



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



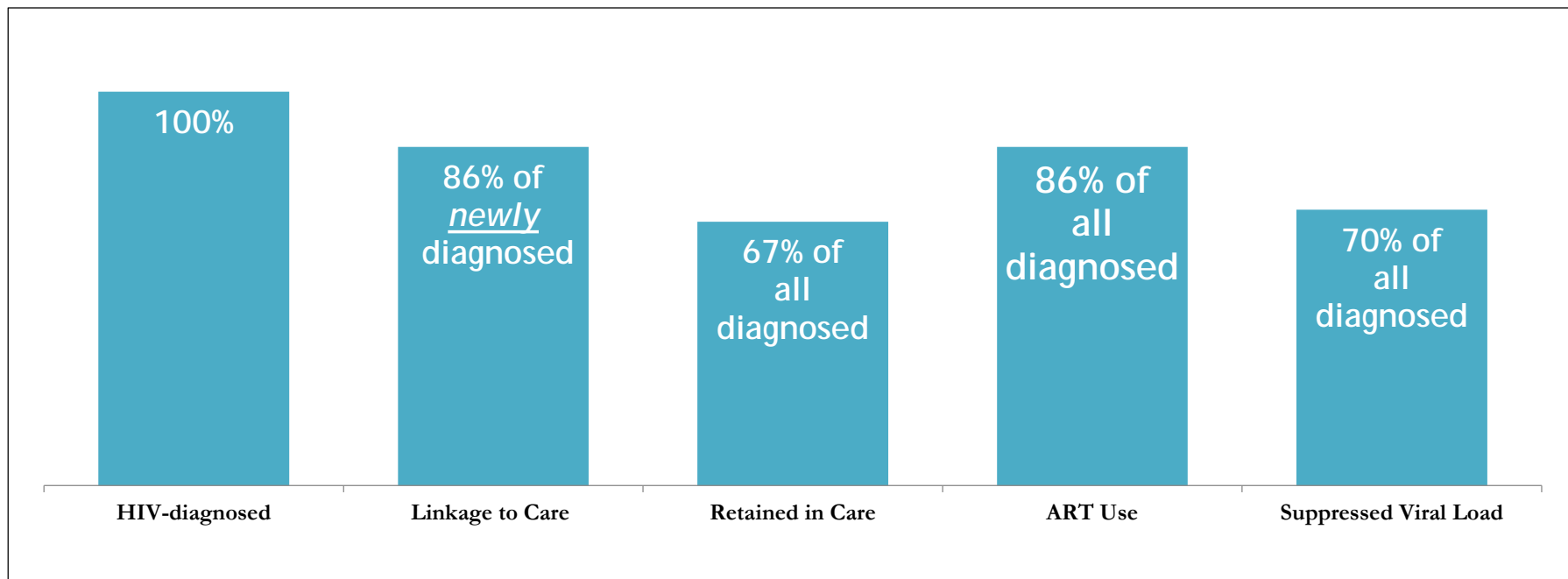
Power of Quality Improvement

- 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 <ol style="list-style-type: none">1. The Consumer Solar System2. Innovative Approaches to Enhancing Programs3. Improving Engagement in RWPA Programs4. Approaches to Systemic Improvement
12:00 - 1:00	Poster Presentations and Lunch
1:15 - 2:30	Concurrent Afternoon Workshops <ol style="list-style-type: none">1. DOHMH Workshop-Accessibility in RWPA Programs2. Optimizing Data Sources for Quality Improvement3. DOHMH Workshop-Factors in Premature Deaths
2:30 - 3:00	Poster Award Presentations Graham Harriman/Jennifer Carmona, NYCDOHMH

NY EMA Care Continuum

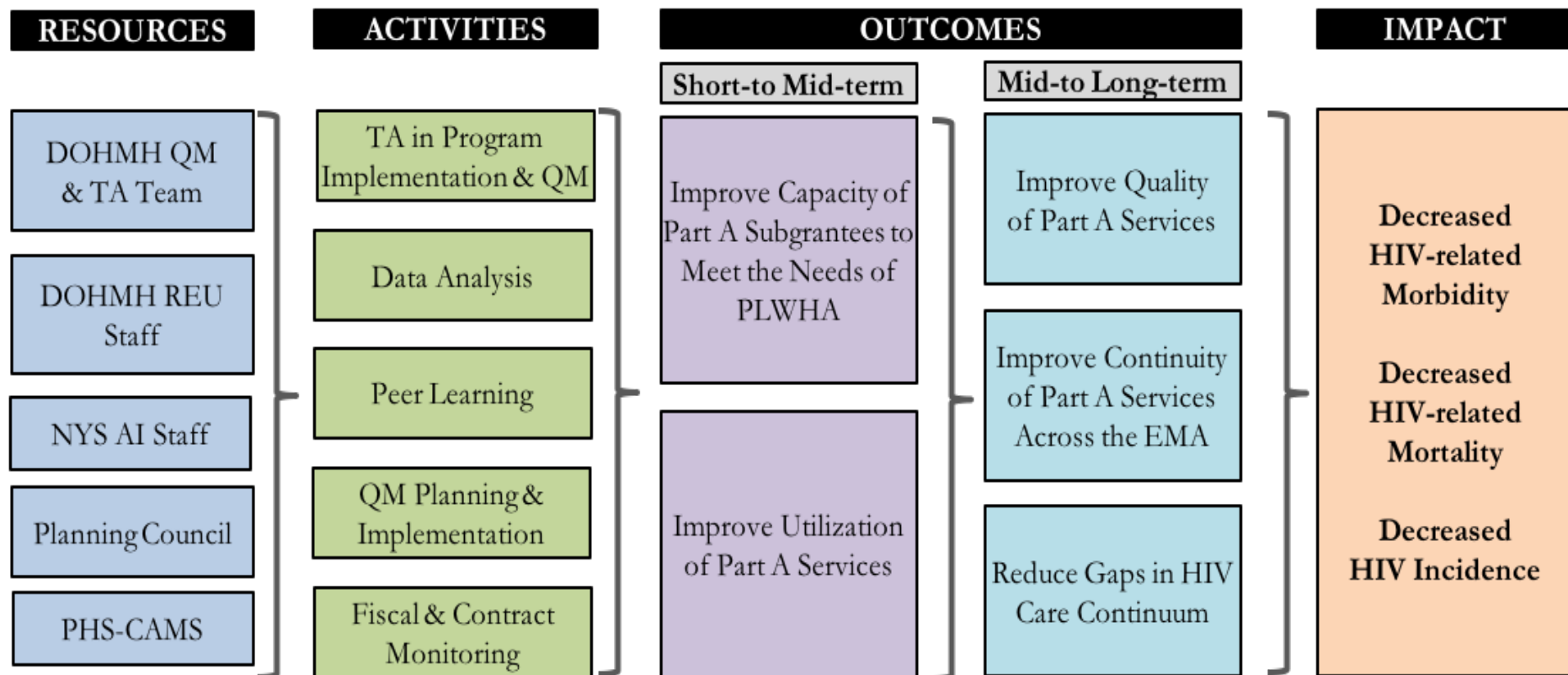


Key Notes Among RWHAP Part A clients served in NYC in 2016

- 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

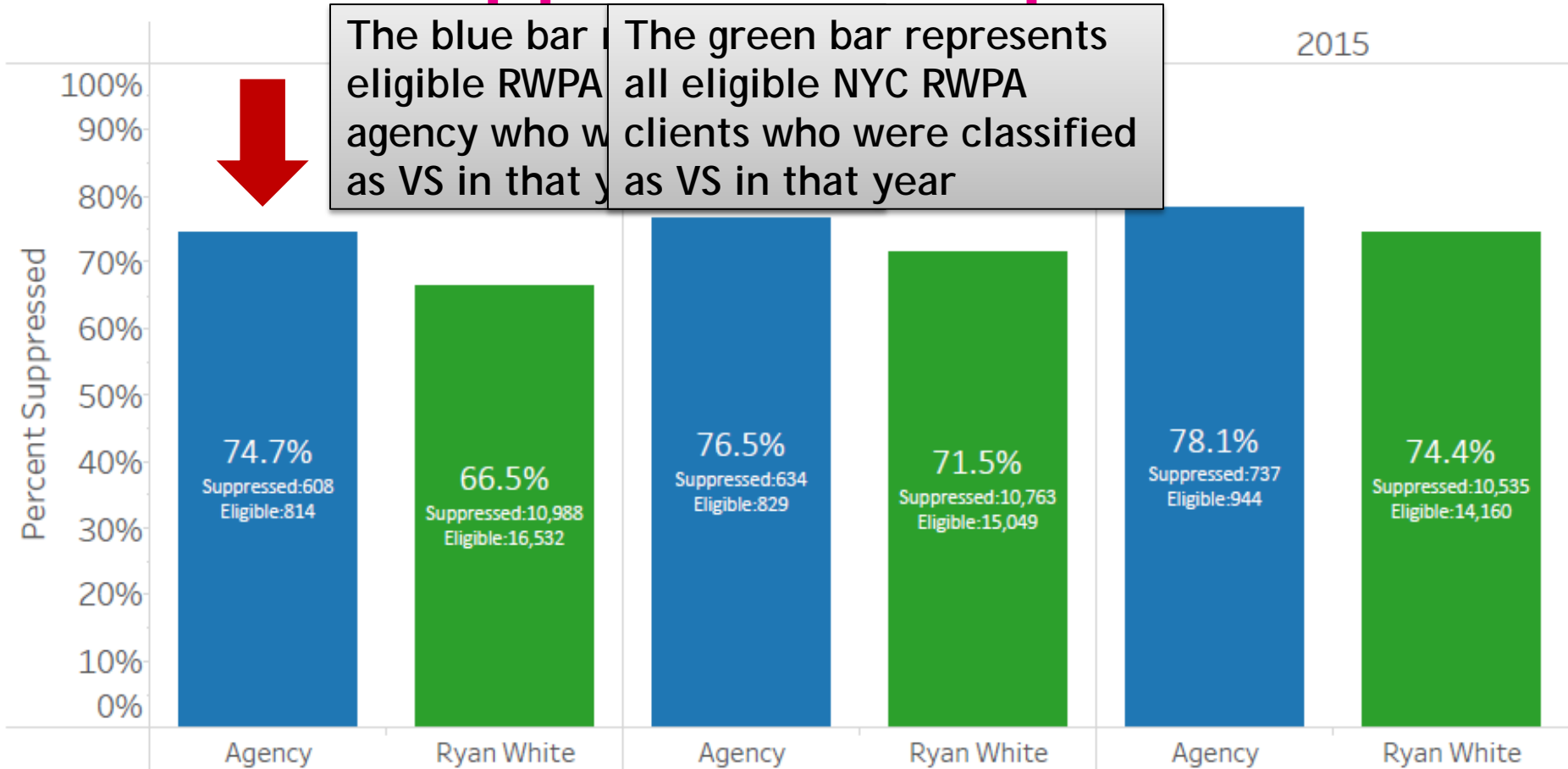


GOAL: Ensure access to high quality care & services among PLWHA in NY EMA to support engagement & retention in care & viral load suppression.

