On behalf of the membership and board of the National AIDS Housing Coalition, the Ontario HIV Treatment Network, the Johns Hopkins Bloomberg School of Public Health and the Washington Host Committee, welcome to the 2015 North American Housing and HIV/AIDS Research Summit VIII: Tackling the Social Drivers of HIV.

Previous North American Summit Series meetings have focused primarily on the link between housing status and HIV risk and health outcomes. With Summit VIII we broaden our lens to look at other social drivers of HIV, which are so often intertwined with housing status – including food security, employment, incarceration, stigma and marginalization.

Our two-day conference will explore all these social issues and discuss social, structural and policy interventions to mitigate their impact. It will feature new research findings as well as innovative practice initiatives and funding models. We believe the presentations will highlight how critical these interventions are to effective local and international HIV responses and to addressing HIV health disparities. Day three will feature four full-day Learning Institutes: Developments in Program Science/Implementation Research; Redefining Integrated Health Services to Include Housing and Other Social Determinants; Using Housing Interventions to Improve Continuum of HIV Care Outcomes; and Strategies to End AIDS.

As part of this Summit, we welcome key representatives of governments in United States and Canada, including: Douglas Brooks, Director, Office of National AIDS Strategy; Ann Oliva, Deputy Assistant Secretary, Special Needs Assistance Programs, U.S. Department of Housing and Urban Development; Ron Valdiserri, Deputy Assistant Secretary for Health, Infectious Diseases and Director, Office of HIV/AIDS and Infectious Diseases Policy, U.S. Department of Health and Human Services; Dr. Wayne Duffus, Associate Director for Health Equity, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention; Tim Foran, Director Homelessness Partnering Strategy, Employment and Social Development, Canada; and Janet Hope, Assistant Deputy Minister, Municipal Affairs and Housing, Ontario. We also have representatives from jurisdictions that are implementing ambitious plans to end their AIDS epidemics, including New York State, San Francisco, Washington DC and British Columbia, Canada.

We are also particularly honored to be joined by several members of the Presidential Advisory Council on HIV/AIDS (PACHA) – some as speakers and some as participants in a special Town Hall session where we will raise and discuss ways to address the social drivers of HIV health disparities.

As with past Summits, our goals are to learn from one another, and to work together to implement evidence-based strategies that help reduce new infections and improve health and well-being for people living with HIV in the United States and Canada — and around the globe.

Your interest and support makes this important conversation possible. Thank you for participating in Summit VIII and for your ongoing work related to the social drivers of HIV.

Rusty Bennett,  
Executive Director,  
National AIDS Housing Coalition

Sean B. Rourke,  
Scientific and Executive Director,  
Ontario HIV Treatment Network
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ABOUT SUMMIT VIII: TACKLING THE SOCIAL DRIVERS OF HIV

New treatment and prevention technologies provide the tools needed to end AIDS by eliminating new infections and HIV-related deaths. These advances are undermined, however, by unmet subsistence needs, social marginalization, incarceration, violence and other social and structural factors that continue to drive the HIV epidemic.

These social drivers leave key populations at significantly higher risk of HIV infection. They limit access to treatment, care and support services. They increase health disparities and fuel poorer health outcomes. Because of the disparities created by these social drivers, HIV is increasingly concentrated among people and populations marginalized by poverty, homelessness, inequity, stigma and substance use.

Growing evidence demonstrates the effectiveness of structural interventions in strengthening HIV prevention and treatment programs. These interventions include social protections (such as housing, nutrition and transportation supports), economic empowerment (including education and job training), decriminalization, anti-discrimination laws and campaigns to change social norms. Rigorous research on social drivers and structural interventions is critical to lay the groundwork for these types of approaches and to support their scale-up.

Past North American Housing & HIV/AIDS Research Summit Series meetings have focused primarily on the impact of homelessness and unstable housing on HIV health outcomes. Summit VIII provides the first opportunity for interdisciplinary conversations about the importance of addressing the full range of often-interconnected social drivers of HIV. Presentations and discussions will explore the potential of social and structural interventions to enhance HIV prevention and treatment programs.
About the Summit Series
The Summit Series is a collaboration among the U.S. National AIDS Housing Coalition (NAHC), the Ontario HIV Treatment Network (OHTN) and the Johns Hopkins Bloomberg School of Public Health. The three-day event — the two-day Summit following by full-day topic-specific Learning Institutes — brings together researchers, policy makers, service providers and people with HIV from across North America. The Summit provides a dynamic interactive setting to review recent research and policy initiatives, discuss evidence-based practice and policy, and develop community-driven research and advocacy strategies. Launched in 2005, the Housing and HIV/AIDS Research Summit Series supports knowledge transfer and evidence-based skill building. For more information and resources, see www.hivhousingsummit.org.

Acknowledgements
We would like to acknowledge all the people who contributed to the Summit – in particular all the moderators, keynote speakers, plenary presenters, oral session presenters and poster presenters.

We would like to thank all the people who helped plan and organize the Summit including:

Staff from the National AIDS Housing Coalition
- Cassandra Ackerman
- Rusty Bennett
- Nancy Bernstein
- Christine Campbell
- Rita Flegel
- Alison Goodwyn

Staff from the OHTN
- Jean Bacon
- Chris Carriere
- Cheryl Hamel
- Maria Hazipantelis
- Ryan Kerr
- Kristina Kozubal-Manson
- Katherine Murray
- Sean B. Rourke
- Sergiy Tyshchenko
- Emily White

Members of the Visioning and Program Committee
- Angela Aidala, Mailman School of Public Health, Columbia University
- Jaron Benjamin, Housing Works
- TJ Ghose, University of Pennsylvania
- Keith Hambly, Fife House Foundation
- David Holtgrave, Johns Hopkins Bloomberg School of Public Health
- Charles King, Housing Works
- Barry Pinsky, Rooftops Canada/Abri International
- Elise Riley, University of California San Francisco
- Ginny Shubert, Shubert Botein Policy Associates

Members of the Washington, DC Host Committee
- Christine Campbell, National AIDS Housing Coalition
- Alan E. Greenberg, Milken Institute School of Public Health, George Washington University
- Marcia Ellis, District of Columbia Center for AIDS Research (CFAR) Community Advisory Board
- James Peterson, District of Columbia CFAR Advisory Board
- George Kerr III, G III Associates
- Chris Laskowski, D.C. Appleseed
- Michael Kharfen, DC Department of Health HIV/AIDS, Hepatitis, STD and TB Administration
- Kristy Greenwalt, District of Columbia Interagency Council on Homelessness
We gratefully acknowledge our generous sponsors who contributed to the Summit:

**Platinum Sponsors**

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- REACH 2.0
- The Canadian Association for HIV Research

**Gold Sponsors**

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- Public Health Agency of Canada
- Agence de santé publique du Canada

- GILEAD
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- Broadway Cares / Equity Fights AIDS

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Offices of HIV/AIDS Housing and Policy Development & Research
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<td>8:30 A.M.</td>
<td>Blue Room</td>
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<tr>
<td>8:45 A.M.</td>
<td>Blue Room</td>
<td>Plenary: Social Drivers of Health Disparities: A Bird’s Eye View</td>
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<td><strong>BREAK</strong></td>
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<td>3:15 P.M.</td>
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<td>Plenary: Policies to Impact Social Drivers: Successes and Challenges</td>
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<td>PACHA Town Hall</td>
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<td>8:30 A.M.</td>
<td>Blue Room</td>
<td>Keynote: Doing Better for Key Populations in the HIV Response: Now is the Time</td>
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<td>9:15 A.M.</td>
<td>Blue Room</td>
<td>Plenary: Intimate Partner Violence: Prevalence, Impact and Interventions</td>
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<td>Tackling Social Drivers: Social and Structural Interventions</td>
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<td>Lunch Presentation: Supportive Housing and Access to HIV Prevention</td>
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<td>Building Partnerships Hampton</td>
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<td>Interventions for Person-Centred Care Capitol</td>
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<td>Plenary: Financing Integrated Models of Care and Support</td>
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<td>3:30 P.M.</td>
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<td>Plenary: END OF AIDS? Challenges and Opportunities</td>
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<td>4:45 P.M.</td>
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<td>Closing Remarks</td>
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### DAY THREE: WEDNESDAY, SEPTEMBER 16

All Learning Institutes on day three offer breakfast at 8:30 AM.

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<tr>
<td>9:00 A.M.</td>
<td>Welcome</td>
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<td></td>
<td>Setting the Stage: Developments in Program Science and Implementation Research</td>
<td>Setting the Stage: Translating Evidence into Policy</td>
<td>The National HIV/AIDS Strategy &amp; the HIV Care Continuum</td>
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<td>Break</td>
<td>Making the Case: A Review of Recent Research</td>
<td>CDC's HIV Care Continuum</td>
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<td>Quantitative Methods</td>
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<td>Identifying Key Housing Indicators and Their Impact on the HIV Care Continuum</td>
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<td>The NYC &amp; DC HIV Housing Care Continuums</td>
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<td>Intervention Methods / Approaches</td>
<td>Break</td>
<td>Options for Developing a HOPWA Care Continuum</td>
<td>Social Drivers and Key Populations</td>
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<td>Group Discussion</td>
<td>Local Strategies and Practice</td>
<td>Defining Your HIV Housing Care Continuum</td>
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<td>Using Your HIV Housing Care Continuum</td>
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<td>Closing</td>
<td>Action Planning</td>
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<td>Closing: Key take-away messages and next steps</td>
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<td>Harlan Pruden, <em>Two-Spirit Community Organizer and Member of the Presidential Advisory Council on HIV/AIDS</em></td>
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<td>Rusty Bennett, <em>Executive Director, National AIDS Housing Coalition</em></td>
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<td>Julián Castro, <em>United States Secretary of Housing and Urban Development</em></td>
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<td>Plenary: Social Drivers of Health Disparities: A Bird’s Eye View</td>
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<td>For the first time, the North American Housing and HIV Research Summit has expanded its focus beyond housing to include the other social drivers of HIV. The opening plenary will take a broad perspective, exploring the social determinants of health, their inter-relationship, how they drive health disparities in different populations, and their impact on the health and well-being of people with or at risk of HIV.</td>
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<td><strong>Moderator:</strong> David Holtgrave, <em>Chair, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health</em></td>
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<td><strong>Preventing and reducing health inequalities: Health in all policies</strong></td>
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<td>Debra Furr-Holden, <em>Director, DIVE Studies Laboratory, Johns Hopkins Bloomberg School of Public Health</em></td>
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<td><strong>HIV disparities: A population perspective</strong></td>
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<td>Greg Millett, <em>Vice President and Director, Public Policy, amfAR, The Foundation for AIDS Research</em></td>
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<td><strong>The history that walks upon us – Looking to the past to better understand today’s Native/Aboriginal People</strong></td>
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<td><strong>Pervasive social/structural drivers affecting the health of people living with HIV</strong></td>
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<td>Sean B. Rourke, <em>Scientific and Executive Director, Ontario HIV Treatment Network</em></td>
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<td>Researchers and practitioners have been working for some time to understand and mitigate the impact of the social drivers of HIV. This session will present recent, in-depth research on key social drivers (housing, food security, employment, marginalization and incarceration), how they interact for people with and at risk of HIV, and where we should intervene.</td>
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<td><strong>Moderator:</strong> Elise Riley, <em>Associate Professor, Epidemiology, Department of Medicine, University of California, San Francisco</em></td>
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<td><strong>Housing as a determinant of health for people with HIV: A systematic review of the literature</strong></td>
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<td>Angela Aidala, <em>Study Director, Community Health Advisory &amp; Information Network (CHAIN) Project, Mailman School of Public Health, Columbia University</em></td>
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<td><strong>Food and nutrition services and HIV outcomes: Research, practice and policy</strong></td>
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<td>Karen Pearl, <em>President and CEO, God’s Love We Deliver</em></td>
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<td><strong>Employment as a social determinant of health for persons with HIV/AIDS</strong></td>
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<td>Kenneth Hergenrather, <em>Chair, Graduate School of Education and Human Development, George Washington University</em></td>
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<td><strong>“As a black man, I got 99 problems &amp; I sure ain’t thinking about HIV at the end of the day”: The social drivers of black men’s sexual HIV risk and protective behaviors</strong></td>
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<td>Lisa Bowleg, <em>Professor, Applied Social Psychology, George Washington University</em></td>
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<td><strong>Mass incarceration, policing, and race disparities in HIV/AIDS</strong></td>
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<td>Kim Blankenship, <em>Director, Center on Health, Risk and Society, American University</em></td>
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<td><strong>Introduction by:</strong> Cassandra Ackerman, <em>National AIDS Housing Coalition, Board Member, Consumer Advisory Board Chair</em></td>
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<td>Douglas Brooks, <em>Director, Office of National AIDS Strategy</em></td>
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<td><strong>Respondents:</strong> David Holtgrave, <em>Chair, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health</em>; Rusty Bennett, <em>Executive Director, National AIDS Housing Coalition</em>; Caren Kirkland, <em>Aging and Disability Resource Center, TERRIFIC Inc.</em></td>
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## CONCURRENT SESSIONS: DAY ONE  
1:30 P.M. - 2:45 P.M.

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| Hampton  | **Incarceration: Impact and Interventions | See pg. 27 for abstracts**  
Both incarceration and HIV disparately impact low-income individuals and communities, with complex and often devastating effects. Incarceration disrupts lives and families, and can make it extremely difficult for people with HIV to find work or housing – or to maintain treatment – upon release. This session will explore the role of incarceration in HIV health disparities as well as interventions that can support successful re-entry.  
- **Moderator:** Kim Blankenship, *Director, Center on Health, Risk and Society, American University*  
- **HIV/HCV in Quebec’s provincial detention centres: Prevalence, related risk factors, access to services and care. Comparing cross-sectional data from 2003 and 2014**  
  Yohann Courtemanche, *Centre de recherche, Centre Hospitalier Universitaire de Quebec*  
- **Male incarceration rates, spatial access to sexual health care, and sexually transmitted infections: A moderation analysis**  
  Emily Dauria, *Department of Psychiatry and Human/Health Behavior, Alpert Medical School, Brown University*  
- **Transitional health care coordination: Linking incarcerated people living with HIV/AIDS to care and services in the community**  
  Nilda Ricard, *Director Health Services and Drop-In Center, The Fortune Society*  
- **CARE+ CORRECTIONS TRIAL: Technology and the HIV-positive returning citizen: A qualitative evaluation**  
  Claudia Trezza, *Milken Institute School of Public Health, George Washington University* |

| Governor’s  | Food Security: Impact and Interventions | See pg. 28 for abstracts  
When people with HIV have low incomes, they may be forced to forego food to pay rent or meet other basic needs. How big a problem is food security? How important is food security to HIV care and to the overall health and well-being of people with HIV? This session will discuss the complex role of food as harm reduction and as part of comprehensive HIV care.  
- **Moderator:** Angela Aidala, *Study Director, Community Health Advisory & Information Network (CHAIN) Project, Mailman School of Public Health, Columbia University*  
- **Spaces of care, spaces of risk: Mapping food as harm reduction**  
  Christiana Miewald, *Department of Geography, Simon Fraser University*  
- **Capacity building around food as harm reduction**  
  Grace Dalgarno, *Dr. Peter AIDS Foundation*  
- **Food is medicine: The Ryan White Food and Nutrition Services Program as a model for comprehensive food and nutrition services in the United States**  
  Alissa Wassung, *Director of Policy and Planning, God’s Love We Deliver* |
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<td>Blue Room</td>
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Employment opportunities can provide people with HIV access to the economic security required to ensure food security and stable housing. Meaningful employment is also associated with improved treatment outcomes, health and well-being for people with and at risk of HIV. This session will explore the research related to employment and HIV, as well as the impact of innovative employment interventions.

**Moderator:** Mark Misrok, **Board President, National Working Positive Coalition**

**Employment and economic well-being of people living with HIV in the New York Eligible Metropolitan Area**
Maiko Yomogida, **Mailman School of Public Health, Columbia University**

**Foundations for living: An integrated HIV housing and employment intervention for people living with HIV**
Liza Conyers, **Penn State College of Education and National Working Positive Coalition**

**Minimal to comprehensive: Strategies to increase employment opportunities and economic security of people living with or at greater risk for HIV**
Mark Misrok, **Board President, National Working Positive Coalition**

**I've fallen and I can't get back up**
Vernita Perry, **Community Health Worker, Positive Pathways**, with Sabrina Heard and Ronette Moton

**From engagement to empowerment: Addressing the social drivers of HIV through peer employment in community-based research**
James Watson, Coordinator, **Community-Based Research and Peer Training, Ontario HIV Treatment Network** and Lynne Cioppa, **Bruce House, Ottawa, Ontario**

**Common Threads: An integrated HIV prevention and vocational development intervention based upon the principles of trauma informed care**
Margot Kirkland-Isaac, **CBA Program Manager, DC CARE Consortium**
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<td>**Legal Systems: Impact and Interventions</td>
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Legal systems can be barriers or facilitators to health for people with HIV. Laws that criminalize HIV non-disclosure, substance use and sex work can marginalize people and threaten their health. At the same time, legal advocacy can be a powerful tool to help people with HIV fight stigma and discrimination, and protect basic human rights. This session will explore the complex legal issues faced by people with HIV as well as creative ways to use legal advocacy to overcome social and structural barriers.

