

# **Foundations for Living: An Integrated Vocational Rehabilitation and Housing Services Program for People Living with HIV**

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# Advance HUD's Implementation of the National HIV/AIDS Strategy

- The main goal of the Foundations for Living (FFL) program was to provide HOPWA housing subsidies and vocational services as a platform to increase health outcomes and quality of life for PLWH who were interested in employment.
- Measureable goals
  - Maintain and/or improve health status
  - Maintain and/or increase access to care
  - Reduce system level barriers
  - Increase self-sufficiency
- Geographic location
  - Catholic Charities Community Services of Rochester, NY (Tracy Boff\_
  - Albany Damien Center, Albany, New York (Perry Junjulas)
  - Corporation for AIDS Research, Education and Services, Inc
    - Nancy Chiarella, Grant Administrator

# Participants

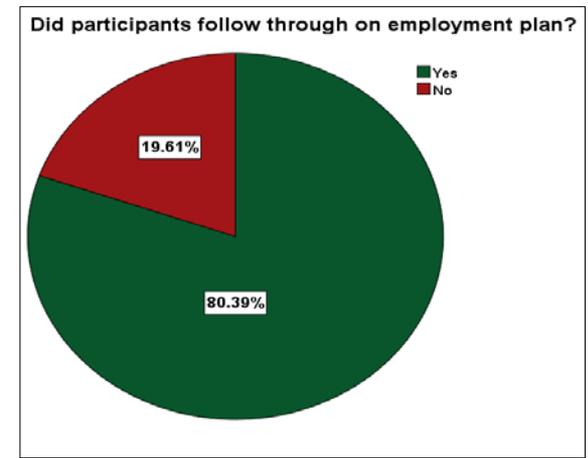
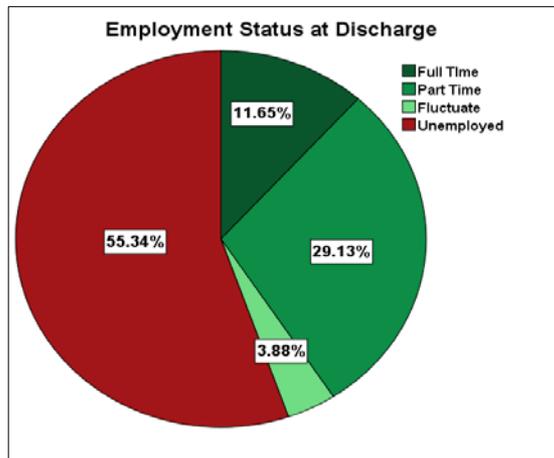
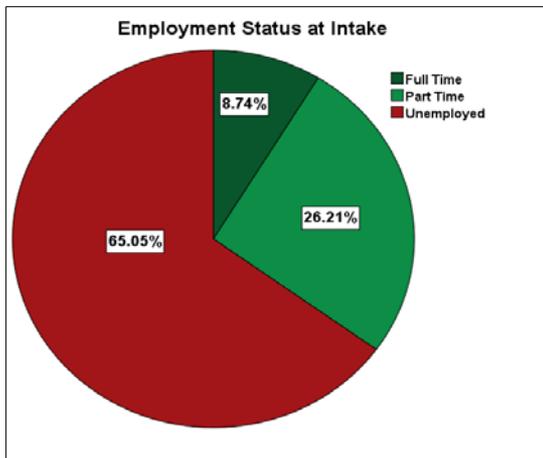
- January 2012 through December 2014
  - 107 participants admitted over 3 year period
    - 87% received HOPWA housing and employment services
    - 19% received employment only
- Demographics
  - AA (60%), White (31%), AI/AN (6%) Other (2%)
  - Male (64%), Female (36%), Transgender (1%)
  - Heterosexual (51%), Same Sex (34%), Bisexual (12%), Unknown (4%)
  - 20% less than HS, 25% HS grad, 26% some post secondary education, 27% did not report
  - Age range 19-63

# Initial Findings

- **Descriptive Statistics:** percentage of participants achieved the desirable outcomes (employment status, housing status, MH & General Health status, biological markers)
  - Analysis compared outcomes at intake to point of discharge, time in program varied as enrollment was ongoing.
- **Cluster Analysis:** Examining the relationships between demographic variables and categorical outcome variables (perceived mental health and general health status, employment outcome)
  - Analysis was done on 58 participants who completed at least intake and the 6-month reassessment
- **Longitudinal outcome evaluation:** Using Growth Curve Modeling to examine the changes of biological markers (CD4 counts and viral load)
  - Analysis was done on 58 participants who completed at least intake and the 6-month reassessment