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.

RWPA Agency-level Viral Suppression Report



- i. 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.
- ii. 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.
- iii. Viral suppression is defined as having a viral load test result ≤ 200 copies/mL at the latest-dated viral load test in the year.

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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
3. Support Priority Populations Using Novel Strategies
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

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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 PLWHA 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

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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 year¹
- 1 in 20 MSM diagnosed with P&S Syphilis in NYC were diagnosed with HIV within a year²
- 1 in 15 MSM diagnosed w/ anorectal chlamydia/gonorrhea in NYC STD Clinics were diagnosed with HIV within a year³

¹ Pathela P, *AIDS Behav.* 2016 [Epub ahead of print]

² Pathela P, *Clin Infect Dis* 2015; 61(2)281-7.

³ Pathela P, *Clin Infect Dis* 2013; 57(8) 1203-9.

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 日週六是切爾西 STD 診所 (Chelsea STD Clinic) 提供服務的最後一天。從 3 月 31 日週二開始，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 診所將因重大的長期大樓整修而關閉。
- 服務地點將遷移至河濱 STD 診所，地址：160 West 100th St. (介於 Amsterdam 與 Columbus Ave. 之間)，將從 3 月 31 日週二開始提供服務。上班時間將維持不變。
- 若要搜尋其他的衛生局 STD 診所，請造訪 nyc.gov/health 或致電 **311**。關於大眾運輸系統資訊，請造訪 www.mta.info/ 或致電 511。



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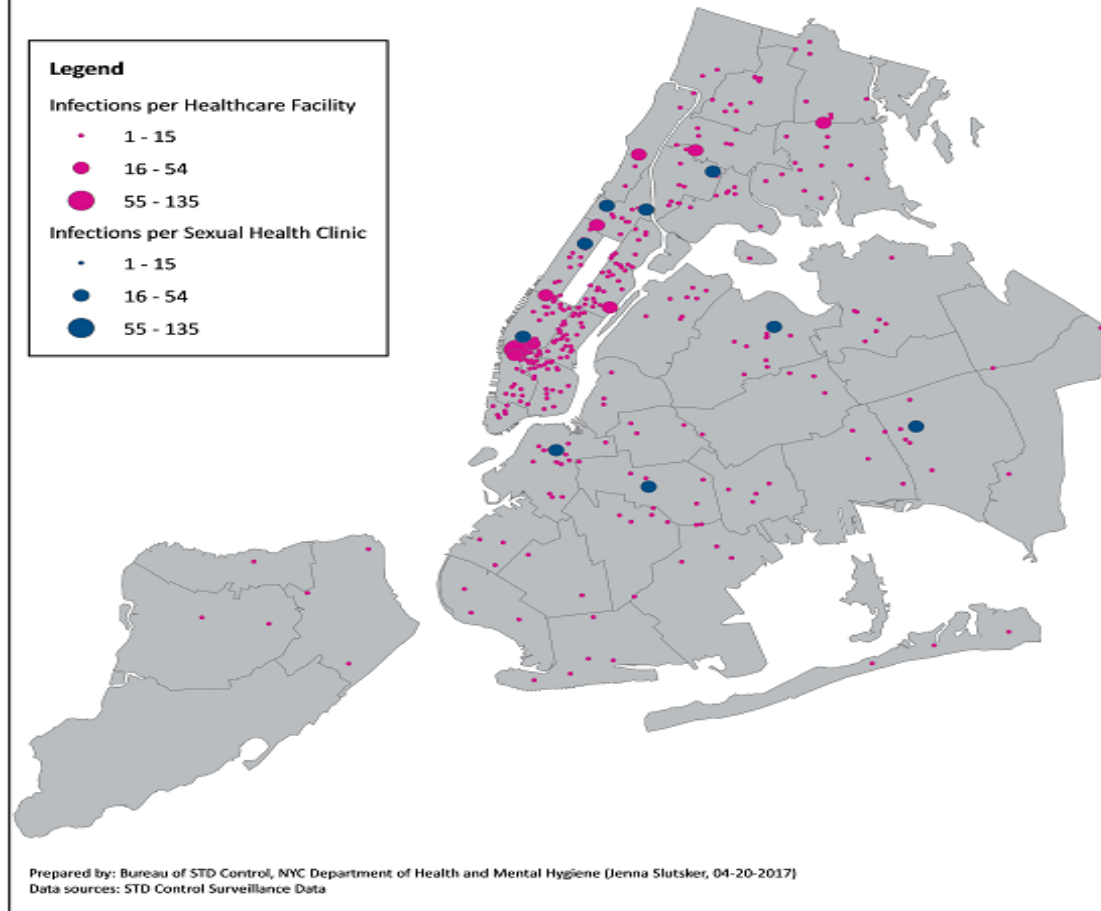


Expanded Services and Hours will Make Sexual Health Clinics Destination Clinics

- ✓ 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



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



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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

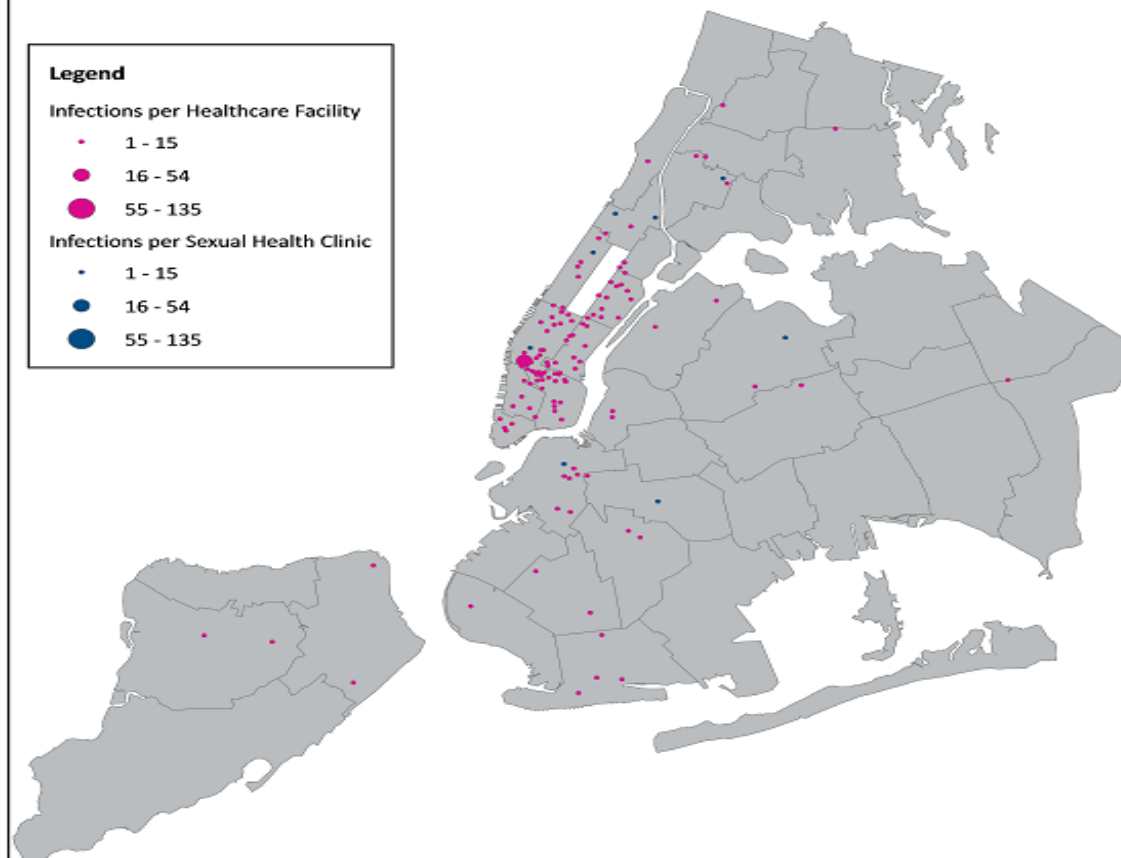
55 - 135

Infections per Sexual Health Clinic

1 - 15

16 - 54

55 - 135



Prepared by: Bureau of STD Control, NYC Department of Health and Mental Hygiene (Jenna Slutsker, 04-20-2017)
Data sources: STD Control Surveillance Data

