

Healthier Together: Sun River Health Collaborates with People with HIV to Improve Health Literacy and Viral Suppression

The Center for Quality Improvement & Innovation (CQII) congratulates Sun River Health (SRH) for outstanding work in client engagement in quality improvement (QI). CQII is honored to present SRH with the 2025 Quality Award in the category of Involvement of People with HIV in QI for meaningfully involving people with HIV in the development and implementation of a QI project to improve nutritional health literacy and viral suppression.

SRH, a Federally Qualified Health Center, has been delivering high-quality, comprehensive health care since 1975. SRH offers a wide spectrum of care including primary care, behavioral health, oral health, and preventive health services in 40 locations throughout Hudson Valley, New York City, and Long Island, including 16 Ryan White HIV/AIDS Program (RWHAP) funded sites that serve approximately 2,400 clients. Across the SRH network, people with HIV serve in pivotal roles such as Adherence Workers, Peer Navigators, and Patient Support Specialists and significantly contribute to QI project design, implementation, and ongoing refinement, while using their experiences to identify barriers impacting treatment adherence.



Above is the MLK QI team. From left to right (left top) Maria Mezzatesta, Genesis Program Director; Jane Bertsch-Wells, Quality Improvement and Data Coordinator; (left bottom) Jaime Martinez, Care Manager; Edward Hansen, Peer Navigator; Rabia Iqbal, Data Coordinator; (middle) Vanessa Carolina, Genesis Program Regional Coordinator; Sabine Atherley, RAP Adherence Specialist; (right) Susan Baldrige, Peer Navigator

SRH has fostered participation of people with HIV in QI processes through several mechanisms. For example, the HIV QI Subcommittee, chaired by the Medical Director of HIV and hepatitis C, meets quarterly and includes peer navigators and Consumer Advisory Board (CAB) members, physicians, nurses, operational leaders, and quality assurance personnel who collaboratively analyze gaps in care, assess performance metrics, and identify strategies for improvement. Another mechanism for client participation in QI are SRH's regional CABs for the Hudson Valley, Suffolk County, and New York City. The CABs meet quarterly

and provide a structured forum for clients to share input on QI findings and make

recommendations on QI activities, allowing for a reciprocal exchange between clients and program leadership. Client feedback and input is complemented by annual client satisfaction surveys, which shape agency-wide QI priorities and are integrated into program planning.

In 2024, SRH's Martin Luther King, Jr (MLK) site, which serves approximately 150 clients, launched a Retention and Adherence Program (RAP) QI project that exemplified a person-centered approach. The project focused on enhancing nutritional health literacy, an important factor influencing adherence to antiretroviral therapy (ART). The HIV QI Subcommittee created the RAP QI Team, which included nutritionists, program managers, case managers, QI and data staff, and peer navigators. With the growing interest in examining barriers to care, the RAP QI Team focused on understanding the challenges faced by clients such as food insecurity and limited health literacy, since both negatively impact ART adherence. To address these challenges, the nutritionist and QI and data coordinator drafted a nutritional assessment tool in September 2024. RAP QI Team members reviewed the tool, and their feedback ensured the tool was comprehensive, relevant, and appropriate for all clients. By October 2024, they started using the Nutritional Health Literacy Assessment Tool. The tool was used to assess exercise, food choices, body image, leisure time, and interactions between medications and food to help clients not virally suppressed better understand the connection between nutrition, exercise, ART, HIV viral load, and health. RAP uses the tool at SRH's MLK site. The RAP QI Team is looking to expand use of the tool at other sites and integrating the tool into their electronic medical record system.

