

Minority AIDS Initiative

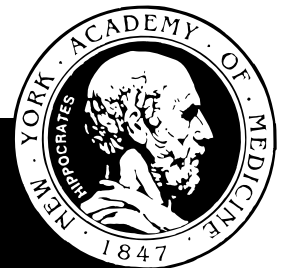
Outcome Evaluation

of Access to Care and
Maintenance in Care Programs

- MAINTENANCE IN CARE -

Prepared for the New York HIV Planning Council
Data Day 1
January 21, 2005

The New York Academy of Medicine



Programs in the Evaluation

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

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

- **MIC program objective**

The main objective of Maintenance in Care programs is to help HIV-positive people of color who are already in care but have difficulty staying in care to stay in care.

Programs in the Evaluation

Site Types of Maintenance in Care Programs

Community-Based Organizations	0
Community Health Centers	3
Hospitals	7

Purpose of Analysis

To identify associations between various program characteristics and the programs' success in maintaining clients in health care (controlling for client characteristics upon entering the programs).

Analytic Model

Program Characteristics

Services available

Drug treatment

Mental health

of co-located services

Service setting

Hospital vs. CHC

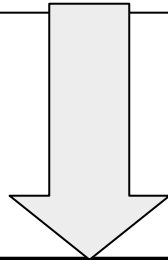
Source of clients
(street outreach,
in-reach, etc.)

Point of service delivery
(hospital, homeless
shelter, etc.)

Staffing

Size of project team

of peer workers



Service and Health

outcomes:

- In/out of medical care
- Change in Functional Health Status

Baseline

Characteristics of Clients:

- Age
- Race
- Housing stability
- Substance use, etc.



Program Characteristics Examined

- **Services available**
 - Drug treatment
 - Mental Health
 - # of co-located services
- **Staffing**
 - Size of salaried project team
 - # of peer workers

Program Characteristics Examined

- **Service setting**
 - **Hospital vs. CHC**
 - **Source of clients**
 - **street outreach, agency in-reach, referrals from other agencies, referrals from other clients, walk-ins, agency hotline**
 - **Point of service delivery**
 - **client's home, street, social service agency, hospital, community health center, outpatient drug treatment program, homeless shelter**

Client Characteristics Included in Model

- **Gender**
- **Age**
- **Race**
- **Language**
- **Level of Education**
- **Housing Stability**
- **Substance Use**
- **Functional Health Status**

Outcomes Examined

- **Whether client stayed in care between baseline and follow-up**
- **Change in functional health status**

Outcome: Maintenance in Care

- **We examined whether a client was in care at baseline and then whether that client was in care at their last follow-up within a year.**
- **Because of the objective of Maintenance in Care programs is to work with people already in care, only a handful of individuals were “not in care” at baseline and then “in care” at follow-up. These individuals were not included in this analysis.**

Outcome: Maintenance in Care

- **Clients were designated as:**
 - **Lost Care/Never in Care**
 - **Was in care at baseline, but was out of care at follow-up; or was out of care at both baseline and follow-up.**
 - **Always in Care**
 - **Was in care at baseline and at follow-up.**

Outcome: Maintenance in Care

Overall Maintenance in Care in all MIC Programs

	Number of Clients	Percent of Clients
Lost Care/Never in Care	88	10%
Always in Care	838	90%
TOTAL	926	100%

Findings: Program Characteristics and Maintenance in Care, Without Controlling for Client Characteristics

- In relation to clients who were “Always in Care”:
 - Clients who “Lost Care” or were “Never in Care” were . . .
 - 4.4 times more likely to be in agencies that used agency in-reach to recruit clients.
 - 1.6 times more likely to be in agencies that accepted referrals from other clients.
 - 2.2 times more likely to be in agencies that accepted walk-ins.
 - 4.5 times more likely to be in agencies that did not use a hotline to recruit clients.
 - 3.1 times more likely to be in agencies that provided services in Community Health Center settings.
 - 4.5 times more likely to be in agencies that did not provide services at clients’ homes.

Findings: Clients Characteristics and Maintenance in Care

- **There were no statistically significant associations found between baseline client characteristics and maintenance in care.**

Findings: Program Characteristics and Change in Functional Health Status

- **The General Health Perception and Mental Health indexes were examined.**
- **Overall, clients who start with lower health status are more likely to show improvement.**
- **Significant associations with Mental Health status:**
 - **Clients in agencies that used street outreach to recruit clients were 1.8 times more likely to show a positive change.**
 - **Clients in agencies that provided services in the “street” were 1.6 times more likely to show a positive change.**
 - **Clients in agencies providing services in homeless shelters were 1.8 times more likely to show a positive change.**
 - **Clients in agencies that provided outpatient drug treatment services were 1.6 times more likely to show a positive change.**

Findings: Program Characteristics and Change in Functional Health Status

- **Significant associations with General Health Perception:**
 - **Clients in agencies that provided services in the “street” or that provided outpatient drug treatment services were 1.4 times more likely to show a positive change.**

Summary/Conclusion

- **Very few clients in MIC programs fall out of care.**
- **Clients who “lost care” or were “never in care” were more likely to be in agencies that used agency in-reach to recruit clients, that accepted walk-ins and referrals from other clients, that did not use a hotline to recruit clients, that provided services in Community Health Center settings, or that did not provide services at clients’ homes.**
- **In contrast to the “Access to Care” analysis, there were no statistically significant associations found between baseline client characteristics and maintenance in care.**

Summary/Conclusion

- **Clients were more likely to show a positive change in mental health status if they were in agencies that used street outreach to recruit clients, that provided services in the “street” or in homeless shelters, or that provided outpatient drug treatment services.**
- **Clients were more likely to show a positive change in General Health Perception if they were in agencies that provided services in the “street” or that provided outpatient drug treatment services.**

Limitations of Evaluation

- **Analysis of the association between program characteristics and maintenance in care was limited by the small size of the group that fell out of care.**
- **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.**
- **Sample is biased by differential attrition by specific client characteristics (for example, housing status and substance use status).**

Current NYAM MAI Evaluation

Team

- **Ruth Finkelstein, Sc.D., Principal Investigator**
- **John Chin, Ph.D., Project Director**
- **Elana Behar, M.A., Project Coordinator**
- **Michael Botsko, M.S.W., M.Phil., Statistician**
- **Anthony Lewis, B.A., Research Assistant**
- **Charles Clarke, B.A., Data Manager**