# Positive Employment Outcomes

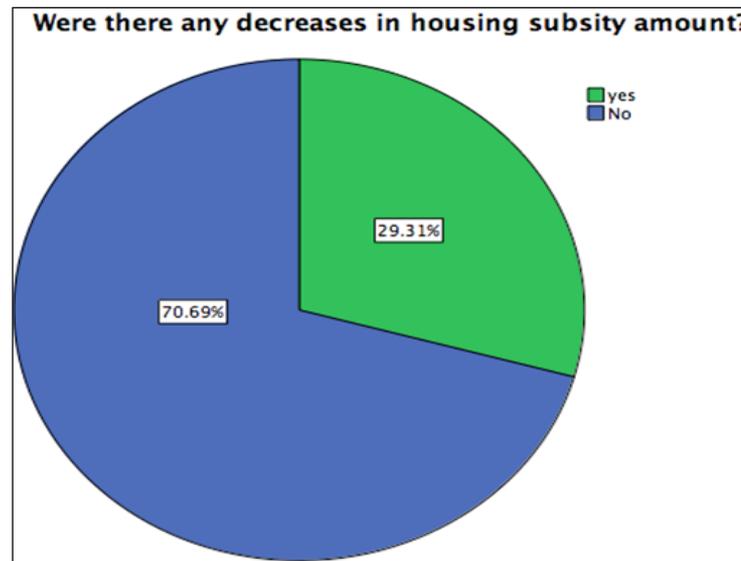
- By the point of discharge, there was a 10% reduction in unemployment, 12% working full time, 29% working part time and 4% experiencing fluctuations in their employment status.
- When looking at the overall changes in employment status, the majority of the participants experienced successful employment outcomes: 21% gained employment and 33% maintained employment.
- 80% of participants followed through on employment plan (1/4<sup>th</sup> ready job)



(N=103)

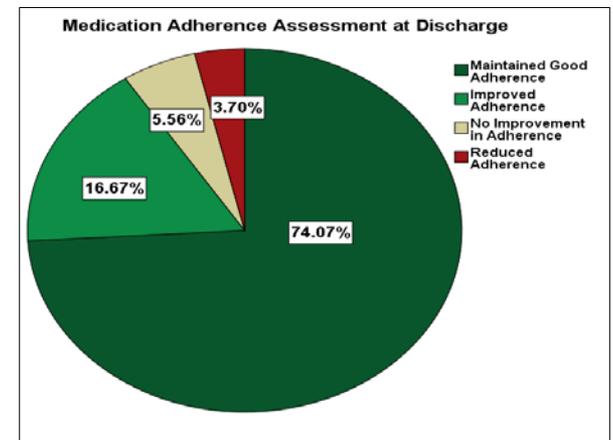
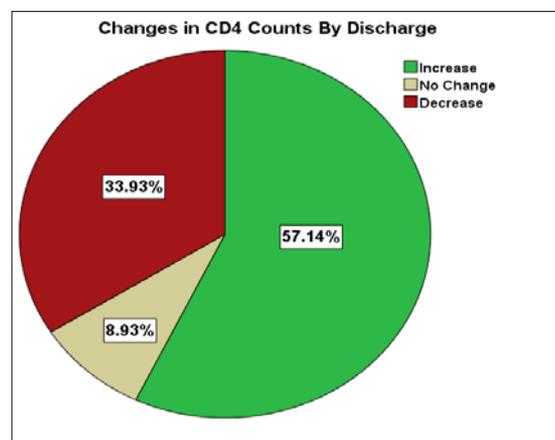
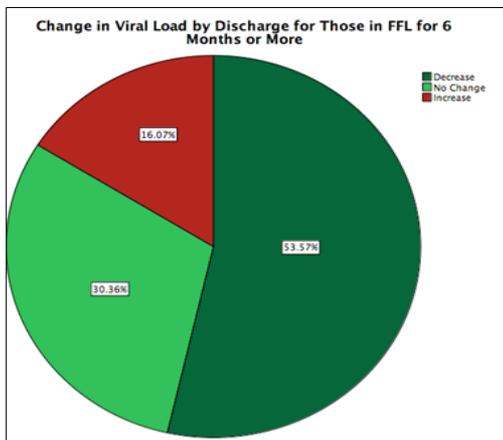
# Positive Housing Outcomes

- Participants were able to maintain stable housing
  - 83 received HOPWA housing subsidies, others were able to sustain housing
- 29% of participants had some level of housing subsidy decrease over the course of the program



# Improved Health

- The majority of participants in the FFL program achieved positive health outcomes
  - About 54% of the participants who were in the program 6 months or more achieved reduction in viral load, 30% reported no change
    - By the end of the program, 66% had suppressed viral loads
  - 66% of the participants were able to improve or maintain their CD4 count throughout the program
  - 74% maintained good levels of medication adherence and 17% improved their medication adherence (17%) during the program



