

“Getting to 90” by “actioning the data”: A health department – service agency initiative to improve viral suppression rates among HIV-positive housing consumers in New York City

Ellen Wiewel¹, Christopher Beattie¹, Yaoyu Zhong¹, Raquel Silverio¹, Eleonora Jimenez-Levi¹, Xiomara Farquhar,¹ Joanne Hsu¹, Jesse Thomas², John Rojas¹
¹Division of Disease Control, New York City Department of Health and Mental Hygiene, New York, NY
²RDE Systems Support Group, LLC, Little Falls, NJ

Contact:
 Ellen Weiss Wiewel, DrPH, MHS
 Director of Research and Evaluation
 Housing Services Unit, Division of
 Disease Control
 New York City Department of
 Health and Mental Hygiene
 ewiewel@health.nyc.gov

Introduction

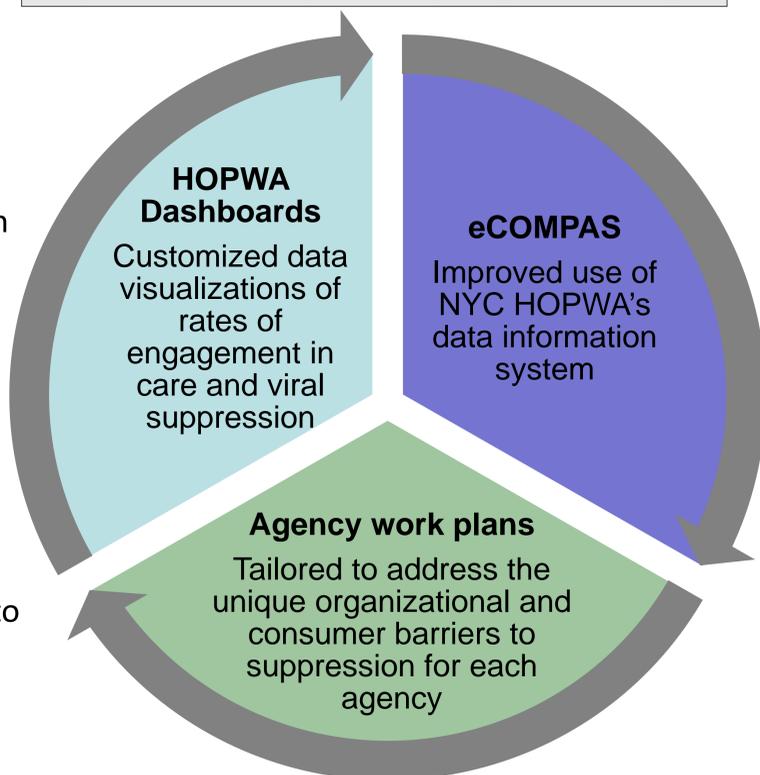
- More than one-third of New York City’s (NYC) persons with HIV (PWH) receive subsidized housing assistance, but many remain virally unsuppressed.
- The *Getting to 90* initiative was developed by the NYC Department of Health and Mental Hygiene (DOHMH) to address barriers to viral suppression among consumers of HIV housing agencies funded by the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program.

Description

- Getting to 90 was launched in August 2016 across 14 agencies by establishing a 90% suppression goal, improving data quality, and delivering technical assistance.
- Participating agencies created tailored work plans to address barriers to viral suppression among their HOPWA consumers.
- Consumer viral load results were entered into eCOMPAS, the largest HOPWA data information system in the country.

- The DOHMH provided care and viral suppression dashboards to agencies, documenting their progress in each quarter of the year-long initiative, along with technical assistance and monitoring calls.
- eCOMPAS was also enhanced to streamline and facilitate data entry efforts.