- **Moderator:** Allison Symington, *Co-director of Research and Advocacy, Canadian HIV/AIDS Legal Network*

- **Legal interventions that can reduce health disparities**  
  Scott A. Schoettes, *Senior Attorney and HIV Project National Director, Lambda Legal, and Member of the U.S. Presidential Advisory Council on HIV/AIDS*

- **Administrative, regulatory and litigation advocacy for people living with HIV**  
  Carmel Shachar, *Clinical Instructor of Law, Centre for Health Law and Policy Innovation, Harvard Law School*

- **Legal services: A critical innovation in HIV/AIDS continuums of care**  
  Patrice Paldino, *Supervising Attorney, Legal Services, Broward County, Florida*

- **Providing holistic support for LGBT and HIV/AIDS activists fleeing their countries due to persecution**  
  Audu Kadiri, *Housing Works Inc.*
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<td><strong>BREAK AND POSTER SESSION</strong></td>
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| 3:15 P.M. | Blue Room | **Plenary: Policies to Impact Social Drivers: Successes and Challenges**

Governments are charged with developing effective policies to address the social drivers of health disparities. In this session, key Canadian and U.S. government leaders will discuss strategies to address the broad issue of homelessness and housing insecurity, the specific housing and support needs of people with or at risk of HIV, and ongoing health inequities.

**Moderator:** Tony DiPede, *Chair of the Board (incoming), Ontario HIV Treatment Network*

**Moderator:** Kenyon Farrow, *U.S. and Global Health Policy Director, Treatment Action Group*

- Tim Foran, *Director, Homelessness Partnering Strategy, Employment and Social Development, Canada*
- Janet Hope, *Assistant Deputy Minister, Municipal Affairs and Housing, Ontario*
- Ann Oliva, *Deputy Assistant Secretary, Special Needs Assistance Programs, U.S. Department of Housing and Urban Development*
- Ron Valdiserri, *Deputy Assistant Secretary for Health, Infectious Diseases and Director, Office of HIV/AIDS and Infectious Diseases Policy, U.S. Department of Health and Human Services*
- Wayne Duffus, *Associate Director for Health Equity, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention*
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<tr>
<td>4:30 P.M.</td>
<td>Blue Room</td>
<td><strong>PACHA Town Hall</strong></td>
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<td>In preparing and implementing the National HIV/AIDS Strategy, the White House seeks advice from the Presidential Advisory Council on HIV/AIDS (PACHA). This town hall session gives conference participants a unique opportunity to discuss issues related to the social drivers of HIV with PACHA members.</td>
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<td><strong>Moderator:</strong> David Holtgrave, <em>Vice-Chair, Presidential Advisory Council on HIV/AIDS</em></td>
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<td><strong>Attendees:</strong></td>
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<td></td>
<td>- Vignetta Charles, <em>Chief Science Officer, ETR Associates</em></td>
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<td>- Cecilia C. Chung, <em>Senior Strategist, Transgender Law Center</em></td>
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<td>- Gina M. Brown, <em>Planning Council Coordinator, New Orleans Regional AIDS Planning Council</em></td>
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<td>- Grissel Granados, <em>M.S.W.</em></td>
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<td>- Gabriel Maldonado, <em>Executive Director and CEO, Truevolution</em></td>
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<td>- Ligia Peralta, <em>Commissioner, Maryland Health Care Commission</em></td>
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<td>- Harlan Pruden, <em>Two-Spirit Community Organizer and Member of the Presidential Advisory Council on HIV/AIDS</em></td>
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<td>- Scott A. Schoettes, <em>HIV Project Director/Senior Attorney, Lambda Legal</em></td>
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<td>- Lawrence A. Stallworth II, <em>Project Assistant and HIV Prevention Specialist, Abounding Prosperity Inc.</em></td>
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<td>- Elizabeth Styffe, <em>Director, HIV/AIDS &amp; Orphan Care Initiatives, Saddleback Valley Community Church</em></td>
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<td>- Mildred Williamson, <em>Adjunct Faculty Member, University of Illinois at Chicago School of Public Health</em></td>
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<td>- Caroline Talev, <em>Public Health Analyst, Presidential Advisory Council on HIV/AIDS</em></td>
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<td>5:30 P.M.</td>
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<td><strong>RECEPTION</strong></td>
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## PROGRAM: DAY TWO

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<tr>
<th>8:30 A.M.</th>
<th>Blue Room</th>
<th>Doing Better for Key Populations in the HIV Response: Now is the Time</th>
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<td><strong>Keynote:</strong> Chris Beyrer, Director, Johns Hopkins Center for Public Health and Human Rights and President, International AIDS Society</td>
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<td><strong>Moderator:</strong> Charles King, President and CEO, Housing Works</td>
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<td>9:15 A.M.</td>
<td>Blue Room</td>
<td>Plenary: Intimate Partner Violence: Prevalence, Impact and Interventions</td>
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<td>Front line service providers and researchers are increasingly aware of the role of intimate partner and inter-personal violence (IPV) on HIV risk and on the health of people with HIV. This interactive panel will highlight the prevalence of IPV among populations with or at risk of HIV, its impact on health outcomes, and the need to recognize the problem and develop effective interventions.</td>
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<td><strong>Moderator:</strong> Opal Jones, President and CEO, Doorways</td>
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<td><strong>Structural determinants of gender-based violence and HIV among marginalized women</strong></td>
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<td>Kate Shannon, Director, Gender &amp; Sexual Health Initiative, BC Centre for Excellence in HIV/AIDS</td>
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<td><strong>The role of violence in stimulant use among homeless and unstably housed adult women living in a U.S. urban setting</strong></td>
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<td>Elise Riley, Associate Professor, Epidemiology, Department of Medicine, University of California, San Francisco</td>
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<td><strong>Intimate partner violence in diverse populations: Implications for HIV treatment and prevention</strong></td>
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<td>Conall O’Cleirigh, Associate Director, Behavioral and Social Science Core, Harvard University Center for AIDS Research</td>
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<td><strong>Implementing an intimate partner violence screening protocol in HIV care</strong></td>
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<td>John Gill, Professor, University of Calgary and Medical Director, Southern Alberta HIV Clinic</td>
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<td>10:15 A.M.</td>
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</table>
**10:45 A.M.  Blue Room**

**Tackling Social Drivers: Social and Structural Interventions**

Across North America and the globe, practitioners, researchers and policy makers are working to implement social and structural interventions to address the social drivers of HIV infection and to improve HIV treatment effectiveness. During this panel, presenters will discuss innovative practice and policy interventions that are making a difference.

- **Moderator:** Ginny Shubert, Principal, Shubert Botein Policy Associates
- **Reducing homelessness among people with HIV who use drugs key to increasing population-level viral suppression**
  Brandon Marshall, *Department of Epidemiology, Brown University*
- **Who are the Undetectables? An innovative model of community-based adherence support that includes financial incentives**
  Stephen Nolde, *Housing Works,* and Toorjo Ghose, *School of Social Policy and Practice, University of Pennsylvania*
- **Promising social and structural interventions for people leaving prison**
  James Peterson, *Milken Institute of Public Health, George Washington University*
- **Opportunities in the Affordable Care Act to improve health care coordination and delivery for people living with HIV**
  Carmel Shachar, *Clinical Instructor of Law, Center for Health Law & Policy Innovation, Harvard Law School*
- **A case story of Shelter and Settlements Alternatives, Uganda**
  Dorothy Baziwe, Executive Director, *Shelter & Settlements Alternatives: Uganda Human Settlements Network*
- **Private sector engagement in housing for LGBT youth**
  Ed Clark, former CEO of TD Bank Group. *Based in Toronto, TD owns TD Bank, America’s Most Convenient Bank*

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**12:00 P.M.  Blue Room**

**LUNCH**

- **Supportive housing and access to HIV prevention**
  Suzanne Wenzel, Director, *Homelessness, Housing & Social Environment Research Cluster, School of Social Work, University of Southern California*
- **Moderator:** Sean Rourke, *Science and Executive Director, Ontario HIV Treatment Network*
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<th>Location</th>
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| Blue Room   | **Impact of Housing Interventions on Viral Suppression and Other Health Outcomes**<br>See pg. 33 for abstracts  
Organizations that provide supportive housing have long recognized that stable housing is essential to good health. Over the last few years, more effort has been made to measure the impact of housing status on HIV treatment effectiveness, including viral suppression and other health outcomes. Providers and researchers are also examining programs and practices to better match models of supportive housing with individual need.  
**Moderator:** John Gill, Medical Director, Southern Alberta HIV Clinic  
**Viral suppression trends among HIV-positive housing clients, New York City, 2008-2013**  
Ellen Wiewel and John Rojas, Division of Disease Control, New York City Department of Health and Mental Hygiene  
**Antiretroviral therapy exposure and adherence and transitions out of homelessness among people living with HIV/AIDS who use illicit drugs in a Canadian setting**  
Lindsey Richardson, British Columbia Centre for Excellence in HIV/AIDS and Department of Sociology, University of British Columbia  
**Impact of unstable housing on HIV infections control in northern British Columbia**  
Robert Milligan, Regional HIV/HCV Navigator, Northern Health Authority, Prince George BC  
**Supportive housing common measures: Baseline findings**  
Building a dream: Recommendations for sustainable and evolving housing partnerships  
Keith Hambly, Executive Director, Fife House Foundation  
**Project S.H.O.P.: Comparison of supportive housing models for HIV-positive and at-risk chronically homeless**  
Julia Dickson-Gomez, Center for AIDS Intervention Research, Medical College of Wisconsin  
**Models for integrating behavioral health, HIV health care and housing support for multiply diagnosed HIV homeless/unstably housed populations**  
Carole Hohl, Boston Health Care for the Homeless and Massachusetts General Hospital |
### Hampton

**Building Housing, Health and Other Partnerships for Client-Centred Care**  
See pg. 35 for abstracts

Programs to address housing need, HIV, behavioral health issues, incarceration, employment and other social drivers are often siloed. To meet clients' complex needs and provide truly client-centered care, policy makers and providers must build strong partnerships. This session explores examples of effective partnerships to provide better HIV care and support.

- **Moderator:** Benjamin Ayers, Senior Program Specialist, Office of HIV/AIDS Housing, U.S. Department of Housing and Urban Development
- **Breaking barriers, creating access, nurturing recovery**  
  Elesha Fahy, Coordinator, McEwan Housing and Support Services/Loft Community Services
- **HIV Addiction Supportive Housing (ASH): Successes of a Housing First model within a continuum of care**  
  Kay Roesslein, Program Director, McEwan Housing and Support Services/Loft Community Services and Michael Blair, Director of Residential Programs, Fife House Foundation
- **Lessons learned and recommendations from the implementation of a multi-agency cross-sector collaboration addressing the needs of people living with HIV experiencing aging-related illnesses, accelerated aging, complex care and cognition issues**  
  Michael Blair, Director of Residential Programs, Fife House Foundation
- **Translating research data into new funding opportunities: “Cashing in on the value of an AIDS or support housing unit”**  
  Arturo Bendixen, Executive Director, AIDS Foundation of Chicago
- **Integrating for impact: The origins and practice of the Structural Interventions Working Group of the Federal AIDS Policy Partnership**  
  Suraj Madoori, Manager, HIV Prevention Justice Alliance, AIDS Foundation Chicago

### Governor's

**Housing First: Innovations and Lessons Learned**  
See pg. 37 for abstracts

Housing First models have gained traction across the U.S. and Canada. How accessible are they to people with HIV? Are they working? What are the lessons learned? How do we maximize their potential?

- **Moderator:** Toorjo Ghose, School of Social Policy and Practice, University of Pennsylvania
- **Unprotected sex among homeless adults with mental illness participating in a Housing First randomized controlled trial**  
  Milad Parpouchi, Faculty of Health Sciences, Simon Fraser University
- **The housing cascade provider perspective on using supportive housing data to evaluate health outcomes for people living with HIV**  
  Danielle Strauss, Managing Director, Housing Programs, Harlem United
- **Housing as a harm reduction strategy: Health, safety and respect**  
  Robert Desarmia, Intensive Case Management Program Coordinator, Sandy Hill Community Health Centre
- **Housing First and harm reduction practices**  
  Suzanne Moore, Housing Services Manager, Caracole, Chrissy Rademacher, Clinical Supervisor, Caracole

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**DAY TWO**
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<td>**Interventions for Person-Centered Care</td>
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Front line service providers continue to look for innovative ways to engage people with or at risk of HIV in care, and to ensure they receive appropriate, respectful services. Panelists will discuss a range of interventions from text messages to pop up clinics to social support to training programs and tools for service providers – all designed to provide person-centered, individualized care.

**Moderator:** Kenneth Robinson, *Vice President, Housing Programs, Housing Works*

- **The Cedar Project WelTel mHealth Study: A text message intervention for HIV prevention and treatment among young Indigenous people who use illicit drugs - successes and challenges to date**
  - Kate Jongbloed, *School of Population and Public Health, University of British Columbia*

- **A multidisciplinary approach to engagement in care of HIV-infected individuals with unstable housing and HIV infection risk in homeless participants in community pop-up clinics**
  - Syune Hakobyan, *Vancouver Infectious Diseases Research and Care Centre Society*

- **Unstable housing is mediated by social support leading to reductions in health-related quality of life among former or current injection drug users on ART in Baltimore, Maryland**
  - Sarina Isenberg, *Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health*

- **Moving in, moving up and moving forward: Developing an assessment tool to identify potential graduates from permanent supportive housing programs serving persons with disabilities**
  - Andrew Timleck, *AIRS/Empire Homes of Maryland*

- **eLearning Toolkit: Caring for individuals with complex health and social needs**
  - Barbara Ross, *Provincial Harm Reduction Supervisor, Alberta Health Services and Floyd Visser, Executive Director, SHARP Foundation*
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<td><strong>BREAK</strong></td>
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<td><strong>Plenary: Financing Integrated Models of Care and Support</strong></td>
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<td>Since housing interventions improve health and reduce avoidable health care spending, what is the role of the health care system in funding housing? How should health delivery and payment reforms address the social drivers of HIV health outcomes? Can we think innovatively about funding models that truly support integrated models of care and support?</td>
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<td><strong>Moderator:</strong> Charles King, <em>President and CEO, Housing Works</em></td>
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<td>Peggy Bailey, <em>Senior Policy Advisor, CSH and NAHC Board Member</em></td>
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<td>Miranda Compton, <em>Manager, HIV/AIDS Services, Vancouver Coastal Health</em></td>
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<td>Doug Wirth, President and CEO, Amida Care</td>
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<td>Meghan Gleason, <em>Director, Government Health Care Transformation, KPMG</em></td>
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<td>3:30 P.M.</td>
<td>Blue Room</td>
<td><strong>Plenary: END OF AIDS? Challenges and Opportunities</strong></td>
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<td>UNAIDS has set ambitious targets to end AIDS as an epidemic, and a growing number of jurisdictions in North America are accepting the challenge. In this panel, a teaser for the Strategies to End AIDS Learning Institute on Day Three, we will hear from jurisdictions that are implementing or considering plans to end their HIV epidemics.</td>
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<td><strong>Moderator:</strong> Mark Harrington, <em>Executive Director, Treatment Action Group</em></td>
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<td>Johanne Morne, <em>Director, Office of Planning and Community Affairs, New York State Department of Health AIDS Institute</em></td>
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<td>Gina McGowan, <em>Director, Population and Public Health Division, British Columbia Ministry of Health</em></td>
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<td>Michael Kharfen, <em>Senior Deputy Director, HIV/AIDS, Hepatitis, STD &amp; TB Administration, D.C. Department of Health</em></td>
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<td>Oliver Bacon, <em>Associate Professor and Infectious Disease Physician, University of California, San Francisco</em></td>
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<td>Blue Room</td>
<td><strong>Closing Remarks</strong></td>
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<td>Charles King, <em>Visioning Committee Chair, National AIDS Housing Coalition</em></td>
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<td>Sean B. Rourke, <em>Scientific and Executive Director, Ontario HIV Treatment Network</em></td>
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<td>BREAKFAST</td>
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<td>Welcome &amp; Setting Up the Day</td>
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<td>Sean B. Rourke, Scientific and Executive Director, OHTN and Director of the CIHR Centre for REACH in HIV/AIDS</td>
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<td>Moderator: Alan E. Greenberg, Professor and Chair of the Department of Epidemiology and Biostatistics, Milken Institute School of Public Health, The George Washington University and Director of the NIH-funded District of Columbia Center for AIDS Research (DC CFAR)</td>
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<td>9:15 A.M.</td>
<td>Setting the Stage: Developments in Program Science and Implementation Research</td>
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<td>David A. Chambers, Deputy Director, Implementation Science, Division of Cancer Control and Population Sciences, National Cancer Institute</td>
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<td>Stefan Baral, Director, Key Populations Program, Associate Professor, Johns Hopkins Bloomberg School of Public Health</td>
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<td>10:40 A.M.</td>
<td>Panel 1: Quantitative Methods:</td>
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<td>AIDSVu and HIV Continuum: Tools to leverage use of big HIV data for our work</td>
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<td>Travis Sanchez, Associate Professor, Rollins School of Public Health, Emory University</td>
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<td>Mathematical Models: Tools to disentangle social drivers of HIV</td>
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<td>Sharmistha Mishra, Assistant Professor, St. Michael’s Hospital/University of Toronto</td>
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<td>LUNCH</td>
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<td>12:45 P.M.</td>
<td>Panel 2: Social Science methods</td>
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<td>Packaging and implementation of a peer educator program for people who use drugs in community settings: The SHIELD Intervention</td>
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<td>Melissa Davey-Rockwell, Assistant Scientist, Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health</td>
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<td>Ethnographic and qualitative methods to examine implementation of evidence-based interventions</td>
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<td>Jill Owczarzak, Assistant Professor, Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins Bloomberg School of Public Health</td>
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<td>2:00 P.M.</td>
<td>Panel 3: Intervention methods/approaches</td>
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<td>MEN Count: A structural and behavioral HIV risk reduction program for heterosexual Black men: quasi-experimental design, program impact evaluation, and quality assurance and process evaluation</td>
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<td>Jenne Massie, Senior Research Associate, The George Washington University</td>
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<td>Strategies for complex interventions, messy data, important messages</td>
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<td>Angela Aidala, Research Scientist, Mailman School of Public Health, Columbia University</td>
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<td>3:15 P.M.</td>
<td>Small groups: How to advance the field? Challenges and opportunities?</td>
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<td>4:00 P.M.</td>
<td>Closing: Key take away messages; Interest in a virtual HIV Program Science Institute?</td>
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Speakers

