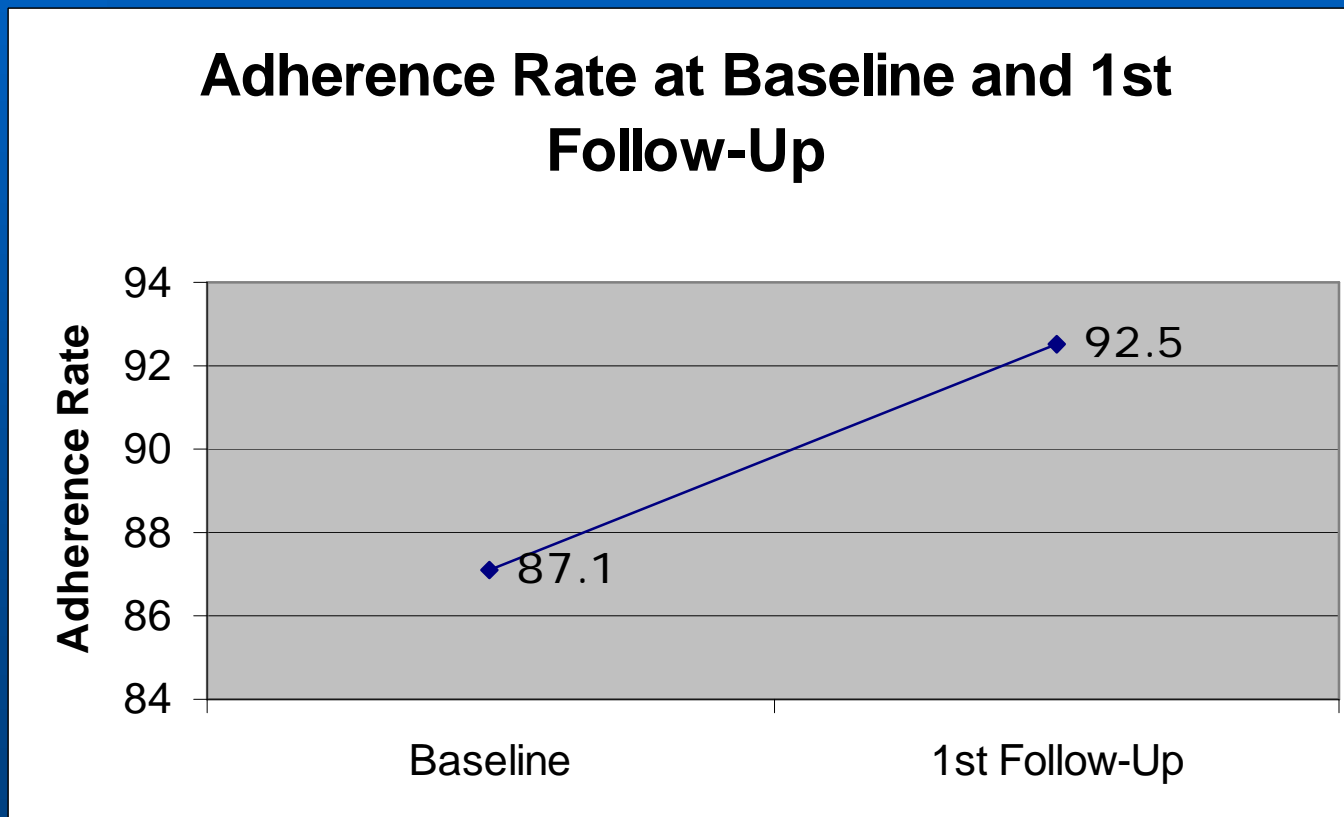
Data through December 31, 2003

# Change in Adherence Rate

## Baseline to 1<sup>st</sup> Quarterly Follow-Up

Addresses Health Service Objective 1B:

Persons who receive health services will adhere to treatments



\*Significant at  $p < .001$  level.

$n = 420$

Data through January 2003

Are Title I Services Accomplishing the Objectives of the Strategic Plan? Are Title I Services Effective?

## Intermediate Outcomes: Methodology

- Analysis included all baselines dated March 1, 2003 or earlier. (Data set was extracted on October 15, 2003).
- Client was considered “Lost to Follow-Up” if a quarterly interview was not completed and there were no encounters within 6 months after the baseline interview date, and no other reason was provided by the program (such as client’s incarceration, relocation, etc.)
- Only HIV-positive clients are included in the analysis.

Are Title I Services Accomplishing the Objectives of the Strategic Plan? Are Title I Services Effective?

