



HIV Care, Treatment and Retention Indicators

Indicator 31: Health-related quality of life score for HIV-positive clients of CBOs	
Description	<ul style="list-style-type: none"> Health-related quality of life score for HIV-positive clients of CBOs.
Significance	<ul style="list-style-type: none"> Quality of life issues are becoming more important for PLWHA given advances in HIV treatment and resulting increases in life expectancy (Crook, et al., 2005). Basavaraj and colleagues (2010) argue that social support for PLWHA has shown a strong potential to influence health-related quality of life measures. A study comparing PLWHA that were high versus low users of CBOs found that both groups has similar health-related quality of life scores (Crook, et al., 2005). However, these authors argue that their results suggest that CBOs can enhanced health-related quality of life for persons living with HIV by increasing providers' capacity to identify and address client depression and its consequences.
Measurement	<ul style="list-style-type: none"> The Medical Outcomes Study HIV (MOS-HIV) Health Survey is a questionnaire widely used to measure health-related quality of life of PLWHA (Crook et al., 2005). The MOS-HIV 36-items assess physical, role, socializing and cognitive functions and pain, mental health, energy, health distress, quality of life, and health transition. Indices for each of these dimensions are scored from 0 to 100. The 31-item WHO Quality of Life HIV BREF Instrument assess wellbeing in adults who are HIV-positive (WHO, 2002). It covers the respondent's perception of quality of life within 6 domains: physical, psychological, independence, social, environmental and spiritual.
Data source	<ul style="list-style-type: none"> Client survey
Possible disaggregation	<ul style="list-style-type: none"> Length of time client has been associated with CBO High vs. low use of CBOs - can be assessed with an inventory developed by Browne and colleagues (1990) that includes questions about respondents' use of categories of direct health services/primary care, emergency room, specialists, hospital episodes and days, use of health and social professionals, and laboratory services.





Limitations	<ul style="list-style-type: none">• CBO tracking issues• Lack of standardized manner to track referrals limits comparability• Difficulty for CBOs to determine if client followed through with the referral
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References

1. Browne, G.B., Arpin, A., Corey, P., Fitch, M., & Gafni, A. (1990). Individual correlates of health services utilization and the cost of poor adjustment to chronic illness. *Medical Care*, 28(1): 43-58.
2. Crook, J., Browne., G., Roberts, J., & Gafni, A. (2005). Impact of support services provided by a community-based AIDS services organization on persons living with HIV/AIDS. *Journal of the Association of Nurses in AIDS Care*, 16(4): 39-49.
3. World Health Organization. (2002). WHOQOL-HIV Instrument. Users Manual: Scoring and coding for the WHOQOL-HIV Instruments. Retrieved from: http://www.who.int/mental_health/media/en/613.pdf

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