



***Access to HIV prevention services among  
homeless persons entering  
permanent supportive housing in Los Angeles***

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# Question with obvious answer: Why HIV prevention among homeless persons



- HIV prevalence ranges from 2% to 10.5% among homeless persons
- Poverty level and homeless status are predictors of HIV prevalence
- Prevention services (HIV testing, evidence-based programs) still limited for homeless persons;
  - and what about PrEP?



## A perspective on PrEP from *sexually active homeless men in Skid Row, Los Angeles (spring 2015)*\*

- “Never heard of it. Where do you go get that?”
- “Yeah, it would be good to have that. You know HIV is high here, it’s epidemic, you know.”
- “You ain’t gonna get that here.”

\* Hsu, Hsun-Ta (in preparation)



**Individual:**  
*HIV/STI  
risk behavior  
& infection*

**Structural:**  
*Services, policies, systems  
Housing!  
“Housing is health care”*

# Question with less obvious answer?: Why HIV prevention among homeless persons transitioning to HOUSING?



Among formerly homeless persons who are not necessarily  
HIV+ / PLWHA:

- What do we know about HIV risk and prevention behaviors over time?
- If there are reductions or increases, what is the mechanism?
- What do we know about HIV prevention service availability and access over time, including PrEP?

Is HIV prevention a part of integrated health and behavioral health care  
in permanent supportive housing?

# “HIV Risk and Social Networks Among Homeless Persons Transitioned to Housing” \*



## Longitudinal, mixed-methods study to understand:

- how HIV risk and prevention behaviors, service use, physical and behavioral health, social networks, and well-being change over time in permanent supportive housing.
- whether and providers promote HIV prevention, and how policies and procedures within PSH may impact HIV risk and prevention.

**And to inform strategies** to reduce HIV and health risks, and enhance health and well-being for persons in permanent supportive housing.

\* National Institute on Drug Abuse R01DA036245



## Partnering Agencies

- 24 agencies providing permanent supportive housing in Los Angeles within ~20 mile radius of downtown L.A., and in cities of Long Beach, Pasadena, Santa Monica
- Both single site and scattered site
- Funding/Housing vouchers:
  - Section 8 (project & tenant), Shelter Plus Care, Flexible Housing Subsidy Pool (FHSP), VASH/SSVF, HOPWA, Mental Health Services Act (MHSA)

**➔ Remarkable U.S. policy shift to PSH versus shelters**



## Participant Eligibility for our study

- Homeless adults approved to move into permanent supportive housing through any of the 24 partnering agencies
- Currently, and to be housed, within ~20 miles of downtown L.A., or in Long Beach, Pasadena, Santa Monica
- At least 40 years old during study period
- English or Spanish speaking
- Not accompanied by minor children



## Participant Recruitment and Survey Interviews

- Referral from housing/leasing staff, and by direct approach at large lease-up or move-in events
- Study team interviewers use CAPI & iPads to complete:
  - baseline interview prior to move-in  
(days to move-in: mean = 20.5, s.d. = 25.6)
  - 3-, 6-, & 12-month interviews from date of move-in
- Participants receive: \$20, \$25, \$30, \$35
- Agencies receive: \$50 per scheduled baseline interview



# Participant Recruitment and Survey Interviews (still in process!)

- Recruitment goal:
  - 542 baseline interviews; retain 85% by 12-month follow-up
- Recruitment status (at present):
  - 340 baseline interviews completed and cleaned
  - 192 3-month interviews completed and cleaned

# Characteristics of Participants at Baseline (N=340)



Background/Demographics	% (mean, sd)
Age	(54.1, 7.1)
Gender (male)	72.4
Hispanic/Latino	17.9
Race	
Black	58.7
White	25.7
Other race	7.7
Currently married	2.4
Education (at least high sch./GED)	77.2
Military veteran	29.1
Incarceration, in lifetime	76.2
Disabled and not working	44.1

# Characteristics of Participants: Baseline (N=340)



Residential situation	% (mean, sd)
<b>Years in literal homeless settings:</b> (i.e. shelter, outside, abandoned building, garage/shed, other indoor public space, vehicle, public transit)	(6.0, 7.1)
<b>Literal homelessness, lifetime</b>	98.6
<b>Four most common places of stay, past 3 months</b>	
Shelter	39.7
Transitional living	25.0
Outside	14.1
Vehicle	5.6
<b>Years living in LA County</b>	32.9 (18.3)