## Intermediate Outcomes and the Strategic Plan

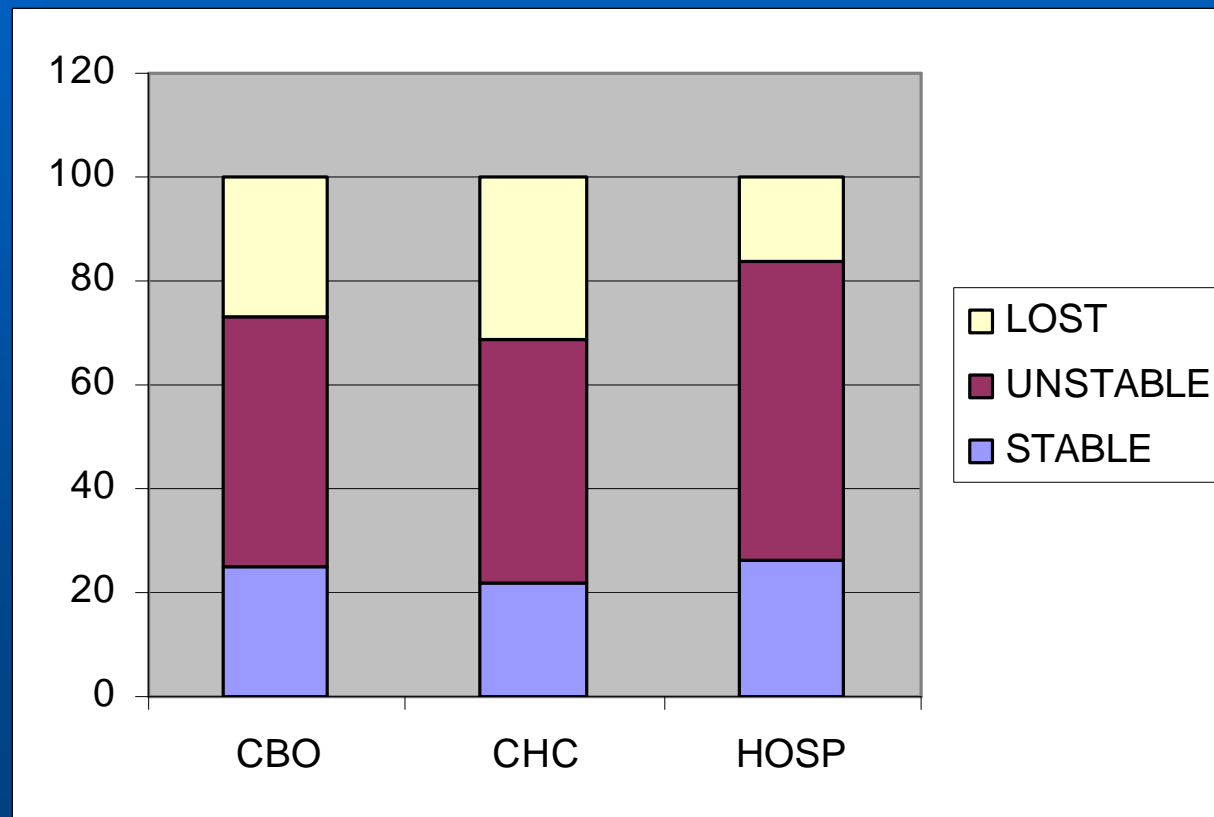
- Housing analysis indicates availability of housing services, such as transitional housing (Housing Objective 1A) and housing placement assistance (Housing Objective 2A).
- Substance use analysis indicates competence and sensitivity of providers (AOD Objective 1A) effectiveness of Title I services.
- “Receiving Health Care” and “Lost to Follow Up” analyses address issue of continued engagement in care (Health Service Objective 2A).

Are Title I Services Accomplishing the Objectives of the Strategic Plan? Are Title I Services Effective?

# Housing

	<b>Number of HIV+ clients at Baseline</b>	<b>% Unstably Housed at Baseline</b>	<b>% Stably Housed at Baseline</b>
<b>CBO</b>	<b>489</b>	<b>63%</b>	<b>37%</b>
<b>CHC</b>	<b>333</b>	<b>48%</b>	<b>52%</b>
<b>HOSP</b>	<b>553</b>	<b>38%</b>	<b>62%</b>

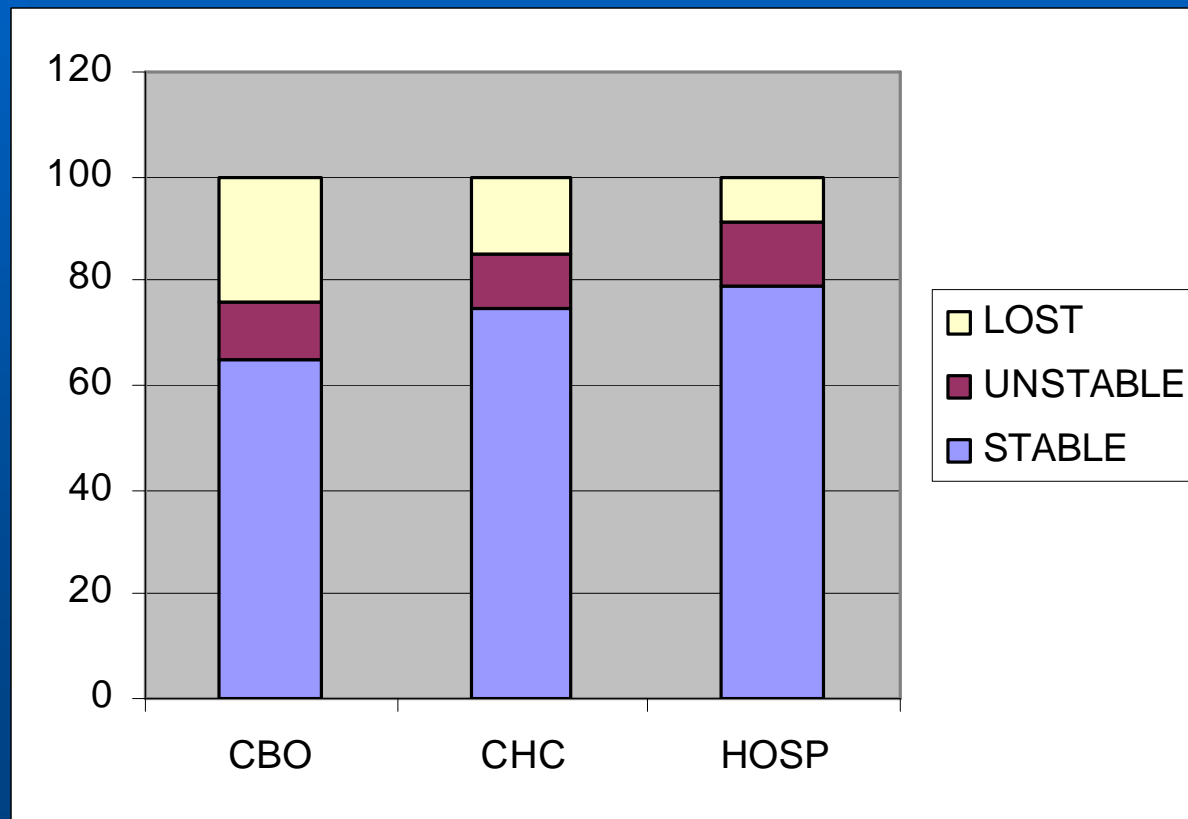
# Unstably Housed at Baseline: Housing Status at 1<sup>st</sup> Follow-Up (%)