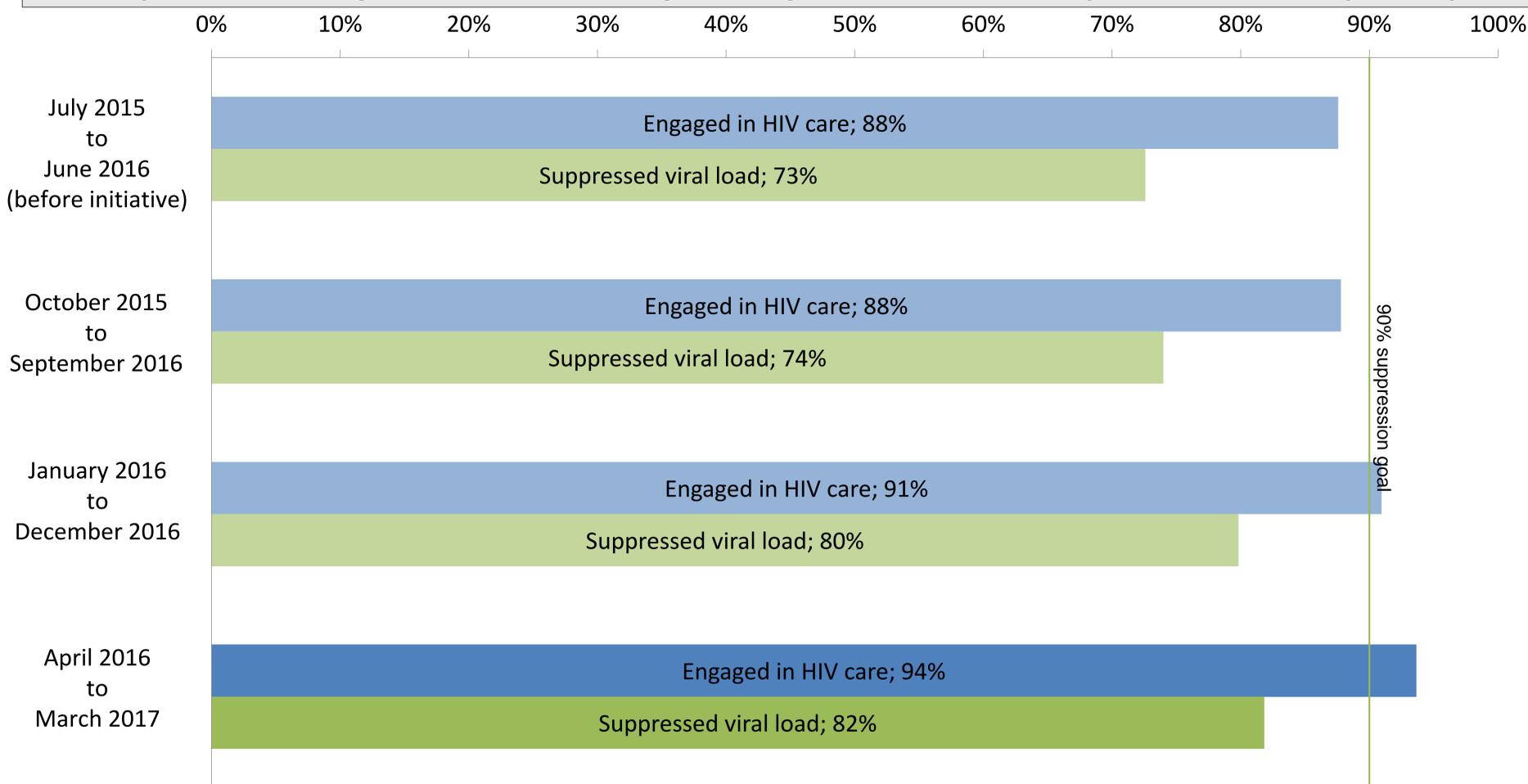
Figure 1. Getting to 90 program design



Lessons Learned

- Documented viral suppression among HOPWA consumers has steadily increased, from 73% pre-initiative to 82% (Figure 2).
- Agencies identified both organizational and consumer barriers to suppression, including low staff knowledge, consumer reluctance, and treatment adherence barriers.
- Most common consumer-specific strategies were individual and group sessions on viral suppression, and medical escorts.

Figure 2. Documented engagement in care and viral suppression rates among HIV-positive housing consumers at *Getting to 90* agencies, in 12-month periods assessed quarterly*



*This figure, showing overall data, closely resembles the tailored dashboards that agencies received on a quarterly basis to monitor their progress. Consumers meeting the eligibility criteria of 90 days of enrollment and ≥1 service within a given 12-month period ranged from 913 to 942. Care engagement was defined as any VL or CD4 in the 12-month period, and viral suppression was defined as the last VL result in the last 12 months being ≤200 copies/mL. Documented data was extracted from eCOMPAS and included both self-reported and, when available, verified laboratory test results.

Recommendations

- Local health departments can play an important role in providing data and technical assistance to agencies responsible for providing services and increasing suppression among PWH.
- An intervention “actioning the data” to monitor clinical health outcomes for PWH can motivate HIV housing agencies to address organizational and individual barriers to viral suppression.

