

## TIPS FOR WORKING WITH PEOPLE WHO ARE UNSTABLY HOUSED

### Why this Topic?

Affordable housing is a health equity issue that amplifies health disparities in HIV care and beyond. People with HIV who are unstably housed are more likely to have negative health outcomes such as low CD4 counts, detectable viral loads and be co-diagnosed with hepatitis C.

### Relevant Statistics

For people with HIV, housing is one of the strongest predictors of their access to treatment, health outcomes, and longevity. To access and benefit from life-saving treatment, people with HIV must have safe, stable housing. The statistics below provide a broader understanding about this issue:

- The current urban housing crisis in the United States disproportionately impacts Black, Indigenous and Other People of Color.<sup>1</sup>
- Among people who were unstably housed in 2006, it is estimated that 3.4 percent were people with HIV, compared to 0.4 percent of adults in the general population.<sup>2</sup>
- Up to 50 percent of people with HIV are at risk of becoming unstably housed due to various factors including un/underemployment and poverty.<sup>2</sup>
- Between 20 to 40 percent of youth who are unstably housed identify as lesbian, gay, bisexual, transgender, or queer.<sup>3</sup>



### Assessing Current Capacity

Work to ensure your services are meeting the needs of people who are unstably housed. Below are questions you can ask to determine how to improve health outcomes:

- ☐ In what specific ways are our services accessible or inaccessible to people who are unstably housed?
- ☐ What current barriers exist in our care systems that we can change to promote easier access (e.g., mailing appointment reminders, high copays at the pharmacy, lack of flexibility around appointment times)?
- ☐ What services could we offer to build more trust and buy-in from clients (e.g., grocery or pharmacy gift cards, welcoming waiting area, free coffee/tea station, transit vouchers, toiletries, gift bags)?
- ☐ How can we expand our network to work with local housing authority organizations that focus solely on housing and/or addressing unstable housing?



### Tips to Build Organizational, Systems, and Staff Capacity

There are core practices of care you can operationalize to better serve people with HIV who are unstably housed. Aim to:

- ☐ Train staff to use a relational, client-centered model.
- ☐ Have an integrated team that consists of peers, case managers, social workers, nurses, behavioral health providers and physicians, among others.
- ☐ Employ a low-barrier approach to care (e.g., reduce wait time, streamline systems, provide clients with ample services to choose from).
- ☐ Ensure continuity of providers.
- ☐ Hire peers or other staff who are knowledgeable about the needs of the community and can deliver culturally responsive support.



### Centering Health Equity in HIV Service Delivery

The history of access to housing is fundamentally shaped by structural racism with factors like redlining, housing and employment discrimination, white flight and return, gentrification, and displacement. Your organization can mitigate structural factors that hinder HIV care outcomes for people who are unstably housed. Staff can:

- ☐ Invest in the development of trauma-informed care approaches.
- ☐ Research the broader housing landscape and identify affordable housing opportunities for the client population.
- ☐ Identify and address the root causes of unstable housing (e.g., affordable housing crisis, HIV stigma, racial health inequities, community trauma) to improve care services.



## How to Provide Intersectional HIV Services to People Who Are Unstably Housed

There are various wrap-around services that support engagement and retention in HIV care to offer onsite. These include:

- ☐ Culturally appropriate and nutritious food
- ☐ Free showers and laundry
- ☐ New/clean clothing
- ☐ Wellness/complementary care (acupuncture, massage, energy work)
- ☐ Integrated behavioral health
- ☐ Harm reduction approach services, especially for people who use drugs and sex workers (e.g., the elimination of sobriety or ceasing sex work requirements to receive housing support)
- ☐ Housing search/advocacy
- ☐ Legal services
- ☐ Domestic violence support
- ☐ Job training or search assistance
- ☐ Re-entry support
- ☐ Transportation
- ☐ Childcare
- ☐ Interpretation and translation services
- ☐ Free phone and internet access



## Stakeholder Engagement/Community Partnerships

Achieving health equity for people with HIV who are unstably housed is not possible without involving a collective of organizations and the client populations themselves. Your organization can:

- ☐ Ensure there is an active advisory board consisting of clients who are directly impacted.
- ☐ Involve community partners from different sectors who can address critical gaps in services (e.g., community and economic development agencies, community health centers, academic institutions).



