DOES WOMEN-CENTRED CARE MAKE A DIFFERENCE? A UTILITY ANALYSIS OF PERCEIVED WOMEN-CENTRED HIV CARE IN CANADA

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DEFINING WOMEN-CENTRED CARE (WCC)

"This type of care recognizes, respects and addresses women's unique health and social concerns, and recognizes that they are connected."

"Because this care is driven by women's diverse experiences, care is flexible, and takes the different needs of women into consideration."

"Care that supports women living with HIV to achieve the best health and well-being as defined by women."

Carter et. al, 2013

BACKGROUND

- There is a lack of research on the relationship between women-centred care and health status of women living with HIV.
- Through this project, we sought to determine whether women-centred care (WCC) made a difference to health status for women living with HIV.
- To do so, we measured differences in health state utilities in women who perceived their HIV clinic as women-centred (WCC) compared to those who did not (non-WCC).
- Ranging from 0 to 1, the health utility values represent a particular health state that is between worst health state utilties (i.e., death, denoted by 0) and perfect health (denoted by 1).

METHODS

Sample:

- 995 women with HIV
- Ages 16+
- Across BC, ON, and QC
- Cohort study on reproductive and sexual health in HIV women - Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS).
- Peer Research Associates (WLWH) administered this comprehensive, online questionnaire to participants at baseline and 18-months.
- Collected socio-demographic, behavioral, and clinical information including health service use and health status data.

Key Measures:

- WCC: Using a 5-point Likert scale, participants rated whether they perceived the care they received from their HIV clinic in the past year as women-centred or not.
- Health Utilities: Health-related quality of life was measured using the Short Form-12 (SF-12), classified and converted into utilities using preference weights generated via standard gamble.

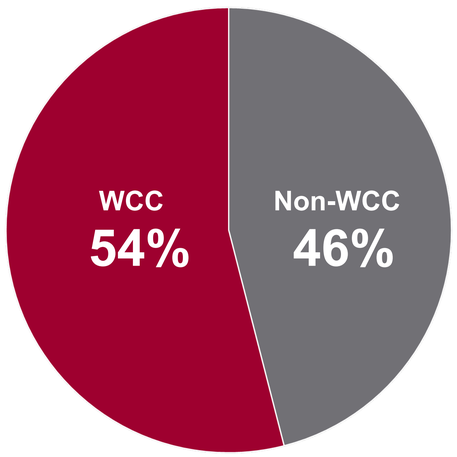
Statistical Analysis:

- Thus far, we have completed a linear regression model with utility as outcome (range should be 0-1) and perception of PWCC as predictor ("strongly agree/agree" vs. "neutral/disagree/strongly disagree").

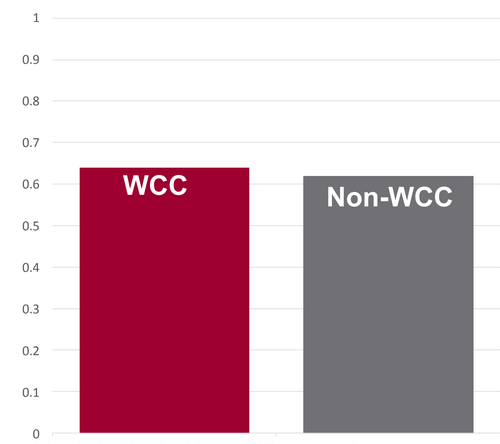
PRELIMINARY FINDINGS

- Overall, 54% of participants perceived their HIV clinic as women-centred.
- The WCC group had a significantly higher mean utility value (0.64) compared to the non-WCC group (0.62, $p<0.01$), generating an absolute difference of 0.02.
- There is some debate over interpreting utility values, but some researchers (Samsa et. al, 1999) indicate clinically important differences of 0.02 to 0.04. Thus, the found health utility difference between WCC and non-WCC groups may not just be statistically significant, but also clinically significant.
- These preliminary results are promising as they suggest that women-centred care can have a meaningful and positive effect on patients' health.

% Receiving HIV WCC



Health Utility Scores



*Statistically significant differences between groups

*Preliminary results: These findings do not account for any systematic differences between the two groups

FUTURE DIRECTIONS

1. Conducting a propensity score analysis to take into account potential systematic differences between the WCC and non-WCC groups.
2. Conducting a multivariate linear regression model that includes covariates (such as differences in age or education) between the two groups (WCC and non-WCC).
3. To better inform resource allocation decisions, these utilities will also be used to generate QALYs so that comparisons between outcomes of other forms of care can be made.
4. Alongside measurement of utilities, differences in costs across WCC and non-WCC will be obtained. From this, a cost-utility analysis will be conducted.

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CHIWOS
Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada
Canadian HIV Women's Sexual and Reproductive Health Cohort Study