

Housing Instability: A Barrier to Urban AIDS Reponses

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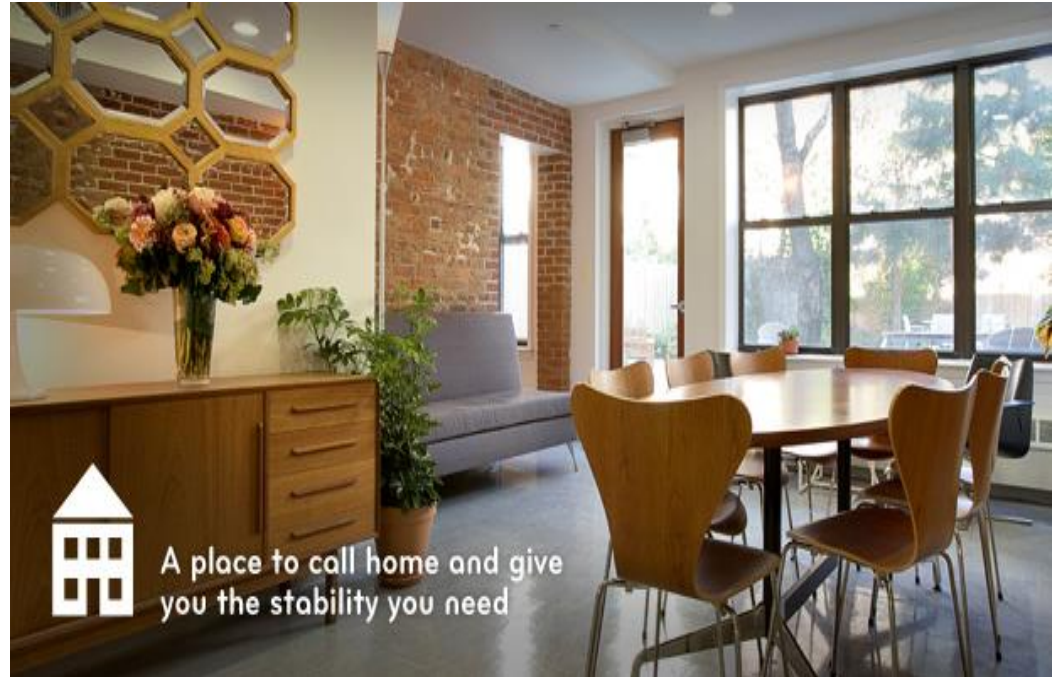


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Housing is HIV Prevention & Care

Housing is unique as a social determinant of health shaping our daily lives – while also a manifestation of broader, antecedent, structural processes of inequality and marginalization that are fundamental drivers of HIV vulnerability and poor HIV health outcomes.



Housing Status and HIV Health

Review of the literature identified 152 relevant peer-reviewed papers

- Compared to PWH with adequate housing, homelessness and unstable housing was significantly associated with:
 - Delayed entry into HIV care
 - Discontinuous care
 - Not being on antiretroviral therapy and lower rates of adherence
 - Detectable viral load
 - HCV, TB and other comorbidities, poor health functioning & lower quality of life
 - Higher rates of emergency and inpatient health care utilization
 - HIV-related mortality
- Housing status independently associated with poor HIV health outcomes, controlling for individual characteristics and behavioral barriers to effective HIV care

For citations, see the References at the end of this presentation.

Housing Status and HIV Risk

Examples of consistent evidence linking housing status and HIV vulnerability

- Rates of HIV incidence as much as 16 times greater among persons experiencing homelessness
- Significant association between housing instability and HIV sex and drug risk behaviors among persons with the same sociodemographic, clinical, substance use, mental health, and service use characteristics
- Among persons already disproportionately impacted by HIV (MSM, PWID, transgender women), housing instability has a significant independent impact on rates of infection
- Over time, persons who improved housing status reduced risk behaviors by half, while those whose housing status worsened were 4 times more likely to increase risk through activities such as sex exchange
- Stable housing improves access and adherence to antiretroviral medications, which suppresses viral load and eliminates the risk of sexual transmission

For citations, see the References at the end of this presentation.