Stock photo. Posed by model.

## Stories from the Field

Rosie's Place ([www.rosiesplace.org](http://www.rosiesplace.org)), a shelter for women located in Boston, MA, was the first shelter for women in the country. The organization serves as a multi-service community center offering a wide-range of services including: housing stabilization, a food pantry, day and evening English language classes, legal assistance, wellness care, one-on-one support, job readiness training through their Women's Craft Cooperative and friendly visitor services for women in the community with limited support networks.



## How to Sustain Efforts

The health and social needs of people with HIV who are unstably housed are dynamic and may be constantly changing depending on their life circumstances. Here some tips to help sustain efforts and ensure services are effectively serving this client population:

- ☐ Rather than expecting clients to come into the clinic, consider how to offer services in places they already are (e.g., street or shelter outreach, mobile van, nurse rotation to homeless encampments, weekly clinic in transitional housing buildings).
- ☐ Identify unmet needs that clients report, and how the organization can enhance its capacity (e.g., agency partnerships, new grants, soliciting donations).
- ☐ Elicit meaningful input in program design and evaluation from the population served.

## Conclusion

Recognizing that health is about more than access to medical care, it is imperative to expand or re-envision the ways we support people with HIV who are unstably housed. We have the tools and resources to support this client population in achieving optimal health outcomes. We can begin by ensuring access to permanent and affordable housing opportunities and to a wide range of health and social services using innovative models of care.



## About CIE

CIE is a HRSA Special Projects of National Significance (SPNS)-funded project that identifies, catalogs, disseminates and supports the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving care, or who are at risk of not continuing to receive care.

## Acknowledgements

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## References

- <sup>1</sup> Joint Center for Housing Studies of Harvard University. (2020) *The State of the Nation's Housing 2020*. [https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard\\_JCHS\\_The\\_State\\_of\\_the\\_Nations\\_Housing\\_2020\\_Report\\_Revised\\_120720.pdf](https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report_Revised_120720.pdf)
- <sup>2</sup> National Coalition for the Homeless. (2009). *HIV/AIDS and Homelessness* [Fact sheet]. <https://www.nationalhomeless.org/factsheets/HIV.pdf>
- <sup>3</sup> Durso, L., E. Gates. G. J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless or at Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors and the Palatte Fund. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-July-2012.pdf>

## Additional Resources

**Report by National Coalition for the Homeless: Current State of Homelessness**

<http://nationalhomeless.org/wp-content/uploads/2018/04/State-of-things-2018-for-web.pdf>

**Report by National Law Center on Homelessness and Poverty: Racism, Homelessness and COVID-19**

[https://nlchp.org/wp-content/uploads/2020/05/Racism-Homelessness-and-COVID-19-Fact-Sheet-\\_Final\\_2.pdf](https://nlchp.org/wp-content/uploads/2020/05/Racism-Homelessness-and-COVID-19-Fact-Sheet-_Final_2.pdf)

**Report by National Low Income Housing Coalition**

[https://reports.nlihc.org/sites/default/files/gap/Gap-Report\\_2020.pdf](https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2020.pdf)

**Report by National Health Care for the Homeless Council: Adapting Your Practice—Treatment and Recommendations for Unstably Housed Patients with HIV/AIDS**

<https://nhchc.org/wp-content/uploads/2019/08/AIDS.pdf>

**Urban Displacement Website**

<https://www.urbandisplacement.org/gentrification-explained>

**Report by National Low Income Housing Coalition: Housing Access for People with Criminal Records**

[https://nlihc.org/sites/default/files/AG-2019/06-07\\_Housing-Access-Criminal-Records.pdf](https://nlihc.org/sites/default/files/AG-2019/06-07_Housing-Access-Criminal-Records.pdf)

**Greater Boston Legal Services Website**

<https://www.gbbs.org/our-work/cori-and-re-entry-project>

**Article by Brookings Institute: Examining the Black-white wealth gap**

<https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/>