

HOUSING NEED AND HOUSING ASSISTANCE IN NEW YORK CITY AND TRI-COUNTY REGION

Stable, affordable, quality housing in a positive residential environment is essential for effective management of HIV. The importance of housing status for HIV prevention and care has been recognized, but much of this attention has focused on people with HIV who are literally homeless as a special risk group. Analyses have less often addressed community housing availability and conditions as factors influencing outcomes for people with HIV (PWH). In addition, not only literal homelessness but challenges associated with unstable, inadequate, or unaffordable housing situations are associated with poor engagement with HIV care, and failure to achieve or sustain viral suppression.

This Briefing will summarize information about housing situations, need for and receipt of housing assistance, and medical care and health outcomes among participants in the Community Health Advisory & Information Network (CHAIN) study of adults living with HIV in New York City (NYC) and the northern suburban region of Westchester, Putnam, and Rockland counties (Tri-County, hereafter Tri-Co).

Key Research Findings

- **Lack of secure, adequate housing is widespread among CHAIN participants in both NYC and Tri-Co.**
- **Participants with housing needs in Tri-Co are more likely to be doubled up than be in temporary/transitional housing programs or be street or shelter homeless.**
- **Like street or shelter homelessness, unstable or inadequate housing is associated with poor engagement with HIV care – delayed entry into care, poor retention or dropping out of care, and lack of adherent ART use.**
- **Unstable housing and homelessness among CHAIN participants are associated with worse clinical and functional health outcomes in both NYC and Tri-Co.**
- **Housing costs in both NYC and Tri-Co are out of reach for the great majority of PWH in CHAIN, considering income-to-rent disparities. Rates of unmet need for assistance with housing costs have increased in Tri-Co in recent years.**
- **Receipt of housing assistance to secure and maintain stable adequate housing improves retention in HIV care, adherent ART use, and health outcomes.**
- **Reducing unmet need for housing assistance holds promise for improving outcomes for PWH and advancing HIV prevention goals.**

METHODOLOGY

- Data for analysis were provided by an ongoing study of persons living with HIV/AIDS in the New York City area, the Community Health & Information Network (CHAIN) Project.
- The sample was designed to be broadly representative of the HIV-positive population receiving medical and/or social services in either NYC or Tri-Co. Study participants most closely represent low-income PWH served by the Ryan White Program
- This report is based on data from over 1000 HIV-positive adults who were interviewed in 2008-2012.
- Study participants answered a series of questions about their housing experiences, need for services and use of services.
- Housing situations and need for and use of housing assistance were determined by study participants' self-report of service need and type of service utilization, if any, as well as classification based on description of living arrangements, tenancy rights, housing costs, and payment source.
- see http://www.nyhiv.com/data_chain.html

Table 1. Housing Status and Housing Problems among PWH: CHAIN Cohort 2008-2012^a

	NYC	Tri-Co	Total
(n=)	(702)	(395)	(1097)
Housing Status at Current Interview			
• Stable, in own place	74%	82%	77%
• Temporarily doubled up with others	2%	9%	5%
• Temporary/ transitional housing program ^b	19%	6%	14%
• Homeless: in shelter, SRO, street, place not meant for sleeping ^c	5%	3%	4%
Housing Transience			
• Moved at least once in past 6 months	13%	15%	14%
Self-reported Housing Problems			
<i>Regardless of housing status reported:</i>			
Without a permanent place to live, unable to pay rent, unable to pay utilities, facing eviction, being discharged from program with no resources to secure housing, lacking heat or working plumbing, experiencing domestic violence or other dangerous situation, in need of an accessible unit	31%	29%	30%
History of Homelessness/Unstable Housing^d			
<i>Housing experience during the year prior to HIV diagnosis:</i>			
Sleeping on the streets; in a homeless shelter; SRO or welfare hotel; residential drug treatment, jail, or other temporary housing; or doubled up with others, in somebody else's home.	40%	49%	43%

a. New York City and Tri-County CHAIN study participants interviewed in 2008-2012

b. Transitional housing program, corrections halfway house, mental health, drug treatment, other residential treatment setting

c. Street, shelter, limited-stay SRO or welfare hotel, car, abandoned building, or other place not intended for sleeping