Impact of Housing Supports

- Studies (including two RCTs) show that increased housing stability is independently associated with:
 - HIV primary care visits, continuous care & care that meets clinical standards
 - Effective ART (viral suppression)
 - Better HIV related health status (as indicated by viral load, CD4 count, lack of co-infection with HCV or TB)
 - Steep reductions in mortality (80% over 5 years in a one large study)
- Cost analyses indicate that public investment in housing supports is cost-effective or cost-saving HIV health care
 - Prevents ongoing transmission, averting new infections
 - Significantly reduces the use by PWH of avoidable emergency and inpatient care

For citations, see the References at the end of this presentation.

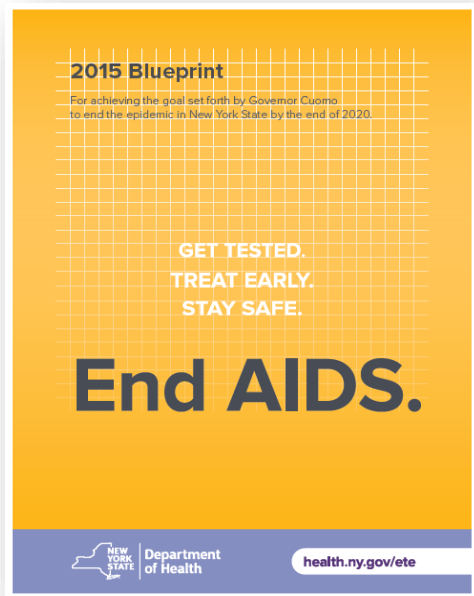
Consistent Findings Across Settings

- Most research conducted in high-income settings, but available studies show consistent findings on the impact of housing status in middle- and low-income countries
- Housing status & HIV incidence:
 - A systematic review of the global literature found that the estimated 100 million persons worldwide who are homeless experience dramatically higher rates of TB, HCV and HIV infection than the general population in their areas
 - In Ukraine urban centers 28% of youth who were both homeless and orphaned were HIV-infected
- Housing status & HIV health care:
 - Among HIV-infected patients in Cote d'Ivoire, poor housing conditions (e.g., no refrigerator; no ventilation in bedroom) were associated with not being on antiretroviral treatment
- Housing status & HIV health disparities
 - A survey and HIV testing of over 8,000 South African residents indicated that persons living in informal settlements in urban areas had the highest HIV prevalence rate, almost twice the rate for the group as a whole
 - Among 345 transwomen in Rio de Janeiro, 78% had been diagnosed with HIV, among those with HIV only 35% were virally suppressed, and those who reported unstable housing had significantly lower odds of viral suppression

For citations, see the References at the end of this presentation.

New York City's Unique Response to Social Determinants of HIV Health Outcomes

NYS EtE Housing Recommendations



- ✓ **Developed** by an ETE Taskforce of 63 NYS experts & community members
- ✓ **30 Blueprint (BP) Recommendations** to get to the 2020 goal of 750 new infections or less
- ✓ **7 Getting to Zero (GTZ) Recommendations**
- ✓ **BP8:** Meet non-medical needs to ensure effective HIV care, including stable housing
- ✓ **BP16:** Ensure access to stable housing as an evidence-based HIV health intervention
- ✓ **GTZ1:** Provide a single point of access to housing and other benefits

Timeline of NYC's Housing Intervention

In 2016, NYC become the 1st jurisdiction to guarantee housing, food & transportation supports for low-income people with HIV