\*Chi-Sq Significant at  $p < .05$  level

**n = 682**

# Stably Housed at Baseline: Housing Status at 1<sup>st</sup> Follow-Up (%)



\*Chi-Sq Significant at  $p < .05$  level

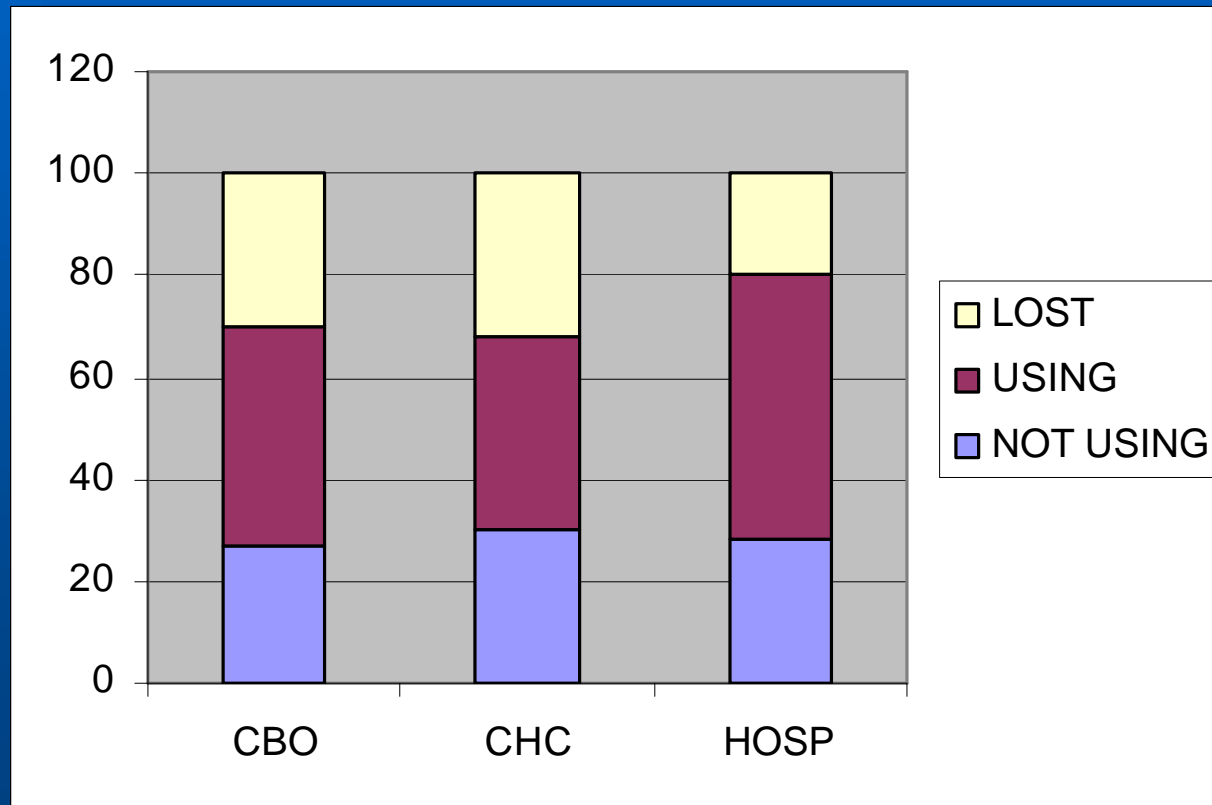
**n = 693**

Are Title I Services Accomplishing the Objectives of the Strategic Plan? Are Title I Services Effective?

## Drug Use

	Number of HIV+ clients at Baseline	% Using Drugs at Baseline	% Not Using Drugs at Baseline
CBO	504	35%	65%
CHC	344	16%	84%
HOSP	565	29%	71%

