Bringing Health & Quality of Life Indicators into Housing Programs

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PROGRAM EVALUATION IS GOOD!

Evaluation can . . .

- Improve service delivery
- Identify strengths and weaknesses
- Refine service delivery models
- Improve funding opportunities
- Give staff new skills, increase performance
- Increase agency standing in the community
- Advance advocacy goals
EVALUATION IS CHALLENGING

- Data constraints
- Staff resistance
- Resistance from partner agencies
- Too little time
- Too little money
- May interfere with serving clients
- Need to protect client confidentiality
Meeting Challenges

Create organizational climate to support evaluation

- Invest time to train/gain support from everyone: management, staff, consumers, board members

- Create buy-in through training and ongoing support for evaluation activities

- Emphasize value to your program, clients, and community vs. obligation

- Involve all staff in developing evaluation plan

- Develop in-house evaluation capacity vs. outside evaluator
Meeting Challenges

- Incorporate evaluation into ongoing agency work
- Develop a client flow diagram showing how clients enter and pass through your program or agency
- Points of information gathering for program purposes usually best for evaluation too – e.g. Intake, service plan review
- Consider assigning small evaluation tasks to different staff
- Redesign forms now in use
EVALUATION PLAN

• Describe program intervention
• Develop Logic Model
• Specify outcomes and indicators (measures)
• Provide Client Flow Diagram
• Develop Research Design
What *is* a logic model?

- The logic model is a graphic representation of your entire program
- The model shows relationships and linkages between:
  - needs or problems
  - program activities designed to respond to needs
  - outcomes expected from program activities
H&H LOGIC MODEL

NEEDS

- Unstable inadequate housing
- Unconnected to medical care
- Unmet need for mental health care

ACTIVITIES

- Scatter site supportive housing
- Health care program & monitoring
- Therapy & support groups

OUTCOMES

- Housing stability
- Improved physical health
- Improved mental health
What *is* a client flow?

- A diagram that shows the flow of clients through the agency and the different services that are available to them.

- A client flow should show:
  - How do clients enter the program?
  - How is eligibility or need determined?
  - What are the steps or stages before and after getting services?
USE OF CLIENT FLOW DIAGRAM

- Provides information for the development of a sound evaluation design
- Shows types of information the agency now collects as well as when and how
- Indicates which clients may receive different packages of services thus showing possible comparison groups
H&H CLIENT FLOW

Entrance to program:
• referral
• outreach
• walk-in

Program Intake

Referred to Supportive Housing Program

CONTINUED
H&H CLIENT FLOW cont.

Selected for SH Program

Assessment
Care Plan

Not selected for SH

Not eligible for any svcs

Housing Placement

Receives Support Services

90 day Follow up visit

Referred Other Agy

Assessments as needed
What *is* a research design?

- A research design specifies your plan for collecting credible evidence that your program has had the desired outcomes.

- A research design should show:
  - How clients experience different components of your program.
  - A strategy for isolating program effects on outcomes.
  - A plan for baseline and follow-up data collection.
H&H Research Design

Entrance to program:
• referral
• outreach
• walk-in

Program Intake

Baseline Interview

Referred to Supportive Housing Program

CONTINUED
H&H Research Design cont.

- **Selected for SH Program**
  - Not selected for SH
    - Not eligible for any svcs
  - Referred Other Agy

- **Housing Placement**
  - Receives Support Services
    - 90 day visit
      - Follow-up Interview
    - Follow-up Interview
Meeting Data Challenges

- Revise existing forms to serve both program and evaluation purposes
- Measures for evaluation not one-for-one questions
- Consumers do not mind answering questions or providing information if they understand reasons for asking and feel respected
- Use self-report forms - web-based?
- Use existing administrative data
RE- FORMATTING FORMS

- Develop codes for specific data elements that should be recorded
- Do not crowd questions!
- Provide interviewer instructions on form including ‘skip’ directions
- Use different fonts and indenting as visual cues to guide interviewer through the form
- Number all questions and subparts
- Pre-coded numbers are easier to circle than words (e.g. 1=yes)
Begin with topics the client might want to discuss rather than demographics

Place all questions on a single topic in a logical order

When moving to a new topic, use a transitional phrase

For sensitive questions, give reason for asking and give assurance of confidentiality