- **Stefan Baral**, Associate Professor, Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health
- **David Chambers**, Deputy Director for Implementation Science, Division of Cancer Control and Population Sciences, National Cancer Institute
- **Melissa Davey-Rothwell**, Associate Scientist, Health Behavior and Society, Johns Hopkins Bloomberg School of Public Health
- **Alan E. Greenberg**, Professor and Chair, Department of Epidemiology and Biostatistics, Milken Institute School of Public Health, George Washington University
- **Jenné Massie**, Senior Research Associate, Department of Psychology, George Washington University
- **Sharmistha Mishra**, Assistant Professor, Division of Infectious Diseases, University of Toronto
- **Jill Owczarzak**, Assistant Professor, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health
- **Travis Sanchez**, Associate Professor, Rollins School of Public Health, Emory University

The Program Science Learning Institute will discuss key methodological approaches to support program science/implementation research related to addressing the social and structural drivers of HIV. Presenters will describe their research and its impact, focusing mainly on methodologies and lessons learned. Participants should leave with a better understanding of the methodologies available and the skills required to use them. The session will be interactive, with space for debate and discussion. Content will be divided into four parts:

- An introduction to implementation research and program science
- Quantitative methods (including those focused on epidemiology and geospatial analyses)
- Social science methods
- Intervention research
Learning Institute II: Policy

Redefining Integrated Health Services to Include Housing and Other Social Determinants

Capitol Room

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<td>BREAKFAST</td>
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<tr>
<td>9:00 A.M.</td>
<td>Welcome and Introductions</td>
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<tr>
<td>9:15 A.M.</td>
<td>Setting the Stage: Translating Evidence into Policy</td>
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<td>10:30 A.M.</td>
<td>Making the Case: A Review of Recent Research on Housing as a Cost-Effective Medical Intervention</td>
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<tr>
<td>12:00 P.M.</td>
<td>LUNCH</td>
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<tr>
<td>1:00 P.M.</td>
<td>Current Policy: A Discussion of What Current Policy Allows in Terms of Integrating Housing and Health Care and Value-Based Payments</td>
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<tr>
<td>2:00 P.M.</td>
<td>BREAK</td>
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<tr>
<td>2:15 P.M.</td>
<td>Local Strategies and Practice: Essential Elements in Implementing These Health-Integrated Housing Strategies. Managing the political environment, developing the essential elements and enhancing the political environment.</td>
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<tr>
<td>3:30 P.M.</td>
<td>Action Planning: What tools are needed to move forward? What needs to be disseminated, what needs to be developed?</td>
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Speakers

- **Stephen Gaetz**, Professor, York University; Director of the Canadian Observatory on Homelessness/Homeless Hub
- **Ginny Shubert**, Shubert Botein Policy Associates
- **Peggy Bailey**, CSH and NAHC Board Member
- **Claudia Schlosberg**, Director of the Health Care Policy and Research Administration for the District of Columbia Department of Health Care Finance
- **Keith Hambly**, Executive Director, Fife House
- **Auturo Bendixen**, Executive Director, AIDS Foundation of Chicago
- **Charles King**, President and CEO, Housing Works
- **Andrew Coamey**, Senior Vice President for Housing, Capital Development, Facilities & Construction, Housing Works

Despite strong research findings on the impact of housing and other social determinants of HIV health outcomes, to date, few health care systems view or invest in services to meet these needs. The Learning Institute on Policy will provide an opportunity to share and discuss strategies, tools and alliances to influence policy makers and persuade health systems to establish models of health care that include sustainable sources of funding for housing and other essential social enablers.

The session will be interactive and participatory, focusing on strategies that are replicable. It will use an interview panel format where diverse panels of researchers, community members and policy makers are posed targeted questions that get at healthcare and housing integration from a practical programming and policy perspective. The day will end with an action planning session that will leave participants with clear direction on how to move forward in integrating housing and other social determinants into their local strategies in addressing the HIV/AIDS epidemic.
Learning Institute III: Practice  
Using Housing Interventions to Improve Continuum of HIV Care Outcomes  
Blue Room

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30 A.M.</td>
<td>BREAKFAST</td>
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<tr>
<td>9:00 A.M.</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>10:00 A.M.</td>
<td>The National HIV/AIDS Strategy &amp; the HIV Care Continuum</td>
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<tr>
<td>10:15 A.M.</td>
<td>CDC’s HIV Care Continuum</td>
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<tr>
<td>10:45 A.M.</td>
<td>Identifying Key Housing Indicators and Their Impact on the HIV Care Continuum</td>
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<tr>
<td>11:00 A.M.</td>
<td>The NYC &amp; DC HIV Housing Care Continuums</td>
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<tr>
<td>12:00 P.M.</td>
<td>LUNCH</td>
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<tr>
<td>1:00 PM</td>
<td>Options for Developing a HOPWA Care Continuum</td>
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<tr>
<td>2:00 PM</td>
<td>Defining Your HIV Housing Care Continuum</td>
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<tr>
<td>3:00 PM</td>
<td>Using Your HIV Housing Care Continuum</td>
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<tr>
<td>4:30 P.M.</td>
<td>Closing and next steps</td>
</tr>
</tbody>
</table>

Speakers

- **Rusty Bennett**, Collaborative Solutions, Inc.
- **Christine Campbell**, National AIDS Housing Coalition
- **Rita Flegel**, Collaborative Solutions, Inc.
- **Alison Goodwyn**, Collaborative Solutions, Inc.
- **Lena Lago**, DC Department of Health
- **Amy Palilonis**, HUD’s Office of HIV/AIDS Housing
- **John Rojas**, New York City Department of Health & Mental Hygiene
- **Lisa Steinhauer**, HUD’s Office of HIV/AIDS Housing

In collaboration with HUD’s Office of HIV/AIDS Housing, the U.S. Department of Housing and Urban Development, the National AIDS Housing Coalition and Collaborative Solutions, Inc. will facilitate a Learning Institute focusing on the connection between stable housing and improved outcomes along the HIV Care Continuum.

Through guided discussions and strategic planning sessions, participants will develop strategies for their communities to:

1. Improve ability to measure client health outcomes
2. Create strategic partnerships to build a local HIV Housing Care Continuum
3. Use local data to benefit clients by demonstrating the link between housing and health and engaging in cross-system advocacy efforts

By building and implementing an HIV Housing Care Continuum, agencies will encounter a number of opportunities, including strategic partnerships that could lead to improved collaboration and coordination between the housing and health care systems, as well as a powerful advocacy tool that will not only demonstrate the link between housing and health, but provide for cross-system dialogue aimed at reducing new HIV infections and improving health outcomes for people living with HIV/AIDS.
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<tr>
<td>8:30 A.M.</td>
<td>BREAKFAST</td>
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<tr>
<td>9:00 A.M.</td>
<td><strong>Introductions and Overview of the Day</strong></td>
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<td></td>
<td><em>Charles King, President and CEO, Housing Works, and Community Chair of the New York State Ending the Epidemic Task Force</em></td>
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<tr>
<td>9:15 A.M.</td>
<td><strong>Discussion Topic I: Goals and Metrics</strong></td>
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<tr>
<td></td>
<td><em>Moderator: Chris Laskowski, DC Appleseed Center for Law and Justice</em></td>
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<tr>
<td></td>
<td>1. How will you know you have ended the epidemic and why?</td>
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<td></td>
<td>2. What are the key metrics you are measuring?</td>
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<td></td>
<td>3. How are you tracking data (sources and measures) and making it available to the public?</td>
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<td></td>
<td>4. How is data used to drive the ending the epidemic agenda through accountability for outcomes?</td>
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<tr>
<td></td>
<td>Questions and comments from audience members</td>
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<tr>
<td>10:30 A.M.</td>
<td>BREAK</td>
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<tr>
<td>10:45 A.M.</td>
<td><strong>Discussion Topic II: Community Mobilization</strong></td>
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<td></td>
<td><em>Moderator: Kenyon Farrow, Treatment Action Group</em></td>
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<td></td>
<td>1. What was the role of community mobilization in the development and launch of your jurisdiction’s plan?</td>
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<td></td>
<td>2. How is your jurisdiction engaging key populations and what is their role in community mobilization?</td>
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<td>3. What are your key community mobilization strategies, including for PrEP expansion?</td>
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<td>4. What are your key testing, PrEP and viral suppression targets, and how are you mobilizing to achieve them in your community?</td>
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<td></td>
<td>Questions and comments from audience members</td>
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<tr>
<td>12:00 P.M.</td>
<td>LUNCH</td>
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<td>1:00 P.M.</td>
<td><strong>Discussion Topic III: Viral Suppression and Living Well</strong></td>
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<tr>
<td></td>
<td><em>Moderator: Gina McGowan, British Columbia Ministry of Health</em></td>
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<tr>
<td></td>
<td>1. How do we make all service providers accountable for viral suppression as a key outcome?</td>
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<td></td>
<td>2. How does your plan support durable viral suppression?</td>
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<td>3. How are you tracking stigma as it relates to a broad range of health outcomes for people with HIV, including but beyond viral suppression?</td>
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<td></td>
<td>4. How are you ensuring that people with HIV have the opportunity to live well?</td>
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<td></td>
<td>Questions and comments from audience members</td>
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</tbody>
</table>
2:15 P.M. Discussion topic IV: Social Drivers & Key Populations

Moderator: Charles King, Housing Works

1. What do you see as key social drivers of HIV infection and failure to sustain effective HIV care?
2. How does your plan address these drivers?
3. How does your plan ensure that overall goals are also achieved for each key population, so that no one is left behind?

Questions and comments from audience members

3:30 P.M. Closing:

Charles King, Housing Works

- Key take-away messages?
- Next steps for an ongoing ending the epidemic learning collaborative?

Discussants

- Oliver Bacon, Associate Professor and Infectious Disease Physician, University of California, San Francisco
- Miranda Compton, Manager, HIV/AIDS Services, Vancouver Coastal Health
- Mark Harrington, Executive Director, Treatment Action Group, New York
- Charles King, President and CEO, Housing Works, and Community Chair of the New York State Ending the Epidemic Task Force
- Gina McGowan, Director, Population and Public Health Division, British Columbia Ministry of Health
- Johanne Morne, Director, Office of Planning and Policy at the New York State Department of Health AIDS Institute
- Austin Padilla, Founding Member, Getting to Zero Consortium, San Francisco
- Kimberleigh Smith, Vice President of Policy, Advocacy and Communications, Harlem United, New York

This Learning Institute will serve as a live learning collaborative for three North American jurisdictions – British Columbia, San Francisco and New York State – that have announced a commitment to end AIDS as an epidemic by a certain date and implemented concrete plans to achieve that end.

Discussants from these three jurisdictions will share plans, obstacles, and best practices for ending the epidemic in a “fish bowl” forum in which attendees observe while the jurisdictions discuss topics under four issue areas. After each discussion, attendees will have the opportunity to ask questions of the participants and add their own insights.
Incarceration: Impact and Interventions

Yohann Courtemanche

Prisoners are a stigmatized, high-risk population for HIV and HCV infections. The last study on Quebec's provincial prisoners from 2003 showed a high prevalence of HIV, HCV and risky behaviors. The aim of this study was to update the epidemiological data on HIV/HCV in Quebec's inmate population, with a methodology allowing for optimal comparison with the 2003 study. Cross-sectional data were obtained from male and female prisoners in seven detention centers. 1362 men and 251 women participated in the 2014 study. HIV prevalence was lower in 2014 than in 2003 among both men (1.9% vs. 2.3%) and women (0.8% vs. 8.8%). HCV prevalence was also lower in 2014 than in 2003 for men (11.9% vs. 16.5%) and women (19.6% vs. 29.1%). This presentation will discuss declines in HIV/HCV prevalence, treatment adequacy, access to services, and opportunities to increase testing, treatment and harm reduction strategies.

Male Incarceration Rates, Spatial Access to Sexual Health Care, and Sexually Transmitted Infections: A Moderation Analysis
Emily Dauria

Compared to other regions of the country, the southern region of the US consistently has the highest burden of sexually transmitted infections. Incarceration rates have emerged as a potentially powerful determinant of the prevalence of newly-diagnosed STIs with the forceful removal of men en masse from neighborhoods potentially altering the local composition of sexual networks in ways that facilitate STI transmission. Multiple intersecting factors may help explain complex health outcomes like STIs. One up-stream factor that may be associated with poorer health outcomes and STI transmission is reduced spatial access to health care (i.e., increased distance and travel time to health care providers). Health care visits present critical opportunities for the testing and treatment of STIs. The aim of this cross-sectional study was to explore whether the relationship between male incarceration rates and newly-diagnosed STI prevalence is moderated by spatial access to health care facilities that offer STI treatment and prevention services. We hypothesized that greater spatial access to sexual health care will decrease the magnitude of the relationship between rates of male incarceration and the prevalence of newly-diagnosed STIs. This session will discuss our methods, results, and conclusions.

Public Health Detailing: A Structural Intervention Supporting Providers and Improving Justice-Involved Women's Access to HIV Prevention, Treatment and Care
Nilda Richard

This presentation examines the Fortune Society's Drop-In Center program as a Service Delivery Model which provides pre- and post-release care to people living with HIV/AIDS who are currently incarcerated in New York City jails and New York State prisons. The Fortune Society is one of New York City's leading providers of social services for recently released prisoners and is a member of the Transitional Health Care Consortium. The Transitional Health Care Consortium works in collaboration with the New York City Department of Health and Mental Hygiene and the New York City Department of Corrections to link newly released people living with HIV to vital services in the community. We will discuss the process and methods of service delivery. These services include care coordination,
intake assessment, care plan development, on-going non-medical case management, escort and maintenance in care, and other contract funded services. Post-release services such as client assistance, accompaniment, and outreach for patient re-engagement will also be discussed.

**CARE+ Corrections Trial: Technology and The HIV-Positive Returning Citizen – A Qualitative Evaluation**
Claudia Trezza

Individuals recently released from the criminal justice system, locally referred to as “returning citizens,” and diagnosed as HIV-positive experience significant challenges and barriers to linkage and engagement in community HIV care and services subsequent to release. Innovative efforts such as mHealth interventions (CARE+ Corrections) seek to optimize the reentry experience for HIV+ returning citizens to increase linkage to care and ancillary services. The CARE+ Corrections study is a randomized trial conducted in the District of Columbia. The two part intervention consists of: 1) an interactive one-session computerized motivational interview which provided counseling and linkage support, and 2) cell phone text messaging to support linkage and engagement in care and adherence to medications. A qualitative evaluation of the implementation of the CARE+ Corrections intervention also is being conducted among study participants. This presentation will report on the evaluation's results to explore perceptions of the innovative mhealth technology and barriers to engaging in HIV care upon return to the community.

**Food Security: Impact and Interventions**

**Spaces of Care, Spaces of Risk: Mapping Food as Harm Reduction**
Christiana Miewald

People who use substances and who are also low-income have profound concerns when it comes to accessing nutritionally adequate, safe, and appropriate foods that they can consume in safe, nurturing spaces. Geographical research has highlighted the ways in which low-income people construct routes, pathways, and schedules through cities to access food. At the same time, understanding the geographies of food access that are constructed and experienced by low-income people living with HIV who use substances can play an important role in their health and well-being. Our project, *Food as harm reduction: Documenting the health effects of food provision for people who use drugs*, addresses the following questions: 1) in what ways do low-income people living with HIV who use substances experience food insecurity and greater risk of disease; 2) what is the distribution of knowledge and practice around food provision among harm reduction providers in Greater Vancouver; and 3) what are the geographies (routes, pathways, barriers and schedules) that low-income people living with HIV who use substances construct and experience as they access food each day? We will discuss the ways in which the geography of food access influences the daily lives and overall health of people living with HIV who use substances including encounters with spaces of care and risk.
Capacity Building Around Food as Harm Reduction
Grace Dalgarno

Food as harm reduction is a collaborative, community based research project between Simon Fraser University Geography Department and the Dr. Peter AIDS Foundation, funded by the Vancouver Foundation. Using a community-based research framework, the Food as Harm Reduction project explores the ways in which food provision can mitigate the physical, social, and psychological harms associated with substance use. The project is comprised of three parts: surveying 60 people living with HIV who use substances, half of whom use the Dr. Peter Centre and half of whom do not; mapping daily routines to learn about daily routes used to access food; and conducting qualitative interviews with harm reduction service providers. This presentation will describe the project and also address community involvement, lessons learned and recommendations.

Food Is Medicine: The Ryan White Food and Nutrition Services Program as a Model for Comprehensive Food and Nutrition Services in the United States
Alissa Wassung

This session mirrors a chapter recently published in *The Health of HIV Infected People: Food, Nutrition and Lifestyle with Antiretroviral Drugs*. We reviewed significant research on food programs and health outcomes, demonstrating how access to adequate food and nutrition services helps accomplish the Triple Aim of national healthcare reform for people living with HIV: better health outcomes, lower cost of care and improved patient satisfaction. We examined the structure, funding and delivery methods for the Ryan White Food and Nutrition Services (FNS) Program, arguably the most robust FNS program in the country for people living with chronic illness, through the lens of improving health outcomes and implementing cost effectiveness. We used co-authored case studies from six FNS providers around the country to showcase the RW benefit in practice over the 30-year history of the providers and demonstrated how each agency has leveraged their core capacity to integrate with state-based healthcare reform efforts to expand coverage for people living with HIV and other populations. Analysis of the Ryan White FNS Program, in policy and practice, is then used to model how FNS, a relatively inexpensive benefit, could be incorporated into our nationwide healthcare delivery system to capitalize on the results evident in the outcomes of Ryan White for all people living with HIV and for people living with other chronic and severe illnesses.