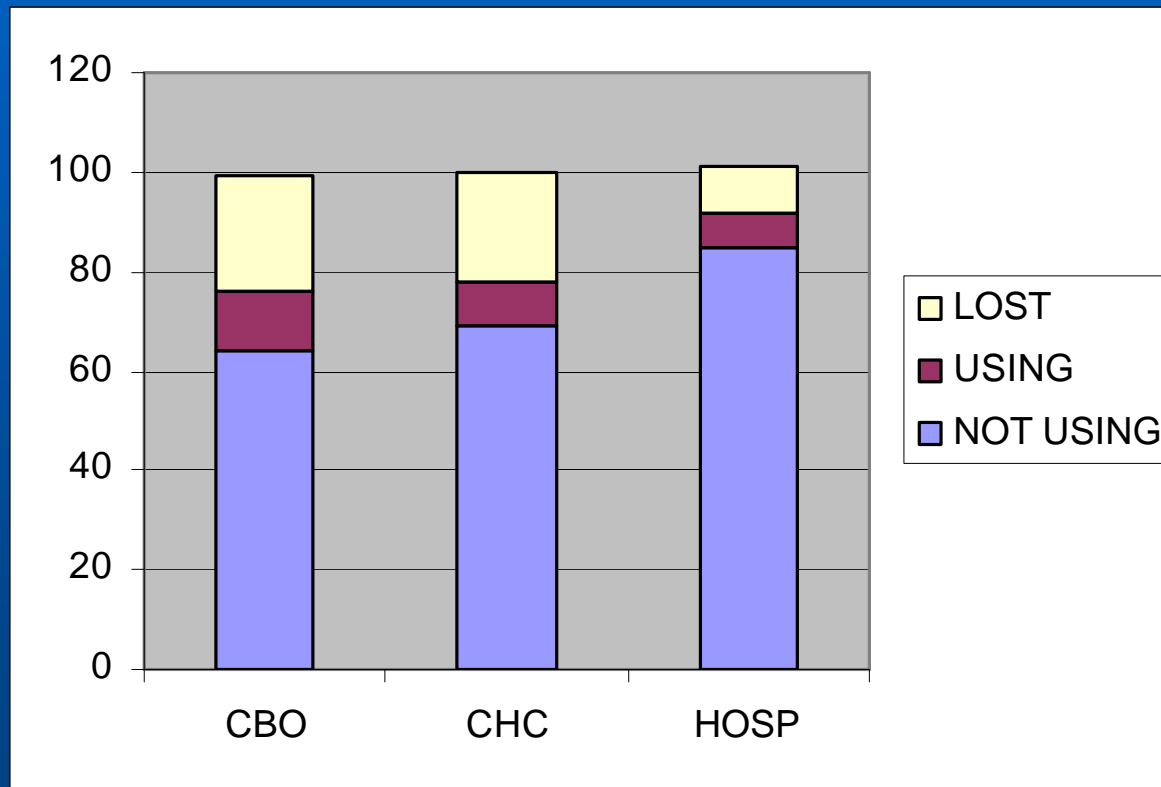
# Using Drugs at Baseline: Drug Use Status at 1<sup>st</sup> Follow-Up (%)



\*Chi-Sq Not Significant

n = 394

# Not Using Drugs at Baseline: Drug Use Status at 1<sup>st</sup> Follow-Up (%)



\*Chi-Sq Significant at  $p < .0001$  level

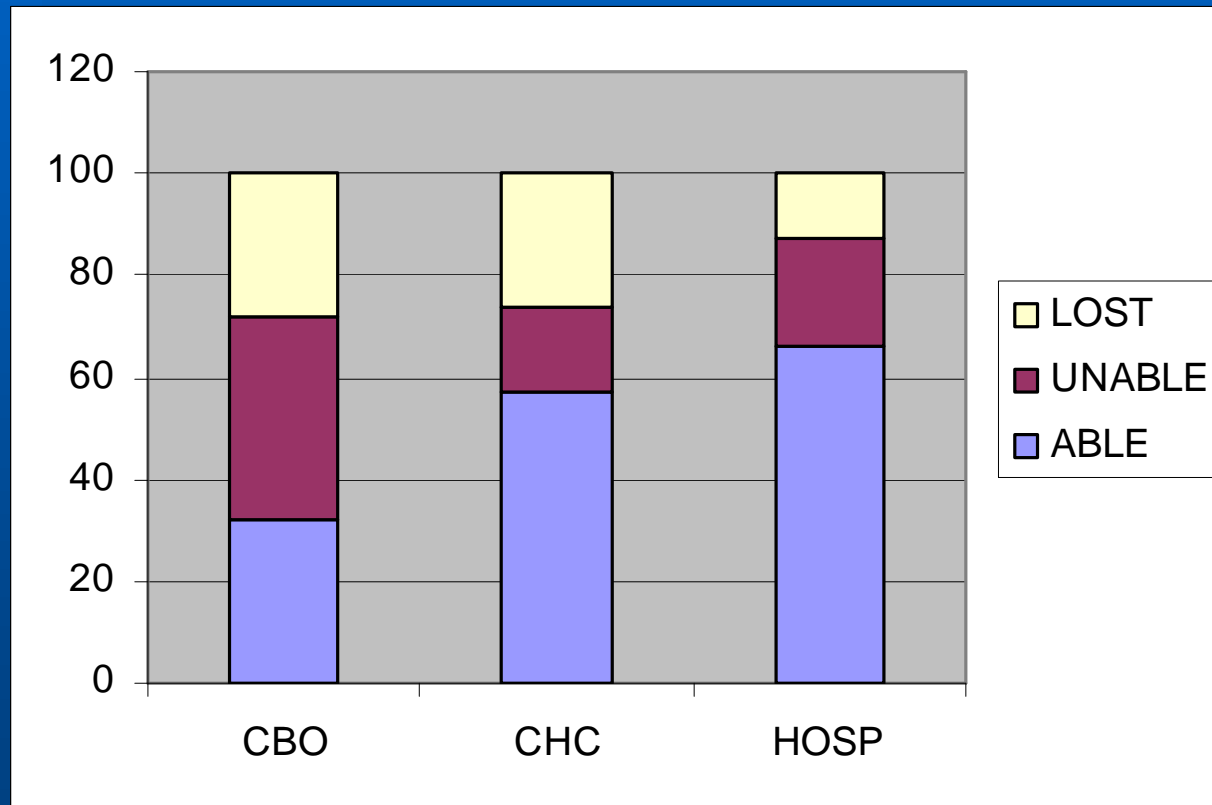
**n = 1019**

Are Title I Services Accomplishing the Objectives of the Strategic Plan? Are Title I Services Effective?

