

### Travel Distance to HIV Medical Care: A Geographic Analysis of Weighted Survey Data from the Medical Monitoring Project in Philadelphia, PA.

### Michael G. Eberhart, MPH ECHPP Annual Meeting 2012 Washington, D.C.





# Background

- Collaboration bet/ UPenn CFAR and PDPH
- Capacity Building
  - GIS Training
    - School of Policy and Planning
    - 2 days
    - Map Basics
    - Choropleth
    - Geocoding
    - Data types
    - Map elements

# Background

- Capacity Building
  - Advanced Training
    - Distance Calculation
    - Animation
    - Spatial Analysis
      - Statistical methods
      - Practical applications
      - School of Engineering and Applied Sciences
    - Working with Raster Data
      - Spatial modeling
      - Smoothing techniques
        - » Protect confidentiality

# Background

- Access to quality medical care
- Barriers
  - Travel distance
  - Insurance
  - Socio-economic factors
- Resource allocation
- Medical Monitoring Project (MMP)

# Methods

- Multi-stage sampling design
- Philadelphia data
  - -400 patients sampled
  - -24 facilities
  - Recruitment at subsequent medical visit
  - Interviews between June 2009 and April 2010
  - 260 interviews (260/400=65%)
  - Data weighted to represent in-care population and account for non-response bias

# Methods

- Current Residence
  - Cross-streets
- Facility address
  - Current
  - Closest
- Distance calculated
  - Euclidean (straight line)
  - Network (traffic rules)
- ArcGIS 10.0

#### Distribution of Gender



#### Distribution of Race/Ethnicity



#### Distribution of Age at Interview

With 95% Confidence Limits



Age at Interview

#### **Distribution of Sexual Orientation**







### Distribution of Insurance



### **Distribution of Facility Type**



## Results

- Overall Travel Distance
  - 3.7 miles (95% CI [3.2-4.3]) straight line
  - 4.4 miles (95% CI [3.7-5.0]) network
- Avg distance to nearest care site
  - 1.03 miles
  - 46.3% travel > 3 miles <u>beyond</u> nearest care
  - Proximity not a predictor of care choice

## Gender and Race

Category		Euclidean (Miles)	95% CI	Network (Miles)	95% CI
Gender	Male	3.9	[3.3-4.4]	4.5	[3.8-5.1]
	Female	3.4	[2.8-4.0]	4.0	[3.3-4.7]
	Transgender	7.2	[1.3-13.1]	8.4	[1.4-15.4]
Race	White	4.7	[3.1-6.4]	5.4	[3.6-7.3]
	Black	3.6	[3.1-4.1]	4.3	[3.7-4.9]
	Hispanic	3.1	[2.2-4.0]	3.6	[2.6-4.6]
	Other	3.8	[-0.7-8.2]	4.1	[-0.6-8.9]

### Insurance, Education and Sexual Orientation

Category		Euclidean (Miles)	95% CI	Network (Miles)	95% CI
Insurance	Public	3.3	[2.9-3.6]	3.8	[3.4-4.2]
	None	6.9	[3.9-9.8]	7.7	[4.4-11.0]
	Private	4.4	[2.8-6.0]	5.2	[3.3-7.2]
Education	< High School	3.3	[2.6-4.1]	3.8	[3.0-4.7]
	High School/GED	3.4	[2.8-4.0]	4.0	[3.3-4.7]
	> High School	4.6	[3.3-5.8]	5.4	[3.9-6.8]
Sexual Orientation	Homosexual	3.6	[2.7-4.5]	4.2	[3.2-5.2]
	Heterosexual	3.9	[3.1-4.6]	4.5	[3.6-5.5]
	Bisexual/Other	3.3	[2.0-4.6]	3.9	[2.4-5.3]

# Age and Facility Type

Category		Euclidean (Miles)	95% CI	Network (Miles)	95% CI
Age Category	18-34	4.0	[3.3-4.7]	4.6	[3.8-5.5]
	35-44	4.3	[3.2-5.3]	4.9	[3.7-6.1]
	45-54	3.0	[1.7-4.4]	3.6	[2.1-5.2]
	55+	3.8	[2.8-4.7]	4.4	[3.3-5.5]
Facility Type	Hosp. O/P	4.3	[3.4-5.1]	4.9	[4.0-5.8]
	Other	3.6	[2.6-4.6]	4.3	[3.1-5.5]
	HIV Clinic	4.0	[3.2-4.9]	4.5	[3.7-5.4]
	НС	2.7	[0.9-4.6]	3.2	[1.1-5.3]

