

Judith Dillard - Community Advisory Board Member



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Judith Dillard is the lead Community Advisory Board (CAB) member for the Texas MMP. She joined the CAB in 2005. Ms. Dillard has a long history of community activism in the Dallas/Fort Worth (DFW) "metropolitan" of Texas. For more than 10 years, Ms. Dillard has volunteered [countless hours] on many community advisory boards related to HIV/AIDS issues. She serves on the Board of Directors for the Samaritan House in Fort Worth and as Secretary on the Board of Directors for the New York based National Prevention Organization, Community HIV/AIDS Mobilization Project.

Judith's personal testimony of the trials and tribulations of living with

HIV and being an African American woman has sensitized people to experiences of consumers of HIV services. For more than 18 years, Ms. Dillard has been living with HIV. Her viral load is undetectable; her CD4 cell count is over 600. Her initial diagnosis with HIV devastated Judith's life, but through faith, hope, help and hard work she gained the freedom to live with HIV.

Her experiences of living with HIV/AIDS are a testament to the importance of consistent quality health care and the important social contributions people living with HIV/AIDS can make once they are afforded quality HIV care and services.

Judith works endlessly spreading her message of "quality care, treatment, and prevention." On February 28, 2008, Judith traveled as an Ambassador for the City of Fort Worth to its sister-city of Mbabane, Swaziland, Africa to participate as an "Emissary of Hope" in the "Walk the Nation" HIV/AIDS initiative. The "Walk"

lasted over 10 days and covered over 124 miles, starting at the Mhlemeni Border gate on March 2nd and ending on March 12th, 2008 at the border of Sicunsa, Swaziland. Participants stopped in rural and isolated areas along the route to promote HIV/AIDS education, empowerment, counseling, and testing.

Judith most recently traveled to Atlanta, Georgia to attend the 2008 National MMP PAB/CAB meeting. She says she was impressed by the participants' level of collaboration and their commitment to the success of the MMP. She felt that the importance of the MMP and its direct implications for people living with HIV/AIDS was well understood by everyone attending the meeting. She could hear in their voices a real dedication to ensure a certain quality of life for all people living with HIV/AIDS and a drive to reduce the transmission of and deaths from HIV/AIDS across the country.

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Self-Reported Substance Use, Delayed Testing & Care, and Medication Adherence: Preliminary Results

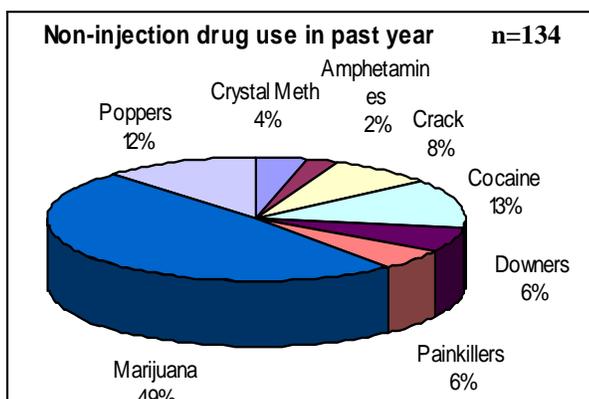
Substance Use*:

- The most commonly used non-injection drug reported was marijuana.
- 20% of patients reported using injection drugs at least once in their lifetime.
- Fewer than 5 patients reported injecting drugs in the past year.
- 58% of participants reported using alcohol and/or non-injection drugs in the past year.

Of patients who used alcohol in the past month (n=101),

- 20% used alcohol on 10 or more days, and
- 10% had 10 or more drinks on a typical day when drinking

*(Combined 2005 & 2007 self-reported data from Texas MMP participants (N=232))



Delayed Testing: 2007 MMP data (n=146),

- 34% of patients reported they had been told by their doctor their HIV infection had progressed to AIDS.
- Of these patients, 39% were diagnosed with AIDS within 1-year of their HIV positive diagnosis.

Delayed Care:

- 18% of patients delayed the start of HIV care more than 3 mos. after learning they were HIV+. The range of months before first appointment was 4 - 129 mos.

Medication Adherence*:

Among patients currently taking ART medications (n=192),

- 25% reported never missing any of their medications
- 26% reported last time they missed any ART meds was within the past week
- Main reason given for missing any meds: "forgot to take them."
- Other reasons given: "a change in daily routine", "to avoid side effects," "problems obtaining refills."

