The Power of Quality Improvement: Turning the Corner
Welcome

Graham Harriman
Director of Care and Treatment
New York City Department of Health and Mental NYCDOHMH
Power of Quality Improvement

• Reinforces NYC’s approach to the status neutral HIV prevention and treatment cycle by promoting improvement along the care continuum.

• Purpose: provide a forum for peer learning and to support continued improvement efforts among Part A-funded programs.

• New addition to QI conference format
  – Interactive workshops
    • PC consumer committee: The Consumer Solar System
    • Accessibility in RWPA programs
    • Addressing premature death among PLWH
Agenda

09:00 - 09:30 Introductory Remarks
   Graham Harriman, MA, Director of Care and Treatment, NYCDOHMH

09:30 - 10:15 Plenary Presentation
   Demetre Daskalakis, MD, MPH, Deputy Commissioner, NYCDOHMH

10:15 - 10:30 Morning Break

10:30 - 12:00 Concurrent Morning Workshops I
   1. The Consumer Solar System
   2. Innovative Approaches to Enhancing Programs
   3. Improving Engagement in RWPA Programs
   4. Approaches to Systemic Improvement

12:00 - 1:00 Poster Presentations and Lunch

1:15 - 2:30 Concurrent Afternoon Workshops
   1. DOHMH Workshop-Accessibility in RWPA Programs
   2. Optimizing Data Sources for Quality Improvement
   3. DOHMH Workshop-Factors in Premature Deaths

2:30 - 3:00 Poster Award Presentations
   Graham Harriman/Jennifer Carmona, NYCDOHMH

#PLAYSUE
Key Notes Among RWHAP Part A clients served in NYC in 2016

- Viral suppression rates were low among those aged 20-29.
- Racial/ethnic disparity in viral suppression rates persists: 73% of Black clients were virally suppressed, compared to 77% of Latinos, 82% of Whites, and 90% of Asian/Pacific Islanders. This disparity was in spite of similar rates of retention and ART use across racial/ethnic groups.
- Among transgender women, viral suppression rates were lower for transgender Black and White women (60% and 71%, respectively) than for transgender Latino women (81%).

Sources: ART use: NYC DOHMH, Medical Monitoring Project (MMP), 2016; All other: NYS DOH, Bureau of HIV/AIDS Epidemiology, data as of 09/03/17.
### Ryan White Part A Quality Management

<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
<th>IMPACT</th>
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<tbody>
<tr>
<td>DOHMH QM &amp; TA Team</td>
<td>TA in Program Implementation &amp; QM</td>
<td>Improve Capacity of Part A Subgrantees to Meet the Needs of PLWHA</td>
<td>Decreased HIV-related Morbidity</td>
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<td>DOHMH REU Staff</td>
<td>Data Analysis</td>
<td>Improve Quality of Part A Services</td>
<td>Decreased HIV-related Mortality</td>
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<td>NYS AI Staff</td>
<td>Peer Learning</td>
<td>Improve Continuity of Part A Services Across the EMA</td>
<td>Decreased HIV Incidence</td>
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<td>Planning Council</td>
<td>QM Planning &amp; Implementation</td>
<td>Improve Utilization of Part A Services</td>
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<td>PHS-CAMS</td>
<td>Fiscal &amp; Contract Monitoring</td>
<td>Reduce Gaps in HIV Care Continuum</td>
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**GOAL**: Ensure access to high quality care & services among PLWHA in NY EMA to support engagement & retention in care & viral load suppression.
Agency Level Viral Load Suppression Reports (AVSR)

• Surveillance-based “snapshot” to help providers understand viral suppression among their RWPA clients, compare results between years and between their RWPA clients and RWPA in NYC overall.

• All RWPA-funded programs contribute to helping PLWH remain engaged in care and adherent to treatment in order to achieve viral suppression and better health.

• RWPA-funded programs may find it helpful to reflect upon the ways they help those they serve realize improved health outcomes.
The blue bar represents all eligible RWPA agency clients who were classified as VS in that year.

