

Yaoyu Zhong¹, Ellen Wiewel¹, Christopher Beattie¹, Xiomara Farquhar¹, Jesse Thomas², Sarah Braunstein¹, John Rojas¹

1. New York City of Department of Health and Mental Hygiene 2. RDE Systems Support Group

Abstract # 1121

Background

What is the HOPWA program?

The U.S. Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and related supportive services for low-income persons living with HIV (PLWH) and their families. By stabilizing housing and addressing other basic needs, the HOPWA program aims to reduce homelessness, connect and retain clients in medical care, improve adherence to antiretroviral therapies and reduce HIV transmission.

What services we are delivering?

The New York City (NYC) Department of Health and Mental Hygiene directly oversees 37 HOPWA contracts in NYC across three service categories: housing placement assistance (HPA), supportive permanent housing (SPH), and rental assistance (REN).

Target population	Services
HPA Low-income PLWHA	Assistance to locate, acquire, finance, and maintain affordable permanent housing (either supportive housing or independent living)
SPH	Affordable permanent housing and comprehensive support services that promote health & housing stability, emphasizing engagement in HIV primary care, such as case management, escorts to clinical/social services visits, mental health counseling, and substance abuse counseling
REN low-income PLWHA who are ineligible for HASA financial rental assistance (i.e., welfare) due to administrative requirements.	Rent subsidies to help establish and/or maintain affordable permanent housing

Are the interventions effective?

An important indicator to evaluate the programs' performance is consumers' health outcomes. If significant improvements can be seen after enrollments, the interventions can be considered effective.

The CD4 cell count and HIV viral load (RNA level) are closely linked to HIV-related illness and mortality. In a matched pair observational analysis, we compared improvements of CD4 count and viral load at pre-enrollment and post-enrollment for newly enrolled HOPWA consumers in July 2014 and December 2015 to matched controls.