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

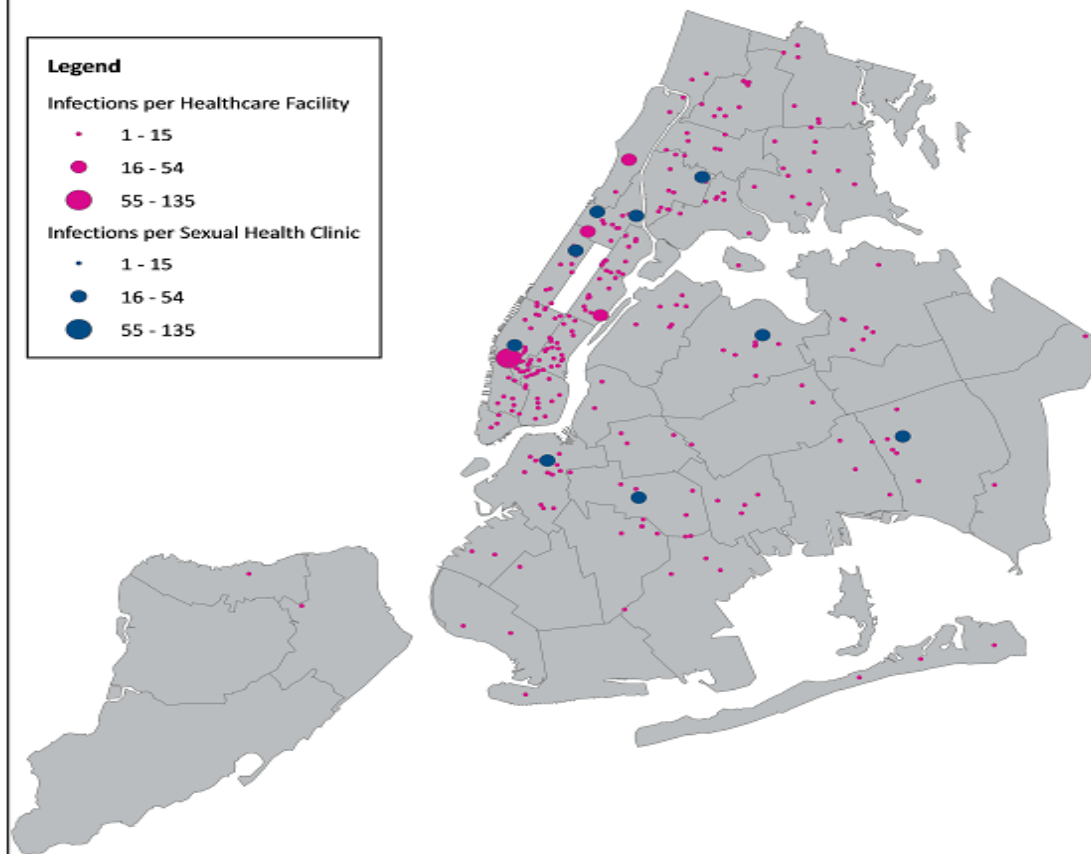
Legend

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 (Jenna Slutsker, 04-20-2017)

Data sources: STD Control Surveillance Data

Note 1: Includes Hispanic, Asian, Black, and Other males

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Make NYC
Sexual Health
Clinics
Efficient Hubs
for
HIV Treatment
and Prevention

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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

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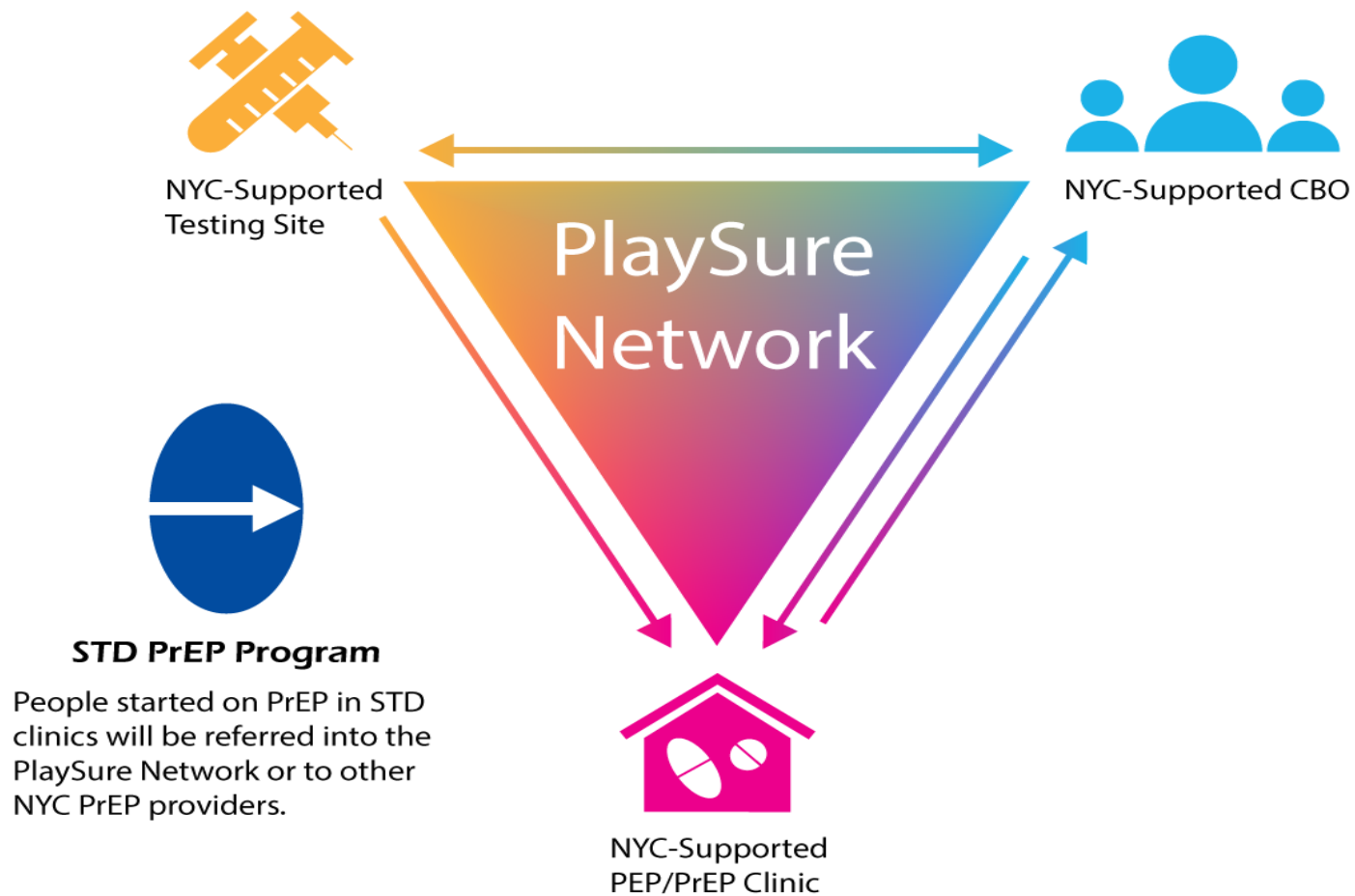
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Launch PrEP and Repair the nPEP Delivery System

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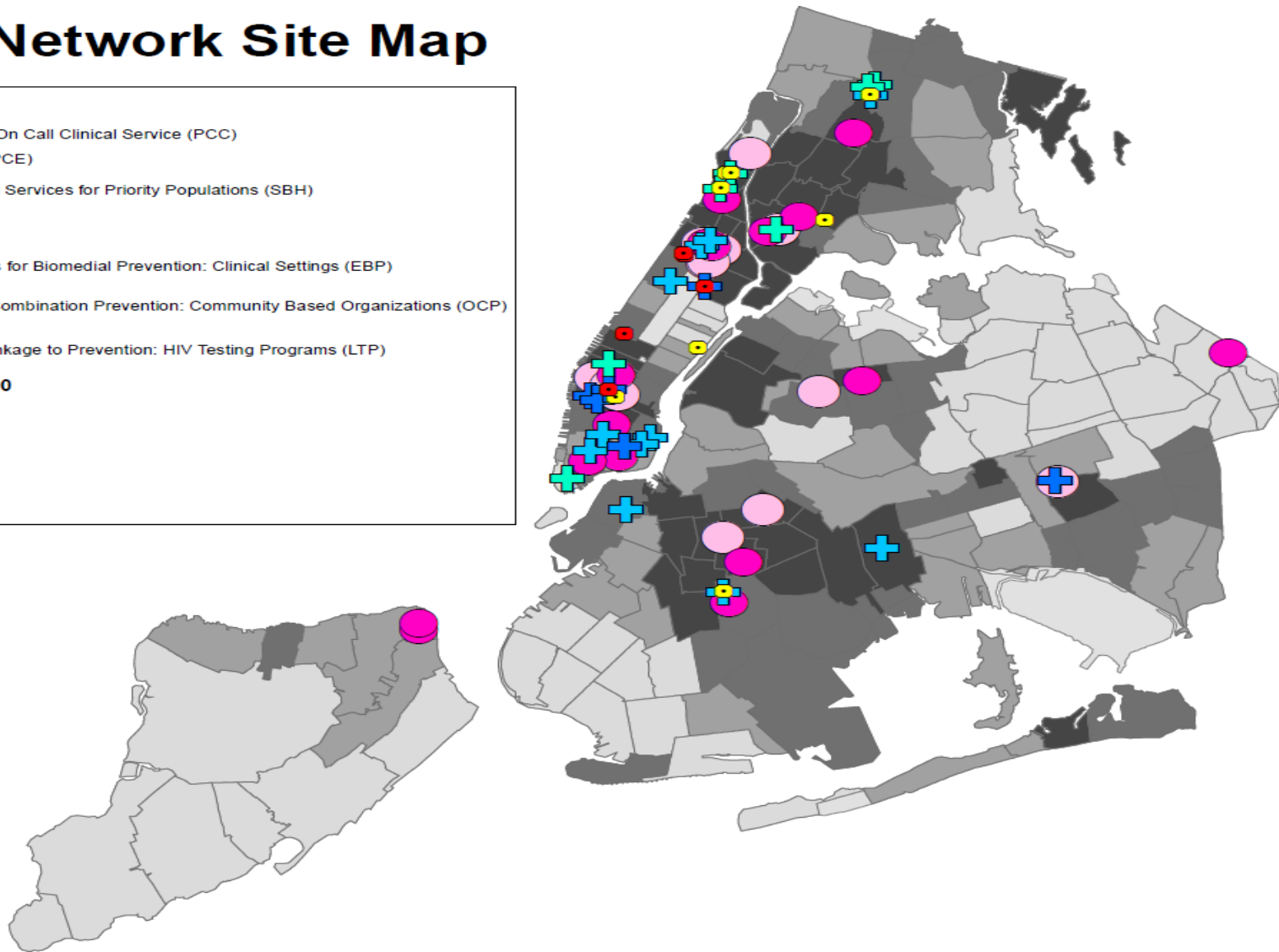
PlaySure Network Site Map