The green bar represents all eligible NYC RWPA agency clients who were classified as VS in that year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Agency</th>
<th>Ryan White</th>
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<tbody>
<tr>
<td>2015</td>
<td>74.7%</td>
<td>66.5%</td>
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<tr>
<td></td>
<td>Suppressed: 608</td>
<td>Suppressed: 10,988</td>
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<tr>
<td></td>
<td>Eligible: 814</td>
<td>Eligible: 16,532</td>
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<tr>
<td></td>
<td>74.4%</td>
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<tr>
<td></td>
<td>Suppressed: 10,535</td>
<td>Eligible: 14,160</td>
</tr>
<tr>
<td>2015</td>
<td>76.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suppressed: 634</td>
<td>Eligible: 15,049</td>
</tr>
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</table>

Note: Percent suppressed is calculated as: 

\[
\text{Percent Suppressed} = \left( \frac{\text{Suppressed}}{\text{Eligible}} \right) \times 100
\]

Prepared March 2017 by the HIV Care and Treatment Research and Evaluation Unit with data reported to the New York City Department of Health and Mental Hygiene by October 31, 2016.

Eligible patients included clients enrolled in at least one RWPA-funded program for at least one day and receiving at least one service within the calendar year.

Viral suppression is defined as having a viral load test result ≤200 copies/mL at the latest-dated viral load test in the year.
NY EMA Quality Management Plan

• Quality Management Plan
  – Process of updating to reflect changes to the QM service model, goals and oversight structure
  – The purpose is to guide RWPA QM programs and related activities.
  – ETA: March

• NY EMA Quality Management Program Committee
  – Members
    • NYCDOHMH
    • Planning Council
    • Consumers
    • PHS
    • NYSDOH AI
Power Of QI: Turning the Corner

Demetre Daskalakis, MD, MPH,
Deputy Commissioner, Disease Control
New York City Department of Health and Mental Hygiene
The New York City EtE Plan: Strategies to Address Disparities

1. Transform Sexual Health Clinics into:
   a. “Destination Clinics” for Sexual Health Services
   b. Efficient Hubs for HIV Treatment and Prevention
2. Launch PrEP and Repair the nPEP Delivery System
4. Take NYC Viral Suppression from Good to Excellent
5. Make NYC Status Neutral
Transform NYC STD Clinics into “Destination Clinics” for Sexual Health Services
Why the STD Clinics Matter for HIV

HIV POSITIVE

10% of new HIV in NYC diagnosed there

20% of NYC Acute HIV diagnosed there

Safety net for some PLWHAs not connected to care

Existing models of immediate ARV starts for newly diagnosed ideal for this setting

Data support treatment is prevention

STD clinics with proven track record for connection to care
STD Clinics Are the Front Line of HIV

NYC HIV Incidence Studies:

• 1 in 42 MSM attending NYC STD Clinics were diagnosed with HIV within a year\(^1\)
• 1 in 20 MSM diagnosed with P&S Syphilis in NYC were diagnosed with HIV within a year\(^2\)
• 1 in 15 MSM diagnosed w/ anorectal chlamydia/gonorrhea in NYC STD Clinics were diagnosed with HIV within a year\(^3\)

\(^{1}\) Pathela P, *AIDS Behav*. 2016 [Epub ahead of print]
Chelsea Clinic Closure: Friction Sometimes Lights a Fire

Important Notice:
Saturday, March 21, 2015 is the last day to get services at the Chelsea STD Clinic. Starting Tuesday, March 31, services will be available at the Riverside STD Clinic on the Upper West Side.

- The Chelsea STD Clinic at 303 9th Ave. is closing for major, long-term building renovations.
- Services will move to the Riverside STD Clinic, 160 West 100th St. (between Amsterdam and Columbus Aves.), and will be available starting Tuesday, March 31. Hours of operation will not change.
- To find other Health Department STD clinics, visit nyc.gov/health or call 311. For public transportation information, visit www.mta.info or call 511.

Aviso importante:
El sábado 21 de marzo de 2015 es el último día para obtener servicios en la clínica de ETS de Chelsea. A partir del martes 31 de marzo, los servicios estarán disponibles en la clínica de ETS de Riverside en Upper West Side.

- La clínica de ETS de Chelsea, ubicada en 303 9th Avenue cerrará por renovaciones mayores de largo plazo en el edificio.
- Los servicios se pasarán a la clínica de ETS de Riverside, 160 West 100th St. (entre Amsterdam Ave. y Columbus Ave.) y estarán disponibles a partir del martes 31 de marzo. El horario de atención será el mismo.
- Para encontrar otras clínicas de ETS del Departamento de Salud, visite nyc.gov/health o llame al 311. Para obtener información sobre el transporte público, visite www.mta.info o llame al 511.

