



## Background

The HIV care cascade is a visual depiction of the continuum of HIV care and treatment for persons living with HIV/AIDS (PLWHA).

- Developed by the US Centers for Disease Control and Prevention (CDC), the cascade has become an important national tool for measuring success of the HIV health care system.
- The HIV care cascade tracks progress on national initiatives, e.g., National HIV/AIDS Strategy.

The New York City Department of Health and Mental Hygiene (NYC DOHMH) conducts HIV/AIDS surveillance in NYC.

- In 2011, there were 3,404 new HIV/AIDS diagnoses in NYC, and a total of 113,319 PLWHA living in NYC. This represents 10% of all PLWHA in the US.
- Reporting to the NYC DOHMH HIV Surveillance Registry (HSR) is mandated for health care providers (HIV/AIDS diagnoses) and laboratories (CD4 and viral load [VL] tests).
- NYC DOHMH regularly uses HSR data to monitor the HIV/AIDS epidemic in NYC, including demographic trends and HIV health outcomes.
- NYC DOHMH created a 2011 HIV care cascade for all PLWHA in NYC.

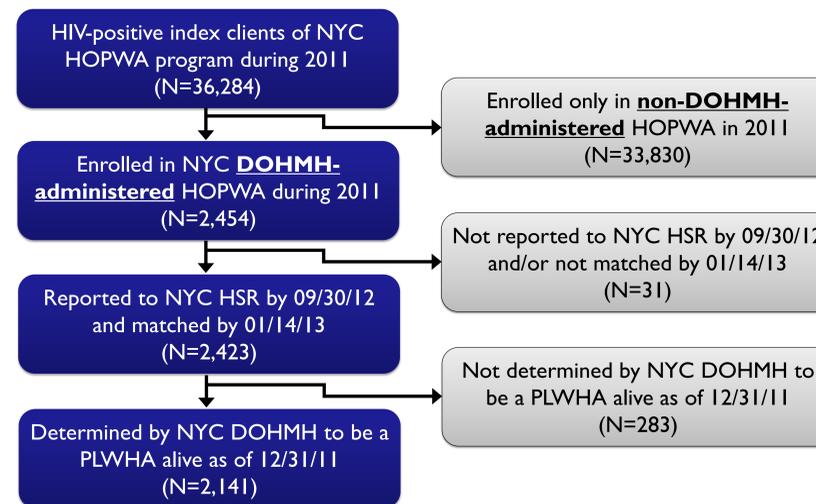
The NYC DOHMH oversees housing programs for low-income PLWHA in NYC.

- Housing stability is associated with better HIV health outcomes among PLWHA.
- Federal Housing Opportunities for Persons with AIDS (HOPWA) program addresses housing needs of low-income PLWHA.
- NYC DOHMH receives over \$50 million annually via HOPWA to provide housing services to low-income PLWHA in NYC.
- NYC HOPWA providers provide housing services in conjunction with support services that promote HIV care and address common co-morbidities, e.g., mental health, substance abuse.
- NYC DOHMH regularly monitors HOPWA program data to evaluate progress toward the dual goals of improving housing stability and health.

## Methods

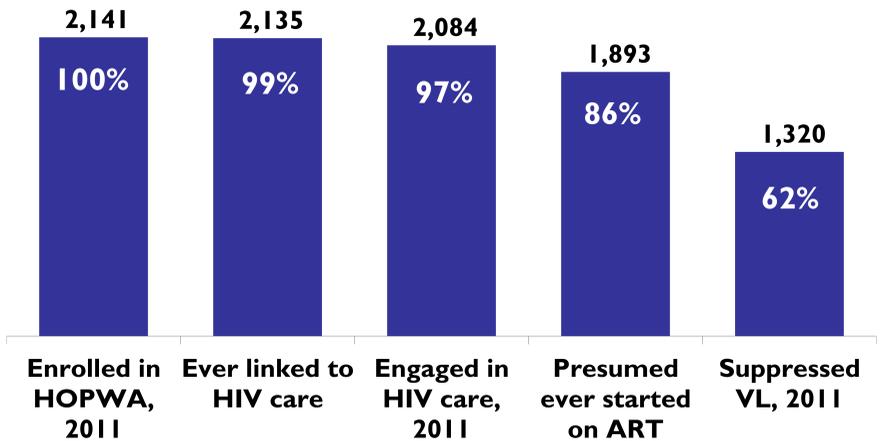
- NYC DOHMH HIV surveillance definitions were used, to produce an NYC DOHMH-administered HOPWA care cascade comparable to NYC-wide cascade.
- NYC HOPWA clients were matched to the HSR via a complex algorithm, using identifiers such as name, date of birth, social security number, etc.
- Ever linked to HIV care: Any CD4 count or VL test result reported to the HSR between 2001-2011, occurring at least 8 days after date of HIV diagnosis.
- Engaged in HIV care, 2011: CD4 count or VL test result reported to the HSR in 2011.
- Presumed to have ever been started on ART: Any suppressed VL test result ( $\leq 200$  copies/mL) reported to the NYC HSR during 2001-2011.
- Suppressed VL, 2011: Latest VL test result (drawn by 12/31/2011) suppressed.

