



Housing is HIV Prevention and Health Care

Mobilizing Knowledge: Housing is HIV Prevention and Care

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Housing is HIV Prevention and Health Care

“Research without action is dusty books on a shelf...and action without research is simply a tantrum.”

—Shirlene Cooper, NYC AIDS Housing Network
Opening keynote, Housing & HIV/AIDS Research Summit III



Research and Public Policy

- Individual stories are important, but...
- To impact policy & funding decisions:
 - Science-based data on housing and HIV prevention and health outcomes is *IMPORTANT*
 - Science-based data on the cost-effectiveness of HIV/AIDS housing interventions is *ESSENTIAL*
- With evidence to back them, policy makers can secure the resources we need to serve people living with HIV/AIDS





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Introduction

Housing and HIV/AIDS Research Summit Series

- Increasing evidence directs attention to the role of housing - or lack of housing - for the continuing HIV epidemic and health disparities
- Since 2005 the summit series has provided a regular forum for presentation and discussion of research findings on the relationship of housing to HIV prevention and care
- Summit IV, held June 3-5, 2009, was the 1st **North American** Summit, convened by the National AIDS Housing Coalition (NAHC) and the Ontario HIV Treatment Network (OHTN), in collaboration with the Johns Hopkins Bloomberg School of Public Health
- Summit series products include policy papers, an advocacy tool kit and a November 2007 special issue of the journal *AIDS & Behavior*



Housing is HIV Prevention and Health Care

Introduction

Overview of this presentation:

- What the research tells us about:
 - HIV and homelessness
 - Housing and HIV prevention
 - Housing and health care
- Results of housing based interventions
- Policy implications:
 - Housing: a sound public investment
 - Housing: an effective structural HIV prevention & health care intervention
- Citations for the research findings in this presentation are available in the NAHC Policy Papers and Abstracts of Recent Articles included in your Summit IV CD Briefing Book.





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HIV and Homelessness

Homelessness—a major risk factor for HIV infection

- Rates of HIV infection are 3 times to 16 times higher among persons who are homeless or unstably housed, compared to similar persons with stable housing
- 3% to 14% of all homeless persons are HIV positive (10 times the rate in the general population)
- Over time studies show that among persons at high risk for HIV infection due to injecting drug use or risky sex, those without a stable home are more likely than others to become infected





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HIV and Homelessness

HIV—a major risk factor for homelessness

- 17% to 70% of all PLWHA report a lifetime experience of homelessness or housing instability
- 10% to 16% of all PLWHA in some communities are literally homeless at any time —sleeping in shelters, on the street, in a car or other place not meant for human habitation
- Twice as many PLWHA are unstably housed, faced with housing problems or the threat of housing loss
- Rates of housing need remain high - as some persons get their housing needs met others develop housing problems





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HIV and Homelessness

Homelessness = poor health outcomes for PLWHA

- Homeless/unstably housed PLWHA are less likely to receive appropriate health care & experience higher rates of opportunistic infections, HCV and other co-morbidities
- All-cause death rate among homeless PLWHA five times the death rate for housed PLWHA
- Death rate due to HIV/AIDS seven to nine times the death rate due to HIV/AIDS among the general population





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Housing and HIV Prevention

Housing status predicts HIV risk behaviors

- Research shows a direct relationship between housing status and risk behaviors among extremely low income HIV+ persons with multiple behavioral issues
- Homeless or unstably housed persons were 2 to 6 times more likely to use hard drugs, share needles or exchange sex than stably housed persons with the same personal and service use characteristics
- Homeless youth were 4 to 5 times more likely to engage in high-risk drug use than youth in housing with some adult supervision and over twice as likely to engage in high-risk sex
- Homeless women were 2 to 4 times as likely to have multiple sex partners as housed indigent women - in part due to the effects of physical violence
- Harm reduction and other behavioral prevention interventions are much less effective for participants who lack stable housing





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Housing and HIV Prevention

What's new?

- Stein (*AJMH*) study of 479 homeless men: sexual risk behavior more frequent the worse the housing situation (living on street or abandoned building)
- Marshall (*Health & Place*) study of 529 street-involved youth: Homeless youth use condoms less consistently. Unstably housed youth have more sex partners
- Kidder (*JAIDS*) study of 8075 HIV+ adults: Homeless people more likely to engage in substance use and HIV transmission risk behaviors, such as unprotected sex with unknown status partner, greater number of partners
- Towe (*J of Adolescent Health*) study of 556 male street children in Pakistan: Longer homeless periods associated with having exchanged sex for money, drugs or goods





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Housing and HIV Prevention

Housing is HIV Prevention

- Overtime studies show a strong association between change in housing status and risk behavior change
- Over time, persons who improved housing status reduced risk behaviors by half; while persons whose housing status worsened over time were 4 times as likely to exchange sex
- Access to housing also increases access to appropriate care and antiretroviral medications which lower viral load, reducing the risk of transmission





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Housing and Health Outcomes

Lack of stable housing = lack of treatment success

- Homeless PLWHA compared to stably housed:
 - More likely to delay entry into care and to remain outside or marginal to HIV medical care
 - Worse mental, physical & overall health
 - More likely to be uninsured, hospitalized & use ER
 - Lower CD4 counts & less likely to have undetectable viral load
 - Fewer ever on ART, and fewer on ART currently
 - Self-reported ART adherence lower
- Housing status found more significant than individual characteristics as a predictor of health care access & outcomes





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Housing and Health Outcomes

What's new?