(Un)Employment: Impact and Interventions

Employment and Economic Well-Being of People Living with HIV in the NY Eligible Metropolitan Area
Maiko Yomogida

The success of antiretroviral therapies has shifted the focus of HIV care from mere survival to quality of life. This study looks into an important dimension of quality of life for people living with HIV: economic wellbeing and labor force participation. Data are from the CHAIN study, an on-going prospective cohort study of people living with HIV in NYC and three northern counties (Tri-County; TC). The CHAIN study sample was designed to be representative of people living with HIV receiving medical and/or social services in the NY Eligible Metropolitan Area. Trends in employment and economic well-being were analyzed by pooling all 5,911 interviews completed with 1,869 CHAIN cohort members between 2001 and 2013. The analyses of factors associated with employment were restricted to data obtained from the interviews, completed between 2008 and 2013. Results showed that despite the widespread use of antiretroviral therapy and reduced mortality rates, CHAIN participants’ labor force participation remained consistent over the 12-year period of this study and the reason most frequently noted for unemployment was poor health.
Foundations for Living: An Integrated HIV Housing and Employment Intervention for People with HIV
Liza Conyers (with Mark Misrok; Jen Chiu, Doctoral Candidate, Penn State University; Nancy Chiarella, Executive Director, CARES Inc.; Tracy Boff, Executive Director, Catholic Charities Community Services; and Perry Junjulas, Executive Director, Albany Damien Center)
This presentation will describe the development and implementation of the Foundations for Living integrated HIV/AIDS housing and employment services program model that provided housing assistance to people living with HIV and interested in working or volunteering full or part-time, or advancing their education. This FFL model was funded by a Special Project of National Significance grant through HOPWA to CARES, Inc. who coordinated services in two distinct regions of upstate New York: Rochester (relatively rural) and Albany (major city). Fundamental to the implementation of the FFL model is recognition of both individualized and systems level interventions. While participants in FFL worked with a service coordinator to develop individualized service plans, resource identification staff worked with key stakeholders in both Rochester and Albany to identify and reduce systemic barriers to integrated housing and employment services. Housing, health and HIV prevention outcomes will be reported for a cohort of individuals who completed FFL in Albany and Monroe counties from January 2012 to December 2014.

Minimal to Comprehensive: Strategies to Increase Employment Opportunities and Economic Security of People Living with or At Greater Risk for HIV
The National Working Positive Coalition is connected to and has been involved with implementation of a range of employment service models implemented and evaluated by HIV care and prevention programs in North America. This presentation describes how HIV care and prevention, housing and other supportive services can link and coordinate with a range of federal, state and local education and employment programs and resources to increase effective participation by people living with or at risk for HIV. Organizations and communities need to first assess their readiness and capacity, then review, select and implement strategies to adapt or revise their service delivery to better meet employment information and service needs of people living with or at greater risk for HIV. Goals for ending the epidemic, and a post-HIV landscape, need to prioritize addressing the economic and vocational vulnerability of survivors and communities disproportionately affected. Efforts to maximize available resources to increase employment opportunities need to be implemented now for sustained positive health and prevention outcomes in the years ahead.

“I have fallen and I can’t get back up”
Vernita Perry
The goal of this presentation is to present the role of a Community Health Worker (CHW) and discuss the many roles we serve with members of our community. We will explain how CHWs help bridge the gap between clients and doctors, and we will focus on how CHWs work with community members who are HIV-positive and using drugs. CHWs reach out to members and meet them “where they are at.” Some of our members have no support system and no one to help them. We listen, offer support and show members that we care. We want the audience to understand the significance of the CHW role, so that people can learn from our experiences and gain new tools for working with HIV-positive populations. We also welcome feedback from the audience, so that we can share our different methods and learn from each other.
From Engagement to Empowerment: Addressing the Social Drivers of HIV Through Peer Employment in Community-Based Research
James Watson and Lynne Cioppa

The episodic nature of HIV has isolated many people with HIV/AIDS (PHAs) from regular workforce participation, often resulting in their underemployment or reliance on government assistance. Research employment as peer engagement is an empowerment strategy that can benefit the health, well-being and quality of life of PHAs. Through its employment of PHAs as Peer Research Associates (PRAs), the Ontario HIV Treatment Network pioneered a community-based research (CBR) model that put peer engagement into action. CBR is a field where lived experience and a desire to build capacity are highly regarded. As part of its research efforts, the OHTN successfully implemented a series of mixed-method CBR studies that collected extensive data on the social determinants of health of PHAs. Drawing on PRA experiences from three OHTN CBR studies (the Positive Space Healthy Places housing study, the Employment Change and Health Outcomes study, and the Impact of Food Security on Health Outcomes in People Living with HIV/AIDS Across Canada study) we will highlight the peer researcher role as an effective peer engagement empowerment intervention.

Common Threads: An Integrated HIV Prevention and Vocational Development Intervention Based Upon the Principles of Trauma Informed Care
Margot Kirkland-Isaac

This presentation is designed to increase awareness and skills related to the need to implement trauma-informed vocational and HIV prevention interventions for African American women with HIV. Presenters will: (a) review the development of the Common Threads intervention, including a review of principles of trauma-informed care; (b) discuss the relationship between vocational development/employment and outcomes associated with the HIV Continuum of Care; (c) demonstrate the integration of a trauma informed care activity as a key component of the Common Threads intervention; and (d) share initial research findings that demonstrate some of the outcomes of this approach in facilitating vocational development and improving health and prevention outcomes. This presentation will utilize interactive activities to support an engaging and positive environment. For example, participants will be able to explore the impact of life experience through the development of a personal timeline, which is an activity of the Common Threads training. These activities will be used to help participants to develop strategies to infuse trauma informed care into vocational and HIV prevention services to better engage African American women in HIV care and prevention.
Legal Systems: Impact and Interventions

Opportunities in the Affordable Care Act to Improve Health Care Coordination and Delivery for People Living with HIV
Carmel Shachar

The Affordable Care Act (ACA) is an existing framework that contains a number of provisions to increase preventive care and to address social determinants of health; however, State adoption of these initiatives are optional, resulting in fragmented implementation. Resources and tools within the ACA, such as integrated health care homes and free preventive services, have the potential to improve care received by people living with HIV. States now have the opportunity to take advantage of existing proven programs with flexibility for local innovation. Adopting the full range of ACA opportunities available, including Medicaid expansion, reduced elimination of cost sharing for many preventive services, and Medical Health Home programs, would allow States to increase the value of health care by adopting a preventative, early-intervention based health care delivery system and advance health of low-income, vulnerable populations nationwide including those living with HIV. This presentation will suggest several ways to reshape health care for low-income vulnerable populations through ACA-based tools.

Legal Services: A Critical Innovation in HIV/AIDS Continuums of Care
Patrice Paldino

The provision of legal services is critical to the success of interdisciplinary continuums of care. People living with HIV face a number of legal issues which directly impact their stability and mental and physical health. For three years, the HOPWA program at Legal Aid Service of Broward County has provided free legal services to help HOPWA clients maintain or acquire safe and affordable housing and to assist them in transitions to self-sufficiency. This presentation will address the necessity of a holistic model of direct legal services to overcome systemic barriers to stable housing and the resolution of root cause issues which impact housing so that people living with HIV can achieve improved mental and physical health.

Providing Holistic Support for LGBT and HIV/AIDS Activists Fleeing their Countries Due to Persecutions
Audu Kadiri

The Housing Works Asylum Project provides lifesaving assistance to HIV-positive and other LGBT activists from target countries around the world who are facing political persecution for their sexual orientation, gender identity and activism. Asylum Project participants receive housing, medical and mental health care, case management, legal representation, financial assistance, job training and other vital services as they apply for asylum and assimilate into U.S society, as well as tools to continue their work as advocates in their home countries. This presentation will provide an overview of the project, as well as lessons learned and recommendations.
Impact of Housing Interventions on Viral Suppression and Other Health Outcomes

Viral Suppression Trends Among HIV-Positive Housing Clients, New York City, 2008-2013
Ellen Wiewel and John Rojas

In recent years, US HIV treatment guidelines have recommended progressively earlier antiretroviral therapy. In 2007, guidelines recommended ART at CD4 counts <350 cells; by 2012, it was recommended that all persons with HIV be considered for ART initiation, regardless of CD4 count. New York City is an epicenter of the US HIV epidemic, where the infection disproportionately affects poor people and persons of color. Low-income NYC residents with HIV are eligible for subsidized or free housing through Housing Opportunities for Persons with AIDS (HOPWA). To better understand the impact of changing treatment guidelines and HOPWA priorities, we measured trends in viral suppression among NYC HOPWA clients between 2008 and 2013, overall and by demographic and clinical characteristics. NYC DOHMH-administered HOPWA enrollment data were merged with the DOHMH HIV surveillance registry to obtain demographics, clinical status, and viral load test results for persons receiving HOPWA services during 2008-2013. Persons who matched to the surveillance registry and were enrolled in DOHMH-administered HOPWA programs in a given year between 2008 and 2013 ranged from 1,739 to 2,131 annually. We found that viral suppression increased markedly among NYC HOPWA clients from 2008 to 2013, particularly among clients with HIV only, potentially resulting from changes to federal treatment guidelines and an emphasis within HOPWA on suppression.

Antiretroviral Therapy Exposure and Adherence and Transitions Out of Homelessness Among People Living with HIV/AIDS Who Use Illicit Drugs in a Canadian Setting
Lindsey Richardson

The consequences of housing instability on engagement and retention in HIV care and clinical outcomes for people living with HIV/AIDS who use illicit drugs are increasingly well documented. However, very little is known about the potential benefits of exposure and adherence to antiretroviral therapy on the housing status of HIV-positive people who use drugs. We used longitudinal data from the AIDS Care Cohort to Evaluate Access to Survival Services (ACCESS), a long-running prospective cohort of community recruited HIV-positive people who use drugs in Vancouver. Participant data were linked to comprehensive HIV clinical monitoring and ART dispensation records provided by the centralized provincial ART dispensary and HIV clinical monitoring laboratory at the British Columbia Centre for Excellence in HIV/AIDS. Between December 2005 and November 2013, 755 participants were eligible for analyses of ART exposure with 128 (17.0%) initiating ART for the first time during the study period, and 724 participants were eligible for analyses of ART adherence, with 463 (64.0%) individuals becoming ≥95% adherent to ART at least once during the study period. In final multivariate models, new exposure to ART was positively and significantly associated with transitions out of homelessness (AOR: 2.24, 95% CI: 1.50-3.35) although this statistical relationship did not hold when the relationship was examined using a lagged ART exposure variable. ART adherence was significantly and positively associated with a transition out of homelessness in both unlagged and lagged models. These findings suggest that, in addition to supporting the clinical management of HIV infection, initiating ART and becoming adherent to ART may have significant and positive impacts on the housing status of HIV-infected people who use drugs.
Impact of Unstable Housing on HIV Infections Control in Northern British Columbia

Robert Milligan

Current research strongly links housing status as a key determinant of worsening HIV health disparities. The objective of our study was to examine the link between unstable housing and engagement in primary care and HIV viral suppression among clients of Central Interior Native Health (CINHS) in Northern British Columbia. HIV viral load levels and primary care encounter history were audited from April 2013 – May 2012 using the electronic medical record at CINHS. Housing status (stable or unstable) was determined for each patient by CINHS staff. We found that patients at CINHS who were unstably housed were not as engaged with primary care and did not experience the same level of viral load suppression as clients who were stably housed. This presentation will present our methods, findings and conclusions.

Supportive Housing Common Measures: Baseline Findings

Keith Hambly

Six Ontario housing providers identified a need to show the impact of their housing services for people living with HIV. Sites recognized that there was little consistency in the data collected by each partner, and there was a need to develop a common set of indicators to measure changes in their clients’ health outcomes and well-being. To this end, HIV housing providers from across Ontario came together to develop the Common Measures evaluation tool. It is based on common service data collected by the housing providers and validated measures used in similar research studies that look at the health outcomes of supportive housing for people living with HIV. This is a 5-year longitudinal study that collects baseline data for clients when they enter the housing program and at 1-year intervals thereafter. The Common Measures Questionnaire contains 17 modules that are completed through client self-report. Modules look at client demographics, housing history and housing need, connection to care, other health conditions (co-morbidities), medication adherence, alcohol and drug use, connection with the justice system, mental health, social support, quality of life, sense of belonging and mastery. This presentation will describe our process, findings and recommendations/next steps.

Building a Dream: Recommendations for Sustainable and Evolving Housing Partnerships

This presentation documents the unique partnership between WoodGreen, the Wellesley Institute and Fife House to form and operate the Wellesley Central Residences Inc. (WCRI) in Toronto, Canada. Opened in 2008, Wellesley Central Residences is a unique affordable, supportive and not-for-profit housing complex for individuals living with HIV/AIDS and frail seniors. It has 112 apartment units: 56 for people living with HIV/AIDS and operated by Fife House; and 56 for seniors and operated by WoodGreen Supportive Housing. An informal study was conducted over 6 months to document key factors in the development and maintenance of the WCRI. Interviews and focus groups were conducted with key stakeholders (board members, management, staff, and politicians) to understand key historical events as well as facilitating factors for successful housing partnership development. Using the WCRI as a case study, the presentation identifies key factors for the success of the WCRI partnership, including: navigating different cultures and articulating shared values; passionate leadership; a facilitated process; financial and political sustainability; integration and communication; and clear agency roles and expertise.
Project S.H.O.P.: Comparison of Supportive Housing Models for HIV-Positive and At-Risk Chronically Homeless
Julia Dickson-Gomez

Supportive housing—permanent, subsidized housing with supportive services—has been offered as a structural intervention to reduce HIV infection rates and improve health outcomes of HIV-positive persons. However, supportive housing is an umbrella term that is used in the literature to describe programs that differ in many factors that could make large differences in health outcomes and housing stability. The purpose of our research was to describe and measure differences in supportive housing models, and to examine the effectiveness and cost-effectiveness of supportive housing models on housing stability and health outcomes. We conducted 50 in-depth interviews with directors and front-line service providers of over 23 different supportive housing programs in the Chicago metropolitan area. Participants were asked to describe their program in terms of the clients they serve, eligibility criteria, the number and types of housing units they have, and how long the program has been in operation. This presentation will discuss results, conclusions and feedback from supportive housing providers.

Models for Integrating Behavioral Health, HIV Health Care and Housing Support for Multiply Diagnosed HIV Homeless/Unstably Housed Populations
Carole Hohl

Nine clinic and community based organizations and one multisite coordinating center are funded by the Health Resources & Services Administration, HIV/AIDS Bureau through its Special Programs for National Significance (SPNS) to implement and evaluate service delivery models aimed at building a medical home for multiply diagnosed HIV homeless/unstably housed populations. Models include: 1) strengthening internal systems of care by integrating behavioral health staff into the HIV care team; 2) the use of patient navigators to connect homeless patients to external behavioral health services and obtain housing in the HIV team; and 3) the use of mobile interdisciplinary teams to provide necessary medical and behavioral health care. Preliminary results of this SPNS Initiative have found that consistent, regular team communication, having a key staff member to maintain regular communication with clients, and building strong external partnerships with housing, behavioral health and HIV providers is critical for HIV-positive homeless and unstably housed populations. These models are helping to engage clients in their health care, remove barriers to care, and improve the patient experience of care.

Breaking Barriers, Creating Access, Nuturing Recovery
Eleshia Fahy

The Positive Service Coordination Program based at LOFT Community Services in Toronto provides short- and medium-term intensive case management for people living with HIV who cycle through the health and judicial systems as a result of being homeless, living with a mental illness, using substances and/or experiencing a physical or mental health crisis. The program is supported and guided by the Advisory Committee, comprised of our membership/clients. Case managers work with members and community partners in collaboration with 17 cross-sectoral agencies to find permanent, stable housing; ensure members have appropriate identification documents and are receiving their maximum social assistance benefit; engage members in HIV-specific care, primary care and mental health care; and make active linkages to appropriate community organizations. This presentation will describe the program and discuss partnerships, access to primary care providers, member involvement and other issues.
HIV Addiction Supportive Housing: Success of a Housing First Model Within a Continuum of Care
Kay Roesslein and Michael Blair
The HIV Addiction Supportive Housing Program was developed to address gaps in service for homeless people living with HIV in Toronto experiencing health, mental health and severe substance use challenges, and cycling in and out of hospitals, prisons and withdrawal management units. The program aims to: 1) increase the health and social outcomes of people living with HIV who have problematic substance use issues and frequent emergency room and hospitalizations, and 2) increase access to and the quality of care and support services for people living with HIV who have problematic substance use issues. This talk will address lessons and key recommendations learned from implementing the program.

Lessons Learned and Recommendations from the Implementation of a Multi-Agency Cross-Sector Collaboration Addressing the Needs of People with HIV Who Are Experiencing Aging Related Illnesses, Accelerated Aging, Complex Care and Cognition Issues
Michael Blair
The HIV/AIDS Complex Care Pilot Project (CCPP) is a multi-agency pilot project aimed at increasing cross-sector collaboration and partnerships that address gaps in the service, care and support needs of people living with HIV who are experiencing aging related illnesses, accelerated aging, complex care and cognition issues. Ten separate partner agencies offered coordinated wraparound clinical and community support services, and a new high-support housing model. This presentation outlines some of the lessons learned and recommendations about implementing a collaborative project. Key recommendations include: the leadership of a “backbone organization” that can provide the structure and guidance for the development of the partnership; taking an improvement approach by continuously monitoring for challenges and conducting an ongoing review of implementation; and creating space and time for the interdisciplinary care team to articulate goals, tasks, roles, leadership, decision-making, communication, conflict resolution, role definitions and scope.

