Housing as an Intervention for HIV Linkage to Care

Research, Best Practices, and Community Strategies

CSH

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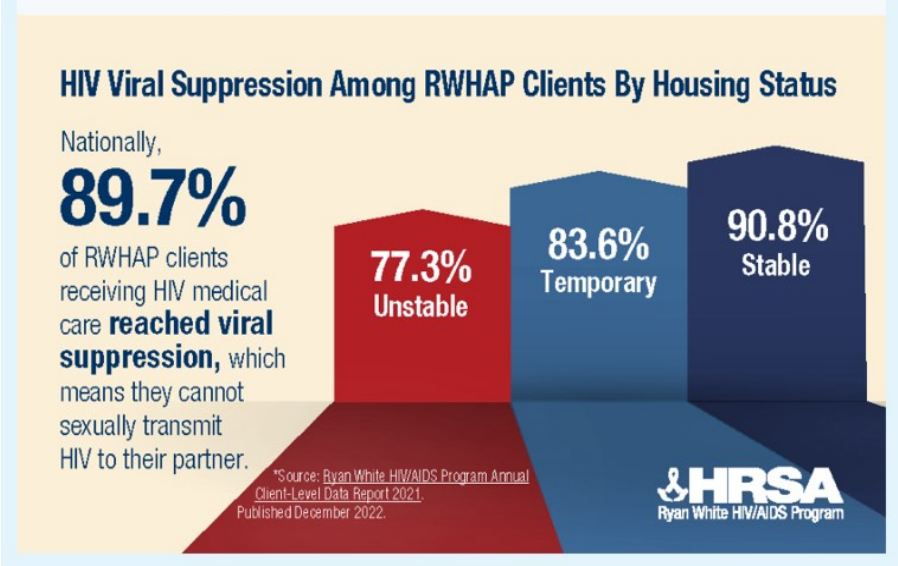
Background

Patients with HIV/AIDS face numerous individual-level and structural barriers to engagement in care. Research indicates that unstable housing and homelessness profoundly impact the ability of people with HIV to achieve and sustain viral suppression. This is because individuals with HIV who are experiencing homelessness or unstable housing are more likely to delay HIV care and less likely to access care consistently or adhere to their treatment[i].

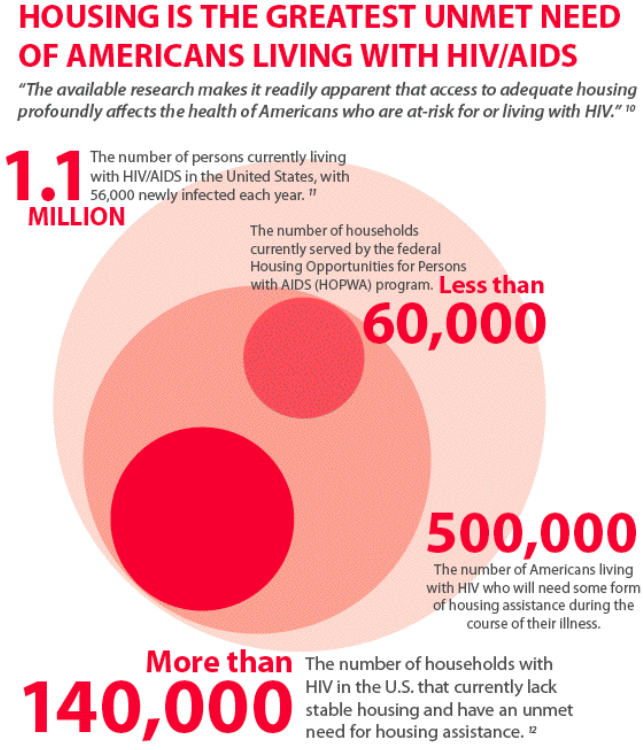
Purpose

This publication aims to increase the recognition of housing as an evidence-based, multifunctional intervention for people with HIV experiencing homelessness. Housing is a strategic and powerful driver for improving clinical outcome measures on a client, clinic, and systems level. This publication will elevate key findings in research, best practices, and community strategies where housing as an intervention for HIV linkage to care has been realized and implemented.



(Figure 1) HIV Viral Suppression Among RWHAP Clients by Housing

Readers of this publication will gain an understanding of the critical importance that housing has in relation to linkage and retention in HIV care, insights into patient-centered approaches for assessing and addressing housing needs, and explore challenges, barriers, and strategies at both patient and community levels to address housing instability in the context of HIV care.



(Figure 2) Stable housing among HIV/AIDS homeless population.