# Characteristics of Participants: Baseline & 3-months (N=192)



Relationships, Sexual Activity, Drug Use	Baseline (%)	3-months (%)
In serious romantic relationship, past 3 months	11.1	18.8
Sexually active (vag., anal), past 3 months	35.4	37.5
- Prop. of sex acts unprotected	70.0	74.6
- 2 or more partners	27.5	27.8
- Exchange sex	19.2	18.1
- Same-sex activity, past 3 months	9.2	9.7
- Prop. of sex acts unprotected	83.7	80.0
<b>Drug use (past 3 months)</b>		
Cocaine/crack	10.3	9.9
Methamphetamine	7.9	6.8
Heroin	2.1	1.6
Any injection drug use	2.5	4.3

# Characteristics of Participants: Baseline & 3-months (N=192)



Mental Health	Baseline (%)	3-months (%)
PTSD (“Primary Care-PTSD”) (past month positive)	52.6	37.5
Other Mental Health (“Has a doctor or other health care professional ever told you that you have....)”) (past month positive)	52.6	37.5
Schizophrenia	27.4	--
Anxiety disorder	33.3	--
Major depressive disorder	52.4	--
Bipolar disorder	32.4	--
Panic disorder	20.9	--
Social phobia	12.9	--

# Characteristics of Participants: Baseline & 3-months (N=192)



HIV Testing, ARVs, and PrEP	Baseline (%)	3-months (%)
HIV testing, past 3 months	37.2	38.4
HIV+ (self-reported, among those <u>ever</u> tested & who received result)	10.8	--
- currently under Dr.'s care	97.0	91.7
- currently taking ARV	97.0	100.0
-- adherence rate	<b>85.8</b>	<b>73.3</b>
<i>among those with &lt; 100% adherence:</i>		
forgetting	31.3	28.6
meds stolen	<b>6.3</b>	<b>28.6</b>
side effects	6.3	14.3
did not refill Rx on time	6.3	0
Ever Prescribed PrEP (among HIV - )	<i>1 person</i>	<i>1 person</i>

# Characteristics of Participants: Baseline & 3-months (N=192)



Other HIV Prevention Svcs., & Norms	Baseline (%)	3-months (%)
<b>Dr., nurse or other health care provider ever discuss HIV or assess risk for HIV?</b>		
In past 3 months	23.2	21.7
Years since HIV discussion with Dr., etc.	2.9 (5.4)	--
<b>Ever in HIV prevention education or class?</b>		
In past 3 months	11.4	11.1
Years since HIV prevention class	5.3 (8.6)	--
<b>Social normative influence in their networks, past 3 months</b>		
Persons ever tested for HIV	18.0	21.6
Persons ever in HIV prevention class	18.3	21.0



**Individual:**  
*HIV/STI  
risk behavior  
& infection*

**Structural:**  
*Services, systems, policies  
Housing!*



# Structural Characteristics: PSH Provider Perspectives on HIV Prevention

- Individual interviews and focus groups:  
59 staff (directors, case managers, program managers)  
in 11 PSH programs
- \$20 per person incentive (focus groups); \$25 (interviews)
- Audio-recorded and transcribed
- Content coding on HIV-related subject matter (i.e. testing, condoms, services, PrEP, risky sexual activity)

## Do providers perceive HIV risk in PSH? *Yes, mostly*



“Yeah. ... you have guys with two and three girlfriends now.”

“They’re going back to the areas where they can get sex relatively cheaply ... areas where there’s a lot of homelessness....”

“ ...they get housed and..., ‘I have a place to have my partner and friends come over. I have a place to use’.”

“Half the drug use is risky [sex] behavior. A lot of clients tend to do anything to make some money or to get their substance habit fulfilled.”

### *But also...*

“I don’t think they’re even involved with the opposite sex.”

# Is HIV sexual risk/prevention addressed through PSH?



## Ranges from NO or not sure ...

“We don’t have bowls of condoms hanging around. We’re not proactive in those ways....”

“No. The nurse is here for medical. The psychiatrist is here for mental.”