Translating Research Data into New Funding Opportunities: "Cashing In on the Value of an AIDS or Support Housing Unit"
Arturo Bendixen
A group of AIDS and supportive housing providers in Chicago and Cook County organized themselves into a collaborative representing almost 80% of all funded units in the area. From this position of strength and value, the collaborative, now named Better Health Through Housing (BHH), is engaging and negotiating with managed and accountable care organizations administering Medicaid funds in Illinois. Using published research data, as well as recently acquired Medicaid claims data of homeless individuals who are high users of health care services, BHH has negotiated for health dollars to help complement HUD and HOPWA funds for housing the homeless. As the value of an AIDS or supportive housing unit is recognized by health care payers, and as the demand continues to be greater than the available supply of existing units, mostly paid for by HUD and HOPWA dollars, health care payers are becoming an important funding source for units especially serving high users. The presentation will describe such a model in Chicago.
Integrating for Impact: The Origins and Practice of the Structural Interventions Working Group of the Federal AIDS Policy Partnership
Suraj Madoori

In 2014, the head of the National AIDS Housing Coalition and the Federal AIDS Policy Partnership’s (FAPP) Housing Working Group, Nancy Bernstein, recognized that in order to address the needs of people living with HIV, advocacy efforts would need to incorporate more than just housing. Working with other advocacy leaders, she expanded the FAPP working group to include these interventions, making it the Structural Interventions (SI) Working Group. This panel will examine the genesis of SI, and the lessons and best practices learned over the last year. The panel will discuss the merits of our combined advocacy efforts, relative to those we have engaged in separately. The implications of our integration will be highlighted at the local, state and federal level. The panel will also touch on the challenges of being in a mixed coalition, such as messaging to internal and external constituencies, rallying support from Boards of Directors, and shared decision making.

Housing First: Innovations and Lessons Learned

Unprotected Sex Among Homeless Adults with Mental Illness Participating in a Housing First Randomized Controlled Trial
Milad Parpouchi

High rates of HIV have been found among various homeless populations. Structural interventions, such as the provision of housing, are becoming increasingly prevalent. Housing First (HF) is one such type of supported housing intervention involving a combination of permanent housing and various health and social supports. Our study sought to investigate the effect of HF on unprotected sex among homeless mentally ill adults. Data for the study was obtained from the Vancouver At Home Study, which involves an RCT investigating the effect of HF on various health and social outcomes. Participants were sexually active or precariously housed adults with a mental disorder (n=241). Recruitment was conducted via referral from community agencies, with 24 months of follow-up. Results showed that, compared to treatment as usual, HF was not associated with unprotected sex in a multivariable model. This is the first RCT of its kind. Findings, limitations and implications for future research will be discussed.

The Housing Cascade
Danielle Strauss

Since the inception of supportive housing for people living with HIV, Harlem United has been at the forefront of addressing health disparities by recognizing the need for harm reduction services for clients with HIV/AIDS plus other co-occurring disorders (e.g. substance abuse and mental health). Within our supportive housing programs, individuals are provided with stable housing in addition to harm reduction services with a full continuum of medical, mental health and social support services to stabilize health. This presentation will discuss our Housing First model and evaluation strategies to demonstrate how housing as an intervention for unstably housed people living with HIV successfully links clients to medical treatment, helps them remain in care, and assists them with treatment adherence to improve health outcomes. For this presentation the HIV Care Cascade was adopted to create a Housing Cascade for clients enrolled in our supportive housing programs. Data will be presented to provide an example of client progress through the continuum of care following placement in supportive housing.
Housing as a Harm Reduction Strategy: Health, Safety and Respect
Robert Desarmia
The purpose of this presentation is to illustrate that housing is the best way to empower people who use drugs to make healthier choices. The session will demonstrate the effectiveness of the Housing First Approach as a Harm Reduction strategy. Focusing on housing allows us to see drug users as people with dreams, goals, hobbies, skills and personalities—instead of only focusing on their drug use. The presentation will give the participants the concrete tools needed to implement a Housing First Intervention in their communities.

Housing First and Harm Reduction Practices
Suzanne Moore, Chrissy Rademacher
The Shelter Plus Care housing program at Caracole is a harm reduction, housing first model, focused primarily on keeping our clients safe and in housing. Two years into this new model, we have powerful data to support that our clients are experiencing decreased viral loads, fewer arrests and overdoses, and increased housing stability. The Caracole housing team includes case management, specialized housing support, and optional mental health services. The team is connected to our local syringe exchange program, Planned Parenthood for testing and HIV101 education, medicated assisted treatment programs, mental health and substance abuse treatment agencies, shelters, outreach workers, and other housing programs. We are proud of our client's successes and look forward to sharing not only our data, but continued barriers, implementation, outcomes, staff challenges, and client response.

Interventions for Person-Centred Care
The Cedar Project WelTel mHealth Study: A Text Message Intervention for HIV Prevention and Treatment Among Young Indigenous People Who Use Illicit Drugs – Successes and Challenges to Date
Kate Jongbloed
The Cedar Project WelTel mHealth study was initiated in September 2014 to explore whether a culturally-safe two-way supportive text message intervention in a community-based setting has the potential to support HIV prevention and treatment among 150 young Indigenous people who use drugs. Participants receive a package of supports, including a mobile phone and long-distance plan, weekly two-way supportive text messaging, and support from Cedar Advocates. Preliminary results suggest that participants use study phones to connect with family and loved ones, housing, work opportunities and services. Weekly “how’s it going?” texts to each participant allow them to set their own goals and priorities for support from Cedar Advocates. To date we have received diverse requests, including help to navigate access to addictions treatment, counseling, housing and cultural supports. This presentation will discuss preliminary findings, as well as successes and challenges to date in implementing the Cedar Project WelTel mHealth program.

A Multidisciplinary Approach to Engagement in Care of HIV-Infected Individuals With Unstable Housing
Syune Hakobyan
Ongoing improvements in antiretroviral treatment have transformed HIV into a chronic, manageable condition, but this benefit may be mitigated in vulnerable individuals with unstable housing. There are insufficient data in the medical literature to quantify this association. People living with HIV included in our analysis consisted of individuals who have been attending an inner city clinic on a regular basis for management of their HIV since 2013. Since May 2013, 430 PLHIV were stably engaged in care at the clinic and receiving medical and other multidisciplinary care. In total, 52 (12.1%) of PLHIV were homeless or precariously housed. Among the people who had unstable housing, 51
were on ARV, and 30 had undetectable HIV plasma viral load measures, while 11 had virologic ‘blips’ with 10 others having less favorable virologic responses. Immunologic responses in the homeless/precariously housed was good, with an increase in median CD4 count from 420 to 520 cells/mm3 being documented. Despite multiple competing social and medical issues, people living with HIV with many vulnerabilities and housing instability can be engaged in health care and manage HIV and HCV infections.

Unstable Housing is Mediated by Social Support Leading to Reductions in Health-Related Quality of Life Among Former or Current Injection Drug Users on ART in Baltimore, Maryland

Sarina Isenberg

Housing stability likely has an effect on the health-related quality of life (HRQoL) of persons living with HIV who are low-income, urban, former or current drug users and primarily African American, living in Baltimore, Maryland. In this study we used structural equation modelling to understand the role of social factors in HRQoL. We hypothesized that housing instability is associated with a decreased HRQoL among former or current injection drug users on ART. Data were from the baseline data of the BEACON (Being Active and Connected) study, an observational study with assessments at three points in time, which examined social environmental factors associated with health outcomes and well-being among disadvantaged people living with HIV and their informal caregivers (N = 258 dyads). We found that, while having stable housing was not directly associated with HRQoL, it had a direct effect on having supportive network members and caregiving cessation risk.

Moving In, Moving Up, and Moving Forward: Developing an Assessment Tool to Identify Potential Graduates from Permanent Supportive Housing Programs Serving Persons with Disabilities

Andrew Timleck

In 2010 the Federal Strategic Plan to Prevent and End Homelessness (HEARTH Act) proposed that “graduation” programs – programs that would assist people who have achieved stability and desire to leave PSH to transition to independent living— be one of the strategies that cities use to free up units to house those who need housing most. This session explores how we researched a number of non-profit organizations and city governments that are pioneering assessment tools for “graduation programs” under the rubric of “Moving In, Moving Up, and Moving Forward.” We'll discuss commonalities and differences in those assessment tools, how practical they are to employ, pitfalls and promises they hold, and what kinds of resources and barriers might present in their deployment. We test some factors with Baltimore's HMIS data and see some expected and unexpected success markers. We compiled the existing tools to develop a more universal assessment for program staff to use to identity those best suited to participating in a graduation program. We explore why participants choose to participate, what factors motivated them, and who, ultimately, appeared to be successful and “Moved On.” We will share our tool with attendees with the hope others will pilot it and begin collaborating on a universalized version and discuss the need to incorporate “graduation” into our rubric of care.
eLearning Toolkit: Caring for Individuals with Complex Health & Social Needs
Barbara Ross and Floyd Visser

The goal of the eLearning Toolkit is to provide frontline workers with the information they need to better understand, empathize with, and care for individuals/patients with complex health and social needs. The Toolkit covers topics including stigma, harm reduction, health issues (physical, mental, social, and emotional), assessment and additional resources. Toolkit project development was guided by a community planning committee with support from subject-matter experts (i.e. health professionals, behavioral specialists, community members, clients, etc.). Focus groups with a variety of community and public service providers were held to gain feedback on the ease of using the eLearning Toolkit and the relevance of the content to their work. Community consultations are now resulting in ideas for additional modules and resources to be included in the Toolkit. This presentation will discuss the pros and cons of using this type of learning model for diverse service groups and its applicability to services that extend beyond housing and supports.
POSTER PRESENTATIONS
POSTER PRESENTATIONS

2  HIV/AIDS, Hepatitis and Sexually Transmitted Infection Prevention Among Egyptian Substance Users
Atef Bakhoum

The aim of this research was to understand why people practice unprotected sex and substance use in light of the risk of infection by blood-borne viruses (BBVs) and sexually transmitted infections (STIs), and the factors influencing risky practices. 410 substance users filled out a questionnaire surveying knowledge, attitudes and practice, and three qualitative studies were conducted, consisting of four focus group discussions with 27 substance users, as well as 14 interviews with policy-makers. Results show that older respondents and those with higher education had higher knowledge scores regarding safer sex. More risk behavior was observed in women and non-intravenous drug users. Participants chose peer-to-peer outreach and health/sex education as their preferred prevention methods, and policy-makers found that programs such as methadone-replacement, needle-exchange and harm reduction in prisons and police stations should be introduced.

3  Rent Burden as a Social Driver of HIV Risk for Single Room Occupancy Building Residents
Elizabeth Bowen

This study's purpose was to conduct a detailed assessment of income sources and amounts, rent, and rent burden for single room occupancy (SRO) residents and examine associations between rent burden and high-risk behaviors. This study used a cross-sectional survey methodology. Venue-based recruitment was conducted at 10 privately owned SRO buildings in Chicago with a sample of 162 residents. Participants completed an interviewer-administered survey measuring variables pertaining to rent, income, drug and sex-related HIV risk behaviors, and demographic and background characteristics. Participants' total monthly incomes were low, averaging $844. Between 16-33% of participants reported engaging in high-risk behaviors such as illicit drug use, having multiple sexual partners, and having sex without a condom in the past 30 days. Contrary to the hypothesis, there appeared to be no relationship between higher rent burden and risk. However, participants in the no rent burden category were significantly more likely to engage in most of the risk behaviors measured by the study, in comparison to participants with a moderate or high rent burden. The findings suggest that structural interventions to increase housing stability and affordability and bolster reliable income sources may be key in reducing risk behaviors among marginally housed populations such as SRO residents.

4  Examining the Relationship Between Food Service Utilization, Food Security and Health Outcomes for Clients Living with HIV/AIDS
Alena Campo

God’s Love We Deliver (GLWD) is a non-sectarian organization based in Brooklyn, New York, delivering nutritious, home-cooked meals to people living in or around NYC who are too ill to shop or cook for themselves. Clients typically receive 10 meals per week and are required to complete an assessment with a program staff member every six months, regarding the client’s general health and well-being, a list of current medications (if any), the client’s financial circumstance, living situation, nutritional status, etc. 95% and 76.5% of individuals, respectively are living below the poverty level and receive SNAP benefits. 27.3% of clients report sometimes not having enough to
eat. Only 15.2% of clients reported ‘very often’ not having enough money for food within the past 3 months. Further analysis and perhaps additional data (i.e. baseline measures of VL and CD4, anti-retroviral regime, etc.) are needed in order to determine the effect of food service utilization on health outcomes in people living with HIV/AIDS.

5  Impacts of Housing-Related Conditions on Prevalence, Recurrence, and Incidence of Current Depression Among People Living with HIV in Ontario over a Five-year Follow-up: Results from the Ontario HIV Treatment Network Cohort Study
Stephanie Choi

A cohort of HIV-positive patients in Ontario was followed from October 1, 2007 to January 31, 2013 by linking the Ontario HIV Treatment Network Cohort Study (OCS) with Ontario administrative health databases. Of the 3816 HIV-positive patients, point prevalence of depression was estimated at 28%. HIV-positive patients who experienced difficulties in affording housing-related expenses were 30% more likely to identify with depression. Additionally, perceived belonging to their neighbourhoods or control of their housing situation were protective. Our results suggest that long-term support and management for depression should play a critical role in HIV care, particularly for those who are struggling with housing situations.

7  Impact of Social Determinants of Health and Substance Use on HIV Viral Suppression
Sandra Gardner

This study investigates the prognostic effects of social determinants of health and substance use on suppressed viral load (sVL) in the Ontario HIV Treatment Network Cohort Study (OCS), a multi-site clinical cohort of people receiving HIV care. Data collection included chart review, annual interviews, and record linkage with the provincial public health laboratory for viral load tests. 3,571 participants were followed for 10,030 person years, and the mean annual proportion with sVL was 93.7%. Despite access to universal health care, poverty, difficulty meeting housing costs, social isolation and depression, tobacco and substance use were independently associated with unsuppressed viral load, although disparities were slight. Evidence-based interventions that address these health determinants (e.g. smoking cessation, mental health treatment, and harm reduction and addiction treatment) may have broad impacts on overall health including better HIV outcomes.

9  Integrating Holistic Health into Housing Services for People Living with HIV
Frank Hawkins

This action research project by students at Springfield College School of Professional & Continuing Studies focused on housing and HIV for people living with HIV/AIDS and involved residents from the House of Joseph II in Wilmington, Delaware, during the period of January to April 2015. The purpose of this study was to determine the effectiveness of educational workshops that would enable homeless people living with HIV to remain stably housed. The workshops consisted of four sessions that discussed the following: 1) holistic health; 2) nutrition and diet; 3) universal precaution practices and 4) exercising. Results indicate that using a multi-disciplinary approach provides complete supportive services for a person; included in these services are educational resources that assist in helping to enhance knowledge, promote awareness of available resources, and highlight the need for holistic health.
10 Racial/Ethnic Differences in the Association of Health Service Density and Housing Conditions with HIV Risk Behaviors Among People Who Inject Drugs in the U.S.
Sabriya Linton

This cross-sectional analysis assesses relationships of socioeconomic conditions (e.g., residential segregation/economic deprivation), housing (e.g., unaffordable/inadequate housing) and density of health services (i.e., syringe exchange programs/drug treatment) to injection-related risk behavior and sex without a condom among people who inject drugs. People who inject drugs were recruited via respondent-driven sampling from 19 metropolitan statistical areas for the Centers for Disease Control and Prevention's 2009 National HIV Behavioral Surveillance. Injection-related risk behavior and unprotected sex were defined as two separate dichotomous (i.e., any vs. none) outcomes. When we adjusted for individual-level characteristics, ZIP code-level density of syringe exchange programs was protective against injection-related risk behavior among Latinos. County-level unaffordable housing was associated with sex without a condom among Non-Hispanic Blacks. Future studies should investigate mechanisms behind the relationships observed in this analysis to inform how place-based interventions can be incorporated within HIV prevention strategies targeting specific racial/ethnic groups.

11 Homelessness: A Challenge to Combat HIV/AIDS
Harvinder Makkar

HOPE Atlanta serves the homeless population including those living with HIV/AIDS in Metropolitan Atlanta. It assisted 540 people living with HIV in 2014. Amongst the 463 clients receiving emergency housing assistance during the year, 242 (52.26%) had substance abuse history, 226 (48.8%) had a mental health diagnosis, 50 (10.8%) reported history of sexual assault, 303 (65.44%) reported having poor or no credit and 238 (51.4%) clients revealed that they had a criminal background. The program places great emphasis on taking care of clients’ emotional and psychological needs, while meeting their physical and housing needs. Based on their individual needs emergency/short-term housing is provided in hotels/motels or supportive services programs, typically for 2-8 weeks. Through supportive services they are linked with medical, mental health, substance abuse treatment and recovery services, as needed. HOPE Atlanta is planning on expanding the program and extending services through other AIDS Service Organizations and Homeless Service Providers in the community to reach out to people living with HIV in homeless situations and assist them with supportive housing and help in accessing and maintaining in care.