- Bamberger (in press) observational study of 676 homeless PLWHA identified through the SF AIDS registry found that over 5 years, obtaining supportive housing was independently associated with an 80% reduction in mortality.
- Morrison (*Int J of Epi*) study of 6,323 homeless adults in Glasgow: Over 5 years, 1.7% of the general population died and 7.2% of the homeless cohort died
- Walley (*AIDS*) study of 595 HIV+ persons with alcohol problems: People who reported homelessness within last 6 months had an almost 3 times greater risk of death





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Housing Interventions Work

Housing assistance works to create stability

- Reporting by the federal HOPWA program shows high levels of stability at low per-unit costs:
 - 89% of households receiving average annual rental assistance of \$3,750 remain stably housed after one year
 - 79% of residents of supportive housing stably housed at an average annual cost of \$9,000
- Increasing evidence that supportive housing enables chronically homeless persons to achieve and maintain stability despite serious medical & psychosocial issues





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Housing and Health Outcomes

Stable housing improves health outcomes

- Homeless/unstably housed PLWHA whose housing status improves over time are:
 - More likely to report HIV primary care visits, continuous care & care that meets clinical practice standards
 - More likely to return to care after drop out
 - More likely to be receiving HAART
- Increased housing stability is positively associated with:
 - Effective HAART (viral suppression)
 - Better HIV related health status (as indicated by viral load, CD4 count, lack of co-infection with HCV or TB)



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Housing Interventions Work

What's new?

- Two large-scale, longitudinal intervention studies examine the impact of housing on health care utilization & outcomes among homeless/unstably housed persons with HIV & other chronic medical conditions
 - The ***Chicago Housing for Health Partnership*** followed 407 chronically ill homeless persons over 18 months following discharge from hospitals, including an HIV sub-study among 34% of participants who are HIV+
 - The ***Housing and Health (H&H) Study*** examined the impact of housing on HIV risk behaviors, medical care and treatment adherence among 630 HIV+ persons who were homeless or unstably housed at baseline





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Housing Interventions Work

New evidence that housing is an effective & cost-saving health care intervention

- Sadowski (*JAMA*) study of 407 homeless adults with chronic illnesses: Participants assigned to housing had 29% fewer hospitalizations, 29% fewer hospital days, and 24% ED visits than “usual care”
- Buchanan (*AJPH*) study of 105 HIV+ CHHP participants: Those assigned to housing had lower risk of death, higher probability of intact immunity, and higher chance of undetectable viral load
- The Housing and Health (H&H) Study Team: examined the impact of housing on medical care and treatment adherence among 630 HIV+ persons who were homeless or unstably housed at baseline





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Housing Interventions Work

Low-demand “housing first” models work

- “Housing first” models (employed in both H&H & CHHP) place persons with substance use and/or mental health issues directly into permanent housing without requiring sobriety
- Growing evidence shows that these programs achieve housing and service use outcomes comparable to traditional abstinence-only supportive housing
- Low-demand housing programs demonstrate that “housing readiness” is not a good predictor of outcomes





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Housing Interventions Work

What's new?

- Larimer (*JAMA*): Housing First modal for persons with severe alcohol problems created stability, cut costs and reduced alcohol consumption.
- CHHP & H&H findings: both interventions employed a Housing First approach
- Bamberger (in press): low-threshold, harm reduction supportive housing for homeless PLWHA in SF created stability & reduced mortality by 80%





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Housing Interventions Work

Investments in housing reduce other public costs

- A growing body of evidence shows that investments in supportive housing for persons with HIV and other disabilities sharply reduce avoidable emergency & inpatient health services, reduce ongoing involvement with the criminal justice system, & reduce use of other expensive emergency and acute care services.
- Such savings have been found to offset up to 95% of the cost of supportive housing
- These cost-offset analyses support the provision of housing even before taking into account the costs of heightened HIV risk & treatment failure among homeless PLWHA





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Housing Interventions Work

Housing is a cost-effective HIV prevention intervention

- Preventing one new case of HIV infection in the U.S. saves \$300,000 in life-time medical costs
- Threshold analyses from the H&H study and other cost analyses indicate that housing interventions that reduce HIV risk behaviors (and new infections) may in fact be a cost-saving and cost-effective HIV prevention intervention
- Holtgrave (*AIDS & Behavior*): If 1 out of every 19 H&H clients avoided HIV transmission, the intervention would be cost-saving





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Housing Interventions Work

What's new?