“We’re not aiming to reduce hepatitis C or HIV or things like that. Our priority is, get people housed and keep them housed.”

“Does the nurse test...? I don't know. She might refer out, I guess.”

# Is HIV sexual risk/prevention addressed through PSH?



**... to a largely case-by-case approach ...**

“It depends on the case manager/client relationship.”

“On an individual level. People who have had risky lifestyles....”

“... not everybody needs to hear safe sex practices.”

“The biggest intervention I’ve done is working with somebody to have him stop selling his HIV meds.”

**... to an accessible-to-all-residents, no-questions-asked approach (rare)**

“We have a little candy dispenser thing with condoms. They do access it.”

# Is HIV sexual risk/prevention addressed through PSH?



**... to rare (rarest) instance of viewing HIV risk prevention as everyone's proactive responsibility:**

“I think it should be handled by all of us [ case management and health care team ]. We have to be sensitive, ... but that's part of our job, for sure. Not just talking about it, but linking people, because another thing is people don't talk about it a lot.”

# Barriers to addressing HIV risk and prevention in PSH



- **Not the job of PSH providers and case managers – or uncertain**
  - “Get people housed and keep them housed.”
  - “Who should talk about it? Should I, ... the clinic nurse?”
- **Case manager/client relationship**
  - Respect of client privacy, boundaries, client comfort-level/shame
  - “That’s real personal. It’s in the privacy of their home, right?”
- **HIV is not the highest priority concern**
  - Chronic health conditions, other harm reduction (drug use) may receive more attention
- **Lack of training**
  - “How do we address that?”
  - “Harm reduction trainings just talk about drugs the whole time.”

# The Role of PrEP in PSH



“I have heard of it. I don't know anything about it.”

“Most of them [staff and residents] don't know. ...some people in the medical profession don't know about pre-exposure... it's not widely publicized.”

“I don't think we have folks that have access to [ PrEP ], or doctors that have prescribed [ PrEP].”

“No. I would say no [care team conversations with at-risk clients about PrEP].”

# Barriers to PrEP Access



- **Expense/Coverage/Personnel**
  - “It’s expensive. The County’s not going to pay; politicians are not going to pay so you can have jollies.”
  - Unsure if covered by Medi-Cal (Medicaid)
  - “We need a designated nurse to do that.”
- **Client capabilities and mistrust**
  - “Even to take their mental health medication is difficult.”
  - Doses may be missed, and PrEP may be sold.
- **Staff not aware and lack knowledge of PrEP**
  - “There’s a lot of ignorance, yeah.”
  - If ever mentioned in training, not incorporated in day-to-day practice
- **Clients do not have awareness/knowledge of PrEP**

➔ ***But, recent changes in CA and LA to enhance access to PrEP!!!!***

# Summary



## **Among homeless men and women transitioning to PSH**

- Insufficient access to HIV & STI testing, other HIV prevention services, especially PrEP
- ARV adherence among HIV positive persons also appears insufficient

## **Among providers serving homeless persons transitioning to PSH**

- Awareness of HIV risk, but limited commitment to HIV prevention
- Lack of consensus on appropriate locus of HIV prevention activities
- Lack of awareness of PrEP
- Multiple barriers to HIV prevention including PrEP in PSH

# Conclusions



- HIV insufficiently addressed; goal of integrated services tailored to needs of PSH residents is unrealized
- Multi-pronged effort needed in PSH to enhance access to HIV prevention services including PrEP:
  - Enhance consumer knowledge of PrEP and services (empowerment)
  - Enhance awareness and training on HIV prevention throughout provider network
  - Education on local, state and federal policies
  - Encourage idea of joint responsibility for resident health
  - Build direct linkages to NGOs providing HIV education and testing
  - Ensure medical staff training on PrEP
  - Ensure easy, “no questions asked” access to condoms and prevention information in PSH

# Conclusions



- **Another necessary structural change:**
  - Additional high quality permanent supportive housing
    - Developer mandate to set-aside a portion of housing units to Section 8 or other voucher clients, through selected incentives and disincentives
    - System of support for PSH providers to ensure and assist with adherence to PSH principles
    - Public education on homelessness, and cost-effectiveness and other benefits of housing to reduce NIMBYism
    - City- and County- wide responsibility for homelessness and solutions to homelessness