17 At Home At Howe: A Community Based Research Study Investigating the Impact of Supportive Housing on the Health and Well-Being of People Living with HIV in Vancouver
Heidi Safford

At Home At Howe is a multi-method, community-based research study designed by researchers at the BC Centre for Excellence in HIV/AIDS in partnership with McLaren Housing Society. The study aims to monitor the implementation of this supportive housing complex on a prospective cohort of people living with HIV at risk of homelessness, and evaluate the social, economic and health impacts of this intervention. At baseline and 12-month follow up, participants are asked to complete a one-hour peer-administered survey, which includes questions concerning the impact of the housing intervention on substance use, medical and social support service use, and physical and mental health. Between March and June 2015, 81 participants were enrolled in At Home At Howe and completed the baseline survey. History of injection drug use is common in the cohort (at 72%) as is history of homelessness (at 80%). A majority of the population report feeling a sense of stability at the Howe street residence (88%), whereas less than half of the population perceived their previous housing situation as stable (43%). This experience
underscores the importance of establishing open lines of communication between the housing provider and research team, allocating sufficient time and resources to grounding the research in the affected community, and cultivating a culture of collaboration and transparency within the evaluation.

18 “Living like this can’t be healthy:” findings from a participatory action research project investigating the impact of housing instability on the health of people living with HIV
Heidi Safford

The way I see it: A photographic exploration of housing and health among people living with HIV in Vancouver is a community based research initiative which aims to develop an understanding of the housing-health nexus that is grounded in the lived realities of people living with HIV. This project adapts Photovoice, a research method used to assist people to reflect on their community’s strengths, capacities and needs, engage with policymakers, and encourage social change. Community Researchers generated and analyzed over 300 photographs of their homes and neighbourhoods, as well as transcripts of group and one-on-one discussions in order to identify emergent themes. The physical environment of the single room occupancy (SRO) scene was described as unsanitary, inadequate, and dangerous. The social environment was characterized as contributing to a culture of mistrust and a deep sense of insecurity among clients. The conditions were so challenging that many Community Researchers felt that living on the streets was preferable to sleeping in a SRO. Being absolutely homeless came with its own distinct issues - finding nutritious food and battling the sense of isolation. These findings call for further action-oriented investigation into the health of marginally housed people.

19 Housing Specialization Located in Health Care
Sharon Pratt

McLaren Housing Society (MHS) aims to provide housing and support services for individuals and families living with HIV/AIDS and to increase the opportunity for improved health, wellness, independent living and sense of community. This project was envisioned by MHS after identifying a need from the social workers of the Immuno Deficiency Clinic at St. Paul’s Hospital in Vancouver, Canada to address the growing concern of how inadequate housing was affecting the well-being of patients. The social workers welcomed the proposal of MHS to place a housing specialist within the hospital setting and join the social work team. This meant that patients accessing the health system could access the housing specialist who would link them into the very intricate social housing and market rental landscape and help them navigate the complexities of getting a roof over their heads. In the year this project has been running, the most important lesson learned was that this role must be located within the staffing of a social housing provider preferably an HIV housing provider who has access to some albeit limited housing stock. There must be on-going education to housing providers as they remain a vital part of the solution in opening up housing options for clients.

20 The Impact of Social Determinants of Health and Substance Use on Retention in HIV Care
Beth Rachlis

The Ontario HIV Treatment Network Cohort Study (OCS) is a multi-site cohort of patients at 10 HIV clinics. Data were collected via medical charts, face-to-face interviews, and record linkage with the provincial public health laboratory for viral load tests to investigate predictive effects of social determinants of health and substance use on retention in HIV care. On average, the 1838 participants were male (84%), MSM (73%), White (66%), and on ART (90%). In
2010-2012, 71.7%, 20.9% and 7.5% were in continuous care, discontinuous care, and had a gap, respectively. Discontinuous care in 2009 predicted poor future retention. Independent risk factors for discontinuous care were younger age, Indigenous ethnicity, recent ART initiation, employment, drinking and non-injection drug use. In addition to strategies that promote retention among young people and drug users, targeted interventions that consider SDH including employment and ethnicity also merit further exploration.

21 An Evaluation Framework for Strategies to Build a Medical Home for Multiply-Diagnosed HIV Homeless/Unstably-Housed Populations
Serena Rajabiun

The Health Resources & Services Administration, HIV/AIDS Bureau, through its Special Programs for National Significance (SPNS) funded nine clinic and community based organizations and one multisite coordinating center to implement and evaluate service delivery models aimed to achieve two main outcomes: 1) increase engagement and retention in HIV care and treatment; and 2) improve housing stability for multiply diagnosed HIV-positive homeless/unstably housed populations. From September 2013 to June 2015 a total of 643 participants were enrolled in the SPNS Building a Medical Home for HIV-Positive Homeless Populations project. The evaluation strategy consists of three components: 1) a longitudinal study with data collection at baseline and at 3, 6, 12, and 24 months follow-up points to measure primary outcomes of viral load, retention in HIV care, and housing status. Other measures include quality of life and patient experience of care; 2) a qualitative study of organizational processes in building medical home interventions; and 3) a cost analysis of program interventions. Intervention staff members are also documenting their activities with clients and types of support provided in order to assess the level of effort required to engage homeless populations in care and treatment and obtain housing stability.

23 Homeownership: The Forgotten Option
Michael Smith

The Housing Trust’s Housing Opportunity for People Living with AIDS (HOPWA) program recognizes the importance of housing security and the essential link between stable housing and a person’s health and well-being. It sees homeownership as a do-able, integral part of the HIV/AIDS housing continuum. The HOPWA Homebuyer project is designed to foster independence, empowerment and self-sufficiency through education, financial assistance, and housing support. The approach recognizes the uniqueness of each client’s situation and custom-tailors a wellness and housing stability plan that may include some or all of the following: work/school goals, vocational training, financial/credit repair, benefits counseling, and fulfilling a desire to achieve homeownership. A renewed sense of self-worth and self-confidence occurs immediately through feeling productive and engaged. The program increases financial literacy and standard of living, potentially breaking the cycle of assistance dependency. The monthly mortgage payment is approximately 30% of the individual’s monthly income, similar to most rental assistance programs, but the monthly mortgage payment will never increase for the life of that mortgage, usually 30 years. Including home ownership on the HIV/AIDS housing continuum relieves the strain on other housing assistance programs and, in some cases, is a more viable option.
24  Addressing Determinants of Sexually Transmitted and Blood Borne Infections Among Street-Involved Youth in Canada
   Christine Soon

The Public Health Agency of Canada has developed a series of fact sheets that synthesize research and information on determinants of vulnerability to and resilience against STBBIs among street-involved youth. These include: mental health, unstable housing, education and employment, experiences with the criminal justice system, and access to health services. The fact sheets provide community organizations, public health professionals and federal, provincial and territorial governments with considerations for addressing determinants of vulnerability to and resilience against STBBIs among street-involved youth. The fact sheets also identify promising practices in preventing STBBIs among this population that consider social determinants of health. Upstream approaches that address key determinants of STBBI vulnerability and are tailored to the unique needs of street-involved youth have been demonstrated to be effective in helping to reduce new infections.

25  Housing Challenges Among Persons Utilizing Services at Ryan White-Funded Clinics: Results from the Alameda County 2014 AIDS Housing Needs Assessment
   Richard Speiglman

In late 2013, we administered 210 patient surveys at 9 Ryan White CARE Act-funded medical clinics and one HIV-focused private practice clinic in Alameda County. Survey questions included measures of demographic characteristics, sexual orientation, HIV status, health and disabilities, household type, benefits, cash income, criminal justice history, problems paying rent, housing and neighborhood problems, rental subsidy need and receipt, and reasons for rejecting a place to live. Results showed that over the past three years, 41.5% of respondents had been homeless or had unstable housing. Men were 3.5 times as likely to be homeless or unstably housed if they reported mental health disability, 2.8 times as likely if they were Black, and 1.8 times as likely if they had a felony history. Women were 6.3 times as likely to be homeless or unstably housed if they reported mental health disability, 6.1 times as likely if they had a non-felony jail history, and 2.1 times as likely if they were Black.

26  The Effect of Housing Status of Homeless HIV-Infected Individuals in Boston on their Clinical Outcomes and Service Utilization
   Anela Stanic

This study aimed to investigate the relationship between housing assessed at multiple time points during one year period and multiple outcomes within the same group of homeless HIV-infected patients. 208 charts were reviewed. 88 patients (42%) had permanent, stable housing (PSH) and 120 (58%) were non-PSH patients. Among non-PSH patients, 93 (77.5%) lived in unstable housing, 21 (17.5%) transitioned from unstable to stable housing and 6 (5%) transitioned from stable to unstable housing. Patients with PSH had a significantly higher proportion of undetectable HIV viral load (75% vs. 60%) and mean CD4 counts (562 vs. 465 cells/mm3, p=0.035). The number of PCP visits was not significantly different between housing groups, but the frequency of nurse visits in the PSH group was less than half of that in non-PSH group. Patients with PSH were less likely to be admitted to medical respite, and, if admitted, the length of stay for PSH patients was about a half that of non-PSH patients. Permanent stable housing is associated with better clinical outcomes and more optimal utilization of clinical services.
Constitutional Protection of Economic and Social Rights: A Means to Address the Social Drivers of HIV?
Alison Symington

In 2010, an application was filed in court seeking an order for governments to develop a national housing strategy to address the crisis of homelessness and lack of affordable housing—Tanudjaja v. Canada and Ontario. The Attorney General of Canada and Attorney General of Ontario responded by filing a motion to strike out the case without it going forward to a hearing on the evidence. The ARCH Disability Law Centre, Canadian HIV/AIDS Legal Network, HIV & AIDS Legal Clinic Ontario, and the Dream Team jointly intervened to support the applicants in the proceedings on the government's motion to strike the case. This coalition put information before the court regarding the importance of housing for people living with disabilities, denial of access to housing as a violation of the rights to equality and to life, liberty and security of the person for people living with HIV, and Canada's international human rights obligations with respect to persons with disabilities. Emerging evidence regarding the importance of housing to HIV prevention, support and care is complementary to evidence regarding the importance of housing to prevention of and successfully living with various other social and health conditions. Collaborating towards a national housing strategy and other progressive housing policies is therefore an important opportunity. The outcome of this case could set legal precedents that either open up or completely close off social and economic rights protections under the Charter and access to the courts to challenge government (in)action on the social drivers of HIV.

Opposing the Overly Broad Criminalization of HIV Non-Disclosure in Canada
Alison Symington

In Canada, a person living with HIV can be convicted of aggravated sexual assault if they do not reveal their HIV-positive status before engaging in sexual activities defined by the courts as having a “realistic possibility” of HIV transmission. This has resulted in people being sent to jail for non-disclosure in cases where there was no HIV transmission, no intent to cause harm, and negligible risk of HIV transmission. Collaborations and alliances have been established amongst non-traditional advocacy allies to build informed opposition to the criminalization of HIV non-disclosure in Canada. Together with medical practitioners and public health experts, the Canadian HIV/AIDS Legal Network has presented evidence of the negative HIV prevention implications of an overly broad criminalization of HIV non-disclosure, including how the enforcement of these laws may drive people away from prevention, care and support services. Through this collaborative work with academics and practitioners in the gender-based violence community, new legal arguments and advocacy messages have been developed. Enhanced advocacy in the court room, with governments, and within the broader community will be undertaken in broad coalition.
Prison Needle and Syringe Programs in Canadian Prisons: Towards a Healthier Policy Environment
Alison Symington

The sharing of used needles to inject drugs is a principal factor in the dramatically high rates of HIV and HCV in Canadian federal prisons, rates that are, respectively, 10 and 30 times the estimated prevalence in Canada. Prison-based needle and syringe programs (PNSPs) are an important means of reducing the risk of infections related to injection drug use. In Canada, a range of medical, human rights, legal, and HIV organizations have called for PNSPs in prisons, however they have yet to be implemented. While the Correctional Service of Canada has thus far been resistant to considering them, a lawsuit initiated in 2012 might compel the prison service to make PNSPs available as a critical public health measure. Until the Correctional Service of Canada decides to implement PNSPs, however, prisoners will be denied this important public health measure. Advocacy for PNSPs in Canadian prisons illustrates the interplay between policy, practice and research when addressing critical health and human rights issues in Canada.
Angela Aidala  
*Research Scientist, Mailman School of Public Health, Columbia University*

Angela has served as Principal Investigator or Co-PI for more than 20 community health or services research projects. Her collaborative work with service providers has been a primary source of empirical data for service planning and policy initiatives in New York as well as nationally. Her recent work is studying housing, lack of housing and HIV/AIDS prevention and care, and methodological and statistical approaches to improve “practice based” evidence. Aidala has been recognized for her leadership in documenting the role of housing (lack of housing) within the HIV epidemic – showing how housing occupies a central place in the causal chains linking poverty and inequality, and HIV risk and outcomes of infection.

Russell (Rusty) Bennett  
*Chief Executive Officer, Collaborative Solutions, Inc.*

Rusty currently serves as the Executive Director of the National AIDS Housing Coalition and Executive Director of the Professional Association of Social Workers in HIV & AIDS. Rusty also oversees CSI’s Rural Supportive Housing Initiative and national initiatives integrating housing and health. Rusty is an adjunct faculty member with the University of Alabama School of Social Work, teaching in the area of social work research, program evaluation and nonprofit management.

Oliver Bacon  
*Associate Professor of Clinical Medicine, University of California San Francisco*

Oliver is Deputy Director of the Capacity Building Assistance program for high impact HIV prevention at the San Francisco Department of Public Health, and chair of the RAPID committee (immediate ART initiation for all persons newly diagnosed with HIV infection in San Francisco) for the Getting to Zero initiative to eliminate new HIV infections, AIDS-related deaths, and HIV-related stigma by 2020. From 2011-2014 he was a co-investigator on the U.S PrEP Demonstration Project. His areas of interest include antiretroviral therapy, management of opportunistic infections, new HIV testing strategies, early treatment of HIV infection and biomedical prevention of HIV infection.
**Stefan Baral**  
*Associate Professor, Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health*

Dr. Baral is Director of the Key Populations Program at the Center for Public Health and Human Rights and Co-Chair of the Implementation Science Working Group of the Center For AIDS Research, Johns Hopkins University. Dr. Baral is a physician epidemiologist who completed his certification in Community Medicine as a Fellow of the Royal College of Physicians and Surgeons of Canada. He has been involved in HIV prevention and implementation research focusing on epidemiology, human rights contexts and effective interventions for gay men and other men who have sex with men, transgender women and female sex workers across Africa and parts of Asia with support from USAID, CDC, NIH, amfAR and the Global Fund. In addition, Dr. Baral has led or supported the implementation and evaluation of HIV prevention studies globally characterizing effective combination HIV prevention packages for key populations across multiple countries.

**Chris Beyrer**  
*Professor of Epidemiology, International Health, Health, Behavior and Society, and Nursing, Johns Hopkins Bloomberg School of Public Health*

Chris is the current President of the International AIDS Society. He serves as Director of JHU’s HIV Training Program in Epidemiology and Prevention Science, and founded and directs the Johns Hopkins Center for Public Health and Human Rights. He is Co-Principal Investigator of the JHU Center for AIDS Research. Chris has extensive experience in conducting international collaborative research and training programs in HIV/AIDS and other infectious disease epidemiology, in infectious disease prevention research, HIV vaccine preparedness, and in health and human rights. He has done research on health and human rights concerns in Thailand, Burma, China, India, South Africa, Malawi, Tanzania, Russia, Tajikistan, and Kazakhstan and the U.S.

**Peggy Bailey**  
*CSH and NAHC Board Member*

Peggy Bailey has over 15 years of experience working on federal, state and local policy and service delivery on a wide variety of issue areas, with expertise in Medicaid eligibility and benefits for families and people with disabilities, public health innovation, behavioral health service delivery and integration with primary care, youth homelessness policy and service delivery, and child welfare. As the Director of Health Systems Integration for CSH, Ms. Bailey oversees our policy efforts to ensure all residents of supportive housing have health insurance, typically through Medicaid and Medicare, and access to insurance benefit packages that comprehensively meet their needs. Before joining CSH, Ms. Bailey served as the Behavioral Health Policy and Program Analyst for the National Alliance to End Homelessness.
Kim Blankenship
Chair, Department of Sociology, American University
Kim is Director of the Center on Health, Risk and Society at American University and Director of the Social and Behavioral Sciences Core of the District of Columbia Center for AIDS Research. Previously, she served on the Sociology faculty at Duke University and at the Duke Global Health Institute (2008-2010) and at Yale University's School of Public Health, where from 1998 – 2008 she was the Associate Director of the Center for Interdisciplinary Research on AIDS. Her research and publications focus on the social dimensions of health and structural interventions (especially community mobilization interventions) to address health, with an emphasis on HIV/AIDS. She is also conducting research on mass incarceration and the incarceration/re-entry cycle and the extent to which it accounts for race and gender disparities in HIV/AIDS.

Lisa Bowleg
Professor, Department of Psychology, George Washington University.
Lisa is a qualitative and mixed methods researcher whose work focuses on: the social-structural context of Black men’s HIV risk and protective behaviors; intersectionality; and Black lesbian, gay, and bisexual people's health and resilience. She is a Principal Investigator and joint-PI of two National Institutes of Health-funded HIV prevention studies — MENHOOD and MEN COUNT — currently underway with Black men in DC. She is the recipient of the 2014 Psychology and AIDS Distinguished Leadership Award from the American Psychological Association.

Douglas Brooks
Director, Office of National AIDS Policy
Douglas is the President's lead advisor on domestic HIV/AIDS and is responsible for overseeing implementation of the National HIV/AIDS Strategy and guiding the Administration's HIV/AIDS policies across federal agencies. Prior to joining the Administration, Brooks was the Senior Vice President for Community, Health, and Public Policy at the Justice Resource Institute (JRI), a regional health and human service agency with a range of residential and community-based services in Massachusetts, Rhode Island, Connecticut, and Pennsylvania. He also previously served as Executive Director of the Sidney Borum Jr. Community Health Center.