## Ability to Pay for Health Care

	<b>Number of HIV+ Clients at Baseline</b>	<b>% Unable to Pay at Baseline</b>	<b>% Able to Pay at Baseline</b>
<b>CBO</b>	<b>501</b>	<b>37%</b>	<b>63%</b>
<b>CHC</b>	<b>355</b>	<b>20%</b>	<b>80%</b>
<b>HOSP</b>	<b>588</b>	<b>20%</b>	<b>80%</b>

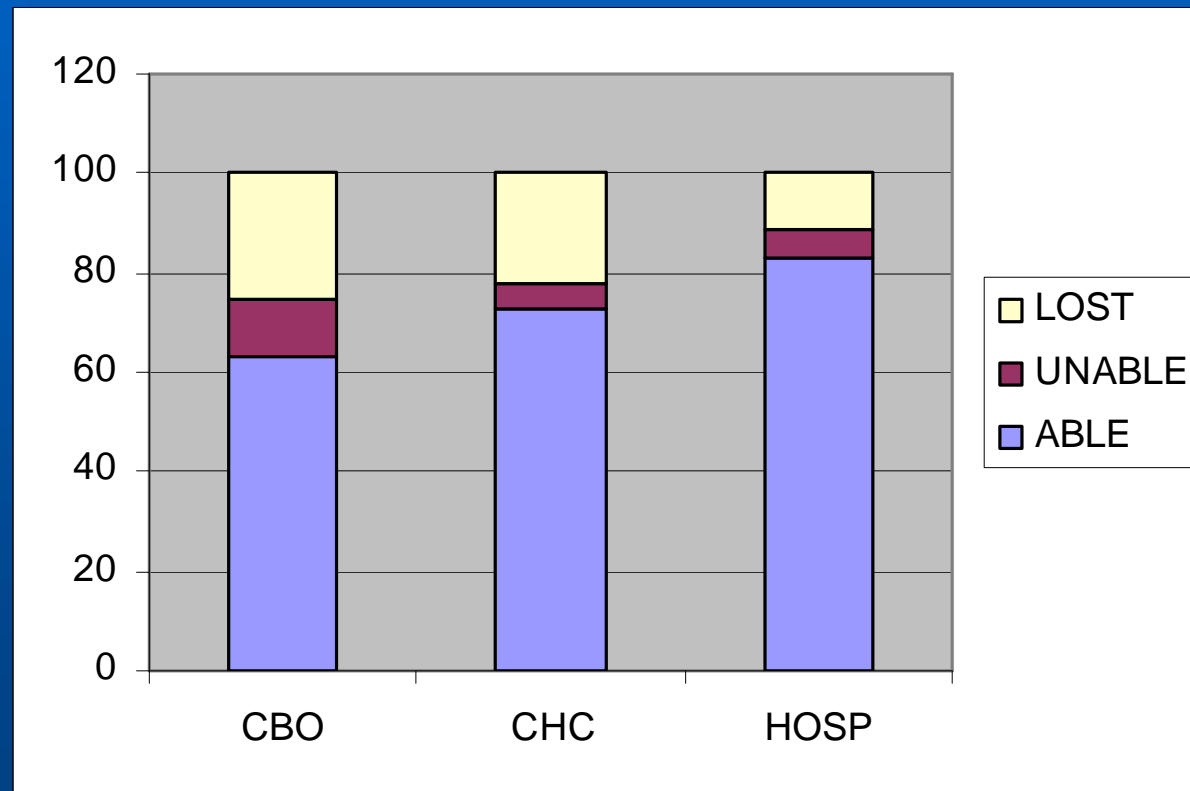
# Unable to Pay at Baseline: Ability to Pay at 1<sup>st</sup> Follow-Up (%)