Key Findings

The literature outlines a significant, positive association between increased housing stability and outcome/performance measures such as accessing appropriate HIV medical care, adherence to antiretroviral therapy (ART), achieving viral suppression, reducing substance use, and reducing risk of transmission[ii]. The direct correlation between improved health outcomes for people with HIV experiencing homelessness who are linked to housing is well-supported in the field of public health, behavioral and mental health, local, state, and federal strategies[iii]. The data speaks volumes. According to client-level data from the Ryan White HIV/AIDS Program (RWHAP) between 2010 and 2021, the rate of viral suppression increased from 54.8% to 77.3% for clients with unstable housing, compared to 71.2% to 90.8% (see Figure 1[iv]) among clients with stable housing[v].

Beyond client-level benefits, savings in health care costs support public investment in housing for people with HIV[vi]

even before considering the savings associated with reducing risk and preventing new infections[vii]**.** Health systems that have integrated housing supports or resources see capacity and financial benefits such as reductions in high-cost services, hospital admission and readmission rates and length of stay due to housing interventions decreasing and offsetting frequent utilization of emergency medical and crisis services.

A landmark the Centers for Disease Control and Department of Urban Housing and Development Housing and Health study (H&H) found that stable housing for people with HIV reduced emergency room use by 35% and hospitalizations by 57%, while those who remained homeless were 250% more likely to use an emergency room, 280% more likely to have a detectible viral load, and more likely to report perceived stress.[viii]

Best Practices for Health Centers

Stable housing allows people with HIV/AIDS to access comprehensive healthcare and adhere to HIV treatment, yet it remains the greatest unmet need of Americans with HIV (see Figure 2[ix]). Comprehensive linkage to care means understanding best practices in housing and improving collaboration between health centers and housing providers. Best practices include Client-Centered Care, Harm Reduction (HR), Housing First (HF), Trauma-Informed Care (TIC) approaches, and health and housing systems integration.

Client-centered approaches in healthcare and housing require transparency and collaboration with the clients across all medical care and case planning efforts, particularly in service delivery, data sharing, citizenship disclosure, gender identity, and gender-affirming care (GAC). Ideally with this approach, staff promote health education and self-advocacy with clients, understanding that clients are the experts in their care. Clients are also encouraged to exercise their rights, ask questions, and tailor their medical and housing services to their needs. Client-centered approaches build the client's voice and choice, which increases agency across other areas of their lives.

Trauma-Informed Care (TIC) is an approach with five guiding principles prioritizing client's physical and emotional safety: safety, choice, collaboration, trustworthiness, and empowerment. TIC ensures that assessment processes are current, reflective of cultural humility, and minimally invasive to resource clients' support and intervention needs without re-traumatization. Integrating TIC in health centers ensures that clinical assessments and care of homeless and vulnerably housed populations include tailored approaches to a person's gender, age, heritage, ethnicity, and history of trauma for comprehensive primary health care[x]. Including TIC in initial and ongoing training standards, reinforces health centers' commitment to the quality of care for client and staff alike.

Housing First (HF) is an evidence-based philosophy and approach that values flexibility, client choice, individualized support, and autonomy, whereby clients select supportive services they need and want. When applying a HF approach, clients receive tailored support based on their unique situation, without prerequisites to access housing, like sobriety, income-minimums, or document-readiness.[xi]

Harm Reduction (HR) is based on principles of individual choice and self-determination for engaging in activities that may have risk. HR interventions vary, based on the needs identified by clients, and range from safer practices to abstinence. For example, condom use, PrEP (for serodiscordant partners), and ART adherence, in the context of sex, while using or testing drugs at supervised consumption facilities, calling the Never Use Alone Overdose Prevention Lifeline (877-696-1996), and abstinence, in the context of drugs, are all part of the HR continuum.[xii]

Health and Housing Systems Integration is a cross-sector approach to address social determinants of health (SDOH), where previously siloed systems (health care and housing) strategically partner to provide services and resources with the shared goals of healthy, equitable, and thriving communities[xiii].

Strategies for Health Centers

Building Effective Referral Networks - Access to stable housing is an effective strategy for increasing access to care and adherence to antiretroviral medications for people with HIV experiencing homelessness[xiv]. The challenge at hand for most health centers is how to connect patients to resources serving this population such as Permanent Supportive Housing (PSH) through the Housing Opportunities for People with HIV/AIDS (HOPWA) or other programs. Most health centers do not maintain cross-sector partnerships beyond a resource directory, creating barriers when the need for referrals arises. Strengthening and expanding any existing connections is a good place to start. Formal, written Memorandums of Understanding (MOUs) can be helpful to define each role but are not necessary. Tailored tools, such as the Health and Housing Partnerships Toolkit, can aid health centers in determining readiness, narrow down potential partners and identify next steps.