d. Among study participants diagnosed 1996 or later

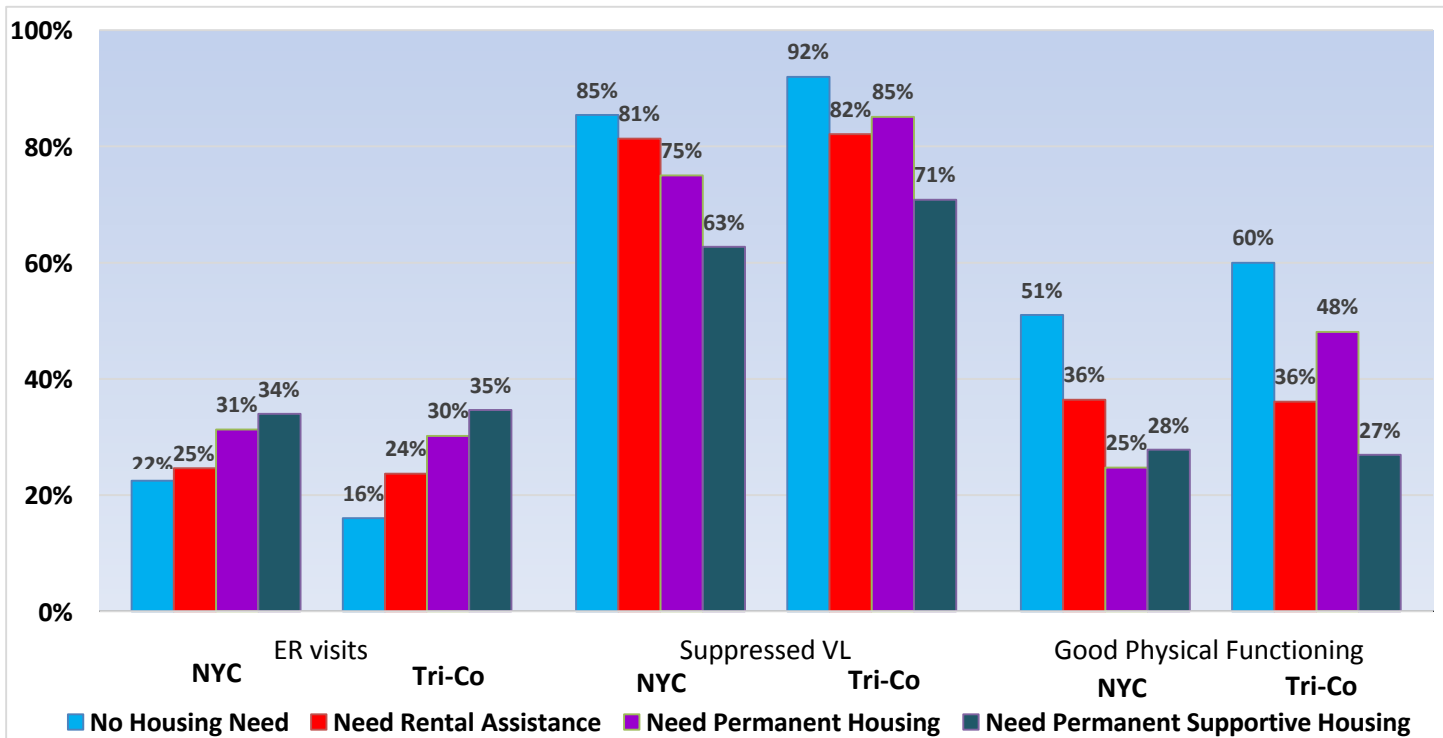
Lack of stable, adequate housing is widespread among PWH in NYC and Tri-County

Lack of stable, adequate housing is widespread among PWH in the NYC and Tri-Co CHAIN cohorts. Among CHAIN study participants interviewed 2008-2012, 26% of NYC and 18% of Tri-Co respondents were literally homeless or unstably housed. Among those who were unstably housed, a greater proportion in Tri-Co were doubled up with others, in someone else's home, rather than in a temporary or transitional housing program (Table 1). Regardless of housing status, about a third of CHAIN respondents (30% overall) reported needing housing assistance for housing problems. This includes substantial numbers of PWH who are currently stably housed but at risk of housing loss. About 15% of respondents reported that they changed their address during the past 6 months, a transiency rate higher than among the general population in the NYC region (10% moved past 12 months). History of housing instability was common. Tri-Co study participants were more likely than their NYC counterparts to have experienced homelessness or unstable housing during the year prior to HIV diagnosis.

Housing costs in both NYC and the Tri-Co region are out of reach for most PWH

The majority of CHAIN participants in both NYC and Tri-Co are in need of assistance with housing costs to obtain or maintain stable, adequate housing. The fair market rent (FMR) for a 1-bedroom apartment is approximately \$1300/month in both NYC and Tri-Co. The median monthly income for participants in the CHAIN study is below this amount. Two-thirds of NYC sample and 55% of respondents in Tri-Co have household incomes below the federal poverty line. Paid employment is limited and often inconsistent and/or low-paid. The monthly income for PWH who are dependent on SSI or SSDI payments is below market rent (maximum monthly SSI payment for persons living alone is \$808 and for a couple without children is \$1,186; average SSDI payments in NY State are \$800-\$1400 per month). Considering the income-to-rent disparities, it is not surprising that 90% of NYC and 83% of Tri-Co participants need rental assistance or other support for housing costs to secure or maintain stable housing.

Figure 1. Housing Status and HIV Medical Care and Health Outcomes among CHAIN Cohort



Unmet housing need is associated with poor engagement with HIV care

To more closely examine the relationship between need for housing assistance and HIV outcomes, we classified CHAIN study participants according to 4 types of housing assistance needs: 1) no need for housing assistance – in own apartment or house and not excessively rent burdened; 2) need rental assistance – in own place but excessively rent burdened or otherwise at risk for housing loss; 3) need permanent housing placement – do not currently have permanent housing and require help accessing permanent housing and means to assist with housing costs; and 4) need permanent supportive housing – need permanent housing that also provides supportive services (see below for definitions).