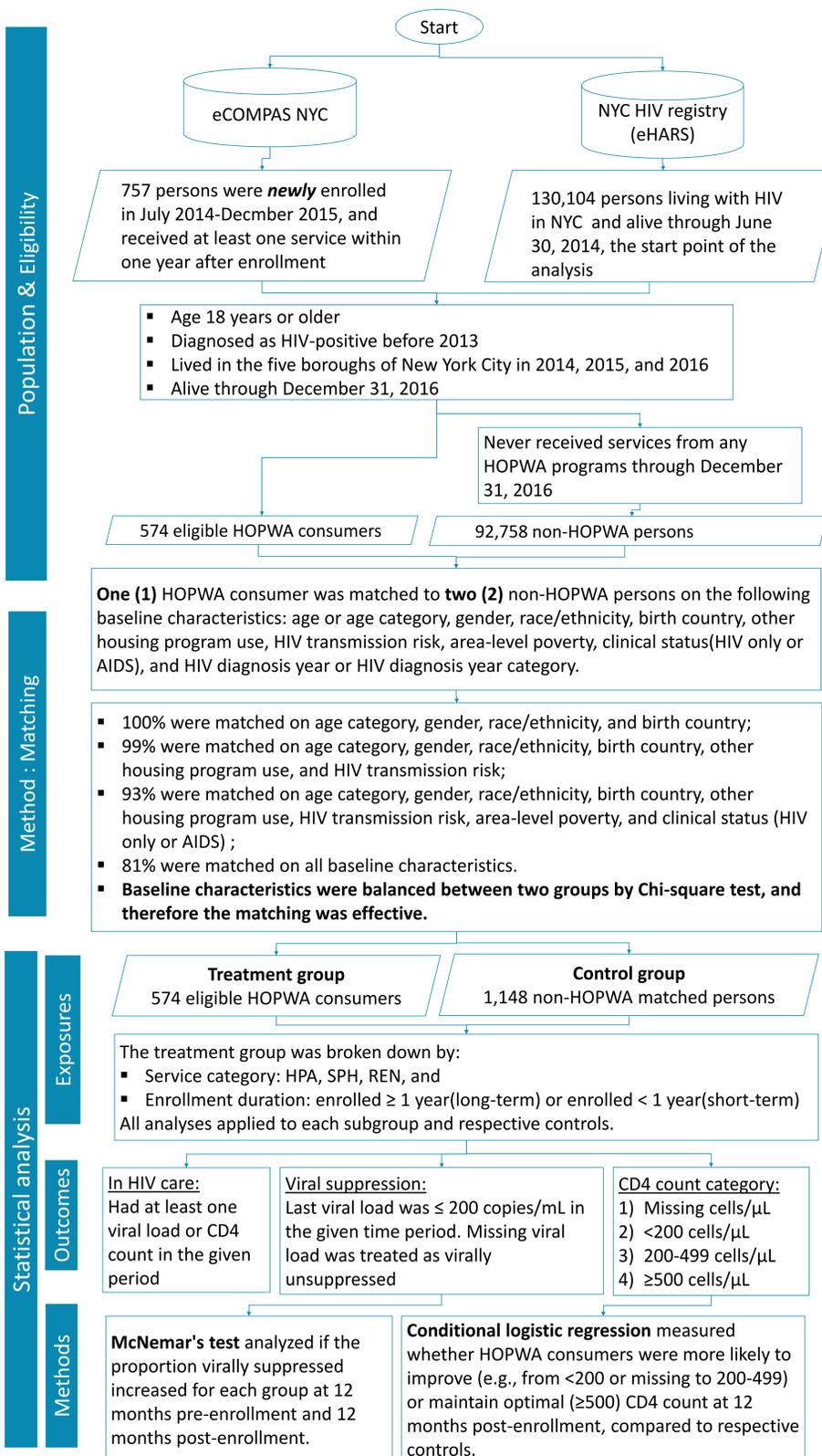
Contact information

Yaoyu Zhong, MS

New York City of Department of Health and Mental Hygiene

Email: yzhong@health.nyc.gov

Method



Result

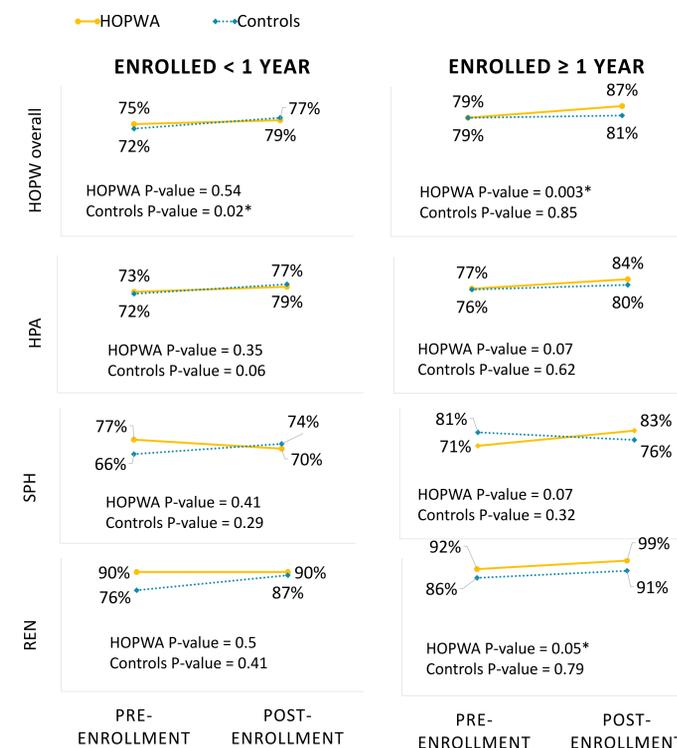
Baseline characteristics

Among 574 eligible HOPWA consumers,

- 66% were male
- 95% were Black or Hispanic
- median age was 46 years old
- 31% were reported as men who have sex with men (MSM)
- 32% had Heterosexual contact
- 16% had injection drug use history
- 63% were diagnosed as AIDS
- 33% were foreign-born
- 39% lived in very-high-poverty (≥30% below Federal poverty level) area
- 71% were diagnosed before 2006
- 70% were enrolled other housing assistance program

Viral Suppression

Figure 1. Proportion virally suppressed among people in care at 1 year pre-enrollment and 1 year post-enrollment, by service category and enrollment duration.



- Proportion virally suppressed significantly increased from 79% to 87% among HOPWA long-term consumers (P=0.003).

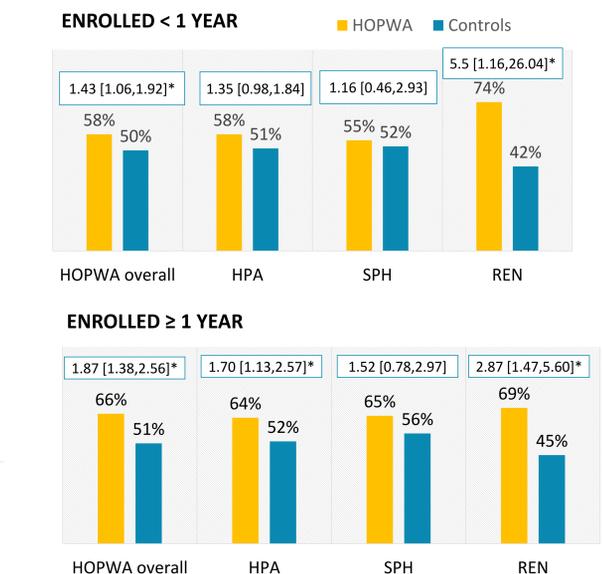
Engagement in care

Service category	Enrollment duration	Group	Total	In HIV care within 1 year pre-enrollment (%)	In HIV care within 1 year post-enrollment (%)
Overall	< 1 year	HOPWA	300	99%	98%
	< 1 year	Controls	600	87%	84%
HPA	< 1 year	HOPWA	274	99%	99%
	< 1 year	Controls	548	82%	80%
SPH	< 1 year	HOPWA	250	99%	98%
	< 1 year	Controls	500	87%	84%
REN	< 1 year	HOPWA	146	98%	98%
	< 1 year	Controls	292	90%	88%

- HOPWA consumers had high proportions in care at both pre- and post-enrollment.

CD4 Count

Figure 2. Proportion of people who improved or maintained optimal CD4 count at 1 year post-enrollment, and odds ratio (and 95% confidence intervals) of CD4 count improvement among HOPWA consumers compared to controls, by service category and enrollment duration.



- Significant improvement in CD4 count can be seen among both short-term and long-term HOPWA consumers, compared to respective controls.

Conclusion

- Providing HOPWA housing services to PLWH resulted in improved CD4 count and VL within 1 year compared to matched controls.
- Compared to short-term consumers, improvements in viral suppression and CD4 count were greater among long-term consumers for all service categories, especially for SPH consumers who need more supportive services.
- Improvements in viral suppression for short-term HOPWA consumers were not significant, suggesting benefits are greater for long-term consumers.