Join your local Continuum of Care (CoCs)[xv] as a member of the homeless response system. Health Care for the Homeless (HCH) Programs, funded under section 330(h) may already be a member but this is by no means universal or required to receive this designation. CSH data collected from HRSA-funded training and technical assistance recipients indicate only 15% of health centers are active members of their CoC and 22% reporting no connection with the housing sector at all.

Find your HOPWA Point of Contact[xvi] HOPWA makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.

Consider cross training existing staff with transferable skills, such as Community Health Workers (CHWs) and Care Coordinators to serve as Housing Navigators for patients that screen positive for housing instability or homelessness. Leveraging existing expertise of CHWs can assist health centers with managing referral networks and membership within the CoC.

Establish multidisciplinary teams and deploy peer-to-peer engagement strategies such as street outreach, staffed by people with lived expertise as integrated members of the HIV primary care team [xiv].

Bridging Health and Housing Systems

Guaranteed housing, provided through laws and subsidies, would not only affect a substantial number of the estimated 3.5 million people in the United States who experience homelessness annually but would also decrease morbidity from HIV/AIDS and numerous other chronic diseases[xvii]. Although housing is not yet guaranteed or funded as an entitlement program the way other safety net programs like Medicare, Medicaid, Unemployment, and Social Security are, program models and successful precedents of health and housing systems integration exist. HUD and HRSA programs are fundamentally and programmatically quite similar. For instance, they both seek to address SDOH, braid funding for cross-sector collaboration and resource utilization, and align their goals with their respective Strategic Plans, eligibility criteria for participation are based on categorical vulnerability, etc.

Examples of Health and Housing Integration

Chicago, IL

Flexible Housing Pool:

- Different from traditional housing programs
- Focuses on reducing costs to the health care sector
- Works towards improving individual health care outcomes
- Decreases utilization of emergency services and hospitalizations
- Connects people to stable housing and
- Connects people to supportive services they need

New Orleans, LA

Louisiana PSH Program:

- Cross-agency partnership
- Initially developed following devestation from Hurricanes Katrina and Rita in 2005, then leveraged to continue addressing SDOH
- Braided funding from Medicaid, CDBG disaster recovery, LIHTC, Teneant-based, and Project-based vouchers under the HCV program, Section 811, CoC Rental Assistance, and SAMHSA
- Served vulnerable cross-disability populations, addressed homelessness, reduced institutionalizations, and saved money for the state

Memphis, TN

Ryan White Part A Pilot Program:

- Cross-sector partnership
- On-site, rapid HIV-testing
- Targeted EHE intevention in response to high HIV burden geographic focus area
- Leveraging testing as linkage to care activitiy covered under RWHAP Part A
- Nearly 90% of survey respondents agreed to test for HIV
- Pilot represented first study that documents HIV testing acceptance rates offered outside of traditional health care settings for homeless and transitionally housed adults in a Deep Southern state

(Figure 3)