Service Category

- PEP Centers of Excellence - On Call Clinical Service (PCC)
- PEP Centers of Excellence (PCE)
- Sexual and Behavioral Health Services for Priority Populations (SBH)
- PrEP for Adolescents (ADL)
- Evidence-Based Interventions for Biomedical Prevention: Clinical Settings (EBP)
- Outreach and Education for Combination Prevention: Community Based Organizations (OCP)
- Leveraging HIV Testing for Linkage to Prevention: HIV Testing Programs (LTP)

HIV diagnosis rate per 100,000

- 0.0 - 10.2
- 10.3 - 23.4
- 23.5 - 40.3
- 40.4 - 187.3
- Non-residential zones

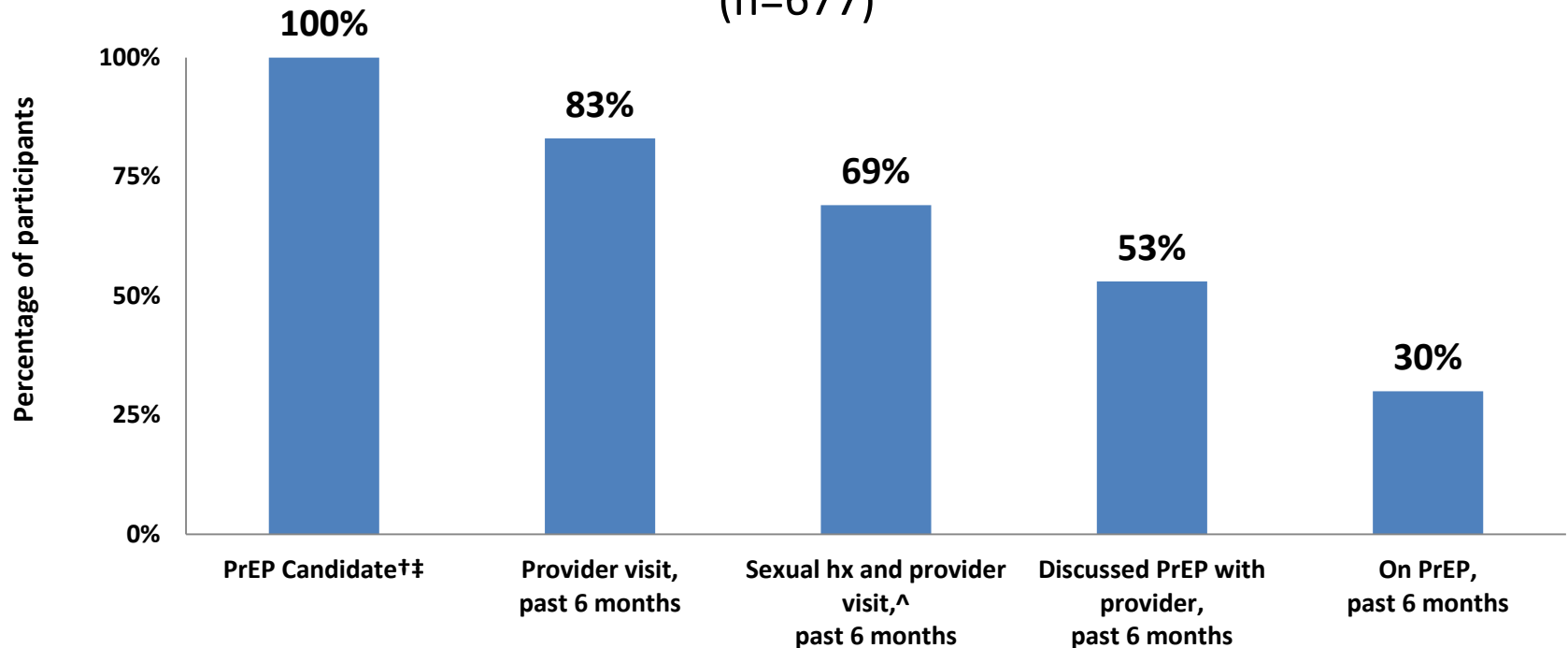


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HIV Prevention Continuum in NYC

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



*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

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

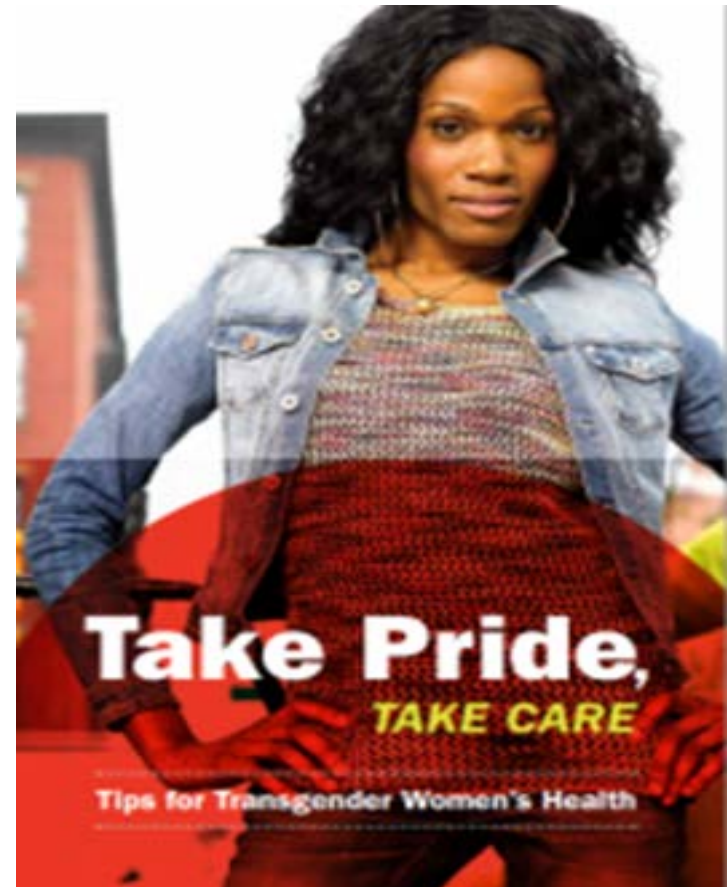
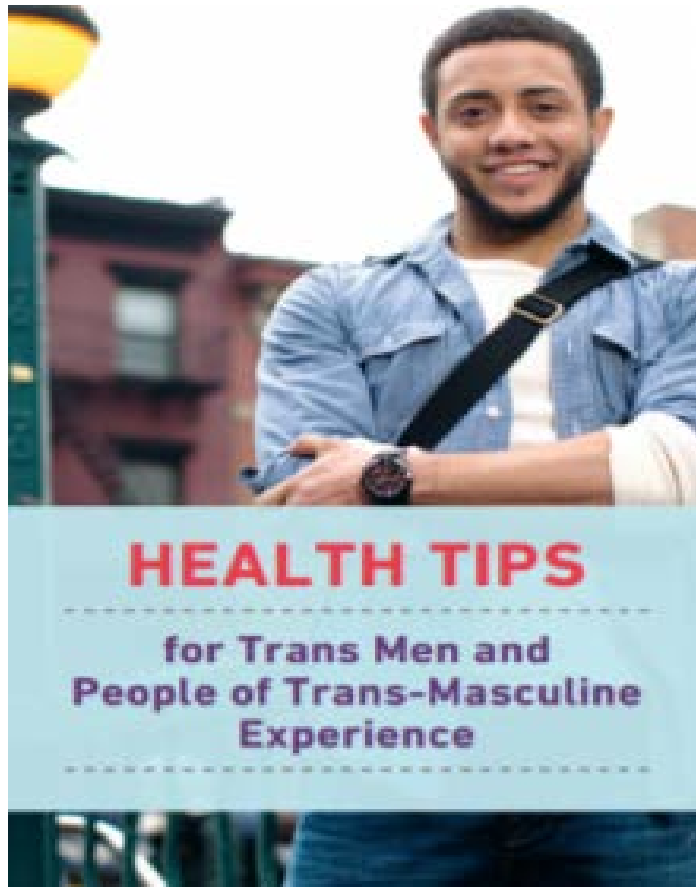


Support Priority Populations Using Novel Strategies

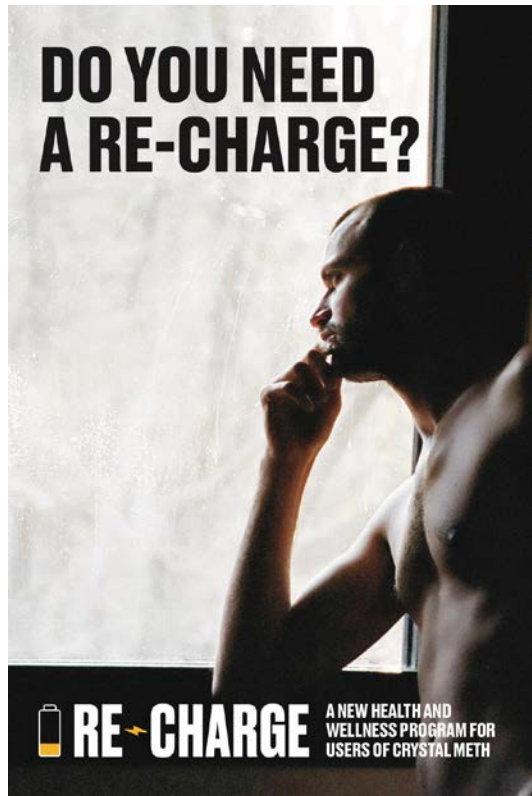
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Support for Grassroots Transgender Led and Focused Organizations



Address Gaps in Methamphetamine Services



**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.

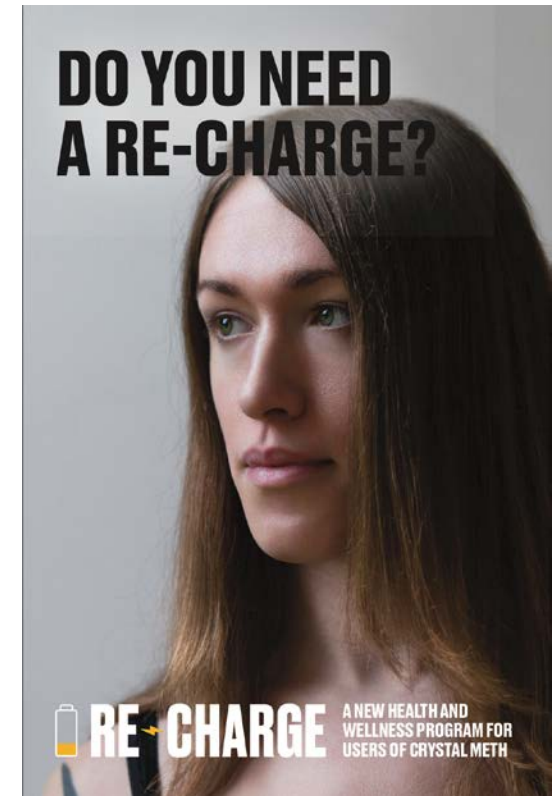
Re-Charge occurs every Tuesday and Thursday.