Julián Castro
United States Secretary of Housing and Urban Development
Julián was sworn in as the 16th Secretary of the U.S. Department of Housing and Urban Development in July, 2014. In this role, he oversees 8,000 employees and a budget of $46 billion, using a performance-driven approach to achieve the Department's mission of expanding opportunity for all Americans.
David Chambers

*Deputy Director for Implementation Science, Division of Cancer Control and Population Sciences, National Cancer Institute*

David is Deputy Director for Implementation Science of the Division of Cancer Control and Population Sciences, National Cancer Institute, where he manages a team focusing on efforts to build and advance the field of Implementation Science through funding opportunity announcements, training mechanisms, dissemination platforms, and enhancement of partnerships and networks to integrate research, practice and policy. From 2008 through the fall of 2014, David served as Chief of the Services Research and Clinical Epidemiology Branch (SRCEB) of the Division of Services and Intervention Research at the National Institute of Mental Health (NIMH). Brought to the Institute to run the Dissemination and Implementation Research Program within SRCEB, he continues to manage a portfolio of grants that study the integration of scientific findings and effective clinical practices in mental health within real-world service settings. From 2006 to the fall of 2014, Dr. Chambers also served as Associate Director for Dissemination and Implementation Research, leading NIH initiatives around the coordination of dissemination and implementation research in health, including a set of research announcements across 15 of the NIH Institutes and Centers, annual scientific conferences, and a summer training institute.

Ed Clark

*Former CEO, TD Bank Group*

In addition to a distinguished career in the financial sector, Ed was the 2010 Cabinet Chair for United Way Toronto, is currently a member of the Chair's Advisory Council for Habitat for Humanity Toronto, and provides support to WoodGreen Community Services, an organization that delivers programs to build sustainable communities in the Toronto area. Ed is also chair of the Advisory Board for the School of Public Policy and Governance at the University of Toronto.

Miranda Compton

*Operational Manager, Regional HIV Program, Vancouver Coastal Health Authority*

Miranda has been working in Vancouver’s HIV/AIDS community for over 20 years. As a leader of people and programs, Miranda has worked in a variety of capacities: as Director of Support Services at AIDS Vancouver, as a Social Work Clinician at the Oak Tree Clinic (BC Women’s Hospital & Health Centre), and currently as Operational Manager for the Regional HIV Program at the Vancouver Coastal Health Authority. Throughout her career, Miranda has worked to build and lead clinical and community services that are rooted in increasing access to the social determinants of health. For the past five years, Miranda has led the operational implementation of the STOP HIV/AIDS (Seek and Treat to Optimally Prevent HIV/AIDS) Initiative in Vancouver.
Melissa Davey-Rothwell

*Associate Scientist, Health Behavior and Society, Johns Hopkins Bloomberg School of Public Health*

Dr. Davey-Rothwell has worked in substance abuse and HIV prevention/care with vulnerable populations for the past 15 years. She is Director of a community-based research center at the Johns Hopkins Bloomberg School of Public Health (“The Lighthouse”), where she oversees recruitment and retention as well as intervention and survey development of several longitudinal behavioral interventions. She had been Co-Investigator and Project Director of several behavioral HIV risk reduction and medication adherence interventions for disadvantaged populations including women, substance users, men who have sex with men, and people living with HIV/AIDS in US and international settings. Her research has focused on individual and social-network factors associated with norms, neighborhoods and behaviors such as alcohol, drug use, and sexual practices. Dr. Davey-Rothwell is currently the PI of a translational science study exploring implementation of an evidence-based intervention for people who use drugs in community settings across the U.S. and also PI of a project aimed at adapting an evidence-based HIV prevention and care behavioral intervention for women aged 50 and older. Dr. Davey-Rothwell also provides technical assistance to local governments and community-based organizations in the design, evaluation and adaptation of interventions.

Tony Di Pede

*Chair of the Board (incoming), Ontario HIV Treatment Network*

Tony has been active in the HIV/AIDS movement in Canada for more than 20 years. He has been on the boards of the Toronto People with AIDS Foundation, the Canadian AIDS Society, the Canadian Treatment Action Council, the Ontario AIDS Network and Fife House. He is a founding member of the Wellesley Institute, a private foundation investing in community-based research in urban health and health policy development in Toronto. He was also a board member and Vice Chair of the Drs. Paul and John Rekai Centre (a long term care facility), and past Chair of The Wellesley Central Residence Inc., a complex providing affordable supportive housing to 60 people living with HIV and 60 seniors.

Wayne Duffus

*Associate Director for Health Equity, CDC National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention*

Wayne is currently the Associate Director for Health Equity at CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Previously, Wayne has worked as an Epidemic Intelligence Service Officer for the Centers for Disease Control and Prevention in Columbia, South Carolina, and as an Associate Professor with the University of South Carolina School of Medicine, Infectious Diseases Division, where he saw HIV/AIDS patients in the Ryan White Clinic. He was also affiliated with the South Carolina Department of Health and Environmental Control as the Medical Director for the STD/HIV Division and the AIDS Drug Assistance Program.
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<th>Name</th>
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<tr>
<td>Tim Foran</td>
<td>Director, Homelessness Partnering Strategy, Employment and Social Development, Canada</td>
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<td>Tim is the Director of Homelessness Program Policy and Design within the Community Development and Homelessness Partnership Directorate Secretariat of Employment and Social Development Canada (ESDC). He has occupied a variety management positions within ESDC, including Assistant Director of Labour Standards and Employment Equity within the Labour Program, and Manager of Strategic Partnerships at Canada Education Saving Program.</td>
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<td>Kenyon Farrow</td>
<td>U.S. and Global Health Policy Director, Treatment Action Group</td>
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<td>Kenyon has spent the last 15 years working in social movements on campaigns and projects large and small, community-based, national and global in scope. Well known for his racial and economic justice work within LGBTQ organizing, he is the former Executive Director of Queers for Economic Justice. His work in HIV/AIDS has also been well documented, and he’s now the current US &amp; Global Health Policy Director for the Treatment Action Group, an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS.</td>
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<td>Debra Furr-Holden</td>
<td>Associate Professor and Director, DIVE Studies Laboratory, John Hopkins Bloomberg School of Public Health</td>
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<td>Debra is an epidemiologist with expertise in drug and alcohol dependence epidemiology, psychiatric epidemiology and prevention science. Her research areas include methodological issues surrounding the design and evaluation of interventions including sampling, program modeling, and innovative statistical and evaluation approaches; measurement of drug and alcohol use disorders; and innovative methods to prevent and reduce health inequalities, with a focus on behavioral health inequalities. Debra has worked with local and national policy makers to improve data driven decision-making and include ‘health in all policies.’ She currently maintains a portfolio of research focused on ameliorating health inequalities in substance abuse and treatment and environmental strategies to prevent and reduce community violence.</td>
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| **Toorjo (TJ) Ghose**  
*Associate Professor, University of Pennsylvania and Affiliated Investigator, National Center for Homelessness Among Veterans*  
TJ's work focuses on structural interventions in the area of substance abuse, homelessness and HIV, both at the domestic and international levels. His research examines the manner in which contextual factors such as housing, community mobilization and organizational characteristics influence substance use and HIV risk. He is currently working with community-based agencies in New York City to study the effectiveness of providing housing as an intervention for substance using women with HIV released from prisons and jails. A second project involves a collaboration with scholars at the Treatment Research Institute in Philadelphia, state substance abuse agencies in the U.S. and addiction treatment centers to examine the effects of facility-level financial interventions in treatment effectiveness. Finally, TJ works with collectives of sex workers and transgendered people with HIV in India, New York and Philadelphia to examine the effectiveness of social movement mobilization in reducing HIV risk. |

| **John Gill**  
*Professor, University of Calgary*  
John obtained his medical degree from the University of Birmingham UK and, after further training at the Universities of Manitoba and Alberta, joined the Faculty of the University of Calgary. He is a Professor of Medicine and has, since 1989, been the Medical Director of the Southern Alberta HIV Clinic. John's research interests have recently focused on the social determinants of HIV health (particularly housing and exposure to intimate partner violence) and on measuring care delivery performance metrics, outcomes and costs. He has over 200 peer reviewed publications and has received grant funding from NIH, MRC UK, CIHR and the European Union. |

| **Meghan Gleason**  
*Director, KPMG LLP*  
She serves as Program Manager for KPMG’s Government Healthcare Transformation Team nationally. As a clinical social worker by training, with over 10 years of health and human services experience, both a public servant and consultant, Meghan focuses on the intersection of program content and strategy. Currently, she serves as the lead of the Medicaid Payment Reform efforts on one of the largest healthcare transformation efforts in the nation. |
Alan E. Greenberg

Professor and Chair, Department of Epidemiology and Biostatistics, Milken Institute School of Public Health, George Washington University

Dr. Greenberg is Director of the NIH-funded District of Columbia Center for AIDS Research (DC CFAR). He is also: Principal Investigator of Public Health-Academic Partnerships with the DC Department of Health and the Elizabeth Glaser Pediatric AIDS Foundation; Co-Principal Investigator of the DC Cohort; Senior Co-Investigator for the GWU Clinical Research Site of the NIH-funded HIV Prevention Trials Network; and Co-Investigator of the DC site of the CDC-funded National HIV Behavioral Surveillance system. Dr. Greenberg served as a medical epidemiologist for the Centers for Disease Control and Prevention from 1985-2005, providing scientific leadership for HIV epidemiology and prevention research both domestically and internationally.

Keith Hambly

Executive Director, Fife House

Keith is Executive Director of Fife House, which operates supportive housing and manages support services for individuals and families who are HIV-positive or who have AIDS. Keith is currently Co-Chair of the Toronto HIV/AIDS Network, the Housing Priorities Working Group and the National Initiative with HIV Housing Providers. He is also President of the Board of Directors for the Ontario Non-Profit Housing Association and a member of the Toronto Central LHIN Mid East Health Link Health Council.

Mark Harrington

Executive Director, Treatment Action Group

In 1988, Mark joined the AIDS Coalition to Unleash Power (ACT UP)/New York, where he was a key member of its Treatment + Data (T+D) Committee, and with whom he helped lead the 1988 “Seize Control of the FDA” and 1990 “Storm the NIH” demonstrations. In 1992, along with other members of T+D, he cofounded the Treatment Action Group, where he has been executive director since 2002. He co-wrote AIDS Research at the NIH: A Critical Review (with Gregg Gonsalves), co-wrote Problems with Protease Inhibitor Development Plans and wrote Viral Load in Vancouver. He served as a member of the U.S. panel which wrote the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents (1997-2010) and the World Health Organization (WHO) panel on guidelines for HIV treatment in resource-limited settings (2003-2010). Mark is a member of the Global TB/HIV Working Group in the Stop TB Partnership and served on New York Governor Andrew Cuomo’s Ending the Epidemic Task Force, which developed New York’s plan to end AIDS as an epidemic by 2020. In 1997, he was awarded a MacArthur Foundation fellowship and in 2012 the HealthGAP Evan Ruderman Global Health Justice Award.
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<tr>
<td>Kenneth Hergenrather</td>
<td>Chair, Graduate School of Education and Human Development, George Washington University</td>
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<td>Janet Hope</td>
<td>Assistant Deputy Minister, Housing Division, Ministry of Municipal Affairs and Housing, Ontario</td>
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<td>David Holtgrave</td>
<td>Vice-Chair, Presidential Advisory Council on HIV/AIDS; Chair, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health</td>
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<td>Opal Jones</td>
<td>President and Chief Executive Officer, Doorways</td>
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Kenneth is past President of the National Council on Rehabilitation Education (NCRE) and an Executive Board Member for the National Working Positive Coalition. He serves on the editorial boards for AIDS Education and Prevention, the Journal of Applied Rehabilitation Counseling, and the Rehabilitation Research, Education, and Policy Journal. He also serves as a member of the District of Columbia Center for AIDS Research as well as its sub-group: MSM Scientific Interest Group.

Janet leads policy and program initiatives relating to housing and homelessness in Ontario. Under Janet’s leadership, the Division has developed the Long-Term Affordable Housing Strategy, implemented the Investment in Affordable Housing Program to improve access to housing outcomes for Ontarians, and established the Community Homelessness Prevention Initiative to provide a more flexible, outcomes-oriented approach for local communities to address and prevent homelessness.

David's research has focused on the effectiveness and cost-effectiveness of a variety of HIV prevention and care interventions (including the provision of housing as a structural HIV/AIDS intervention), and the relationship of the findings of these studies to HIV prevention policy making. He has served on an Institute of Medicine panel charged with recommending methods to improve the public financing and delivery of HIV care in the United States. He has also previously served as the Director of the Division of HIV/AIDS Prevention – Intervention Research & Support at the US Federal Centers for Disease Control and Prevention.

Opal leads Doorways, an interfaith non-profit organization in St. Louis, Missouri that provides housing and related supportive services to people living with HIV/AIDS. Opal also serves as Vice President of the National AIDS Housing Coalition in Washington D.C., where she meets with other national leaders, legislators and government officials about HIV/AIDS policies, and on several advisory committees including the Missouri Housing Trust Fund, the St. Louis Regional Health Commission and Eagle Bank.
Michael Kharfen

Senior Deputy Director of the HIV/AIDS, Hepatitis, STD and TB Administration in the DC Department of Health

Michael has 30 years of experience in public health and human services with federal and local governments and non-profit organizations. Kharfen developed the District’s condom-distribution program, expanded the District’s school-based STD screening program, developed an award-winning awareness and social-marketing program on HIV/AIDS prevention and implemented innovative programs to promote HIV prevention among older adults and via peer education among youth. Among his priorities are, in collaboration with community partners, enhancing the health outcomes for persons living with HIV on the care continuum; promoting innovative and home-grown large-scale prevention strategies, including Pre-Exposure Prophylaxis (PrEP); improving the timeliness and breadth of data on the epidemics; redesigning the HIV housing program; expanding sexual and respiratory health services; and strategies to eradicate hepatitis C. He is a recipient of a 2013 Cafritz Award for Distinguished DC Government Employees.

Charles King

President and CEO, Housing Works, Inc.

Charles is one of the founders of Housing Works, a not-for-profit organization that provides a full range of services including housing, health care, mental health services, chemical dependency services, legal advocacy, and job training and employment for homeless men, women, and children living with HIV/AIDS and other chronic conditions. Charles serves on the governing body of UNAIDS as a member of the NGO Delegation to the PCB. He is the Co-president of the AIDS Day Services Association of NYC and, in that capacity, helped to found AMIDA Care, the only community-based Special Needs Plan for people living with AIDS and HIV in New York. Since 2004, Charles has chaired the Visioning Taskforce of the National AIDS Housing Coalition, which has hosted seven national and international research and policy summits on housing and HIV/AIDS. Charles was also one of the founding conveners of the Campaign to End AIDS, a chaordic platform for grassroots AIDS activism across the United States.

Caren Kirkland

Caren has had over 20 years of federal government service including 13 years at the Office for Civil Rights as a Compliance Officer providing state and agency reviews. She is a Graduate of Howard University and has a Master’s Degree in Behavioral Science. She is an Active Member of Delta Sigma Theta Inc. Her public service contributions include the Mayor’s Developmental Disabilities Fatality Review Committee, the Department Of Health Faith-Based Advisory Board and DC Advocacy Partners. She has worked with the TASH 2014 DC National Conference, the DC Developmental Disabilities Administration and many other community-based and empowering agencies.
Brandon Marshall  
Assistant Professor and Graduate Program Director, Department Epidemiology, Brown University

Brandon's research focuses on HIV/AIDS, substance use epidemiology, and the social, environmental, and structural determinants of health of urban populations. He is the Principal Investigator of the Rhode Island Young Adult Prescription Drug Study, an NIH-funded pilot project to examine risk factors for injection drug use initiation among young adults who use prescription opioids non-medically. He is involved in a number of other NIH and CIHR-funded cohort studies of people who inject drugs, street-involved youth, and men who have sex with men, and is an Associate Editor (Public Health & Epidemiology) of the International Journal of Drug Policy.

Jenné Massie  
Senior Research Associate, Department of Psychology, George Washington University

Ms. Massie is the Project Director for MEN Count, an NIH/NIMH-funded R01 that tests the efficacy of an employment and housing case-management HIV prevention intervention for young Black heterosexual men in Washington, DC. Ms. Massie is a DrPh in the Department of Community Health and Prevention at Drexel University. Her dissertation research examines the meaning of housing for women living with HIV/AIDS using photovoice and phenomenology. Ms. Massie was also the Project Director for REPRESENT, an NIH/NICHD-funded R01 examining the effects of masculinity ideologies, sexual scripts and social-structural factors on Black heterosexual men's sexual risk behaviors. Ms. Massie is a member of the DC Department of Health HIV Prevention Planning Group.

Gina McGowan  
Director, Blood Borne Pathogens, Ministry of Health, British Columbia

Gina supports the Ministry's health system stewardship role in strategic policy related to the prevention and care of HIV, viral hepatitis, other sexually transmitted infections, and other communicable diseases without a vaccine. She holds a Bachelor of Arts in Anthropology from the University of Victoria and a Masters of Science in Forensic Anthropology from the University of Central Lancashire in the United Kingdom.
Gregorio Millet

*Vice President and Director of Public Policy, amfAR, the Foundation for AIDS Research*

Greg is a former CDC Senior Behavioral Scientist in the Division of HIV/AIDS Prevention who served in the White House Office of National AIDS Policy between 2009 and 2013, where he co-wrote President Obama’s initial National HIV/AIDS Strategy and worked on its implementation across the federal government and nationally. Greg has co-authored publications with Dr. Anthony Fauci, former Surgeon General Regina Benjamin and former Assistant Secretary of Health Dr. Howard Koh. His research expertise is racial/ethnic HIV disparities as well as HIV infection and circumcision among gay men, and he has published across top-tier peer-reviewed medical, psychological, policy and public health journals, including The Lancet, Lancet HIV, JAMA, AIDS, JAIDS, American Psychologist, Health Affairs, and others.