*(Combined 2005 & 2007 self-reported data from Texas MMP participants (N=232))

Elias Cantu, Jr. - MMP Interviewer/Abstractor



Elias feels fortunate to work in a field for which he has such a great passion. At the end of the day, Elias likes leaving his office knowing that he made a difference in the life of an individual dealing with HIV/AIDS.

Elias Cantu, Jr. works at UT Southwestern Medical Center with the Texas MMP as an interviewer and medical chart abstractor. In 2005, Elias served as an MMP community advisory board member and provided valuable input during the pilot phase of the project.

Elias was born and raised in San Benito, Texas. He is the eldest of four children. He received an Associate in Arts degree from Texas

Southmost College and a Bachelor of Science degree from the University of Texas at Brownsville.

Soon after graduating, Elias began his career working with the HIV community. For two years he worked as a HIV/AIDS case manager at Valley AIDS Council (VAC) in Harlingen. VAC is the only AIDS service organization in the Rio Grande Valley. He later accepted the position as project coordinator for the Special Projects of National Significance (SPNS) at VAC. In 2005, Elias relocated to Dallas, Texas and accepted a position as a case manager with AIDS Arms, Inc. for the Underserved and Emerging Populations grant (EPG).

In Harlingen, Elias served as secretary on the South Texas HIV Planning Assembly. He also served on the Executive Needs Assessment, Priorities and Allocations and Membership committees for the planning group. Additionally, he served as a key informant in the HRSA mandated Ryan White Statewide Coordinated Statement of Need (SCSN) in Texas. The SCSN provides a means to identify and address significant HIV care issues in Texas and to maximize coordination across the Ryan White parts.

Recently, Elias and longtime friend, Bruce, participated in the 5K Life Walk & Life Bark 2008, an annual AIDS Arms, Inc. fundraising event. They participated in honor of the friends and loved ones that have lost the battle to HIV, and to raise HIV/AIDS awareness in their community.

Elias feels fortunate to work in a field for which he has such a great passion. At the end of the day, Elias likes leaving his office knowing he made a difference in the life of an individual dealing with HIV/AIDS.

Women & HIV International Clinical Conference (WHICC 2008)

The Texas MMP presented preliminary data at the Women and HIV International Clinical Conference (WHICC) 2008 held in Dallas, Texas in April 2008.

The presentation was entitled "The Frequency of Gynecological Visits among Women in Care for HIV in Texas". Results included patient interview frequencies of pelvic examinations, pap smears, and the location of gynecological care from 2005/2007 data.*

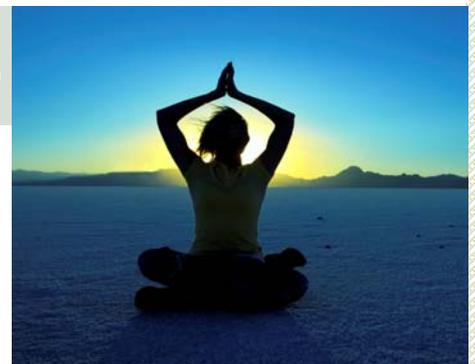
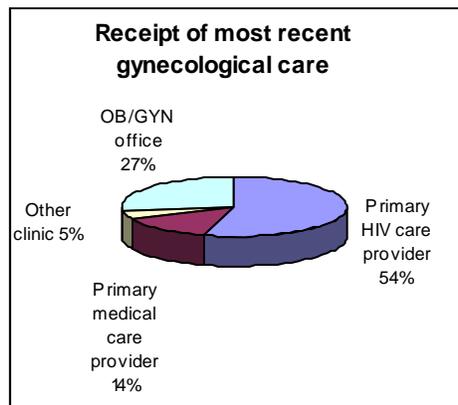
- 54% of the women reported receiving their gynecological care from their HIV care providers rather than an OB/GYN
- 95% of female participants reported receiving a pap smear in the past 12 months
- 91% reported receiving a pelvic exam in the past 12 months
- 42% reported ever having an abnormal pap smear and of those, 89% reported receiving a follow-up exam or treatment

According to a paper by S. Okuzuzyan, women with HIV are more susceptible to gynecological conditions such as bacterial vaginosis, dysplasia, pelvic inflammatory disease, yeast infections and certain sexu-

ally transmit diseases. Therefore it is important for woman with HIV to receive regular gynecological care.

