Low-threshold Harm Reduction Housing is HIV Prevention and Health Care

Social Protection: Advancing the Response to HIV

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About Housing Works

• Housing Works is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts.

• We are a NYC community-based organization providing integrated care for homeless and formerly homeless people with HIV/AIDS
  – Primary health care
  – Behavioral health services
  – Housing and assistance with other basic subsistence needs
  – Case management and care coordination
  – Job training and employment opportunities

• We serve approximately 1,500 active HIV+ clients each year
  – 84% identify as black or Hispanic
  – 33% identify as gay, lesbian, bisexual, trans or gender non-conforming
  – > 50% have histories of incarceration
  – > 50% are co-infected with HCV
  – 100% live at or below the poverty line
  – 90% have extended histories of mental illness and/or chemical dependence
Why housing?

• Homelessness and unstable housing are both a cause and effect of HIV infection
  – rates of homelessness and housing instability are high among PWH in the US (the government recently reported that as many as 145,000 households with HIV have an unmet housing need)
  – housing instability increases vulnerability – the rate of new HIV infections among homeless persons in NYC has been found to be 16 times the rate in the general population
  – PWH who are members of marginalized groups and those with co-occurring issues such as past or current substance use are most heavily affected by both housing loss and HIV disparities, often literally or effectively excluded from abstinence-based programs

• Housing status is a key driver of HIV health disparities that is highly amenable to cost-effective intervention

• New York City’s unique HIV response has included housing supports for extremely low-income people with HIV since the late 1980’s
  – currently, over 23,000 New Yorkers with HIV receive government-funded housing subsidies
  – housing and other subsistence supports have been key to a 40% reduction in annual HIV infections over the past decade, while the US as a whole saw no reduction
What’s the evidence?

• Systematic review of the empirical evidence on the role of housing status for medical care and health outcomes among people with HIV infection
  – published 2016 in the American Journal of Public Health*
  – 152 studies representing 140,000 HIV+ participants published 1997 – 2015
  – available open access at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695926/

• Homelessness, insecure or inadequate housing consistently associated with:
  – worse engagement with HIV health care - poor retention in care, lack of ART uptake, lack of adherence to treatment
  – poor HIV clinical outcomes – failure to achieve viral suppression
  – Increased sex and drug risk behaviors
  – Premature mortality

• Over time, improved housing stability independently associated with:
  – engagement with HIV care that meets clinical standards
  – effective antiretroviral therapy (as indicated by viral suppression)
  – better HIV related health status (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)
  – significant reduction of HIV-related risk behaviors
  – net savings in public spending due to reductions in avoidable crisis care

The intervention: Housing Works’ housing programs

- Direct housing assistance with linkage to HIV care and support services
- 216 units for extremely low-income households living with HIV
  - 167 units in Housing Works community residences (10 properties)
  - 49 “scatter site” units in rental apartments
  - Includes programs for transgender women and women leaving incarceration
- Low-threshold, harm reduction housing approach
  - Neither admission nor retention conditioned on abstinence or a commitment to end drug use
  - Focus on behaviors rather than status as a drug user
- Financing
  - Capital costs: government grant funding, government-backed bond financing and private donations
  - Operating costs: government-funded tenant-based rental assistance for extremely poor PWH and grant funding for linked supportive services
  - Targeted HIV government subsidies (as a public health priority) from local, state and federal agencies charged with social protection responsibilities
Housing Works program outcomes

• Community-based participatory research collaboration with researchers at the University of Pennsylvania

• High levels of housing stability over time (over 66% positive housing outcomes) despite current substance use, histories of incarceration, mental health issues and long-term homelessness

• Residents almost three times more likely to have an undetectable viral load at most recent check-up, compared to viral load at the time of intake (OR=2.89, 95% CI=5.87, 1.42)

• Qualitative results indicate that stable housing undermines chaotic and risky physical environments and facilitates service-utilization that ultimately reduces HIV risk and improves HIV medication adherence
WHO ARE THE UNDETECTABLES?

FIND OUT SPRING 2014
How’s it going in housing?

• Viral load suppression elevated as a core program outcome

• Weekly face-to-face meetings with all housing residents
  – Daily case manager contact with clients in community residences
  – Option of informal DOT or pill boxing by housing case managers

• Monthly Clinical Director & Case Manager check-in on VLS status & strength-based plans for residents with multiple barriers/needs

• Overall *Undetectables* results at 24 months – 83% VLS (≤50 copies/ml), up from 59% at program enrollment

• ≥ 95% VLS (≤50 copies/ml) at all points over the last 12 months for *Undetectables* participants in housing programs for two vulnerable groups – recently incarcerated women and transgender women
Housing is HIV prevention and healthcare

- Critical enabler of HIV treatment
- HIV prevention to reduce the risk of ongoing HIV transmission
- Harm reduction intervention for active substance users
- Provides the stability necessary to empower residents to work towards employment and other life goals
- Cost-effective HIV prevention and care
For more information

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