- **1985** – NYC's Human Resources Administration establishes a Division of AIDS Services (now HIV/AIDS Services Administration, or HASA) to provide housing, food & transportation
- **1988** – Litigation to expand HASA eligibility
- **1990** – NYS HIV Emergency Shelter Allowance rental assistance program
- **1996** – Litigation to protect HASA services from budget cuts
- **1997** – HASA services codified in NYC local law
- **2014** – ETE implementation of 30% rent cap affordable housing protection
- **2016** – ETE expansion of HASA housing & services to all low-income people with HIV

June 2019: HASA Housing Supports

- HASA provides a single point of entry for publicly funded HIV social protection
- 33,526 households receive HASA case management & services*
- 28,011 HASA households receive housing supports (20% of NYC PWH)*
 - 65% live independently with NYC/NYS rental assistance
 - 4% receive NYC/NYS rental assistance to live in public housing
 - 17% live in permanent supportive housing programs
 - 3% live in transitional supportive housing programs
 - 11% live in emergency single room occupancy housing
- Rates of viral load suppression linked to level of housing stability**
 - 80% among persons in independent housing
 - 77% in permanent supportive housing
 - 60% in emergency housing

* NYC Human Resources Administration, *HASA Facts, June 2019*.

** NYC Department of Health and Mental Hygiene, Viral suppression (<200 copies/ml) among HASA clients by housing type, February 2018.

Housing plus care at Housing Works

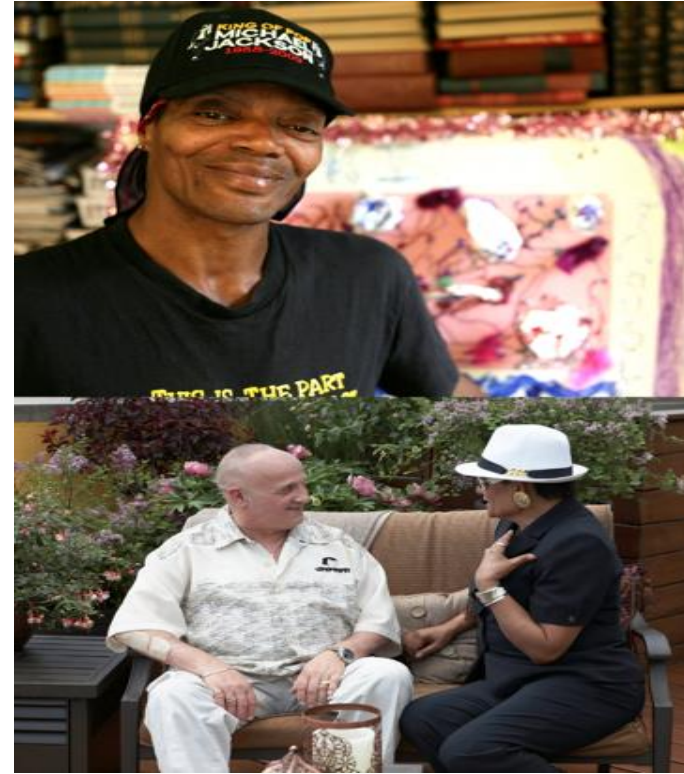


Housing Works: A NYC based healing community with a mission to end homelessness & AIDS

- Housing assistance with linkage to health care and supports
- Low-threshold, harm reduction housing approach
- 183 units for PWH who face barriers to effective HIV care
 - Extremely low-income
 - Women recently released from incarceration
 - Transgender women
 - LGBTQ youth age 18-24
- For many residents, housing support necessary but not sufficient
- *Undetectables* viral load suppression toolkit adds financial incentives to integrated health care and case management
- For the past 36 months, over 90% of housing residents virally suppressed

Housing Interventions: A Core EtE Component

- ✓ Support engagement & retention in care
- ✓ Stop HIV-related mortality
- ✓ Reduce the risk of ongoing HIV transmission
- ✓ Reduce harm related to active substance use
- ✓ Provide the stability necessary to empower residents to work towards employment & other life goals
- ✓ Lower costs by averting new infections and reducing avoidable health care utilization



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