When collecting information about overtime experiences, begin with the present and go back
HOPWA INTAKE FORM

Date:_______________________  Intake Worker:____________________________________

Referral Source:_______________________________________________________________

Legal Name:________________________________________  Other Name_______________

Phone:_________________________________  Beeper:_______________________________

Current Address:________________________________________________________________

____________________________________________________________________________

Last Known Address____________________________________________________________

____________________________________________________________________________

Date of Birth:______________  Age:_______  Place of Birth: City____________________

State:_______________  Country:_______________  U. S. Citizen:   Y    N

Sex:__________________  Sexual Orientation:__________________  SS#__________________

Race:__________________  Ethnicity:_______________________  Religion:_______________

Emergency Contact:
Name/Relationship: _____________________________________  Phone:________________

PRESENTING PROBLEM AND SERVICES REQUEST:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Other agency involvement:______________________________________________________

____________________________________________________________________________

Services Requested (circle)

shower  food  clothes  shelter  medical  legal  birth control/condoms

counseling  help with family problems  GED  job training  identification

public assistance  medicaid  permanent housing  HIV testing  HIV education
HARBOR OF HOPE  PROGRAM ASSESSMENT FORM

Today’s Date:____ /____/____  Interviewer:______________________________________________

mm   dd     yyyy

1. What is your name _________________________________________________________________

1a. Preferred name _________________________________________________________________

2. What brings you here today? (State in client’s own words):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Services Requested (circle all that apply)

01...Shower    06...Birth control    11…Job Training
02...Food      07…Condoms          12…Public Assistance
03...Clothes   08… Counseling, MH   13...Medical services
04...Emerg’y Shelter  09…AOD services  14…Medicaid
05...Permt Housing  10...GED, education  15…HIV testing

We’ll talk more about these issues later in the questionnaire but first some background questions. 
What to Measure?

- Read the proposal or contract
- Develop/ refine measurable outcomes
  - Logic model provides guidance
  - Need to document not only WHAT but SO WHAT
  - Consider stages of change, short term or intermediate outcomes
  - Involve program staff
Health Measures

- HIV clinical outcomes: CD4, viral load
- Medical comorbidities – HCV, CVD etc
- Mental health and substance use issues
- Physical and mental health functioning / quality of life
- ARV medications and adherence
- Health service use
- HIV risk behaviors
CD4, Viral Load

3. Did you ever have a T-cell or CD count? 00 No 01 Yes
   A. When was your most recent test? _____/ _____
   B. Where tested? ____________________________
   B. What was your most recent T-cell or CD count?
   If respondent gives a number write it in here |___|___|___|
   or else use codes below (code one)
   01 0-100 06 Don’t know T-cell/CD count but I was told it was “good”
   02 101-200 07 Don’t know T-cell/CD count but I was told it was “bad”
   03 201-300 88 Don’t know T-cell/CD count at all/Don’t recall test result
   04 301-500
   05 Greater than 500

4. Did you ever have a viral load test? 00 No 01 Yes
   A. When was your most recent test? _____/ _____
   B. Where tested? ____________________________
   C. What was your last viral load count?
   If respondent gives a number write it in here |____________| copies/ml
   or else code using codes below
   000 Viral load is undetectable
   001 Don’t know viral load count but I was told it was “good”
   002 Don’t know viral load count but I was told it was “bad”
   888 Don’t know viral load count at all/Don’t recall test result
TYPICAL QUESTION ABOUT CLIENT HEALTH:

Health:______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

STANDARDIZED HEALTH MEASURE:

Next are some questions about your health at the present time.

1. In general would you say your health is. . .
   - Excellent. . . . . . . . . . . 1
   - Very Good. . . . . . . . . . 2
   - Good. . . . . . . . . . . . . 3
   - Fair . . . . . . . . . . . . . 4
   - Poor. . . . . . . . . . . . . 5

2. The following items are about activities you might do during a typical day. Does your health now limit you in these activities . . .

<table>
<thead>
<tr>
<th>Activity</th>
<th>Limited A Lot</th>
<th>Limited A Little</th>
<th>Not Limited At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Moderate activities, such as moving a table, carrying groceries or a bag of something weighing 5-10 lbs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
SPNS/HOPWA HEALTH SURVEY

These next questions ask about your overall health - how you have been feeling and how well you are able to do your usual activities.