<u>TUESDAYS 5-8pm</u> GMHC 446 West 33rd Street New York, NY 10001	<u>THURSDAYS 4-7pm</u> PHP / Housing Works 301 West 37th St #3, New York, NY 10018
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Visit <http://recharge.support> for more info.

RE-CHARGE A NEW HEALTH AND WELLNESS PROGRAM FOR USERS OF CRYSTAL METH

The photograph showing the model is used on this poster for illustrative purposes only. The Model does not personally endorse Re-Charge, or any services provided by Re-Charge. The contact in which the photograph is used on this poster is not intended to reflect personally on the Model shown in the photograph nor imply association with or use of illegal drugs.



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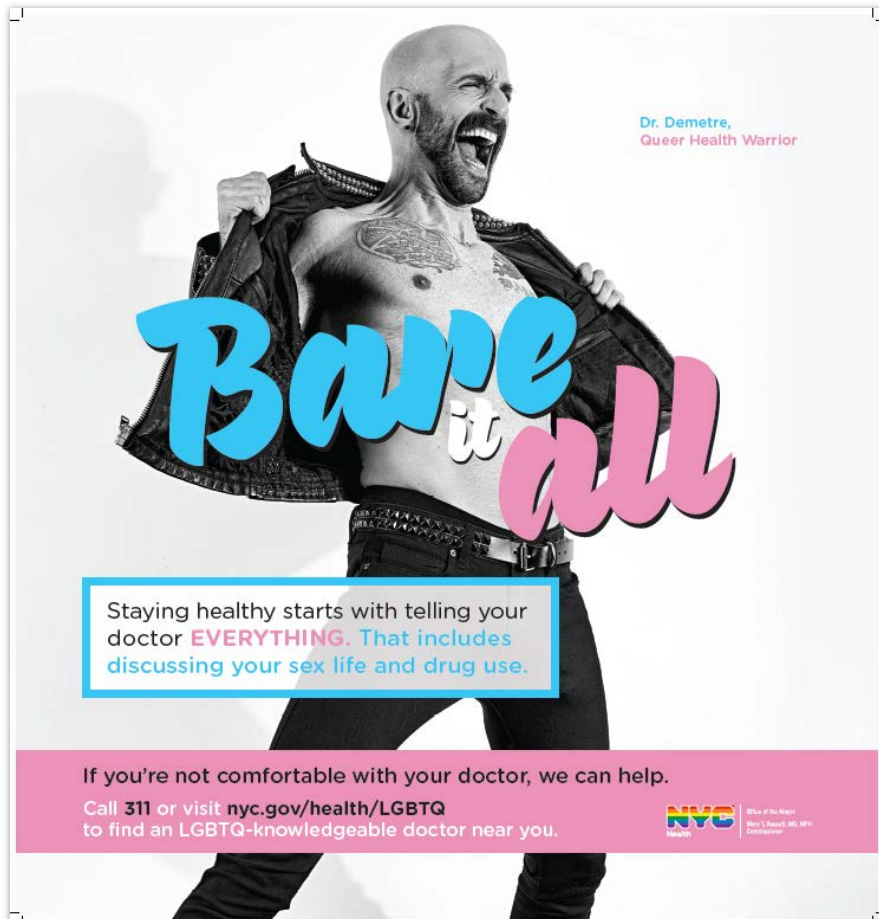
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Improve Health Equity for LGBTQ People

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



Bare it all



Dr. Demetre,
Queer Health Warrior

Bare it all

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

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.

NYC Health Office of the Mayor
Mark L. Levine, M.D., M.P.H.
Commissioner



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.

NYC Health Office of the Mayor
Mark L. Levine, M.D., M.P.H.
Commissioner

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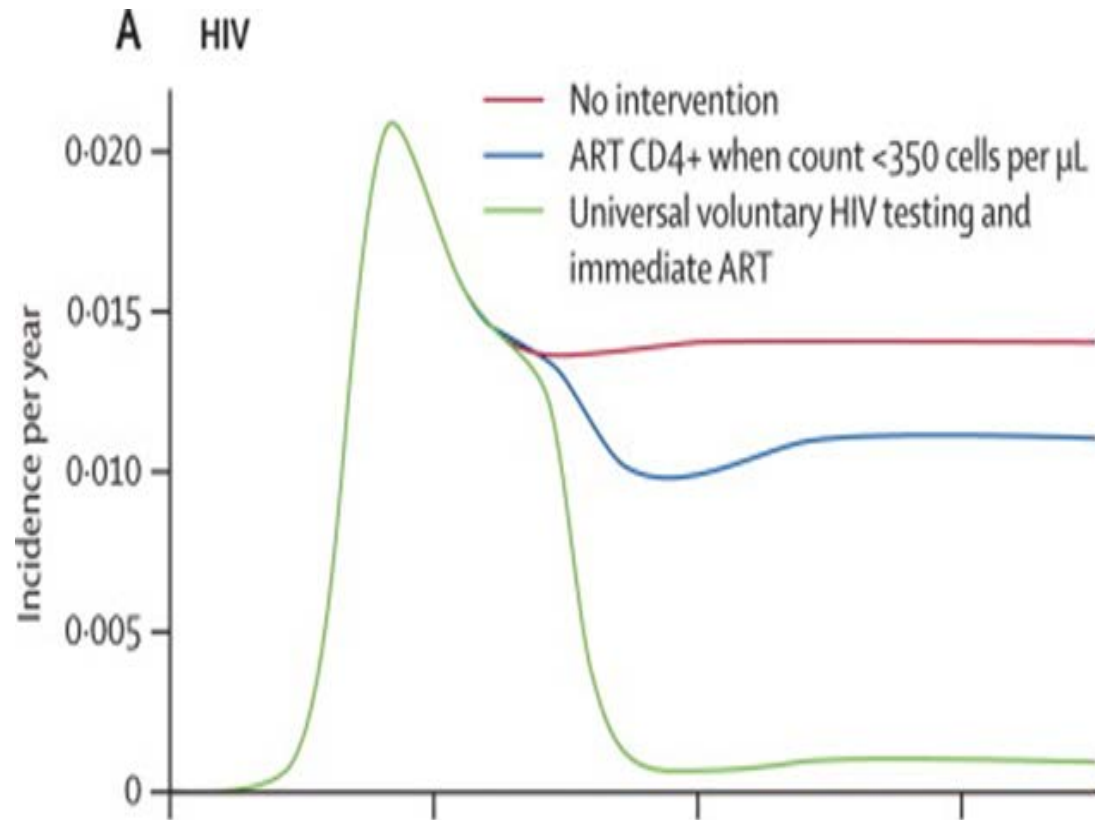


Move NYC Viral Suppression from Good to Excellent

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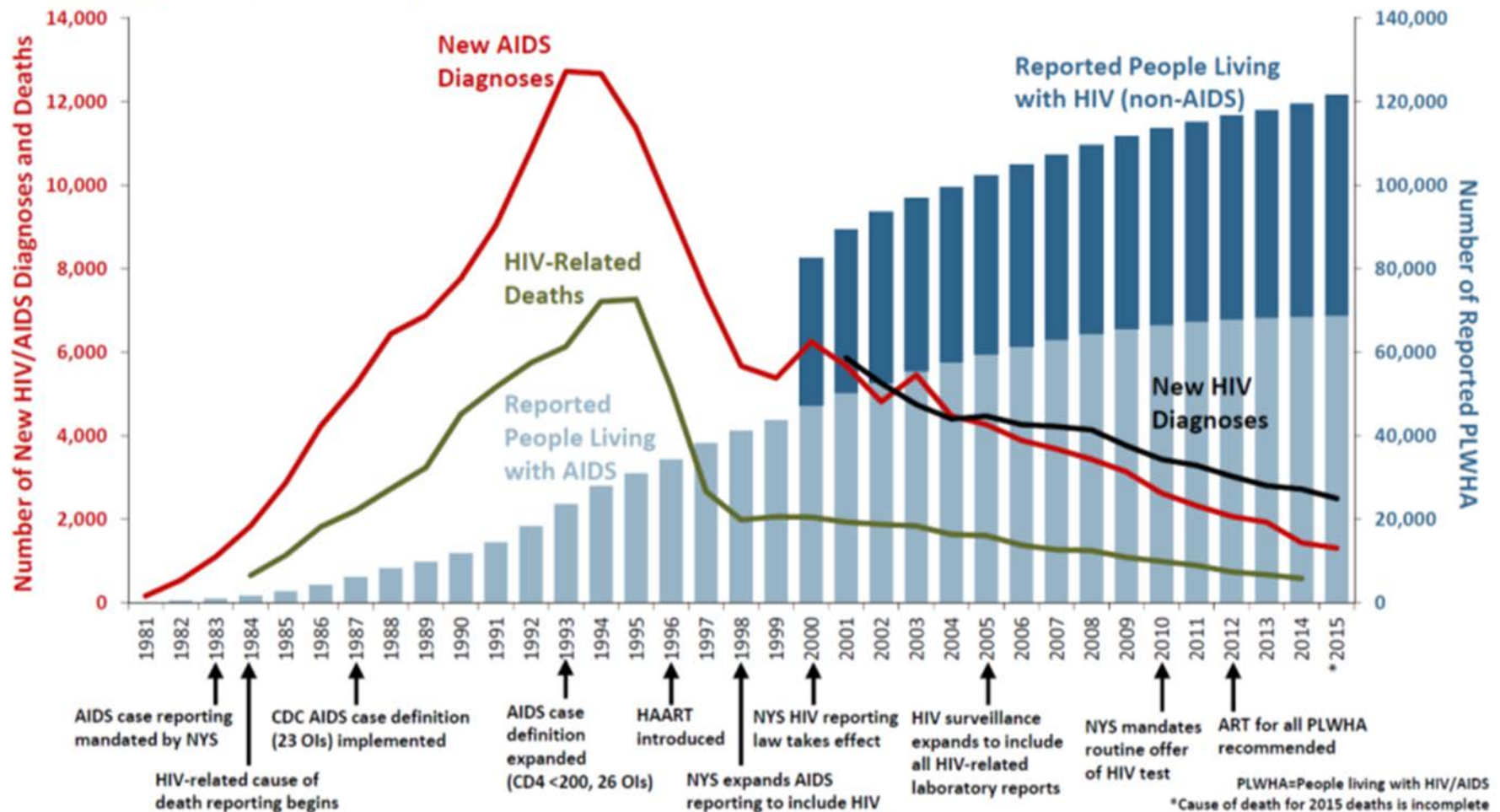
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Models say Treatment=Prevention



