

mort·tal·i·ty

/môr'talədē/

noun

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

Smoking

Suicide

Diabetes

Substance Use

Maternal Mortality

BACKGROUND

Research and Evaluation Unit





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 treatment²
- Getting to zero AIDS-related deaths in New York State is an important part of the Ending the Epidemic effort

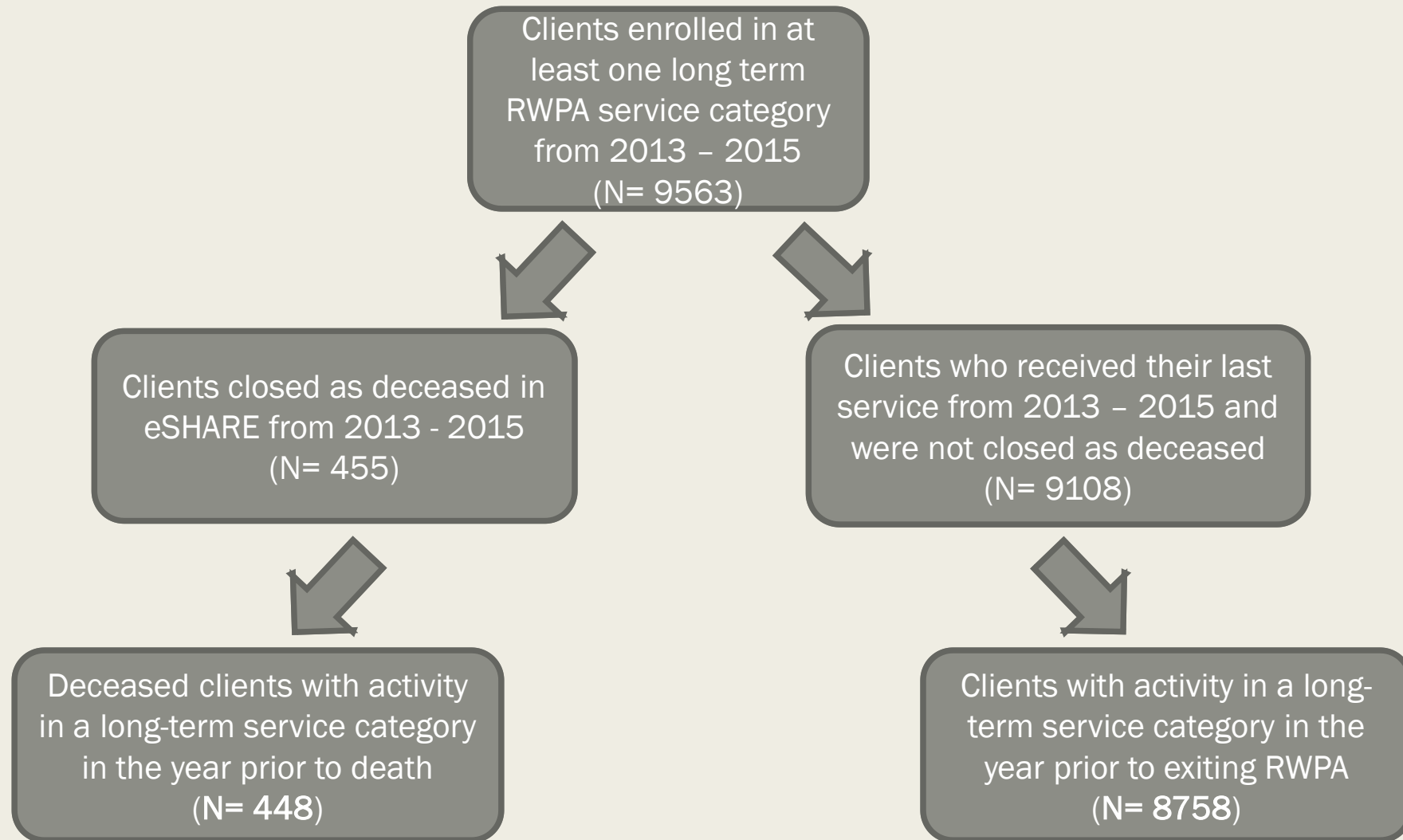
1. Sackoff, Judith E., et al. "Causes of Death among Persons with AIDS in the ERA of Highly Active antiretroviral Therapy: New York City." *Annals of Internal Medicine*. 2006; 145: 397-406. Accessed on September 11, 2015.

2. Samji, Hasina, et al. "Closing the Gap: Increases in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada." *PLOS ONE*. 2013; 8. Accessed on September 11, 2015.

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



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

Risk
Factors

Barriers
to Care

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

Provider
Barriers

Client
Barriers

- 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!

CLOSING



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 you for listening and participating!

