mortality

noun: mortality; plural noun: mortalities

1. the state of being subject to death
"the work is increasingly haunted by thoughts of mortality"
synonyms: impermanence, transience, ephemerality, perishability

2. death, especially on a large scale.
"the causes of mortality among infants and young children"
synonyms: death, loss of life, dying
INTRODUCTION
Agenda

■ Introduction
■ Background / Update
■ Activity Introduction
■ Activity
■ Summation of tables and Discussion
■ Winners
■ Closing
MORTALITY AMONG NEW YORK’S RYAN WHITE PART A CLIENTS: PRELIMINARY ANALYSIS

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Background

- With improvements in treatment with HIV medicines (antiretroviral therapy) and patients remaining connected to medical care (retention in care), HIV-related deaths have decreased, but not evenly among PLWH\(^1,2\)

- RWPA clients in the NY EMA include many of the subgroups that have poorer health outcomes, despite wide availability of effective treatment\(^2\)

- Getting to zero AIDS-related deaths in New York State is an important part of the Ending the Epidemic effort

Aims

■ Compare the death rate among RWPA clients in NY to the death rate among PLWH in NYC, overall
■ Examine characteristics and service received among deceased and living RWPA clients to help identify those at risk of death and to better inform service delivery
Methods/Study population

Clients enrolled in at least one long term RWPA service category from 2013 – 2015 (N= 9563)

Clients closed as deceased in eSHARE from 2013 - 2015 (N= 455)

Deceased clients with activity in a long-term service category in the year prior to death (N= 448)

Clients who received their last service from 2013 – 2015 and were not closed as deceased (N= 9108)

Clients with activity in a long-term service category in the year prior to exiting RWPA (N= 8758)
Characteristics we looked at

- Within the year prior to death (deceased group) or exit from RWPA program (comparison group)
  - Percent of the federal poverty level (FPL)
  - Insurance status and type
  - Housing status
  - ARV prescription
  - HIV status
  - Incarceration history
  - Activity in a long-term RWPA service category

- Ever had a certain characteristic
  - HIV risk factor
  - Incarceration history
  - Hepatitis C, diabetes, heart condition, depression, anxiety
  - Hard drug use

- Most recent data in eSHARE
  - Gender
  - Age
  - Race/ethnicity
  - Borough of Residence
  - Education level
  - Country of birth
Results

- The average annual mortality rate among RWPA clients in this study was 10.9 deaths per 1,000 compared to 10.2 deaths per 1,000 among PLWH in NYC.
- RWPA clients who reported having Hepatitis C or an AIDS diagnosis were more likely to have died.
- More deceased clients were born in the United States: 75.4% of deceased clients vs. 68.5% of living clients who exited RWPA were born in the United States.
- Clients active in Care Coordination, Food and Nutrition, or Mental Health were more likely to have died.
Limitations

- Clients may have been deceased but their deaths were not known or reported in eSHARE
- Data in eSHARE may not always be complete
- Clients could have received services outside of RWPA or in RWPA service categories not looked at in this analysis
- Did not have data on certain variables that may affect results, e.g., risk of injury/violence or severity of non-HIV illnesses
Next steps
Reminder: Data presentation and publication requirements

- Before using any of these data for publication or other products for public dissemination, remember to contact your PHS Contract Manager and DOHMH Quality Management Specialist with a specific proposal/request for this purpose.
What you said...

- Hypertension
- Cancer
- CVD
- Maternal Health
- Hepatitis
- Mental health
- Substance use
- Smoking
- Violence
- Stress

- Fear/Avoidance of care and service systems Stigma / Discrimination
- Adherence (Structural / Psychosocial)
- Clinician resistance (Addressing co-morbidities / HR / Patient navigation)

- Staff turnover
- Agency level data
- Materials
- Referral systems
- Markers for clients using multiple services

- Stable Housing
- Transportation
- Social Support
- Comprehensive health education
- Mental health issues/services
- Seniors living with HIV
ACTIVITY
Amanda and Kaity
Activity

- Using risk factors captured from the provider meeting, groups will be organized in tables representing causes of death.

- Tables will:
  - Break into the color of the sticker you received
  - Draw from the hat
  - Topic ice breaker and summary of risk factor
  - Discuss root causes
  - Discuss and create strategies / interventions that could curb mortality

- Groups will present ideas

- Groups will choose best ideas for a fun prize
DISCUSSION
WINNERS!!!
We have a winner!
Conclusion

- Due to better HIV medications (ART) PLWHA are living longer and having to manage other chronic diseases that come with age
- PLWHA are living longer and having to manage other chronic diseases that come with age
- Understanding patterns and recognizing clients at risk will help inform service delivery
- Identifying points of intervention and creating effective strategies that target the root causes is crucial
- Closing Circle
Thank your for listening and participating!