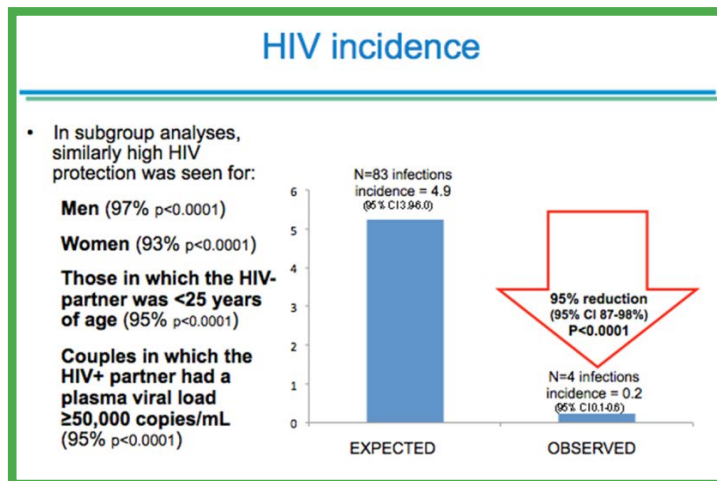
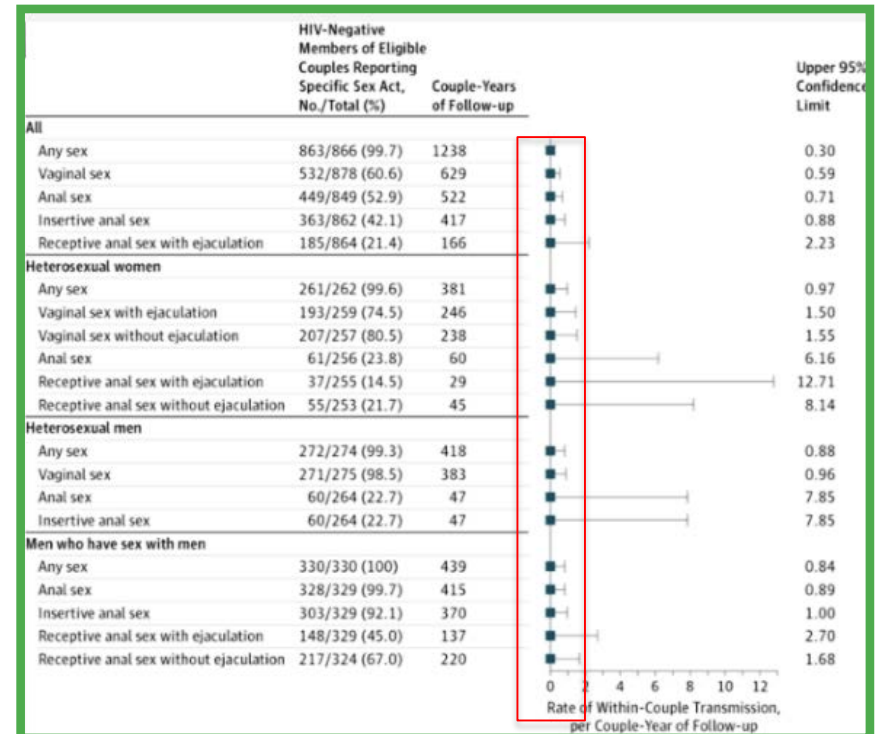
Surveillance Says Treatment=Prevention

FIGURE 1.1: History of the HIV epidemic, NYC 1981-2015



Studies say Treatment=Prevention

Partner Infections (ITT)									
	April 2005-May 2011			May 2011-May 2015			Overall		
	PY f/u	All partner infections # (rate)	Linked partner infections# (rate)	PY f/u	All partner infections # (rate)	Linked partner infections # (rate)	PY f/u	All partner infections # (rate)	Linked partner infections # (rate)
Total	3482	46 (1.32)	37 (1.06)	5012	32 (0.64)	9 (0.18)	8494	78 (0.92)	46 (0.54)
Early arm	1751	4 (0.23)	1 (0.06)	2563	15 (0.59)	2 (0.08)	4314	19 (0.44)	3 (0.07)
Delayed arm	1731	42 (2.43)	36 (2.08)	2449	17 (0.69)	7 (0.29)	4180	59 (1.41)	43 (1.03)
Rate ratio		0.09	0.03		0.86	0.28		0.31	0.07
Risk reduction		91%	97%		14%	72%		69%	93%



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]

Cohen, et al.

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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.



100%

OF VIRALLY SUPPRESSED PEOPLE WILL **NOT** TRANSMIT THE VIRUS TO THEIR PARTNERS

AIDS.GOV

THE CHANCE OF HIV INFECTION FROM A VIRALLY SUPPRESSED PERSON IS **ZERO**

AIDS.GOV



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 this historic development.

"Results from clinical trials on TasP 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."

Dear Colleague: September 27, 2017



Dear Colleague

INFORMATION FROM CDC'S DIVISION OF HIV/AIDS PREVENTION

September 27, 2017

Dear Colleague,

Today is [National Gay Men's HIV/AIDS Awareness Day](#). On this day, we join together in taking actions to prevent HIV among gay and bisexual men and ensure that all men, including gay and bisexual men, are able to live healthy, productive lives. From 2010 to 2014, HIV diagnoses among gay and bisexual men after years of being sexually active with a partner have declined by 25%.

However, recent trends suggest that the decline in HIV diagnoses among gay and bisexual men after years of being sexually active with a partner may be slowing. Scientific advances have shown that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.

However, according to a recent [Morbidity and Mortality Weekly Report](#), too many gay and bisexual men living with HIV are not getting the care and treatment they need. Among gay and bisexual men living with diagnosed HIV, 61% have achieved an undetectable viral load.

However, according to a recent [Morbidity and Mortality Weekly Report](#), too many gay and bisexual men living with HIV are not getting the care and treatment they need. Among gay and bisexual men living with diagnosed HIV, 61% have achieved an undetectable viral load.

CDC: "Effectively No Risk" of Sexual HIV Transmission if Undetectable

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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

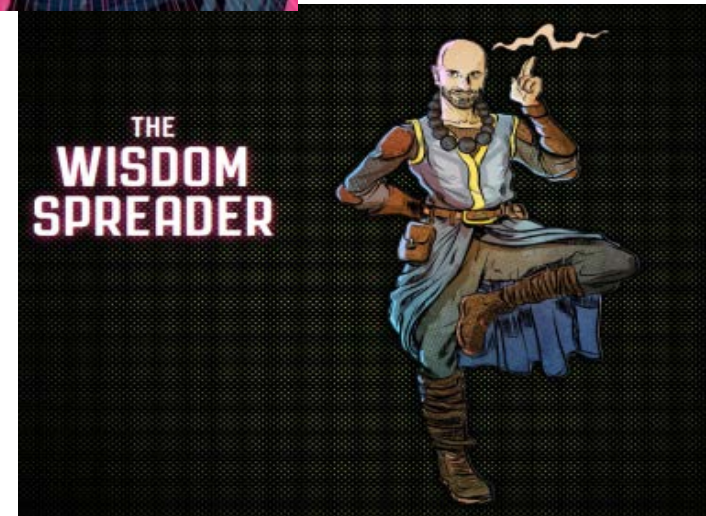
DATA OVER DOGMA

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 smoking¹
 - Use of crystal meth²
 - 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

¹Hile et al. (2016). AIDS and Behavior; 20(8):1722-29.

²Feldman et al. (2015). Drug Alcohol Dependence; 147:266-71.

³Feldman et al. (2015). JAIDS; 69(3):329-37.

⁴Aidala et al. (2015). CHAIN 2012-3

⁵Aidala et al. (2007). AIDS Behavior; 11:S101-S115.

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

¹Irvine et al. (2015). Clin Infect Dis; 60(2):298-310.

²Irvine et al. (2017). AIDS Behavior; 21:1572-9.

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.

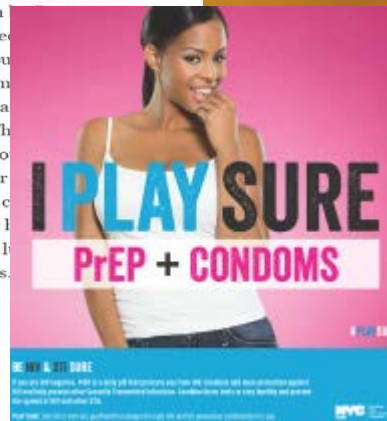
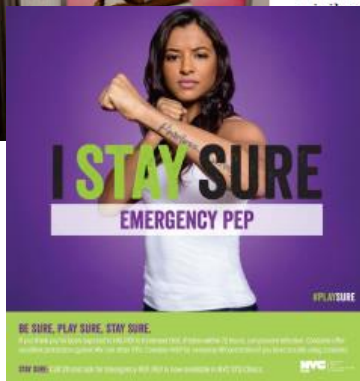
New York Revamps Safe Sex

Big City

By GINIA BELLAFANTE DEC. 18, 2015



In summer 2014, a 22-year-old black man who had recently been diagnosed with H.I.V. walked into a clinic at Mount Sinai Hospital where he was seen by Dr. Daskalakis, an infectious disease specialist, who would be the assistant commander of New York City's H.I.V. and hepatitis C prevention unit. The man, who is now 24, was about his own health and a container of pills that he had brought with him. It neatly lay on the table. By the city, he had been given the medications.