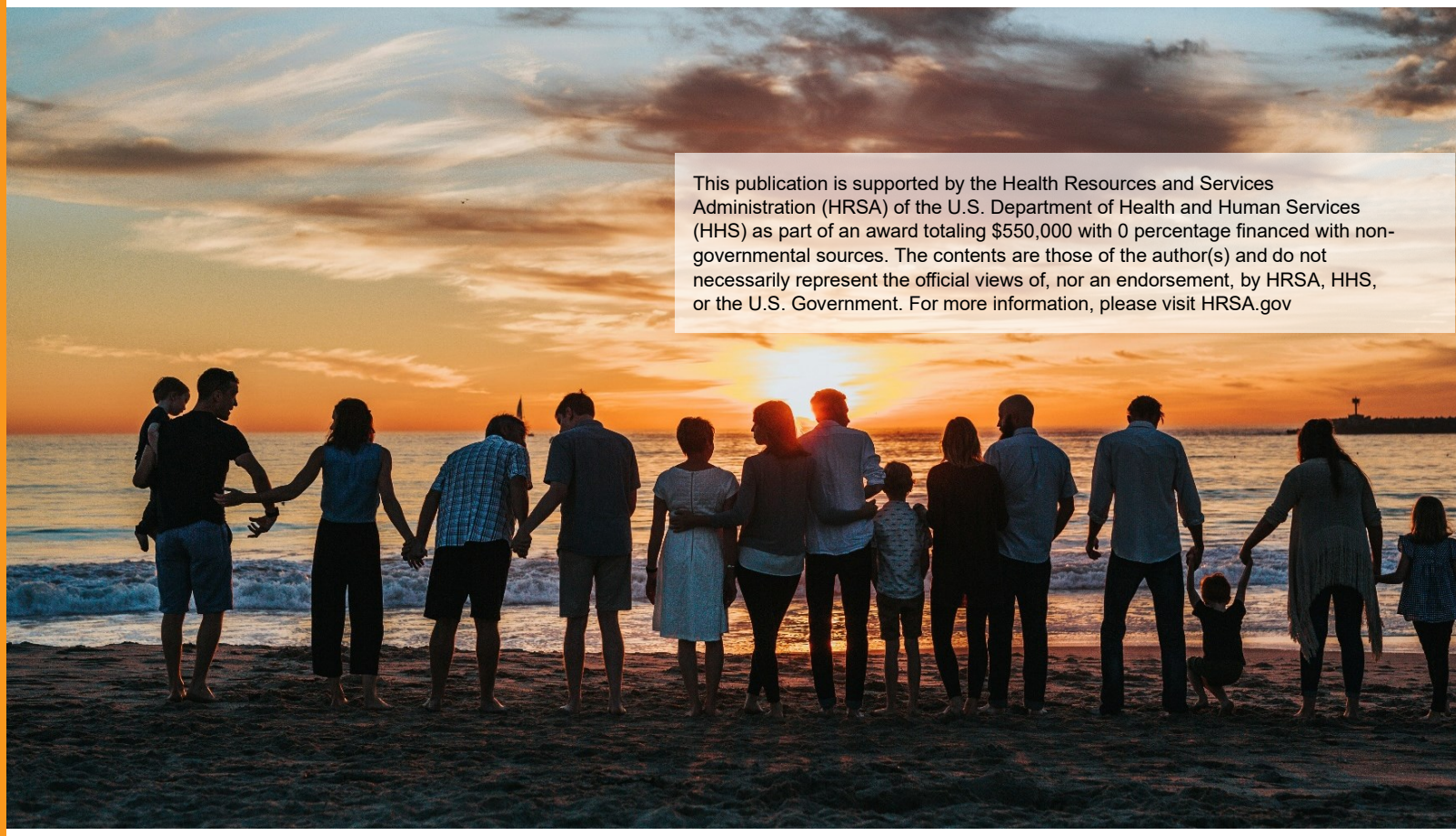
Housing and Health in Action: Example Case Studies:

Health and housing systems are organically poised to support solutions to complex, systems level challenges due to fundamental and programmatic priorities driving HRSA and HUD. Health and housing systems integration effectively opens strategic, collaborative, cross-sector, interventions for clients, and the link between improved health outcomes and the programs that adopt health and housing systems integration are irrefutable. The selected case studies detailed in this section provide insight to how integrating health and housing systems address challenges created by structural barriers. These programs offset the burden of separate health and housing systems navigation from clients with HIV experiencing housing instability and homelessness, through tailored, responsive, streamlined public health interventions.

Structural barriers perpetuate SDOH, and where resources are limited, out-of-the-box strategies and can be responsive but without legislative support are ultimately temporary solutions. States that opted for Medicaid expansion can apply waivers (see Additional References below) toward supportive services and housing stabilization, braiding funding from other sources to fund housing directly[xviii], as outlined in the Louisiana case study in Figure 3[xix,xviii,xx]. As of April 2024, ten states have not adopted Medicaid expansion, seven of which are located in the Southern region of the United States; the region which currently accounts for 52%[xxi] of all new infections nation-wide. The Memphis metropolitan statistical area (MSA) represents a Deep Southern U.S. city disproportionally affected by the ongoing transmission of new HIV cases- currently ranked second nationwide for HIV Incidence at 32.7%[xxii]- and is part of a strategic effort between health and housing partners to streamline access to HIV- screening and linkage to care (highlighted in Figure 3).

Conclusion

Housing is an intervention for HIV linkage to care, and the sooner health systems, legislators, and community members embrace integration of these systems, the sooner they will see the widespread benefits among clients and communities. Housing stability is evidenced to improve outcomes with HIV treatment and prevention and addresses SDOH. While communities work toward developing a local plan for the U.S Ending the HIV Epidemic Initiative (EHE), housing and economic instability remain barriers to reaching benchmarks for prevention and testing pillars. To remain competitive, health centers and housing programs that work collaboratively will see improved client outcomes, improve capacity, and move the needle toward healthy, equitable and thriving communities.



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