Peer navigators were instrumental in the RAP QI project. By co-designing the tool, they ensured that the content was accessible to clients. Peer navigators co-produced client education materials, developing language, visuals, and messaging that resonated effectively with clients. Peer navigators led the primary intervention, which involved one-on-one support sessions and educational discussions focused on reinforcing clients' understanding of nutrition in HIV medical care. Peer navigators received advanced instruction in Motivational Interviewing, trauma-informed care, and communication techniques that enabled them to deliver person-centered support sessions with empathy and effectiveness. Structured support for peer navigators included weekly QI meetings, clinical supervision, and collaboration with SRH's nutrition department. Comprehensive training and support not only strengthened the peers' capacity to lead interventions and contribute substantively to QI strategy and evaluation, but it also helped drive measurable outcomes. As a result of this project, the site achieved a significant increase in viral suppression rates, rising from 73% in August 2024 to 90% in December 2024.

People with HIV who participated in this QI project emerged as influential advocates for QI both within the RAP and across the broader SRH network. Leveraging personal experiences and success stories which were shared during QI team meetings and program updates, people with HIV motivated healthcare staff, promoted empathy, and garnered support for person-centered approaches across the care team. Examples of changes made due to involvement of people with HIV include language access and the expansion of the peer-to-peer support model to other SRH medical case management programs including dental, people aging with HIV, RWHAP Part C, hepatitis C, and behavioral health.

Another success of the RAP QI project was engaging clients in other QI activities. Since participating in the RAP QI project, four RAP clients participated in CAB meetings, two clients took part in an introduction to QI meeting, and one client participated in the quarterly clinical quality management meeting. In addition to the increased client participation in QI, the RAP QI Team used lessons learned in a new grant funded program involving people aging with HIV, which is focused on comorbidities. They plan to include health literacy as a key part of the program to slowly test and expand the nutritional assessment tool with more clients.

When asked about the secret to success of meaningfully involving people with HIV in QI work, Vanessa Carolina, the Genesis Program Regional Coordinator, explained that “a deeper level of engagement makes a difference, really tuning in to clients’ culture and struggles, working together on solutions, and ensuring that peers who can relate to them are present throughout the process.” Vanessa Carolina shared the RAP QI Team’s advice for those just starting out in QI: “Don’t fight the inevitable—QI is part of life, part of work, part of clients’ lives. Be patient, and don’t give up.”

Patient Question Prompts: *Open-Ended Questions that Staff completes with each patient to assist with Assessment.*

- 1) Tell Me What you eat for breakfast, lunch and dinner?
- 2) Do finances affect how regularly you eat and/or what you eat (if so, how)?
- 3) Where do you get your fruits and vegetables (are they available and/or affordable where you shop)?
- 4) How do you feel about your current weight and why?
- 5) Tell me what you do for exercise?
- 6) Are you able to carve out time for exercise & relaxation; can you find places for these types of activity?
- 7) Do you ever eat for comfort, to treat yourself and/or when you’re bored?
- 8) How do manage your medication around your meals?
- 9) Do you talk with your HIV provider about any other medications (prescribed and over the counter), vitamins and/or supplements you may be taking?
- 10) Right now, we are trying to help you manage your viral load. Do you see any connection between the things we discussed about food and exercise and your elevated viral load.

Please check the appropriate box that corresponds to the response for each of the following statements:

Legend: 1 – Not at all OR I don't know
 2 – Rarely
 3 – frequently
 4 – always

Question	Number (1-4)
1. Patient adheres to a balanced diet	
2. Patient has easy access to fruits and vegetables	
3. Financial challenges do NOT pose a barrier to patient adhering to a healthy and balanced diet	
4. Patient engages in regular exercise	
5. Patient does NOT struggle with emotional eating (overeats or eats the wrong foods)	
6. Patient is comfortable consulting with HIV provider about any other medications (prescribed and over the counter), vitamins and/or supplements you may be taking	
7. Patient is able to engage in self-care activities that promote healthy eating and exercise	
8. Patient has a positive self-image as it relates to the body	
9. Patient is at a healthy weight	
10. Patient understands how nutrition impacts viral load	
Total	

Above is the Nutritional Literacy Health Assessment developed by the Sun River Health RAP QI Team - patient question prompts (left) and scoring matrix (right).

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