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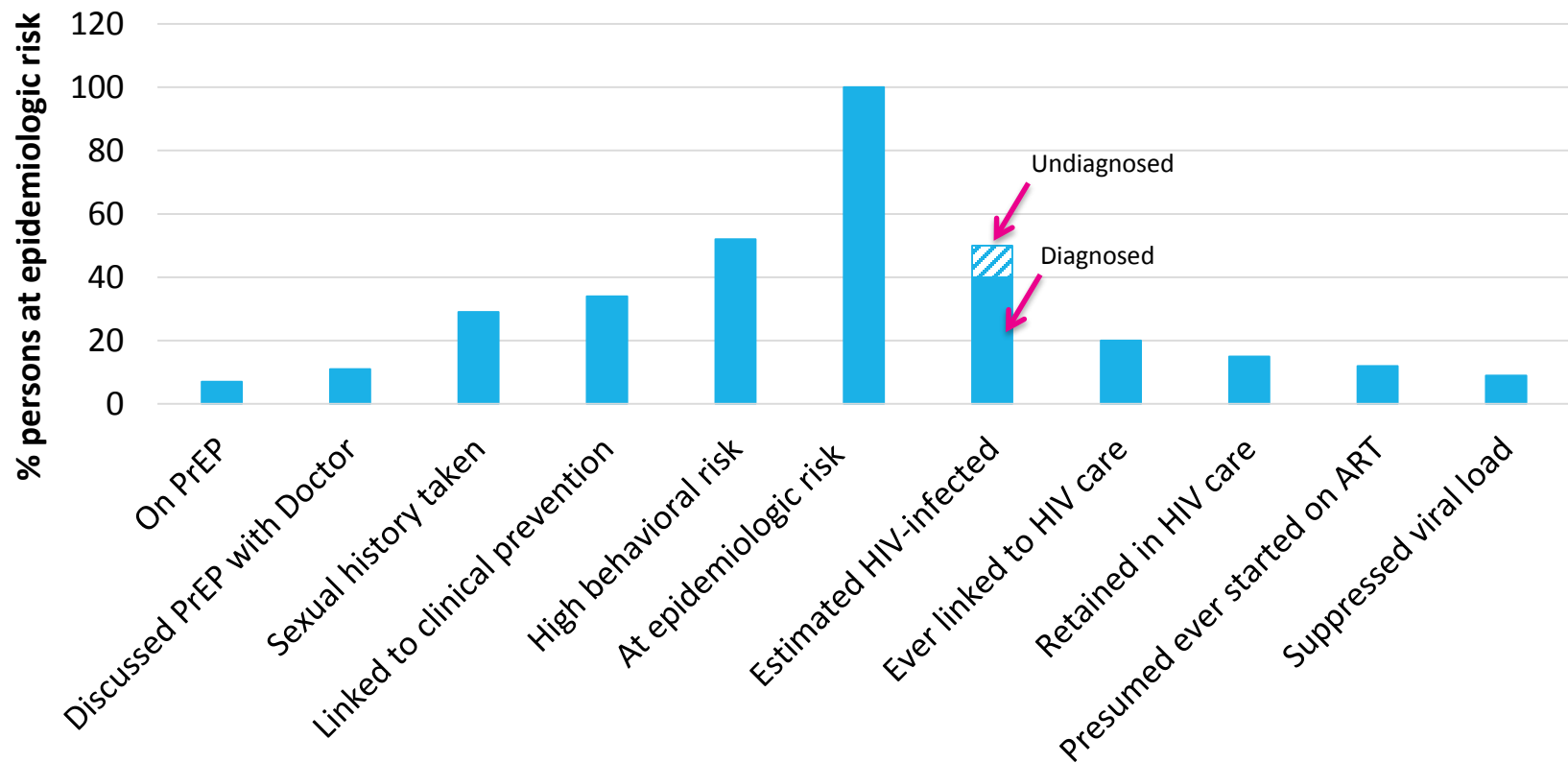
Treatment=Prevention



#PLAYSURE

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The HIV Neutral Continuum of Care V 1.0

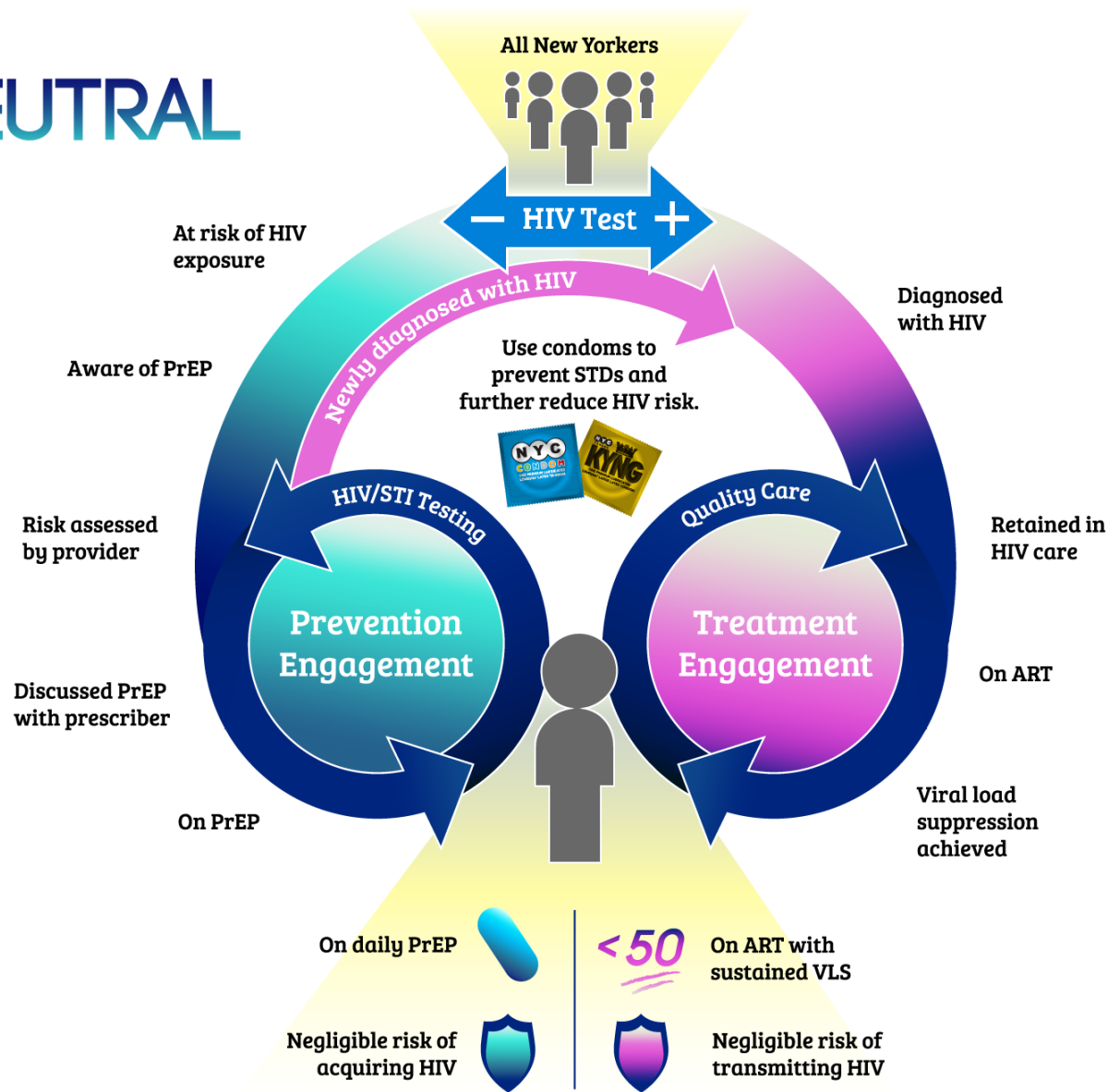


HIV CARE AND PREVENTION ARE THE SAME = GETTING TO HIV NEUTRAL

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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

**RACE TO
JUSTICE**

Advancing
Racial Equity
& Social Justice

#PLAYSURE

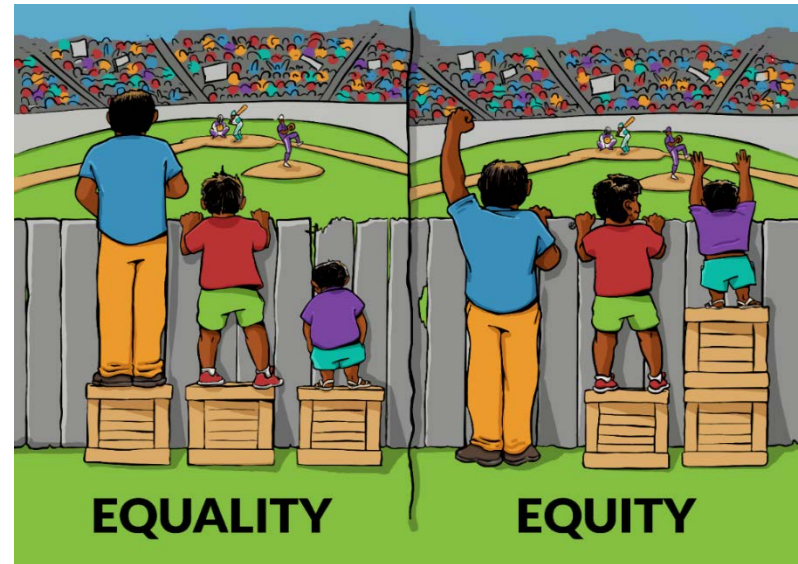
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Health Equity Is...