Sharmistha Mishra

*Assistant Professor, Division of Infectious Diseases, University of Toronto*

Dr. Mishra is an infectious disease physician and mathematical modeller at St. Michael’s Hospital, University of Toronto where she works as a clinician scientist and Assistant Professor. After completing medical school and residency training at University of Toronto, she obtained an MSc in epidemiology and PhD in mathematical modelling at Imperial College London. Her research focuses on answering questions about the biological, behavioral, and environmental (health systems and structural) mechanisms that underpin HIV and STI epidemics in different geo-social contexts. She develops and integrates models with the best available data to test hypotheses and to better inform clinical, programmatic, and policy decisions.

Johanne Morne

*Director, Office of Planning and Community Affairs, New York State Department of Health AIDS Institute*

Yohanne directs the Office of Planning and Community Affairs at the New York State Department of Health AIDS Institute, which is responsible for ongoing, cross-programmatic policy and regulation development, strategic planning, legislative analyses and advisory body coordination including the AIDS Advisory Council, the NYS HIV Advisory Body and the Interagency Task Force on HIV/AIDS. Previously, Yohanne was Quality Manager for Psychiatry and HIV Services at Albany Medical Center and Program Director of a community based HIV/AIDS Service Program within Whitney M. Young Jr. Health Services - a Federally Qualified Health Center. Yohanne’s professional and clinical experience is in public and behavioral health, particularly within communities of color.
Stephen Nolde
Managing Director of Housing Clinical Services, Housing Works
For the past four years Stephen has been working for Housing Works, a non-for-profit agency that has provided a comprehensive array of services to more than 20,000 homeless and low-income New Yorkers living with and affected by HIV/AIDS since 1990. For the last year, Stephen has served as the Managing Director of Housing Clinical Services, where he provides clinical support, management, and supervision to staff and clients within the agency's Housing Department. A native New Yorker, Stephen is a licensed Social Worker and holds Master's Degrees from the New School for Social Research and the Silberman School of Social Work at CUNY Hunter.

Conall O’Cleirigh
Director of Behavioral Medicine, Massachusetts General Hospital; Assistant Professor, Harvard Medical School
Conall is a licensed clinical psychologist and Associate Director of the Behavioral and Social Sciences Core of the Harvard University Center for AIDS Research. His principal area of expertise is adapting cognitive behavioral technologies for specific application to issues related to mental health and substance use vulnerabilities as they relate to HIV prevention and treatment. Domestically, he conducts NIDA and NIMH funded HIV research in trauma treatment, chronic pain and opiate dependence, and smoking cessation. Internationally, he leads HIV prevention work in India and a HIV and mental health treatment trial in South Africa.

Ann Marie Oliva
Deputy Assistant Secretary, Special Needs Assistance Programs, U.S. Department of Housing and Urban Development
Ann Marie oversees the Office of HIV/AIDS Housing and the Office of Special Needs Assistance Programs with the Department of Housing and Urban Development. She was the Director of the Office of Special Needs Assistance Programs, the office that manages HUD’s homeless programs, from 2007 through 2014. In her seven year tenure at HUD, Ann Marie has been a leader in the Department’s program and policy efforts on homelessness. Prior to coming to HUD, Ann Marie owned her own human services consultant business and provided technical assistance to communities around the country under contract with HUD and other organizations, including extensive technical assistance in Hurricane Katrina affected areas. She also spent over nine years, most recently as the Director of Programs, at the Community Partnership for the Prevention of Homelessness, the organization responsible for administration of public homeless services in the District of Columbia. She began her career in public service as a VISTA Volunteer in Albuquerque, New Mexico.
### Jill Owczarzak

**Assistant Professor, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health**

Dr. Owczarzak received her PhD in Anthropology from the University of Kentucky in 2007. From 2007 through 2013, she was an Assistant Professor at the Center for AIDS Intervention Research in the Department of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin, and joined the Department of Health, Behavior and Society in the Johns Hopkins School of Public Health in 2013. Her primary research interests are the ways in which frontline service providers use evidence-based programs in their everyday public health practice, and how models of health intervention and the practices they entail address questions of inequality and health disparity. Dr. Owczarzak has a particular interest in ethnographic and other qualitative methods.

### Austin Padilla

**Founding Member, Getting to Zero Consortium**

Austin is an HIV/AIDS advocate who is a founding member of San Francisco’s Getting to Zero Consortium. His advocacy work has focused on ending HIV stigma and has included speaking for Huckleberry Youth Programs’ HIV Youth Prevention Education Program and coming out publicly as HIV-positive in a local NPR broadcast and an online film campaign in partnership with Kenneth Cole Productions, the University of California San Francisco and amfAR. He currently co-chairs the Getting to Zero Ending Stigma Committee and serves as a legislative and policy intern for the Office of San Francisco District 6 Supervisor Jane Kim.

### Karen Pearl

**President & CEO, God’s Love We Deliver**

Karen joined God’s Love We Deliver in September 2006, bringing with her over 30 years of experience in nonprofit leadership. Since its founding in 1985, God’s Love has responded to the urgent need for food and nutrition experienced by people who are too sick to shop or cook for themselves – people living with life-altering illnesses such as HIV/AIDS, cancer, multiple sclerosis, Alzheimer’s disease, Parkinson’s disease, and advanced diabetes. Karen serves on the Public Policy Committee of AIDS United and on NYCHANS, the New York Coalition of HIV/AIDS Nutrition Services providers. She spearheads the national advocacy program for Food and Nutrition Services providers, and serves on the Board of Directors of the Nonprofit Coordinating Committee, an organization that helps build the infrastructure of nonprofits in the New York City metropolitan area.
Harlan Pruden

Two-Spirit Community Organizer and Member, Presidential Advisory Council on HIV/AIDS

Harlan (First Nations Cree/Nehiyaw) works to organize the Two-Spirit community locally, nationally and internationally. In August 2014, Harlan was appointed to the Presidential Advisory Council on HIV/AIDS where he works to provide advice, information, and recommendations to the Secretary of Health & Human Services and the White House regarding programs and policies intended to promote effective prevention of HIV disease, and to advance research on HIV disease and AIDS. Harlan was one of the lead organizers of the National Confederacy of Two-Spirit Organizations and co-founder and former Director of the NorthEast Two-Spirit Society, a NYC-based organization. He serves as the principal Two-Spirit consultant and expert panel member to Substance Abuse Mental Services Administration's Tribal Training and Technical Assistance Center. Harlan also serves as an Honorary Committee Member of the Institute for Sexual Minority Studies and Services at the University of Alberta and is a Native Community Advisory Expert Panel member for the University of Washington's Indigenous Wellness Research Center. In the spring of 2013, Harlan was appointed to be an American representative to the International Indigenous Peoples Working Group on HIV/AIDS.

Elise Riley

Associate Professor, Department of Medicine, University of California, San Francisco.

Elise is interested in how clinical and behavioral factors converge to influence health. Her community-based research focuses on co-morbidities and competing risks in very low-income populations, with an emphasis on housing instability and associated conditions. She works with a team of multidisciplinary investigators and postdoctoral fellows on a research program that includes “Polysubstance Use and Health Outcomes Evaluation” (PULSE). PULSE investigates the combined influences of HIV and substance use on the health of homeless women. The goal of her research program is to inform health care delivery and prepare junior investigators for careers in patient-oriented research.
Ken Robinson

*Vice President, Housing Works*

Ken has worked in social services for over 25 years and all of his work has been with indigent and/or disenfranchised populations. Ken has worked with parolees in Kansas; homeless families and single adults in Las Vegas; inmates in prison-based drug treatment programs in Arkansas and Delaware; and homeless folks living with HIV/AIDS in New York City. Ken moved to New York City in early 2003 to start the Transgender Transitional Housing Program (TTHP) for Housing Works, Inc. In 2005 he was promoted to Vice President of Housing and he now oversees the TTHP, the Lexington Avenue Women’s Transitional Housing Program, the Staten Island Housing Program, Stand-Up Harlem House, the Jefferson Avenue Housing Program, the Asylum Project, and the MRT Housing Program. All of these programs and facilities provide housing and supportive services to formally homeless (or seriously at-risk) New Yorkers living with HIV/AIDS and/or chronic illnesses.

Sean Rourke

*Scientific and Executive Director, Ontario HIV Treatment Network and Professor of Psychiatry, University of Toronto*

Sean is Scientific and Executive Director of the Ontario HIV Treatment Network, which funds and conducts HIV research and provides education, capacity building, evaluation services, data collection and monitoring for HIV services in Ontario. He is Director of three national centres funded by the Canadian Institutes of Health Research: the CIHR Centre for REACH in HIV/AIDS, the CBR Collaborative Centre for HIV, and Universities Without Walls, a training program for the next generation of HIV researchers. Sean is also a scientist with the Li Ka Shing Knowledge Institute at St. Michael’s Hospital, and one of the leading international experts on HIV-associated neurocognitive disorders. Sean’s goal is to transform population health and community-based research in order to have a stronger impact on policies and front-line services, and to solve complex health problems for people living with or at risk for HIV/AIDS.
Travis Sanchez

Associate Professor, Rollins School of Public Health, Emory University

Dr. Sanchez has 15 years of experience in infectious disease epidemiology in the United States and abroad. For ten of those years, he was a senior epidemiologist at the Centers for Disease Control and Prevention and worked on numerous HIV-related projects, developing expertise in HIV surveillance methods, program evaluation and behavioral/clinical research. Dr. Sanchez is currently Associate Professor of Epidemiology at Emory University and project director of AIDSVu.org, a tool that takes detailed HIV case surveillance data and maps it at multiple geographic levels. He is also Principal Investigator for HIVContinuum.org, which maps HIV care continuum outcomes in the most highly impacted cities in the U.S. Both of these projects display HIV case surveillance data alongside social determinants of health in order to foster new discussions about how HIV is impacting our communities.

Carmel Shachar

Clinical Instructor of Law, Harvard Law School Center for Health Law and Policy Innovation

In her work at the Center for Health Law and Policy Innovation, Carmel focuses on health care implementation, especially as it impacts individuals living with chronic health conditions. Prior to joining the Center for Health Law and Policy Innovation, Carmel was an associate in the health care group of Ropes & Gray LLP. She focused her practice in regulatory and compliance work, including advising clients on topics such as data privacy and security, implementation of health care reform and public payer billing and reimbursement.

Kate Shannon

Director, Gender and Sexual Health Initiative, BC Centre for Excellence in HIV/AIDS

Kate is Associate Professor of Medicine and Population and Public Health at the University of British Columbia. Her research focuses on structural and social determinants of sexual health, violence, HIV/STI prevention and access to care among key populations, particularly youth, sex workers, migrant women and women living with HIV/AIDS. She sits on the CIHR HIV/AIDS Advisory Board and is Associate Editor with the International Journal of Drug Policy and BMC International Health and Human Rights. She has consulted with the departments of reproductive health and HIV with the World Health Organization, and was a member of the WHO 2012 Guidelines Group for HIV Prevention, Treatment and Care among Sex Workers in Lower and Middle Income Countries.
Virginia (Ginny) Shubert

Principal, Shubert Botein Policy Associates

Ginny has 25 years’ experience as an advocate, service provider and consultant working on poverty and health issues including homelessness and access to housing, HIV/AIDS, tuberculosis, and behavioral health. A graduate of Harvard Law School, she has been counsel in landmark lawsuits involving access to care and services for disabled persons. In 1988, Ginny founded the AIDS Project of the Coalition for the Homeless, and in the early 1990s she was a founder and Co-Executive Director of Housing Works, where she established and headed its Advocacy and Public Policy Department. For the last eighteen years Ginny has worked as a consultant on housing, health, and economic justice issues.

Ron Valdiserri

Deputy Assistant Secretary for Health, Infectious Diseases and Director, Office of HIV/AIDS and Infectious Diseases Policy, U.S. Department of Health and Human Services

Ron works closely with the Assistant Secretary for Health to develop scientific and policy advice to ensure coordinated approaches within and across DHHS agencies to address infectious diseases of national public health significance, including HIV and viral hepatitis. Prior to joining DHHS in 2010, Ron served for nearly four years as the Chief Consultant for Public Health in the U.S. Department of Veterans Affairs. In this capacity, he provided oversight to national programs serving more than 23,000 HIV infected veterans and nearly 150,000 veterans living with chronic hepatitis C virus infection. Before his tenure at VA, Ron spent 18 years at the U.S. Centers for Disease Control and Prevention. Between 1996 and 2006, he was the Deputy Director of the National Center for HIV, STD, and TB Prevention where he played a key role in the development of policies and programs to prevent and control HIV, other sexually transmitted diseases and tuberculosis.

Suzanne Wenzel

Director, Homelessness, Housing and Social Environment Research Cluster, School of Social Work, University of Southern California

Suzanne is the Richard and Ann Thor Professor in Urban Social Development, and Chair of the Department of Adults and Healthy Aging in the University of Southern California School of Social Work. Trained as a community psychologist, she has devoted much of her career to interdisciplinary research that seeks to understand and address health-related needs of vulnerable populations, particularly individuals experiencing homelessness in urban communities. She serves on the Research Council of the National Alliance to End Homelessness, and has served as principal investigator on ten grants from the National Institutes of Health. With sponsorship from the National Institute on Drug Abuse, Suzanne is currently investigating HIV risk, drug use, health and well-being among homeless persons transitioning to permanent supportive housing in Los Angeles.
Doug Wirth

*President and CEO, Amida Care*

Doug is the President and CEO of Amida Care, a non-profit, mission directed, Special Needs Health Plan that was designed for persons impacted by HIV/AIDS, mental illness and substance abuse. Doug previously served as a Senior Health Policy Advisor to NYC Mayors Dinkins and Giuliani, where he chaired the HIV Mental Health and Strategic Planning/Evaluation Committees for the NYC Health/Human Services Ryan White Planning Council.
Omni Shoreham Hotel
2500 Calvert Street NW (At Connecticut Ave)
Washington, DC 20008
Check In: 3:00 PM
Check Out: Noon
Hotel: 202-234-0700
Concierge: 202-756-5173

Free WiFi
Free Wifi in Lobby
Wifi in guest rooms: complimentary if you are an Omni Select Guest.
(Speak to Front Desk to arrange)
Wifi in Meeting Rooms.

Parking at the Omni Shoreham
Valet Parking: $41.30 per car, per day (includes in/out)

Drugstores
CVS Pharmacy – 3 Minute walk from hotel
2601 Connecticut Ave
Washington
Open until 11:00 pm
Rite Aid Pharmacy – 5 minute taxi ride
1815 Connecticut Ave NW
Washington
Open 24 hours

Hospital Emergency Room
Open 24 Hours
George Washington University Hospital
900 23rd St NW
Phone: 202-715-4000

Taxis & Limos
Yellow Taxi: 202-544-1212
Capitol Cab: 202-546-2400
Omni Concierge or Front Desk Associates are happy to arrange for taxis.
Dulles Airport Car Service: 202-904-4467

Tourism Information
http://thedistrict.com/
Recommended sightseeing tours
- Monuments by Moonlight Tour
- Grand Guided Tour
- Mount Vernon – Historic Home of George Washington
- Old Town Trolley
- Big Bus Open Top Bus Tour

Getting Around by Metro
The Omni Shoreham Hotel is located off the Red Line Metro at Woodley Park/Zoo, just around the corner heading immediately right then crossing Calvert Street at the end of the block. From BWI, take the MARC train Monday-Friday to Union Station, then the Metro or a Taxi to the hotel. You could also take the B30 bus to Greenbelt Metro (Green Line) then transfer over to the Red Line at Gallery Place/China Town, heading in the direction of Shady Grove. From IAD, take the Washington Flyer Shuttle to West Falls Church Metro (Orange Line) then change over to the Red Line at Metro Center, again heading in the direction of Shady Grove. From DCA, take the Blue/Orange Line to Metro Center to transfer over to the Red Line as above.

A comprehensive listing of all public transportation options from each airport can be found at http://www.commuterpage.com/metroconnect.htm. Venturing around Washington, D.C. by foot can be a great way to see the city; however, the public transportation system is a great resource for further destinations. For the local bus and subway system with its timetables, maps, fares, and more, please visit: http://www.wmata.com/.

Omni Shoreham - Spa & Fitness Centre
Open 24 hours, the fitness center is complimentary for guests 18 years of age or 13 and accompanied by an adult. See more at: http://bit.ly/1KYOTjJ.

Banks
There are 2 ATM machines in the lobby.
M&T Bank
2620 Connecticut Ave NW
Washington, DC 20008
Wells Fargo Bank
1804 Adams Mill Rd NW
Washington, DC 20009

Shopping
Major shopping areas:
- Gallery Place/Chinatown/Penn Quarter - 3 mile
- Georgetown - 3 miles
- Chevy Chase Pavilion (Saks Fifth Avenue, Neiman Marcus) - 3 miles
- Maza Gallerie - 3.4 miles
- Union Station Shops - 4 miles
Thank you for attending the 2015 Housing Summit!

Check out www.hivhousingsummit.org for more resources, including a searchable bibliography of housing articles and the forthcoming conference report.

To fill out the Summit evaluation and opt-in to sharing your contact info with other attendees, please visit: https://ohtn.fluidsurveys.com/s/NAHC-Summit-Eval-2015/

We value your feedback and participation.