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**HDHHS' HIV surveillance project to research
service gaps in health care system**

A novel HIV surveillance project coordinated by the Houston Department of Health and Human Services (HDHHS) will render the most accurate picture of usage of the local health care system—including service gaps—and the illnesses experienced by people with HIV or AIDS in Harris County.

Funded by the Centers for Disease Control and Prevention, the four-year, \$2.1 million Morbidity Monitoring Project (MMP) consists of in-person interviews and reviews of medical charts of people receiving treatment for HIV or AIDS.

“This new approach to surveillance is better because we will obtain information from the perspective of the patient and match it to the medical record,” said Debo Awosika-Alumo, M.D., an HDHHS epidemiologist and the project’s principal investigator. “If there are differences, we will identify why they occurred.”

The project will look at disparities in access to care, unmet service needs, health-related quality of life, prevention services and quality of care by areas of the county, health care facility and patient demographics.

Currently, more than 16,000 people in Houston and Harris County live with HIV or AIDS. HDHHS staff will conduct approximately 400 patient interviews each year.

Houston’s MMP is one of 26 city and state project sites funded by the CDC with the aim of obtaining local and national estimates of the adult population under care for HIV and AIDS and studying the use of medical and preventive services. Although all

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states already gather information about HIV and AIDS cases, surveillance limitations prevent the CDC from developing nationally representative estimates of HIV-infected people receiving medical care and collecting information on the type and quality of care they receive or behaviors putting them at risk of HIV infection.

It is hoped that the local project will provide population-based data for better allocation of resources by HIV prevention groups such as the local Ryan White Planning Council and Houston HIV Prevention Community Planning Group, evaluation of the impact of prevention programs and treatment initiatives and advocacy to reduce gaps in existing resources.

Nationally, the project will also help measure progress toward the goals of Healthy People 2010 and the effectiveness of treatment guidelines in preventing opportunistic infections and slowing the progression of HIV into AIDS.

Houston and Los Angeles are further along than other project sites. HDHHS staff members recently helped the CDC train other sites on how to develop a random sample of medical providers that takes into account the wide-ranging type of health care facilities within a region and estimates the number of HIV-infected adults in each provider's patient caseload.

Houston's MMP already developed its random sample of providers, a list of slightly more than 100 health care facilities, and sent it to the CDC for further randomization. HDHHS will use about 30 providers from the sample returned by the CDC to come up with a list of patients who can be recruited for the project. The patient list will also go through the randomization process at HDHHS and CDC.

A new sample of providers and patients will be selected each year of the project. To protect confidentiality of health care information, HDHHS will send the CDC only codes corresponding to the names of providers and patients.

Another unique aspect of the project is that it has established an 18-member community advisory board comprised of providers, community-based organizations and area health departments. The advisory board serves as a liaison to the community, provides feedback and will help recruit providers for the project.

“An advisory board ensures constant communication with the community and

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health care providers,” said Hickmon Friday, staff epidemiologist. “Usually you don’t have that in surveillance projects. We have an excellent opportunity to form a partnership that helps the community not only better understand HIV surveillance activities, but also benefit from improved knowledge about HIV disease. It is a two-way street and not just the health department asking for data.”

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