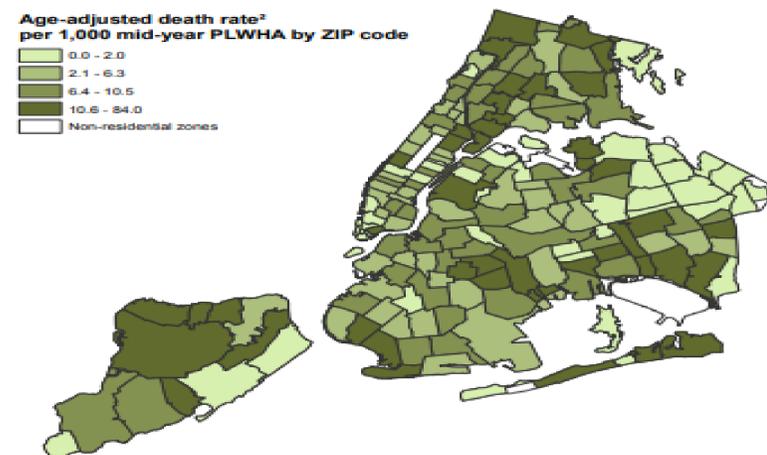


## Introduction

Advances in HIV prevention, care, & treatment have led to substantial decreases in HIV-related mortality in New York City (NYC). Despite these successes, premature HIV-related deaths are not equally distributed & continue to disproportionately affect some demographic & geographic sub-groups. *Getting to Zero* AIDS-related deaths is a core component of New York State's blueprint to End the Epidemic. In 2016, there were 1,403 deaths reported among people with HIV:

- Black & Latinx people living with HIV (PLWH) represented more than 84% of all HIV deaths.
- Zip codes with high HIV diagnoses & death rates had some of the highest poverty rates.

**FIGURE 4.4: Age-adjusted death rates among people with HIV/AIDS, NYC 2016**



HIV Epidemiology and Field Services Program. *HIV Surveillance Annual Report, 2016*. NYC DOHMH: New York, NY. December 2017

## Evidence and Theory

The *Principles of Community Engagement*, developed by the US Department of Health and Human Services, emphasizes community engagement as a key component of public health improvement efforts. Advancing health equity is a principal goal of the NYC Department of Health and Mental Hygiene (DOHMH). To advance health equity, DOHMH considers community engagement as an essential component of program planning, implementation, & evaluation.

## Description of Program Activities

DOHMH used two approaches to engage Ryan White Part-A (RWPA) funded HIV service providers & other relevant stakeholders in addressing premature death among PLWH in NYC.

1. Annual provider meetings: DOHMH brings RWPA-funded HIV service providers together every year to share relevant information & promote peer learning. In 2017, service providers came together to examine surveillance & program data on early deaths among PLWH in NYC & discuss root causes & opportunities for intervention.
2. Power of QI: DOHMH holds an annual conference on quality improvement (QI) for RWPA-funded HIV service providers, PLWH who use HIV services, and other stakeholders throughout the HIV-service system. At the 2017 conference, DOHMH facilitated an interactive, workshop to review mortality data, discuss root causes for disparities in mortality rates among PLWH, & draft strategies for addressing premature death in five areas: substance use, diabetes, smoking, pregnancy, & mental health.



**TURNING THE CORNER**

THE POWER OF QUALITY IMPROVEMENT  
RYAN WHITE PART A SERVICES

NOVEMBER 16, 2017 - NEW YORK UNIVERSITY KIMMEL CENTER

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Photo credit: Ernesto Ragaz

## Discussion

During 2017 provider meetings, RWPA-funded service providers reviewed data about deaths among PLWH, in general, & among RWPA participants. Among the root causes they explored were stigma, co-morbidities, socioeconomic factors.

Drawing on lessons learned from provider meetings, DOHMH designed an interactive workshop for the Power of QI conference to address disparities in mortality among PLWH in NYC:

- Over 55 HIV service providers, consumers of HIV services, & other stakeholders participated in the workshop.
- Drawing on their lived experiences with HIV and/or serving PLWH, they developed strategies & interventions targeting factors associated with premature death with an emphasis on how to recognize vulnerable PLWH within the community.
- This project demonstrates how a large public health department may engage key stakeholders in the local community in the work of ending the HIV epidemic through interactive strategies that target root causes.

## Recommendations for Practice

Addressing health disparities requires the engagement of community stakeholders. Public health departments should seek out opportunities to meaningfully collaborate with providers, consumers of services, & other community members to develop interdisciplinary strategies that address root causes of public health challenges.

## Acknowledgements

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