- Holtgrave (*Summit IV*): If 1 out of every 19 H&H clients avoided HIV transmission, the intervention would be cost-saving
- Sadowski (*JAMA*): For every 100 homeless adults given housing, predict 49 fewer hospitalizations, 270 fewer hospital days, and 116 fewer ED visits over the course of 1 year
- Larimer, et al (*JAMA*): Rate of healthcare costs for homeless individuals with severe alcohol problems decreased 53% after getting housed
- Gilmer (*Psych Services*): Participants in a CA housing first program had increased utilization of outpatient services, decreased utilization of inpatient and emergency services, as well as criminal justice system services





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Beyond a “Risky Person” Paradigm

Risky contexts vs. risky persons

- Research findings indicate that the condition of homelessness, and not simply traits of homeless individuals, influence risk behaviors and health service utilization
- HIV+ persons with housing problems are more likely to engage in sex & drug risk behaviors, are less likely to be engaged in appropriate medical care
- Overtime analyses show improvement in housing situation associated with reduction in HIV risk behaviors and positive change in medical outcomes
- Data show strong & consistent relationship between housing and HIV risk and health outcomes, regardless of other individual characteristics, health status, or service use variables





Housing is HIV Prevention and Health Care Beyond a “Risky Person” Paradigm

Housing—a structural HIV prevention & care intervention

- HIV research & practice emphasizing individual-focused factors are not sufficient
- To effectively address HIV risk & health care disparities requires attention to structural factors—environmental or contextual factors that influence ability to avoid risk, use resources, adhere to care
- Housing provides a strategic point of intervention





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Transforming Research into Policy Initiatives

Summary of key findings on Housing & HIV

- Homelessness and unstable housing are linked to greater HIV risk, inadequate care, poor health outcomes & early death
- Studies also show strong & consistent correlations between improved housing status and...
 - Reduction in HIV/AIDS risk behaviors
 - Access to medical care
 - Improved health outcomes
 - Savings in taxpayer dollars
- The Housing & Health (H&H) study and Chicago Housing for Health Partnership (CHHP) demonstrate that housing is an effective and cost saving health care intervention for homeless/unstably housed persons with HIV & other chronic conditions





Housing is HIV Prevention and Health Care

Transforming Research into Policy Initiatives

Yet housing is the greatest unmet service need of PLWHA

- 1.2 million PLWHA in the United States—half (600,000) will need housing assistance at some point
- The Federal Housing Opportunities for Persons with AIDS (HOPWA) program serves only 70,500 households/year nationwide
- There is not a single county in the US where a person on SSI (\$637 in 2008) can afford even a studio apartment
- A recent survey of PLWHA's in and around Tampa, Florida revealed that 84% could be considered unstably housed, as indicated by rent burden or other factors
- An ongoing study of US veterans living with HIV shows 32% have experienced homelessness, and 7% are currently homeless



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Transforming Research into Policy Initiatives

Summit series goal: Advocacy for HIV housing assistance:

- As a basic human right
- As a necessary component of systems of care to enable PLWHA to manage their disease
- As an exciting new mechanism to end the AIDS crisis by preventing new infections





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Transforming Research into Policy Initiatives

Finding from rigorous research:

- “Credential” what we’ve known for years as HIV/AIDS housing consumers, providers and advocates;
- Provide critical support for the maintenance and expansion of existing HIV/AIDS housing resources; and
- Pave the way for new housing policies and practices consciously structured and studied as public health interventions





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Transforming Research into Policy Initiatives

So what do we do with this evidence?

- Get informed
- Gather the facts
 - Document local need and the results of housing programs
 - Learn about the low income housing crisis in your community
- Spread the word
 - In-reach to your own organization
 - Out-reach to other providers & advocates
- Inform housing & healthcare policy at every level of government
 - Educate federal and local electeds
 - Share data with key agencies
 - Make sure local planning is informed by the facts





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Transforming Research into Policy Initiatives

Get involved!

- Stay in touch with NAHC - www.nationalaidshousing.org
- Join the **International AIDS Housing Roundtable** (on the NAHC site)
- Endorse the **International Declaration on Poverty, Homelessness and HIV** (on the NAHC site)
- Use the **NAHC Policy Tool Kit**
<http://www.nationalaidshousing.org/policytoolkit.htm>
 - Housing and HIV/AIDS Research Summit **policy papers**
 - Issue **fact sheets**
 - Annotated **PowerPoint** presentation of key research findings
 - Sample **letter** to an elected or appointed official
 - Data-based **talking points** on frequently asked questions



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