重要通知：
2015年3月21日是切爾西STD診所（Chelsea STD Clinic）提供的最後一天。從3月31日開始，將於上西城的河濱STD診所提供服務。

- 位於303 9th Avenue的切爾西STD診所因重大長久翻新關閉。
- 服務地點將遷至河濱STD診所，地址：160 West 100th St.（位於Amsterdam Ave.與Columbus Ave.之間），將從3月31日開始提供服務。上班時間將維持不變。
- 若要搜尋其他衛生局STD診所，請造訪nyc.gov/health或電話311。關於大眾運輸系統資訊，請造訪www.mta.info或電話511。

#PLAYSURE
Expanded Services and Hours will Make Sexual Health Clinics Destination Clinics

- Expand hours and triage to improve access
  - M-F schedule for all clinics; Saturdays, select clinics
  - Triage Nurses at ALL clinics
- Restore screening services for asymptomatic clients
- Modernize STD diagnostics
  - HSV testing, Hepatitis C, Trichomonas testing
- Enhance HPV-related services
  - Anal/cervical screening (PAPs)
  - Colposcopy
  - High Resolution Anoscopy
  - HPV vaccines
- Quick Start contraceptives for women
- Creation of new “Welcome to the Clinic” video

NYC Health
Reported primary and secondary syphilis cases among all males, by reporting healthcare facility, NYC, 2015

Legend
Infections per Healthcare Facility
- 1 - 15
- 16 - 54
- 55 - 135
Infections per Sexual Health Clinic
- 1 - 15
- 16 - 54
- 55 - 135

Prepared by: Bureau of STD Control, NYC Department of Health and Mental Hygiene (Jenna Slutzker, 04-20-2017)
Data sources: STD Control Surveillance Data
Reported primary and secondary syphilis cases among white non-Hispanic males, by reporting healthcare facility, NYC, 2015

Legend
Infections per Healthcare Facility
- 1 - 15
- 16 - 54
- 55 - 135
Infections per Sexual Health Clinic
- 1 - 15
- 16 - 54
- 55 - 135

Prepared by: Bureau of STD Control, NYC Department of Health and Mental Hygiene (Donna Hotsicker, 04.30.2017)
Data sources: STD Control Surveillance Data

#PLAYSURE
Reported primary and secondary syphilis cases among males of color, by reporting healthcare facility, NYC, 2015

Legend

Infections per Healthcare Facility
- 1 - 15
- 16 - 54
- 55 - 135

Infections per Sexual Health Clinic
- 1 - 15
- 16 - 54
- 55 - 135

Prepared by: Bureau of STD Control, NYC Department of Health and Mental Hygiene (E. Stolaker, 04-20-2017)
Data sources: STD Control Surveillance Data
Note 1: Includes Hispanic, Asian, Black, and Other males
Make NYC Sexual Health Clinics Efficient Hubs for HIV Treatment and Prevention
State of the Art HIV Interventions in Sexual Health Clinics

BIOMEDICAL EVALUATION AND INTERVENTION:
INSTANT STARTS OF ARV TREATMENT AND PREVENTION

SOCIAL WORK ASSESSMENT FOR SOCIAL DETERMINANTS OF RISK OR DISEASE PROGRESSION + INSURANCE CONNECTION

NAVIGATION TO LONGITUDINAL CARE FOR BOTH HIV NEGATIVE AND POSITIVE CLIENTS
NYC Sexual Health Centers are HIV Hubs!!

**PrEP Navigation**
Launched 10/31/16
ALL CLINICS
Over 4,700 Encounters

**PEP 28**
Started 10/31/16
ALL CLINICS
1,172 Patients
59% Black/Latinx

**“JumpstART”**
Launched 11/23/16
STARTED IN ONE CLINIC
SEVEN MORE NOW ON BOARD
193 JumpstARTs
69% Black/Latinx

**PrEP Initiation**
Started 12/22/16
STARTED IN ONE CLINIC
NOW AT 5th CLINIC
641 PrEP Starts
58% Black/Latinx

#PLAYSURE
Launch PrEP and Repair the nPEP Delivery System
STD PrEP Program
People started on PrEP in STD clinics will be referred into the PlaySure Network or to other NYC PrEP providers.
HIV Prevention Continuum in NYC

Sexual Health Survey, Spring 2016
Aggregate Online and In-person Sample
(n=677)

PrEP Candidate†‡ 100%
Provider visit, past 6 months 83%
Sexual hx and provider visit,^ past 6 months 69%
Discussed PrEP with provider, past 6 months 53%
On PrEP, past 6 months 30%

*Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status
†PrEP candidates defined as reporting diagnosis of an anal STI in the past year or any of the following in the previous 6 months: unprotected anal intercourse, transactional sex, use of cocaine, crack, methamphetamines, or injection drugs, using PEP or having had an HIV-positive partner. Definition mirrors NYS PrEP guidance. ‡PrEP candidates represent 83% of all HIV-negative respondents. ^Sexual history ever taken by a provider visited in past 6 months


#PLAYSURE
Fix nPEP Delivery in NYC

**24 HR PEP LINE**
- Clinician Staffed
- Free Starter Packs prescribed without a visit at a 24h pharmacy
- Link to PEP Center next business day

**PEP CENTERS OF EXCELLENCE**
- Urgent Care Model
- Immediate Starts Regardless of Insurance status
- PrEP Linkage

#PLAYSURE
Support Priority Populations Using Novel Strategies
Support for Grassroots Transgender Led and Focused Organizations

HEALTH TIPS
for Trans Men and People of Trans-Masculine Experience

Take Pride, TAKE CARE
Tips for Transgender Women's Health

#PLAYSURE
Address Gaps in Methamphetamine Services

DO YOU NEED A RE-CHARGE?

WANT TO LEARN HOW TO USE CRYSTAL METH SAFELY?

Recharge is an open, sex-positive, safe space. Come in and learn about safer crystal meth use and explore a strategy that works for you.

Re-Charge occurs every Tuesday and Thursday.

TUESDAYS 5-8pm
GMHC
446 West 33rd Street
New York, NY 10001

THURSDAYS 4-7pm
PHP / Housing Works
301 West 37th St #3,
New York, NY 10018

Visit http://recharge.support for more info.

#PLAYSURE

NYC Health
Improve Health Equity for LGBTQ People

- Support of a New LGBTQ Health Equity Coalition
- Provide continuing medical education efforts to improve care of LGBTQ people in NYC
- Launch the interactive NYC LGBTQ Healthcare Bill of Rights
Bare it all

If you’re not comfortable with your doctor, we can help.
Call 311 or visit nyc.gov/health/LGBTQ to find an LGBTQ-knowledgeable doctor near you.

#PLAYSURE

Staying healthy starts with telling your doctor EVERYTHING. That includes discussing your sex life and drug use.

Dr. Demetre, Queer Health Warrior

Muéstrate al desnudo

Para mantenerte saludable, es necesario que le cuentes TODO a tu médico, incluyendo sobre tu vida sexual y consumo de drogas.

Si no te sientes cómodo con tu médico, te podemos ayudar.
Llama al 311 o visita nyc.gov/health/LGBTQ para encontrar cerca a un médico familiarizado con la comunidad LGBTQ.
Move NYC Viral Suppression from Good to Excellent
Models say Treatment=Prevention

- No intervention
- ART CD4+ when count <350 cells per μL
- Universal voluntary HIV testing and immediate ART

#PLAYSURE
Surveillance Says
Treatment = Prevention


Number of New HIV/AIDS Diagnoses and Deaths

- New AIDS Diagnoses
- HIV-Related Deaths
- Reported People Living with AIDS

Number of Reported PLWHA

- Reported People Living with HIV (non-AIDS)
- New HIV Diagnoses

Key Events:
- AIDS case reporting mandated by NYS
- CDC AIDS case definition (23 OIs) implemented
- HIV-related cause of death reporting begins
- AIDS case definition expanded (CD4 <200, 26 OIs)
- HAART introduced
- NYS HIV reporting law takes effect
- NYS expands AIDS reporting to include HIV
- HIV surveillance expands to include all HIV-related laboratory reports
- NYS mandates routine offer of HIV test
- ART for all PLWHA recommended
- PLWHA = People living with HIV/AIDS

*Cause of death for 2015 deaths is incomplete

#PLAYSURE

NYC Health
Studies say Treatment=Prevention

Partner Infections (ITT)

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<tr>
<td></td>
<td>PY f/u</td>
<td>Linked partner</td>
<td>PY f/u</td>
</tr>
<tr>
<td>Total</td>
<td>3432</td>
<td>46 (1.32)</td>
<td>5012</td>
</tr>
<tr>
<td>Early arm</td>
<td>1751</td>
<td>4 (0.23)</td>
<td>2553</td>
</tr>
<tr>
<td>Delayed arm</td>
<td>1731</td>
<td>42 (2.43)</td>
<td>2448</td>
</tr>
<tr>
<td>Rate ratio</td>
<td>0.09</td>
<td>0.03</td>
<td>0.56</td>
</tr>
<tr>
<td>Risk reduction</td>
<td>91%</td>
<td>97%</td>
<td>14%</td>
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HIV incidence