The HIV Costs and Services Utilization Survey (HCSUS), the first comprehensive U.S. survey of health care use among a nationally representative sample of HIV positive persons who were in care for their HIV, asked female participants about their gynecological care and found similar results:

1. Women with HIV reported few problems getting annual gynecological care.
2. 81% of women had a pap in the last 12 months.
3. Women who received their gynecological care and their HIV care at the same clinical



site were twice as likely as other women to report receiving a pap test in the past year.

Further research should be done to determine any unmet needs for OB/GYN services or barriers to gynecological care that may exist among women infected with HIV.

*The TX MMP data used in the WHICC presentation are preliminary and are not yet fully representative of women in care for HIV in Texas.

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DSHS website: <http://www.dshs.state.tx.us/hivstd/healthcare/MMP.shtm>

CDC website: <http://www.cdc.gov/hiv/topics/treatment/mmp/index.htm>

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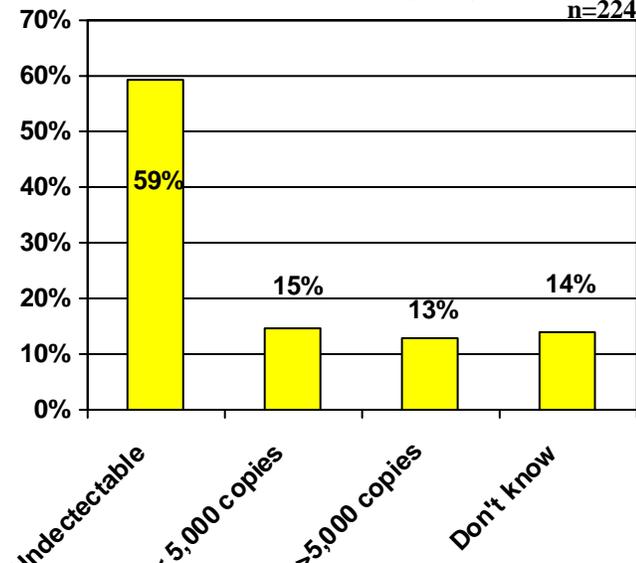
2005 & 2007 Texas MMP Demographic and Clinical Preliminary Results

Of the 232 participants in the TX MMP,

- 82% male, 18% female
- 41% Caucasian, 30% Hispanic & 22% African-American
- 9% <30 age group, 24% 30-39 age group, 48% 40-49 age group, 19% 50+ age group

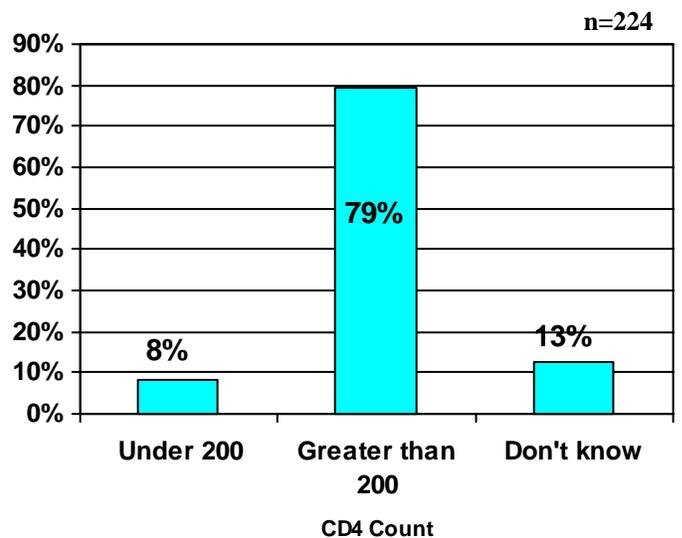
- 79% of participants said most recent CD4 count was > 200
- 59% of participants said most recent viral load was undetectable
- 14% did not know the result of their most recent CD4 or viral load test

Most recent viral load in past year* n=224



*Among patients who reported having had a viral load test in past year

Most recent CD4 count in past year* n=224



*Among patients who reported having had a CD4 test in past year