**BACKGROUND**

The Undetectables Viral Load Suppression Program is a client-centered model that employs innovative superhero-themed, anti-stigma social marketing and a toolkit of evidence-based ART adherence strategies to support adherence and viral load suppression (VLS) among vulnerable populations.

**PROGRAM DESCRIPTION**

The Undetectables was developed and piloted by Housing Works, a community-based organization (CBO) in NYC, beginning in 2014. The program supports PLWH experiencing barriers to ART adherence (e.g., food insufficiency, housing instability, mental illness, history of trauma). Clinicians, care managers, and clients collaboratively develop a care plan including strategies from The Undetectables Toolkit to address each client’s individual needs. For more information, visit [www-liveundetectable.org](http://www-liveundetectable.org).

The NYC Health Department and Housing Works convened stakeholders in mid-2015 to explore scale-up. In July 2016, over $1.5M in City-generated funding was awarded to seven agencies. Implementation began in January 2017 by integrating The Undetectables into existing HIV care management programs.

### LESSONS LEARNED

<table>
<thead>
<tr>
<th>PARTICIPANT CHARACTERISTICS</th>
<th>OUTCOMES</th>
<th>SUCCESSES</th>
<th>CHALLENGES</th>
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</thead>
<tbody>
<tr>
<td>As of December 2019: 2,893 individuals have enrolled in The Undetectables VLS Program.</td>
<td>As of December 31, 2019, among enrolled clients engaged in care* (n=2,311), 88.7% were virally suppressed</td>
<td>Strong geographic coverage with 17 program sites in Bronx, Brooklyn, Queens, and Manhattan zip codes with high HIV prevalence</td>
<td>Integrating The Undetectables into a range of existing HIV care management models</td>
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<tr>
<td>Characteristic % of Participants</td>
<td></td>
<td>Among clients enrolled the entire 2018-19 grant year (n=1,185), 76.7% demonstrated evidence of durable viral suppression**</td>
<td>Scaling up in diverse settings across NYC: CBOs, community health centers, hospitals, and CBO/hospital partnerships</td>
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<tr>
<td>Gender</td>
<td>65.7% Cisgender Men; 26.8% Cisgender Women; 6.0% Transgender Women</td>
<td></td>
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<tr>
<td>Race/Ethnicity</td>
<td>57.5% Black; 31.6% Latino</td>
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<tr>
<td>Age</td>
<td>56.5% ages 40-64 years</td>
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<tr>
<td>Barriers to adherence at enrollment</td>
<td>83.0% Income below FPL; 39.3% Food Insufficiency; 31.1% Unstable housing; 23.8% Mental health symptoms; 12.8% Recent substance use</td>
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</table>

### RECOMMENDATIONS

Based on implementation experience and study of existing research on financial incentives, recommendations include:

- Identify essential vs. recommended program components
- Build organization-wide support
- Leverage existing HIV care management resources
  - Integrate program into HIV care management models (e.g., RWPA Care Coordination, Medicaid Health Homes, RWBP Retention and Adherence Program)
- Package financial incentives with other evidence-based strategies
- Determine incentive structure (e.g., frequency, value) using existing research, clinical experience, and community input
- Deliver program to individuals with barriers to adherence
  - Do not exclude people who have achieved VLS but continue to face barriers
- Plan for sustainability because many barriers to adherence and VLS are chronic and/or structural

### CONCLUSIONS

Interventions that support durable viral load suppression are needed for individual health, to prevent new HIV infections, and to advance health equity. The Undetectables scale-up provides a blueprint for local governments and community-based organization partners to bring promising interventions to scale.

### ACKNOWLEDGEMENTS

We would like to thank The Undetectables Program service providers and the Viral Load Suppression Learning Lab Consortium.

**REFERENCES**


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*Engaged in care: having 2 viral load tests at least 90 days apart during a period of interest

**Evidence of durable viral load suppression: having no unsuppressed viral loads within a 12-month period.