\*Chi-Sq Significant at  $p < .0001$  level

**n = 373**

# Able to Pay at Baseline: Ability to Pay at 1<sup>st</sup> Follow-Up (%)



\*Chi-Sq Significant at  $p < .0001$  level

**n = 1071**

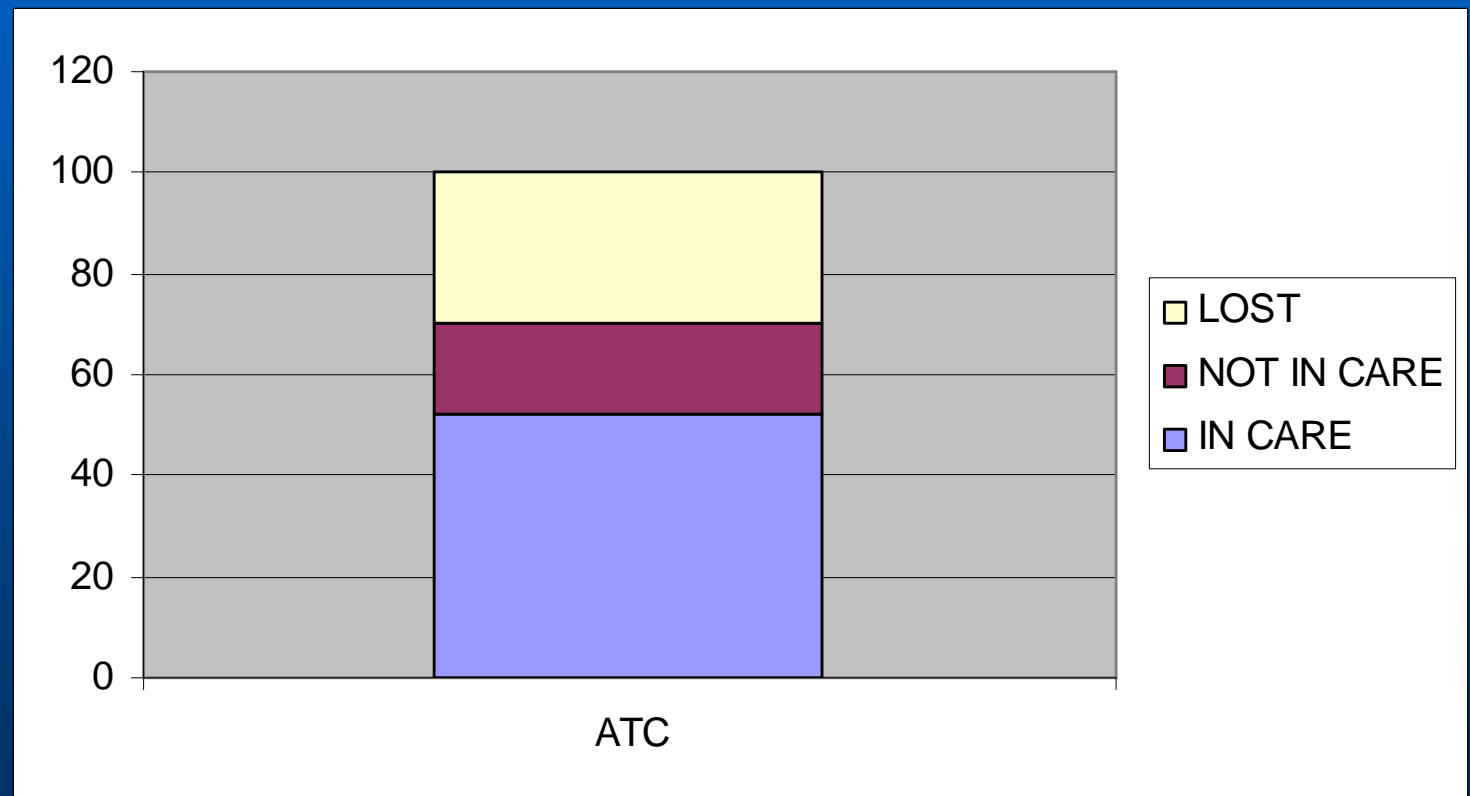
Are Title I Services Accomplishing the Objectives of the Strategic Plan? Are Title I Services Effective?

## ATC: Receiving Health Care

<b>Number of HIV+ clients at Baseline</b>	<b>% Not in Care at Baseline</b>	<b>% In Care at Baseline</b>
<b>665</b>	<b>25%</b>	<b>75%</b>

# ATC

## Not In Care at Baseline: Care Status at 1<sup>st</sup> Follow-Up (%)



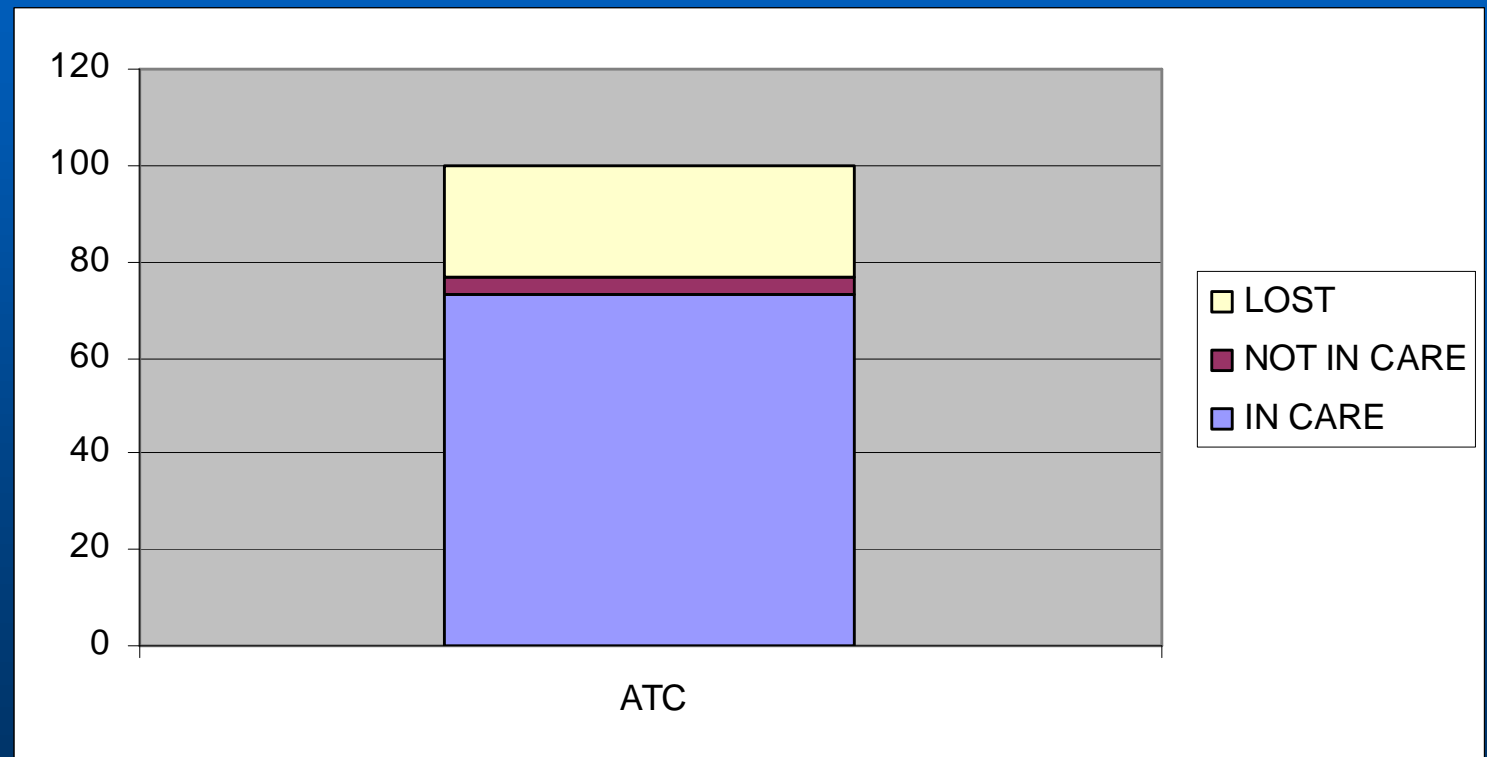
n = 168

# ATC

In Care at Baseline:

Care Status at 1<sup>st</sup> Follow-Up

(%)



n = 497

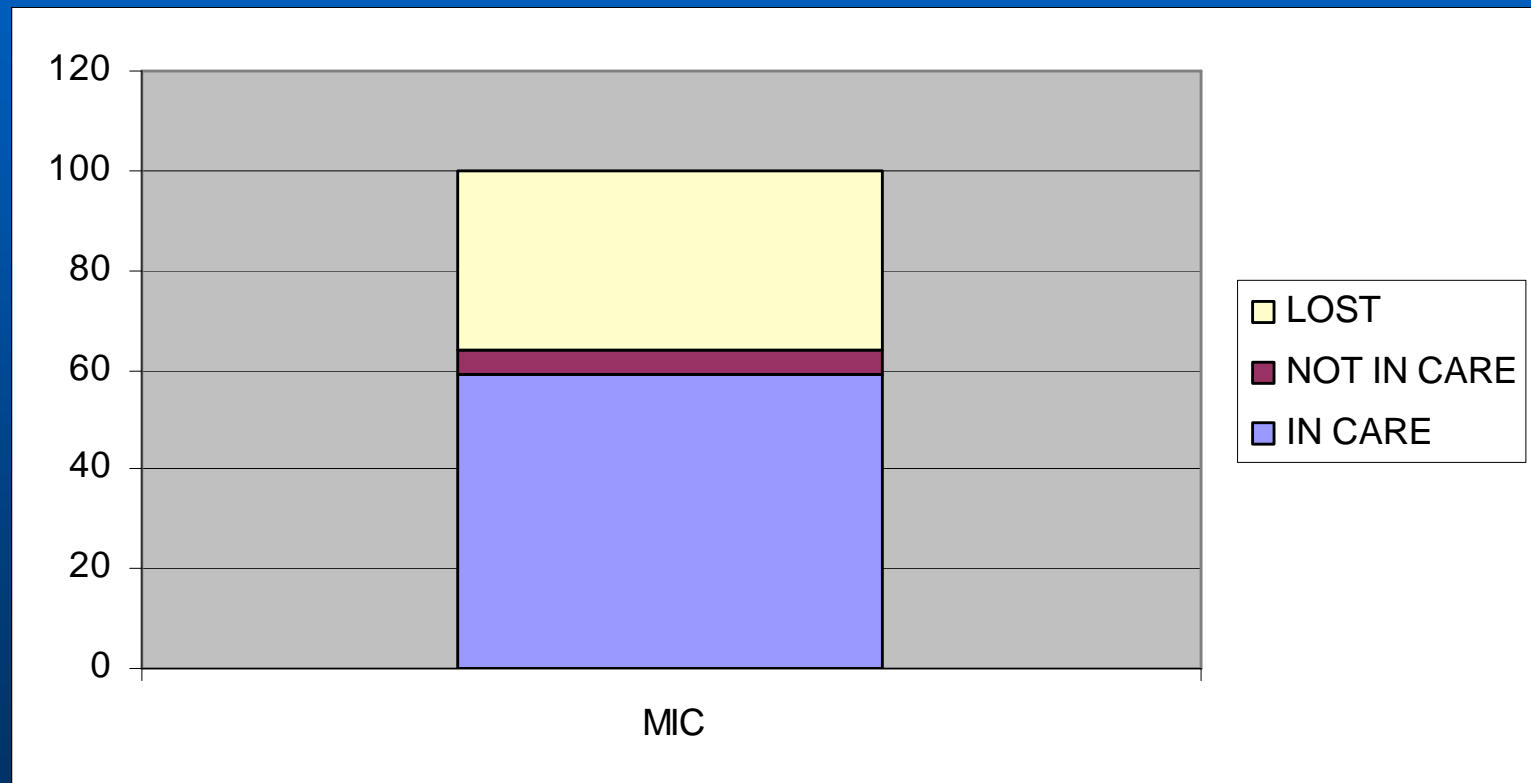
Are Title I Services Accomplishing the Objectives of the Strategic Plan? Are Title I Services Effective?

## MIC: Receiving Health Care

<b>Number of HIV+ clients at Baseline</b>	<b>% Not in Care at Baseline</b>	<b>% In Care at Baseline</b>
<b>757</b>	<b>6%</b>	<b>94%</b>