1. In general would you say your health is:
   - Excellent 1
   - Very Good 2
   - Good 3
   - Fair 4
   - Poor 5

2. Compared to six months ago, how would you rate your health in general now . . .
   - □ 1. Much better now than 6 months ago
   - □ 2. Somewhat better now than 6 months ago
   - □ 3. About the same as 6 months ago
   - □ 4. Somewhat worse now than 6 months ago
   - □ 5. Much worse now than 6 months ago

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities?

<table>
<thead>
<tr>
<th>Limited a Lot 1</th>
<th>Limited a Little 2</th>
<th>Not Limited At All 3</th>
</tr>
</thead>
</table>
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | □ | □ | □ |
b. Moderate activities such as moving a table or carrying groceries or a bag of something weighing 5-10 lbs. | □ | □ | □ |
c. Climbing several flights of stairs | □ | □ | □ |
d. Bending, kneeling, or stooping | □ | □ | □ |
e. Walking one block | □ | □ | □ |
f. Bathing or dressing yourself | □ | □ | □ |
BEHAVIOR QUESTIONS

• Ask about specific behaviors rather than general pattern

• Reports about recent events more accurate except for significant events

• Use memory cues to help recall – fill in calendar

• Include definition of uncommon terms - 6th grade rule
- HIV diagnosis & entry into care
  - Date diagnosed with HIV
  - (Where tested)
  - How long after test was first medical visit for HIV

- Current HIV medical care
  - Regular source of HIV medical care
  - Name/address of agency/provider
  - Length of time with current provider
  - Date of most recent visit
  - Number of visits past six months/12 months

- ER visits, Inpatient days past 6m
  - Reason for inpatient stay
HIV Medication Chart

**Nucleoside/Nucleotide Analogue Reverse Transcriptase Inhibitors (NRTI)**

- **Emtriva®** *(emtricitabine, FTC)*
- **Epivir®** *(lamivudine, 3TC)*
- **Retrovir®** *(zidovudine, AZT, ZDV)*
- **Videx EC®** *(didanosine,ddl)*
- **Viread®** *(tenofovir, TDF)*
- **Zerit®** *(stavudine, d4T)*
- **Ziagen®** *(abacavir, ABC)*

**Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)**

- **Rescriptor®** *(delavirdine, DLV)*
- **Sustiva®** *(efavirenz, EFV)*
- **Viramune®** *(nevirapine, NVP)*

**Fixed Dose Combinations**

- **Atripla®** *(TDF + FTC + EFV)*
- **Combivir®** *(AZT plus 3TC)*
- **Epzicom®** *(ABC plus 3TC)*
- **Trizivir®** *(AZT plus 3TC plus abacavir)*
- **Truvada®** *(TDF plus FTC)*

**Protease Inhibitors (PI)**

- **Aptivus®** *(tipranavir, TPV)*
- **Prezista®** *(darunavir, DRV)*
- **Crixivan®** *(indinavir, IDV)*
- **Norvir®** *(ritonavir, RTV)*
- **Invirase®** *(saquinavir hard gel capsules, SQV)*
- **Reyataz®** *(atazanavir, ATV)*
- **Kaletra®** *(lopinavir/ritonavir, LPV/r)*
- **Viracept®** *(nelfinavir, NFV)*
- **Lexiva®** *(fosamprenavir, FPV)*

**Fusion Inhibitors**

- **Fuzeon®** *(enfuvirtide, T-20)*

*The brands listed are the registered trademarks of their respective owners.*

*Also available in liquid form.*

All pills shown in actual size except Fuzeon® which is shown at 50%. 8/06
TOO VAGUE – ASKS FOR GENERAL PATTERN:

1. Are you adherent to your HIV medications?
   1. Completely adherent
   2. Mostly adherent
   3. Sometimes adherent
   4. Not very adherent

ASKS ABOUT SPECIFIC BEHAVIORS:

Ask all clients who are taking HIV medications. Others skip to Q.10 below (Mental Health Services)

3. Some people have a hard time taking pills or decide to skip their medications. Over the last two days, that is, yesterday and the day before . . .