# **Regression Model**

- Predictors of Travel Distance
  - Lack of Insurance vs Public Insurance
    - AOR 3.7 (p=.0005)
  - Hispanic Race vs White Race
    - AOR -1.6 (p=0.046)



Rates suppressed for counts <5 and/or population <500



Rates suppressed for counts <5 and/or population <500

## **Question/Comments**

- Questions?
- Acknowledgements
  - Philadelphia MMP Staff
  - Dr. David Metzger and Dr. Michael Blank (UPenn)
  - Chelsea Voytek and Danielle Fiore (UPenn)
  - Dr. Amy Hillier (UPenn)
  - Brad Shannon (PDPH ECHPP)
  - Dr. Kathleen A. Brady (PDPH)
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## Penn Center for AIDS Research ECHPP: GIS for access to and retention in care

UPENN David Metzger, Michael Blank, Amy Hillier, Chelsea Voytek, Danielle Fiore

> AACO Kathleen Brady, Michael Eberhart

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The University of Pennsylvania	Children's Hospital of Philadelphia	The Wistar Institute



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#### Behavioral and Social Sciences Core

Director: David Metzger, Ph.D. Co-Director: Michael Blank, Ph.D. Coordinator Tiffany B. Dominique, B.A.

The Behavioral and Social Sciences Core devotes its resources to the expansion of existing services and the developmental of new services to facilitate intellectual and operational linkages between behavioral, clinical, and CFAR Community basic sciences investigators. Given the extensive linkages of program members to the community, the Core will continue to lead the CFAR in fostering the developmental of meaningful community partnerships through its support



PHILADELPHI

### Using GIS Data in **Health-related Research**



Amy Hillier, MSW, PhD



Cartographic Modeling Lab



#### AIDS Activities Coordinating Office (AACO) Surveillance Report

2010

#### **HIV/AIDS in Philadelphia**

~Cases Reported through June 2011~

Mark Shpaner, MD, Surveillance Program Manager Kathleen A. Brady, MD, Medical Epidemiologist Michael Eberhart, MPH, Epidemiologist

### People Living With HIV/AIDS in Philadelphia: 2011







### Importance of geography and GIS in 2012

- Shift from focus on individual risk behaviors
- HIV is not randomly distributed geographically
- Incident infections, access to and retention in care are likely to be impacted by geography
- Accessible, acceptable, and affordable
- Community concern about distribution of services



### **UPENN CFAR ECHPP: Year 01**

- Complete basic and advanced Geographic Information System (GIS) Training to staff of the AIDS Activities Coordinating Office
- Developed resources for using GIS in HIV meaningful geographic questions, annotated bibliography, databases, projects
- Establish GIS web site for CFAR ECHPP
- Design and conduct analyses for examining distance to care among MMP participants (Eberhart)
- Provide mapping support to HIV investigators

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#### About Us

In Philadelphia, the Behavioral and Social Science Core of the University of Pennsylvania Center for AIDS Research (UPENN CFAR) is working collaboratively with the AIDS Activities Coordinating Office (AACO) of the Philadelphia Department of Public Health to strengthen AACO's capacity to employ Geographic Information Systems (GIS) technology – combining geographic, behavioral, and biological data – to provide policy-relevant information regarding HIV/AIDS in the City of Philadelphia.

This project is a supplement to the Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (ECHPP) initiative for the 12 municipalities with the highest number of people living with AIDS in the United States, funded by the U.S. Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP).

This supplemental project was developed to allow the Penn CFAR to help develop the capacity within the AIDS Activities Coordinating Office (AACO) of the Philadelphia Department of Public Health in the use of geographic data and cartographic methods, and how to combine those with other data sets to provide policy relevant information regarding HIV/AIDS in the City. This type of technical assistance was meant to further develop AACO's expertise in the use of the most current software and strategies required to link behavioral data, biological data, and geographic data.

HIV and AIDS case rates in Philadelphia are quite variable across ZIP codes and neighborhoods. This highlights the need to use social network, neighborhood, and other approaches utilizing an ecological approach to prevention and treatment. Since the Health Department is charged with regularly addressing important issues related to the distribution and accessibility of services around Philadelphia, this type of information is critical.

Clearly, geographic characteristics of the epidemic (the neighborhoods most severely impacted and the location of service delivery and providers) are very important aspects of service accessibility and acceptability. While many assume that having services located close to the client's residence is desirable, accessibility and acceptability must also be considered in light of other forces such as stigma, perceived quality of services, access to transportation, and cost of transportation. Additionally, integration of geospatial data with other secondary data sources can provide useful and heretofore unavailable information for program planning and resource distribution purposes.

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### **Analytic strategies**