# MIC

## Not In Care at Baseline: Care Status at 1<sup>st</sup> Follow-Up (%)



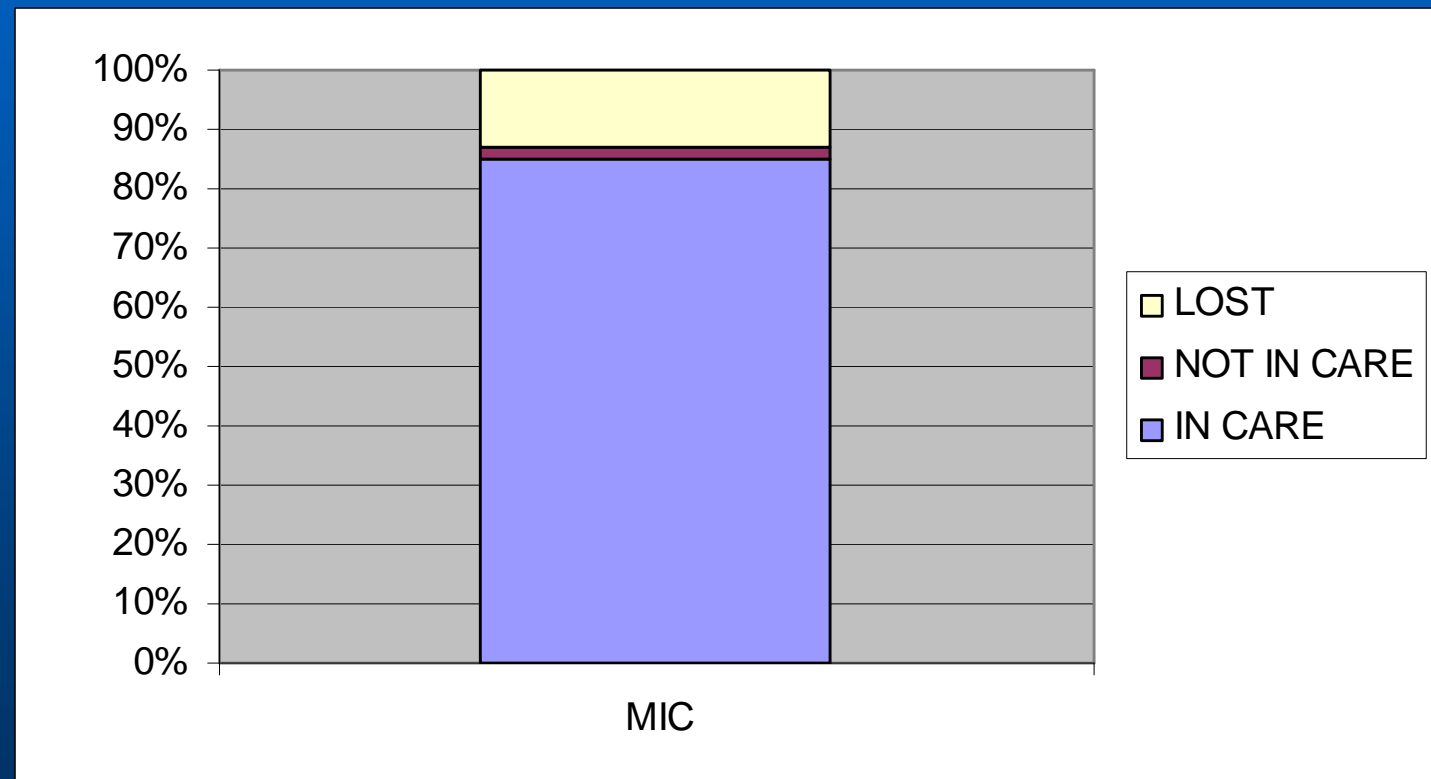
n = 44

# MIC

In Care at Baseline:

Care Status at 1<sup>st</sup> Follow-Up

(%)



n = 713

Are Title I Services Meeting  
Program Objectives?

# MAI Program Objectives and Target Populations

- **Program Objectives:**
  - For individuals who are not in care, to engage them in care (ATC programs), and to help individuals who are in care to stay in care (MIC programs).
- **Targeted Populations**
  - People of Color
  - At-Risk
  - HIV-Positive
  - Not in Medical Care (targeted by ATC programs)
  - Inconsistent Users of Medical Care (targeted by MIC programs)

## Are Title I Services Meeting Program Objectives?

- **Analyses already presented indicate that programs are very successful at targeting people of color and somewhat successful at maintaining individuals in care.**
- **An additional analysis is presented to understand how well ATC programs identify and serve those who are not connected to care.**

## Are Title I Services Meeting Program Objectives?

### HIV-Positive ATC Clients: In Care and On HAART at Baseline

Site Type	Number of HIV+ Clients	% HIV+ Clients with Health Care	% HIV+ Clients on HAART
CBO (6 sites)	781	73	49
CHC (1 site)	59	46	32
HOSP (5 sites)	230	74	37
All Sites	1070	72	46

# Strengths of Evaluation Overall

Can answer questions about:

- Programs' ability to recruit targeted populations.
- The relationship between program participation and improvements in health.
- The relationship between program participation and achievement of intermediate outcomes.
- The relationship between achieving intermediate outcomes and improvements in health.
- Which programs or program types produce the greatest improvements in health.
- Which client types show the greatest improvements in health.
- Which programs or program types are best able to retain clients in care.

# Limitations of Evaluation Overall

- It is not possible to isolate causation without an experimental design.
- Because MAI programs are often embedded in a network of services offered by an agency, it is difficult to attribute outcomes solely to MAI-funded activities.
- Measures used are based on client self-report and may be biased.
- Coupling contract monitoring with program evaluation data collection may have distorted evaluation data.

# Limitations of Evaluation Overall

- **Program-level resources required to carry out the evaluation are burdensome.**
- **Representativeness of study population is skewed by form of recruitment and attrition.**

# Current NYAM MAI Evaluation

## Team

- Ruth Finkelstein, Sc.D., Principal Investigator
- John Chin, Ph.D., Project Director
- Elana Behar, M.A., Project Coordinator
- Charles Clarke, B.A., Data Manager
- Anthony Lewis, B.A., Data Manager
- Rajat Mukherjee, M.S., Statistician
- Wende Wu, M.S., Statistical Programmer