



Low-Threshold Housing: A Powerful Strategy for Ending HIV Epidemics

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The logo for the Fast-Track Cities Institute. It features a stylized graphic on the left with colorful vertical bars and a red ribbon-like shape. To the right, the words "FAST-TRACK CITIES" are written in bold black capital letters, and "INSTITUTE" is written in white capital letters inside a red rectangular box below it.

FAST-TRACK CITIES
INSTITUTE

Why Housing?

Housing status – among the strongest predictors of HIV health outcomes – 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 assistance is a powerful tool for addressing these upstream drivers of health inequity that may be less amenable to effective intervention.



A place to call home and give you the stability you need

Housing Assistance: Evidence-Based HIV Healthcare

- Systematic review of the research literature (152 relevant articles) – Consistent findings that **homelessness & housing instability** independently linked to:
 - Increased risk of acquiring HIV infection
 - Inadequate HIV care and lack of retention in care
 - Lower rates of viral load suppression
 - Increased use of avoidable emergency and inpatient health services
 - Premature mortality
- Studies of housing interventions (including 2 RCTs) – Find **improved housing status** independently associated with:
 - Continuous HIV care that meets clinical standards
 - Effective antiretroviral therapy (viral load suppression)
 - Steep reductions in mortality (80% over 5 years in a one large study)
 - Savings in public spending on avoided health and emergency services that offset housing costs

See **Reference** slides for citations

Consistent Findings Across Global Settings

- Most housing research has been 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
 - Among people who inject drugs, homelessness and unstable housing significantly associated with risk of acquiring HIV and HCV
- Housing status & HIV health care:
 - Among HIV-infected patients in Cote d'Ivoire, poor housing conditions 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

See **Reference** slides for citations

Yet Housing Assistance Falls Far Short of Need Even in High Income Settings

- In the United States, **more than one in five people** with diagnosed HIV (21%) experience homelessness or unstable housing in any given year
- Unstably housed PWH were more likely to be dealing with other social determinants such as lack of education, previous incarceration, and living at or below poverty level
- Compared to stable housing, homelessness or unstable housing was associated with poorer medical and behavioral health:
 - Worse retention in HIV care
 - Less likely to be virally suppressed
 - Higher rates of depression and anxiety disorder
 - More hospitalizations and emergency room visits

See **References** slides for citations

What are the barriers to improved housing status?

- Inadequate public resources for housing supports – of course
- But lack of resources is exacerbated by program criteria that bar people with HIV based on active substance use and/or untreated mental health issues
- Low-threshold, harm reduction housing models, also known as Housing First approaches, are not employed at scale because behavioral health goals are conflated with and elevated above ending the epidemic, addressing health inequities, individual wellbeing
- Poor understanding and experience of harm reduction approaches combines with ongoing stigma and marginalization of people who use drugs, have mental health issues, or are otherwise deemed to be not "housing ready"
- Effective programs and crisis systems must instead be "consumer ready"

Housing First, Harm Reduction Housing Assistance: Evidence-Based Best Practice

What is Housing First?

- Person-centered, harm reduction framework for ending homelessness that prioritizes placement in stable housing as an essential foundation for pursuing other health and social goals
- Acceptance of residents without preconditions and barriers to entry, such as sobriety, or treatment or service participation requirements
- Supportive services are voluntary but actively offered to persistently engage residents to ensure housing stability and optimal wellbeing
- Key to achieving EHE goals – To engage and meet the needs of priority populations and those marginal to care who are most likely to be rejected by conditioned housing programs.

What's the evidence?

- Results in social and clinical stabilization that is more rapid and enduring than housing models that are conditioned on “housing readiness,” sobriety, or commitment to treatment programs
- A recent systematic review found Housing First models improved housing stability & reduced homelessness more effectively than “treatment first” or conditioned housing, and produced better health benefits and avoidable health service reductions
- Endorsed as a best practice by U.S. agencies responsible for housing assistance (HUD) and health and social services (HRSA)

See **References** slides for citations

Housing Works HIV Housing Programs

- Low-threshold, harm reduction housing approach since 1990
- Private apartments in community residences and scatter site locations
- Currently house 444 low-income PWH – individuals, couples, and families
- Serve PWH who face barriers to care, including
 - Drug users
 - People with mental health diagnoses
 - People of trans experience
 - LGBTQ young adults 18-24
 - Women leaving incarceration



Housing Plus Care at Housing Works



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

- Low threshold for admission to housing
- Substance use acknowledged as a part of some people's lives
- For many residents, housing assistance necessary but not sufficient for ongoing stability
- Active engagement (minimum of monthly visits) using a motivational interviewing approach to support housing stability and resident goals
- Facilitated linkage to health care and supports
- Neither sobriety nor participation in treatment/supports required as a condition of residency
- **Undetectables** viral load suppression toolkit adds financial incentives to integrated health care and case management

Housing Works Residents at September 2022

444 residents living with HIV

- 92% Black (68%) or Latinx (24%)
- 35% LGBTQI+
- 10% young adults aged 18 to 24
- 15% transgender, non-binary, non-conforming, gender queer
- 77% have mental health diagnoses
- 57% are active substance users
- Over 60% homeless at admission

Rates of Viral Suppression

- 88% virally suppressed (lab within last 6 months)
- 83% average viral suppression over last 12 months
- Includes all residents, including newly housed
- Rates as high as 97% among long-term residents
- 71% fully vaccinated for COVID

Housing Interventions: A Core EtE Component

- ✓ Support engagement & retention in care
- ✓ Stop HIV-related mortality
- ✓ Reduce 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
- ✓ Essential to address HIV health inequities



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