Figure 1. Eligibility criteria for clients included in NYC DOHMH-administered HOPWA HIV care cascade, 2011



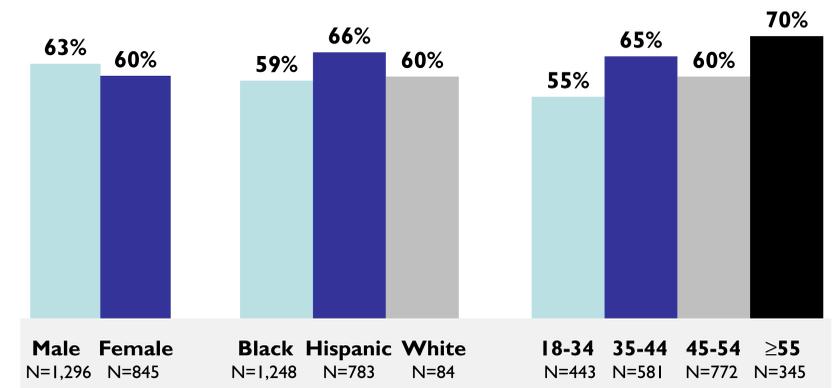
## Results

Figure 2. NYC DOHMH-administered HOPWA HIV care cascade, 2011



Data reported to NYC DOHMH by September 30, 2012.

Figure 3. Successful completion of HIV care cascade among NYC DOHMH-administered HOPWA clients, by demographic subgroup, 2011



## Discussion

Merges of programmatic with surveillance and/or administrative data can enhance program evaluation.

- HIV surveillance data represent the “gold standard” for laboratory data reporting, and are more complete than client self-reports to service providers.
- Surveillance data can be supplemented by programmatic data, filling in gaps on elements such as co-occurring conditions, social factors, and services.
- Through the maintenance of both the HSR and HIV services programs in NYC, the NYC DOHMH is uniquely poised to merge databases within a secure environment, generating a robust database for evaluation of HIV services programs.

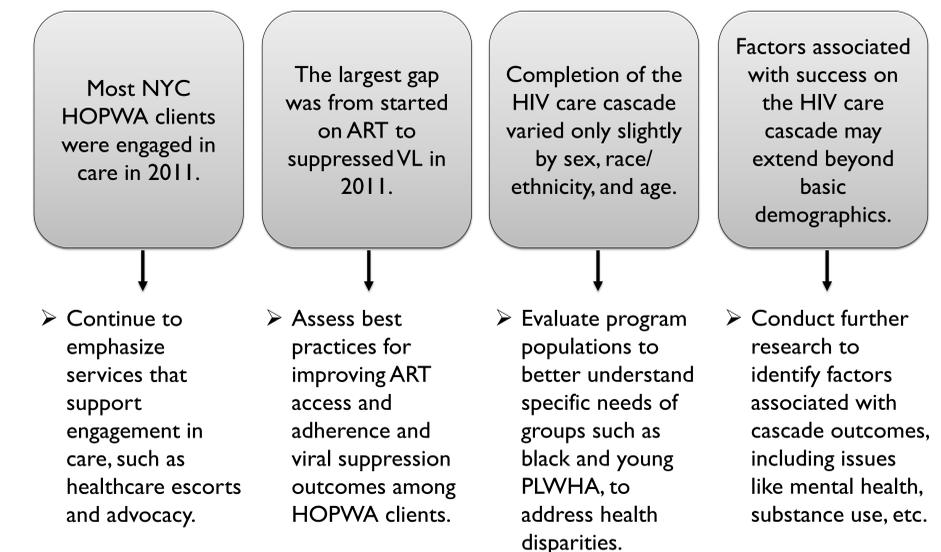
A graphical depiction of success through various stages of a system or process can play an important role in program evaluation.

- Rather than assessing one stand-alone metric at a time, the ability to view success along a continuum allows a program to track the progress of participants toward a common goal, and also to evaluate gaps in the outcome achievements.
- Data can be manipulated to further examine successes and gaps by specific subgroups, such as vulnerable sociodemographic groups.
- The HIV care cascade combines elements of the HIV health care system, HIV disease progression, and HIV service program goals.

Application of a national tool at the level of individual jurisdictions or programs can focus local policy and program development.

- Local program leaders can use these tools in conversations with national policymakers and funders, to inform future program development.
- Such tools can also be used locally to benchmark against national results, and to further identify issues within a specific population.

## Key Lessons Learned and Action Items



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