- In subgroup analyses, similarly high HIV protection was seen for:
  - Men (97% p=0.0001)
  - Women (93% p=0.0001)
  - Those in which the HIV partner was <25 years of age (95% p=0.0001)
  - Couples in which the HIV+ partner had a plasma viral load ≥50,000 copies/mL (95% p=0.0001)

N=83 infections incidence = 4.0
(N95 CI:3.1-5.4)

55% reduction (95% CI 87-98%)
P<0.0001

N=4 infections incidence = 0.2
(95% CI:0.0-0.6)

Linked trans-missions (n):

Overall 0
Any CLAI 0
Any CLAI, no daily PrEP 0
Insertive CLAI 0
Receptive CLAI 0
UVL (VL <200) 0
VL >200 0
STI diagnosed 0
First 6 months ART 0

[HIV incidence by category of CLAI]
Experts say Treatment = Prevention

New York City Health Official Joins Global Leaders in Signing a Consensus Statement on the HIV/AIDS Epidemic's Most Groundbreaking Development in the Last Twenty Years
August 10, 2016
Dr. Demetre Daskalakis becomes the first U.S. Public Health Official to Conclude “Negligible Risk” of Transmission from a Person with HIV who is Undetectable.

*HIV/AIDS experts from the U.S., Australia, Denmark and Switzerland—including Dr. Demetre Daskalakis, Assistant Commissioner for the Bureau of HIV/AIDS at the New York City Health Department—endorsed a consensus statement concluding “negligible risk” of HIV transmission from a person with HIV who is on antiretroviral therapy (ART) and has had a consistently undetectable viral load for six months and beyond.

New York State Becomes the First State in the U.S. to join U=U
September 29, 2017
Today, the New York State Department of Health became the first state in the United States to join the U=U campaign. New York State DOH Commissioner Zucker issued “Dear Colleague Letters” detailing the historic development.

“Results from clinical trials on TaP are now sufficiently robust for global authorities on AIDS research and policy to support a message that individuals with a sustained undetectable viral load will not sexually transmit HIV, or “Undetectable equals Untransmittable (U=U). The framework of U=U offers many opportunities for improving care and quality of life for New Yorkers living with HIV. Consequently, the Department recognizes that it is more important than ever to make consumers, the public, and providers aware of the changing scientific evidence related to HIV.”

CDC: “Effectively No Risk” of Sexual HIV Transmission if Undetectable

#PLAYSURE

NYC Health
The Nay Sayers

• There is detectable virus in people’s genital fluids, so they could transmit HIV
• People have blips sometimes, so they can transmit HIV
• Someone with an undetectable viral load with an STI can transmit HIV
DATA OVER DOGMA

IT MAY FEEL COMFORTABLE TO AGREE WITH THE NAY SAYERS
BUT THE DATA DEMONSTRATE THAT

PEOPLE WITH CONSISTENT SUPPRESSION JUST DON’T TRANSMIT HIV
The Undetectables

- Scale up of Housing Works developed intervention
- Multi-domain strategy
  - Social
  - Medical
  - Behavioral
  - DOT and Beyond
- Use of financial incentives for suppression
Need for Support Services to Boost Health Outcomes

• Among HIV+ NY Ryan White Part A clients, specific conditions have been found to be associated with unsuppressed viral load:
  – Recent tobacco smoking\(^1\)
  – Use of crystal meth\(^2\)
  – Food insufficiency/insecurity (FI)\(^3\)

• In a longitudinal study of PLWH receiving medical/social services in NY:
  – Those whose FI was resolved via services were less likely to miss appointments, have detectable viral load or use acute care, vs. those who remained food insecure.\(^4\)
  – PLWH with unmet need for housing services were less likely to be retained in care.\(^5\)

\(^4\)Aidala et al. (2015). CHAIN 2012-3
Role of HIV Case Management/Care Coordination

• A study of 12-month engagement in care and viral suppression (comparing pre- to post-enrollment) among RWPA HIV Care Coordination Program (CCP) clients found significant improvements in both outcomes.¹

  – This early finding led to the CCP being listed as an evidence-informed intervention for retention in care, on the CDC Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention.