   A. How many of your HIV pills, that is, your combination therapy, did you MISS taking for any reason?
      00 None   |___|___|___| #pills missed

   B. Were you OFF SCHEDULE at all -- late by one hour or more in taking any of your HIV pills?
      00 No     01 Yes   |___|___|___| #pills off schedule
LONG RECALL PERIOD – ACCURATE RECALL DIFFICULT – ER QUESTION VAGUE

1. What are the dates of any hospitalizations? ________________________________

2. Have you ever been to the emergency room? ________________________________

SPECIFIC RECALL PERIOD – ASKING ABOUT ADMISSIONS AND VISITS/ DAYS/ REASONS

1. Next I would like to ask about different type of medical services you may have received in the past six months, that is since _____________ ( reference date).

   A. In the past 6 months, have you been a patient in a hospital overnight or longer?  (Code Yes if currently inpatient)
      No  00     Yes  01  -→  If YES, number of nights  |___|

   B. In the past 6 months, did you visit the emergency room for medical care? How many times? (Probe: include all visits even if you were admitted to the hospital from there)
      No  00     Yes  01  If YES, number of times  |___|

   C. Reasons for hospitalization or emergency room treatment:__________________________
      _________________________________________________________________________
      _________________________________________________________________________
ASKING ABOUT SENSITIVE TOPICS

• Provide brief introduction to question and give assurance of confidentiality

• Ask whether client has *ever* engaged in behavior before asking about current behavior

• Ask “how often” or “when was the first” rather than “did you ever”

• Staff discomfort with questions will make client uncomfortable
### E. SUBSTANCE USE

Many people have experiences with alcohol and use of different substances. We would like to know about your experience as part of your health profile. I’d like to remind you that everything you say is strictly confidential and protected.

#### 5. Have you ever used any of the following, even one time...

Go down entire list, then go back and for any YES ask: Did you use (drug) in the past six months?

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>Ever used</th>
<th>Used past six months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1. Marijuana, hashish</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Powdered Cocaine</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Crack (rock)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Heroin or speedball</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Amphetamines or methanphetamine</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. Inhalants, poppers</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. Any other drug used regularly, 3+ times wk or more often: Drug: _____________________</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
FINDING STANDARDIZED MEASURES

CDC National Center for Health Statistics-Survey Measures Catalog
http://www.cdc.gov/nchs/measures_catalog.htm

SAMHSA Substance Abuse & Mental Illness Measures
http://www.samhsa.gov/data/default.aspx

AHRQ Health Care Research and Quality Measures Clearinghouse
http://www.qualitymeasures.ahrq.gov/browse/by-topic.aspx

HRSA HIV/AIDS Performance Measures
http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html
CDC National Center for Health Statistics Survey Measures Catalog
http://www.cdc.gov/nchs/measures_catalog.htm
Health Related Quality of Life
http://www.cdc.gov/hrqol/methods.htm
CDC Behavioral Risk Factor Survey (BFRS)
http://www.cdc.gov/brfss/
AHRQ Health Care Research and Quality Measures Clearinghouse

http://www.qualitymeasures.ahrq.gov/browse/by-topic.aspx
HRSA HIV/AIDS Performance Measures

http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html
HMIS Guides and Tools

These resources are intended to assist Continuum of Care (CoC) Program grantees, HUD-Veterans Affairs Supportive Housing (HUD-Veterans Homelessness Prevention Demonstration (HRP) Program grantees, and HMIS vendors in designing, implementing, and n
Meeting Design Challenges

- Finding Comparison Groups
  - Random assignment
  - Wait list comparison
  - Multiple program options – compare different service packages
  - Use of benchmarks
  - Constructed comparison groups using data from other data bases – e.g. national studies
Meeting Follow-up Challenges

- Need to Plan for Client Follow-Up
  - Collect tracking data at baseline – at the end of intake or first assessment
  - Obtain separate Consent to Follow-up
  - Get “Mom” Letter or agency letters pre-signed
  - Use existing agency contacts for follow-up
Your Evaluation Budget

- Look for additional funding!
- Leverage existing resources
- Consider free/low cost resources e.g. interns
- Budget for more at start-up and at the end
- Don’t wait until end of program to evaluate
- Develop in-house capacity v. hire outside evaluator
- Use technical assistance resources