Housing status and need for housing assistance are associated with differential engagement in HIV medical care and health outcomes. Figure 1 highlights some of these differences. Having an ER visit in the past six months is an indicator of poor engagement in ongoing HIV primary care. Rates are highest among NYC and Tri-Co respondents who need permanent supportive housing but next highest among respondents who need permanent housing, including individuals who are doubled up with others or in a transitional housing program, not just persons who are literally homeless. Rates of missed appointments for HIV care are consistently higher for NYC CHAIN participants with unmet housing needs than for their stably housed counterparts. For example, in Tri-Co, 35% of those needing permanent supportive housing, 15% of those needing permanent housing, and 19% of those needing rental assistance – compared to only 8% of those with no housing need – missed two or more scheduled appointments for HIV in the six months prior to most recent interview (data not shown). There are also differences in adherent antiretroviral (ART) use by housing need. In Tri-Co, 46% of respondents with supportive housing needs, and 28% of those needing either permanent housing or rental assistance, were not on ART or not adherent to their ART, compared to 20% of those without housing needs.

Unstable housing is associated with poor health outcomes among PWH

In NYC, 85% of persons with no housing needs achieved viral suppression, whereas 81% of those needing rental assistance, 75% needing permanent housing placement, and 63% needing permanent supportive housing had suppressed viral load. Similar results were found for Tri-Co, in which rates of suppression were 10-20% lower among PWH with a housing need compared to those with no need. Need for housing assistance is also associated with scores on a measure of good physical functioning and health-related quality of life (Figure 1).

Estimating unmet need for housing assistance in Tri-County

One approach to calculating unmet need for housing assistance among PWH in the Tri-Co region is to examine the estimated numbers of PWH who need different types of housing assistance in the CHAIN study sample, and the proportion with need who are not receiving any housing assistance. Based on the definitions below, among PWH in Tri-Co interviewed between 2008 and 2012, 67% needed rental assistance, 12% needed permanent housing, and an additional 7% needed permanent supportive housing (13% currently had no need for rental or other types of housing assistance). Then among individuals with each type of need, we determined if, within the six months prior to interview, they had received rental assistance or other housing services to address needs.

Among Tri-Co PWH, 34% of those who needed rental assistance did not receive any. Among those who needed permanent housing, 18% received permanent housing during the 6-month assessment period. This includes all participants who needed permanent housing, including those in need of supportive housing. Based on the most recent county surveillance report from NY State, in 2013 there were 4,182 people living with HIV/AIDS in the Tri-Co region. Using this as a base and applying the percentages above, we estimate that 965 PWH residing in Tri-Co currently need rental assistance but are not receiving any, and an additional 376 PWH need assistance securing permanent housing (approx. 116 of these individuals need permanent supportive housing). Those who are in need of permanent housing or permanent supportive housing are also in need of rental assistance or other support for housing costs once placed.

Caution must be used when interpreting these numbers as they are based on estimates and indicators available in the CHAIN data set. Actual determination of unmet need would require formal eligibility determination based on existing housing program policies and requirements.

Definitions of Housing Need and Services Received

- **Need Rental Assistance:** Current residence in stable housing AND (1) difficulty paying rent in the past 6 months OR (2) insufficient income to secure housing (FMR>50% of income)
- **Received Rental Assistance:** Rental Assistance (including living in public housing) during the past 6 months
- **Need Permanent Housing :** Currently homeless, temporarily doubling up, or living in temporary or transitional housing for any time during the last 6 months, OR currently in stable housing but facing eviction (for any reason) or needing to move, AND not needing supportive housing (defined below).
- **Received Permanent Housing:** Housing assistance or rental assistance during the past 6 months AND current residence in permanent stable housing
- **Need Permanent Supportive Housing:** Currently homeless, temporarily doubling up, or living in a temporary/transitional housing program for any time during the last 6 months, OR currently in stable housing but facing eviction (for any reason) or needing to move, AND experiencing persistent mental illness or substance use disorder, or chronically homeless, as indicated by long duration or multiple episodes of homelessness.
- **Received Permanent Supportive Housing:** Housing assistance or rental assistance during the past 6 months AND current residence in permanent stable housing with case management and supportive services (congregate or scatter site).

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References

For description of the CHAIN program of research, data collection methodology, and other study reports see Health and Human Services Planning Council of New York website, http://www.nyhiv.com/data_chain.html#reports

For a recent systematic review of the literature on housing and HIV/AIDS see: Aidala AA, et al. Housing Status, Medical Care, and Health Outcomes among People Living With HIV/AIDS: A Systematic Review. *Am J Public Health*. 2015 Nov 12:e1-e23. Available at <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2015.302905>

NYDOH Bureau of HIV/AIDS Epidemiology 2015. New York State HIV/AIDS Surveillance Report (excludes State Prison Inmates) For Cases Diagnosed through December 2013. Available at http://www.health.ny.gov/diseases/aids/general/statistics/annual/2013/2013-12_annual_surveillance_report.pdf