• CCP clients who quit hard drug use post-enrollment showed greater improvement in care engagement and clients obtaining stable housing post-enrollment showed greater improvement in viral suppression.²

Care Coordination Program Procurement

- The Request for Proposals for RWPA Care Coordination Program for NYC has been released (Solicitation #: 2017.11.HIV.03.01).

  RFP Release Date: November 8, 2017
  Pre-Proposal Conference & Webinar: November 28, 2017, 1pm-4pm
  Proposal Submission Deadline: January 8, 2018, 2pm

- For more information look at PHS website or email CareCoordRFP@healthsolutions.org
Make NYC Status Neutral
Why do providers of RWPA-funded services need to know about PEP, PrEP & Sexual Health?

- RWPA Providers are our partners in Ending the Epidemic
- Building on the RWPA system of care to embrace Status Neutral Approach to prevent new infections and achieve health equity
Prevention = Treatment

**PrEP**

**Protect yourself from HIV every day**

**PrEP** is a daily pill that can protect HIV-negative people if taken every day.

**New York Revamps Safe Sex**

**Big City**
By MARIA BELLAIFANTE  DEC. 18, 2015

In summer 2014, a 22-year-old black man who had recently been diagnosed with HIV walked into a clinic at Mount Sinai Hospital where he was seen by Daskalakis, an infectious disease specialist, who was the assistant commissioner for New York City’s H.I.V. prevention unit. The patient talked about his concerns about having a container of PrEP every day oversize to carry it. It nearly drowned him every day by the city. He asked for help to find medications.
Treatment = Prevention

UNDetectable UNInfectious

WE STAY SURE

HIV Treatment = Prevention

WE PLAY SURE

PreP + HIV Treatment + Condoms

#PLAYSURE
The HIV Neutral Continuum of Care
V 1.0

HIV CARE AND PREVENTION ARE THE SAME = GETTING TO HIV NEUTRAL

#PLAYSURE
NEW YORK CITY’S
HIV STATUS NEUTRAL
PREVENTION & TREATMENT CYCLE

People at risk of HIV exposure taking daily PrEP
and people with HIV with sustained viral load suppression do not acquire or transmit HIV.
Advancing Racial Equity and Social Justice at NYC DOHMH
Health Equity Is...

• Achieving the **highest level** of health for all people.

• No one is kept from reaching the highest level of health because of social position or social identities.

Job status  
Education  
Income  
Wealth  
Immigration status  
Incarceration history  
And others...

Race  
Gender Identity  
Ethnicity  
Sexual Orientation  
Ability  
Religion  
And others...

EQUALITY  EQUITY
Health Inequities – Differences in health outcomes that are **avoidable**, **unfair**, and **unjust**, and driven by **social factors**.
What creates health inequities?

Racism is...
- a *system* of power and oppression that:
  - structures opportunities and
  - assigns value
  *based on race*, unfairly disadvantaging people of color, while unfairly advantaging people who are White.

Race is...
- A socially constructed way of categorizing people based on observable physical features, such as skin color and ancestry
- No *scientific basis* for racial categories
What creates health inequities?

Data source: American Community Survey poverty data from 2010-2014

Data source: Population estimates 2014, BES
What Creates Health Inequities?

HIV/AIDS Deaths Rate per 100,000:
- 12.6 - 42.1
- Unpopulated areas

Diabetes Deaths Rate per 100,000:
- 20.9 - 33.8
- 33.9 - 52.7
- Unpopulated areas

Drug Hospitalizations Rate per 100,000:
- 727.2 - 1295.7
- 1266.8 - 3106.9
- Unpopulated areas
Injustice is bad for your health

There is no such thing as a single-issue struggle because we do not live single-issue lives.
– Audre Lorde

“The health inequities we see are the embodied expressions of social inequality. They are not about just individual bad choices: they are about things not being fair.”

Dr. Nancy Krieger
Harvard School of Public Health
Race to Justice Aims

*Racial equity and social justice are necessary to achieve our mission*

Promote racial equity and social justice, and build internal capacity, to improve health outcomes and close health inequities by:

- Building awareness and skills
- Examining impact of structural racism and other systems of oppression in institutional policies and practices
- Strengthening collaborations with NYC communities
Lessons Learned

• Dream big and take risks
• Realize that community advocates push government to a higher level of excellence
  • Work together to make a plan
  • Be honest and occasionally be blunt
  • Keep on it together
• HIV is the symptom not the disease
• Push to “status neutral”
Thank You!