

Strength in Partnership: Detroit Health Department Empowers People with HIV Through Involvement in Quality Improvement



Above is the Detroit Health Department HIV/STI Division Quality Management team. From left to right: Aneshia Solomon, HIV Care Manager; Isabella Warmbrunn, Data Analyst; Sajeda Ahmed, Senior Quality Management Specialist; Miglena Mihaylova, Quality Management Specialist; Ashlei Brooks, Quality Management Specialist; Angelique Tomsic, HIV Programs Director.

The Center for Quality Improvement & Innovation (CQII) congratulates the HIV/STI Division Clinical Quality Management (CQM) team at the Detroit Health Department (DHD) for outstanding work in quality improvement (QI). CQII is honored to present the DHD CQM Team with the 2025 Quality Award in the category of Involvement of People with HIV in QI for strengthening QI capacity of people with HIV through training, mentorship, and leadership opportunities.

The DHD serves approximately 3,000 Ryan White HIV/AIDS Program (RWHAP) clients by delivering a comprehensive range of services designed to diagnose and manage HIV, with a strong emphasis on innovation and client-centered care. The DHD has 12 RWHAP Part A subrecipients and eight Ending the HIV Epidemic in the U.S. (EHE) initiative subrecipients that provide linkage to care, community outreach and education, data-driven interventions, inclusion of people with HIV in QI committees, and empowerment through training (see below). At the DHD, there is a strong belief that involving people with HIV in decision-making affirms their expertise in their care and fosters trust between client and provider. Since 2019, the DHD has consistently involved people with HIV, demonstrating a clear commitment to keeping their experiences and perspectives at the center of decision-making.

To build QI skills and confidence among clients, the CQM Team offers several training and mentoring opportunities including Consumer Training on Quality, which is a formal CQM training developed by DHD based on various QI resources, including those developed by CQII. Participants apply to attend this virtual two-day training, which is grounded in real-world language and examples, which make QI concepts more relatable. They learn about a variety of

QI methodologies including the Model for Improvement, Plan-Do-Study-Act cycles, and data interpretation. The training is offered annually and usually includes between 10 and 12 participants. Building on the success of Consumer Training on Quality, the CQM Team created a mentoring program that deepens engagement in QI. The Consumer Mentoring Program was piloted in response to client interest in employment. The Program matches participants with DHD staff mentors for six months and ends with a presentation at the Annual DHD Quality Improvement Conference. Mentees choose their own topic and share their story, which fostered ownership of their work. Mentors support mentees in understanding data, engaging in quality committee discussions, and amplifying community input in health system decisions. Since 2018, the Program has supported approximately two participants per year, 15 in total to date.

In addition to participating in training and mentoring, people with HIV serve as members of the Eligible Metropolitan Area (EMA) annual Steering Committee. Every year, this committee identifies priority areas for QI projects across the EMA. People with HIV provide input on performance measures, review data, and interpret findings from a client perspective. In 2024, 11 of the 17 committee members were people with HIV. Typically, more people with HIV than providers apply to be on the committee and usually half the participants are people with HIV. The participation of people with HIV ensures the committee's work considers real-world experiences. Steering Committee activities include listening sessions and focus groups that inform QI goals and projects. Feedback and ideas from the Steering Committee are then shared with subrecipients, who develop their own QI projects in response.

Client feedback and QI projects have led DHD to develop more accessible care models, including non-traditional approaches to connect with clients. For example, some subrecipients communicate with younger clients via text messaging. Meaningfully involving people with HIV in QI efforts through client satisfaction surveys, focus groups, and participation on Quality Committees has led to measurable improvements in client satisfaction. Surveys and focus groups conducted by DHD show that clients report feeling more heard, respected, and engaged in their care due to seeing peers involved in shaping programs and promoting services. These improvements are directly informed from feedback and change ideas generated by people with HIV. People with HIV brainstorm solutions, provide valuable insight and intervention ideas, and co-lead QI projects.

Through these capacity building activities, people with HIV are equipped with the skills and knowledge to engage in QI work within their agency and the broader community. Several people translated this training into impactful roles. One participant became a Community Health Worker, using their experience to support people with HIV and bridge gaps in care.

Another participant was hired as an Early Intervention Services Worker at a local agency, directly contributing to engagement and retention of clients. Many participants serve as active members of QI committees at their respective agencies, where they assess performance data, identify service delivery issues, and test and refine change ideas. Through discussions, DHD and subrecipients gain valuable insight from clients about the barriers they face and use that information to shape service delivery.

When asked about the secret to their success, Isabella Warmbrunn, the team’s Data Analyst explained that “the most meaningful part has been the relationships we’ve built with clients over time. Having a consistent team means people recognize our faces and know who they can reach out to. We’ve been actively involved in committees and conferences, which has helped us build trust and rapport.” When asked if they had any advice for those just beginning QI, Sajeda Ahmed, the team’s Senior Data Quality Management Specialist shared that “QI is not an act, it’s a habit—ingraining it into the team is really important.”

DETROIT HEALTH DEPARTMENT - CONSUMER INVOLVEMENT (A BRIEF STORYBOARD)

Consumer Trainings on Quality



The Consumer Training on Quality provides PLWH formal training in CQM and QI methodologies including the Model for Improvement, Plan-Do-Study-Act (PDSA) cycles, and data interpretation.

Consumer Mentoring Program



The Consumer Mentoring Program pairs experienced CQM team members with PLWH engaged in or interested in QI work. This peer-to-peer mentorship model helps build confidence, foster leadership, and develop a deep understanding of quality management principles.

Steering Committee

Role of Steering Committee and Member Expectation

- Attend both meetings fully prepared and ready to contribute your ideas
- Review available data and make suggestions to service or system barriers with innovative ideas that are based on data
- Share solutions found in your own experience that may address barriers

The Steering Committee brings together PLWH to review data, assess service strengths and gaps, and help shape QI priorities for the upcoming year

Subrecipient QI Committees



Many PLWH trained through DHD's programs serve as active members of provider-level QI committees, helping identify service gaps, test improvement strategies, and advocate for client-centered changes at the site level.

Client Satisfaction Survey

Methodology Process, Sampling Plan, and Timeline

The process of the survey was as follows:



Sampling Plan:
A singular sample size was considered (see Table 1 below). Sample sizes were based on the number of clients served at both Corktown and OLASSA between March 5, 2023, and February 29, 2024 and included Part A clients (n = 97).

Table 1. Sample Size	
Population Size	841
Confidence Level	95%
Sample Size	117
Margin of Error Per Sample Size	7

Collaborative quality improvement—such as client satisfaction surveys, focus groups, and encouraging PLWH participation in Quality Committees—has led to measurable improvements in viral suppression, retention in care, and patient satisfaction

Annual QI Conference



Consumers and providers attend the annual QI Conference that includes food, networking opportunities and Quality Improvement Project presentations from HIV service agencies across the DEMA to promote healthy conversations around HIV and health (120+ people)

Above is a storyboard created by the DHD CQM team that depicts various activities in which people with HIV are meaningfully involved including training, mentoring, committees, surveys, and conferences.

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