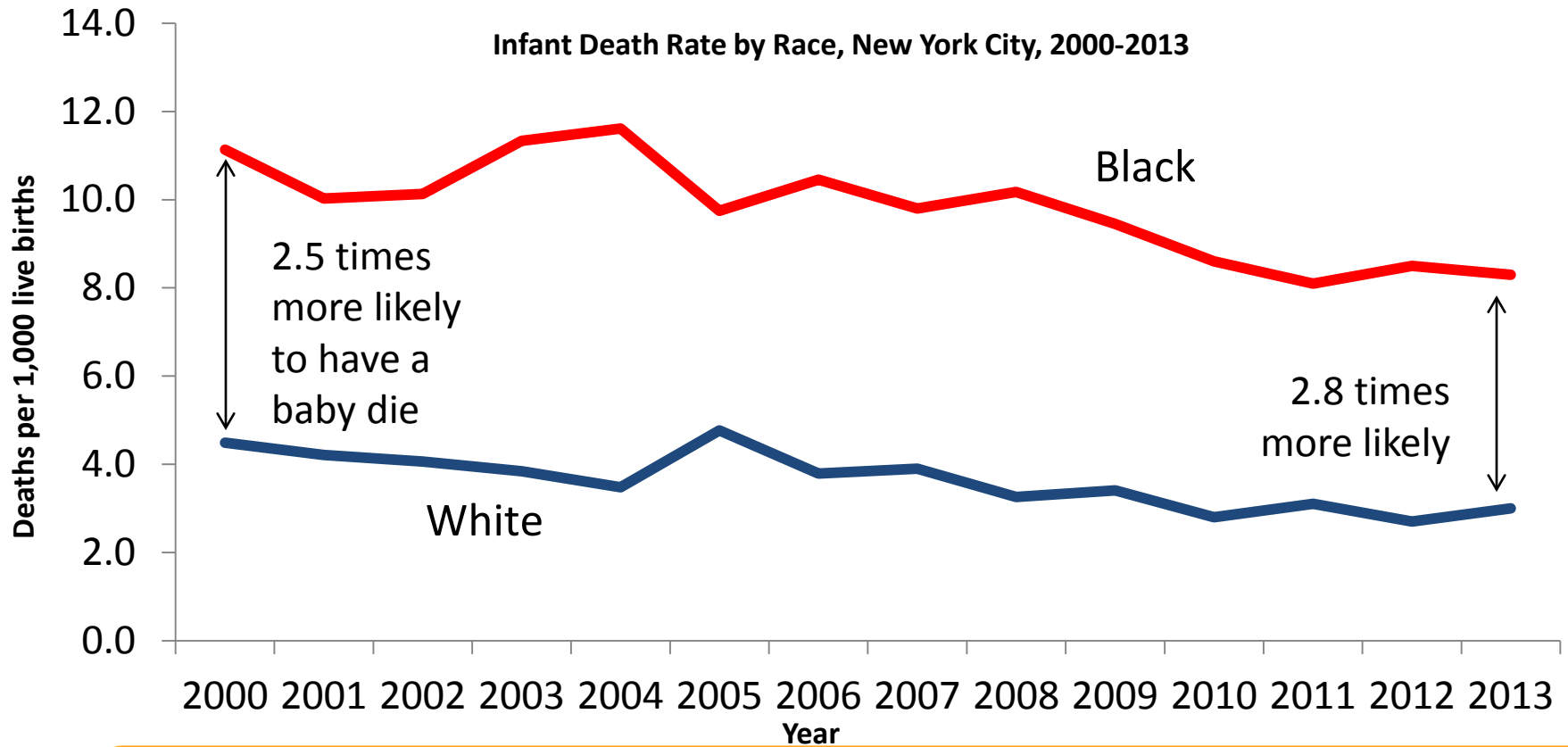
- Achieving the **highest level** of health for all people.
- No one is kept from reaching the highest level of health because of **social position** or **social identities**.

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

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



Health Inequities - Infant Mortality



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.

racial prejudice + power = racism

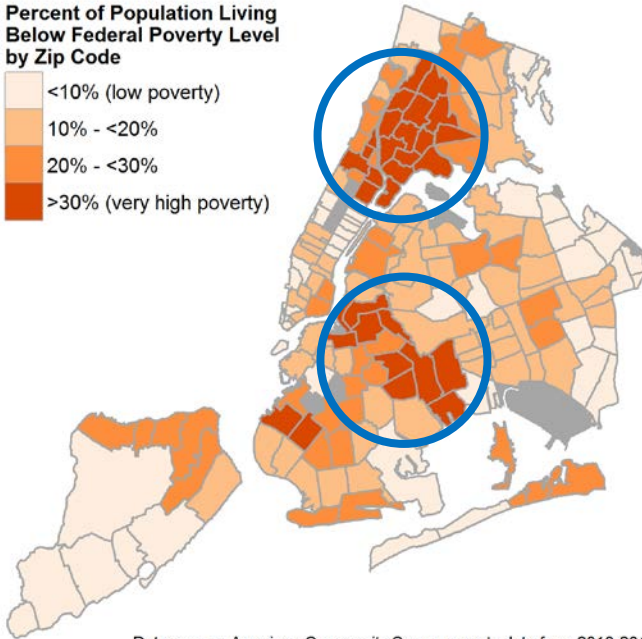
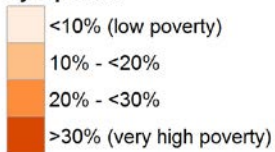
Race is...

- A socially constructed way of categorizing people based on observable physical features, such as skin color and ancestry
- **No scientific basis for racial categories**

60

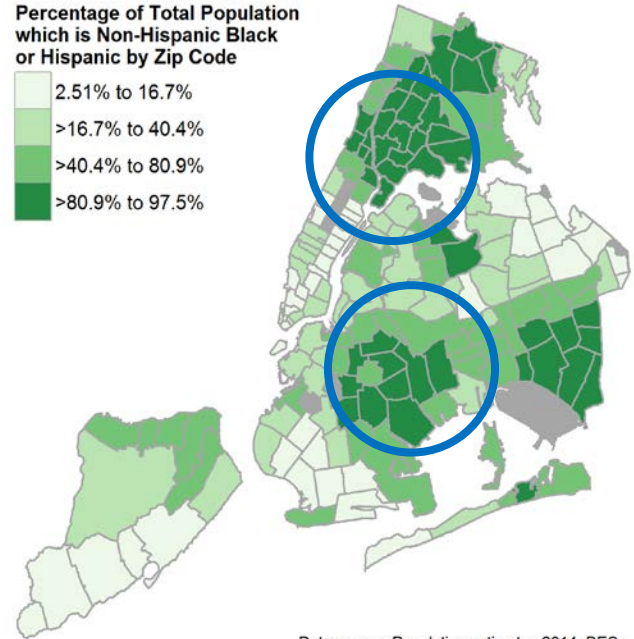
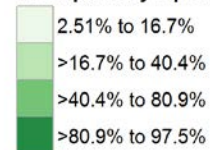
What creates health inequities?

Percent of Population Living Below Federal Poverty Level by Zip Code



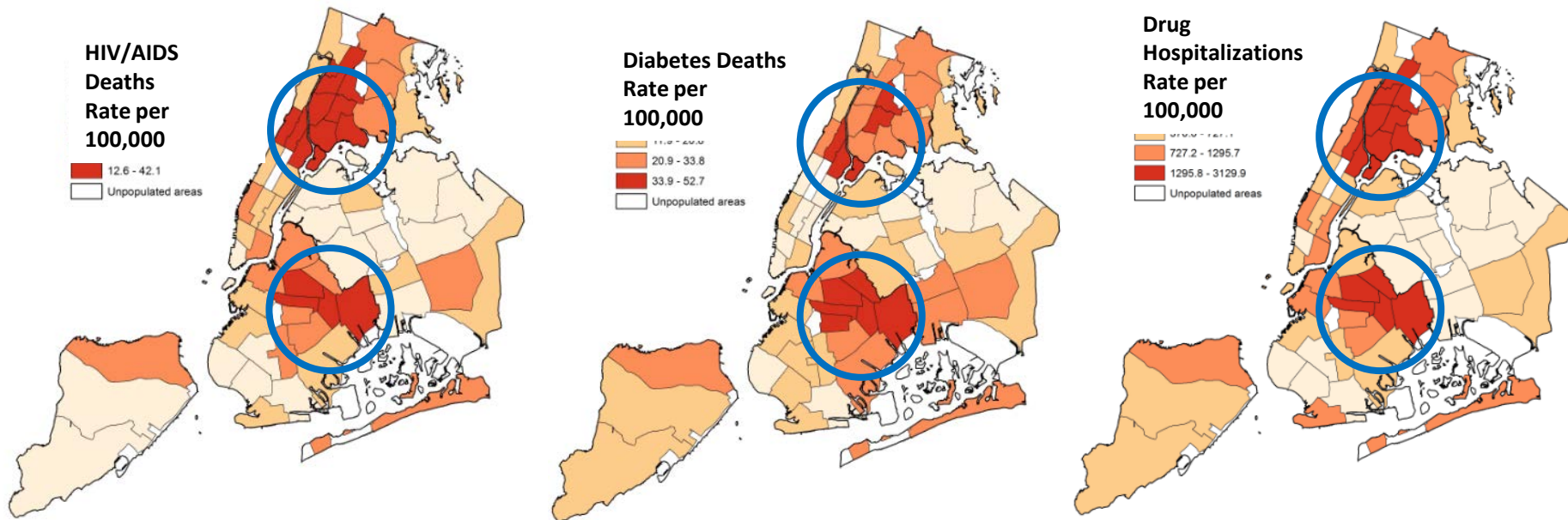
Data source: American Community Survey poverty data from 2010-2014

Percentage of Total Population which is Non-Hispanic Black or Hispanic by Zip Code



Data source: Population estimates 2014, BES

What Creates Health Inequities?



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



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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!

#PLAYSURE

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