

**New York EMA 2012-2015 Comprehensive Strategic Plan:  
2013 Annual Update – Highlights**

**Background**

With the goal of advancing further toward an HIV/AIDS care system with equal access to excellent outcomes for all, the Comprehensive Strategic Plan for HIV/AIDS Services in the New York Eligible Metropolitan Area (EMA) for 2012-2015 was developed in conjunction with the New York City Department of Health and Mental Hygiene (DOHMH) and approved by the HIV Health and Human Services Planning Council of New York in the spring of 2012.

**Progress Towards 2013/2014 Targets**

Indicator	Target		Target Met		Trend: 2008-2012	
	Ryan White	EMA	Ryan White	EMA	Ryan White	EMA
HIV Testing	≥ 62,000	≥ 300,000	x	x	↑	↓
Concurrent Diagnosis	≤ 20%	≤ 20%	x	✓	---	---
Linkage to Care	≥ 80%	≥ 80%	x	x	↑	↑
Retention in Care	≥ 80%	≥ 80%	✓	✓	↑	---
ART Adherence	≥ 78%	≥ 75%	✓	x	↑	---
Viral Load Suppression	≥ 75%	≥ 75%	x	✓	↑	↑
Immunological Health	≥ 85%	≥ 85%	x	✓	↑	↑
Hospitalizations	Decrease/≤ 3%	Decrease/≤ 3%	x	✓	↑	↓
Emergency Dept. Visits	Decrease/≤ 5%	Decrease/≤ 5%	x	✓	↑	↓

\*Shaded green boxes indicate a target met for a particular indicator or a trend in the desired direction.

**Key Points**

Testing:

- **HIV testing** through Ryan White Part A has increased overall, though both Part A testing and testing administered through the NYC DOHMH have decreased from 2010 to 2012.
  - Effective September 2010, New York State’s Public Health Law was amended to require hospitals and primary care providers to offer HIV tests to all patients aged 13-64. As routine HIV screening is covered through the state’s Medicaid program, decreased testing through the Ryan White Part A program and reporting to DOHMH is to be expected.
  - Testing reported to DOHMH may continue to decrease with implementation of the Affordable Care Act, under which HIV testing will be covered by the majority of insurance plans.
- Rates of **concurrent diagnoses** have remained relatively stable over time, indicating the need for continued promotion of routine HIV testing and community outreach to increase access to early testing.
  - Uptake of HIV testing among groups including previous delayers may partially account for the lack of a noticeable decline in rates of concurrent HIV and AIDS diagnosis.

### Care and Treatment Utilization:

- **Linkage to care** has been increasing gradually and currently exceeds 70% for Ryan White and in NYC overall.
  - This is based on prompt linkage to care, within 91 days of diagnosis, which is more ambitious than the measure of linkage within a 12 month period following diagnosis.
- **Retention in care** currently exceeds 90% for Ryan White Part A clients and 80% for PLWH in NYC overall.
  - Retention in care is measured among those already engaged in the HIV care system (based on some laboratory-based evidence of HIV care during the year before the measurement year).
- **ART adherence** continues to increase over time for Ryan White Part A (MCM) clients, with 85% adherence in 2012; while adherence appeared to decrease slightly across the NY EMA, but remained above 65%.
  - Measures of adherence vary by data source, but are largely based on self-report.

### Health Outcomes:

- Rates of **viral load suppression** have increased for both Ryan White Part A clients and PLWH in the EMA overall, with 69% of Part A clients and 75% of PLWH in the EMA virally suppressed in 2012.
  - The gap between retention in care and viral load suppression is notable, especially among Part A clients.
- Rates of stable or improving **CD4 counts** have also increased gradually, reaching 77% for Ryan White Part A clients in 2012 and exceeding 85% for NYC overall.
- Rates and numbers of **acute care visits** have remained low and decreased overall for PLWH in the EMA; while still low, rates and numbers of acute care visit are higher for Ryan White Part A clients and have increased slightly since 2010.
  - Acute care utilization is not necessarily HIV-specific, and may be influenced by other trends, such as access to medical insurance and/or other health issues.
  - The apparent upward trend in acute care utilization by Ryan White Part A clients may partially reflect a change in the data source for this indicator in 2010.

### *Demographics Trends*

#### Gender:

- Viral load suppression rates have been consistently lower among women for Part A clients and in NYC overall.
- Linkage to and retention in care have been slightly lower for men in NYC overall.

#### Age:

- Concurrency rates have been consistently highest among 50+ for NYC overall.
- Linkage to and retention in care and rates of viral load suppression are lower for younger people in NYC.

#### Race/Ethnicity:

- Concurrency rates and retention in care have been consistently higher for non-whites.
- Linkage to care and rates of viral load suppression have been lowest for blacks.

#### Location:

- Retention in care tends to be higher and rates of viral load suppression lower for PLWH in District Public Health Office (DPHO) areas.