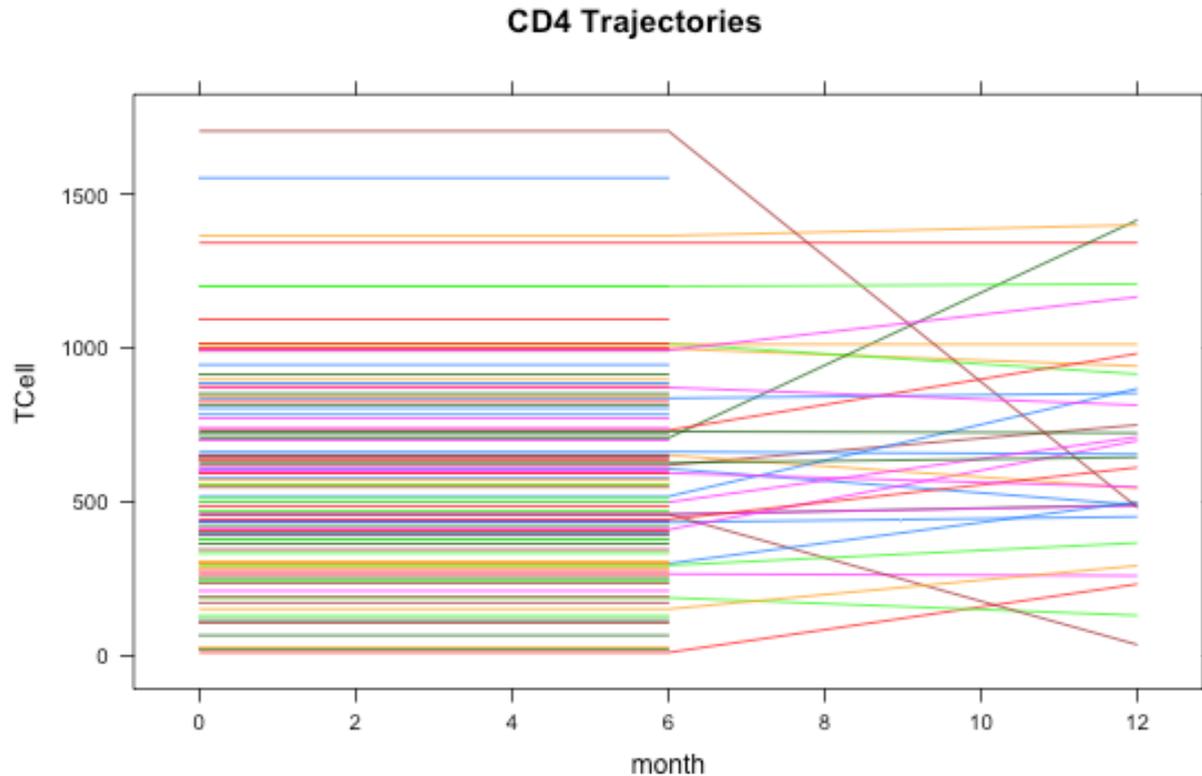
# Cluster Analysis

- Younger individuals showed more positive improvement in both mental and physical health status
- Early intervention for youth is critical

# GROWTH CURVE MODELING RESULTS:

## Longitudinal Changes in CD4 Counts

Although no statically significant difference in CD4 counts at intake, 6-month, And 12 month reassessments, most of the participants maintain or improve their CD4 counts across time



N= 58 completed 6-month; 34 completed 12-months

# Implications for Policy

- The FFL model should be replicated and assessed as a demonstration project in a number of key states to further evaluate outcomes on a larger sample over a longer period of time in different geographic locations.
  - Integrated housing and employment intervention
- Systems level changes such as collaboration and partnership between the State-Federal vocational rehabilitation systems, AIDS service organizations, medical providers and public housing systems are critical to achieving goals of the NHAS.
- Qualified technical assistance is essential (e.g. NWPC). Center of excellence to track, assess and promote best practices nationally.

# Implications for Policy

- Important to examine employment/vocational services as a social determinant of health
- Developing/linking datasets that measure social determinants of health as well as health and prevention outcomes is essential
  - Better evaluate and understand the relationship among social determinants of health on HIV health and prevention outcomes
  - Data bases need more complex measures of employment and housing status (e.g. PA DOH vocational items)
- Need to change the narrative
  - Poverty and unemployment are not immutable – we need to change the structural factors that support chronic unemployment and access impact of incremental changes.
- Theoretical framework is Essential: Considering Work Model
  - Incorporate different stages of considering work rather than conceptualizing all unemployed as one immutable group

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