

Using Unique Testing Codes as a Tool for Program Characterization and Evaluation

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Background

Successful prevention planning and evaluation depends on meaningful data collection and utilization. The Focused Assessment of Counseling and Testing (FACT) Study was designed to improve the epidemiological usefulness of the HIV Counseling and Testing System (CTS) database. FACT explored methods to determine the number of persons tested rather than the tests performed, monitor testing patterns by frequency and location and describe one-time and repeat testers. FACT was conducted to better characterize people who use publicly funded counseling and testing, provide additional program evaluation tools and to observe incident infections (seroconversions). To achieve these goals a unique testing code (UTC) was developed for clients who test at publicly funded HIV prevention counseling and testing sites in the state of Texas.

Methods and The UTC

The FACT Study used non-identifying personal information to construct a Unique Testing Code (UTC). Data was collected on site by counselors during the initial counseling session and recorded on the State's HIV counseling and testing form. The UTC included the date of birth, race and gender codes, and numerical versions of the first letter of the first name and the last two letters of the last name (maiden name for women). FACT tested and evaluated the performance of the UTC at several test sites. Collection of the UTC was instituted in 1999 for all Texas publicly funded HIV counseling and testing programs.

The Texas CTS database includes self reported risk behavior, demographic, counseling and referral information, and HIV test results for each test session. The UTC is used to unduplicate the tests -- to determine how many people were served and how often. Repeat testers are compared with one-time testers on a diverse group of factors including gender, race/ethnicity, age, risk behaviors, testing settings and geographical location. Data collection for this analysis was from calendar year of 1999. This poster will provide a brief introduction to the use of a UTC.

Summary Data

In 1999, 108,257 HIV tests were performed at publicly funded sites Texas (excluding City of Houston) and 70% of those test had complete UTC. A total of 75,662 testing episodes were evaluated for this presentation. There were a total of 5,934 repeat tests: 89% tested twice, 9% tested three times and 2% tested four or more times. Males were more likely to test than females, 54% and 46% respectively and even more likely to be a repeat tester; males 59%, females 41%. Repeat testers as a whole were no more likely to be HIV positive than one-time testers; each at 1%. Among the repeat testers, 16 seroconversions to HIV positive were observed. Data on race/ethnicity and modes of transmission is presented to the right. In addition we have selected listed a few "case" studies to demonstrate how the UTC can be used to monitor a repeat tester over time.

Discussion

The benefits of using a person vs. testing episode database are sometimes obvious and more often subtle. The UTC and unduplicated database can be useful in characterization and evaluation at four levels. These include: State, Regional, Project Site and for risk-reduction planning for individuals.

STATE: *Differences between one-time and repeat testers less apparent

Conclusion

In order to enhance the capacity of HIV prevention contractors to incorporate and utilize behavioral data, concerns and barriers must be addressed in any intervention. Analysis of data from both the questionnaires and the interviews support that the intervention strategies developed by the University of Texas Southwestern Medical Center and the Texas Department of Health should achieve this goal.