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I have no conflicts of interest to disclose.

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In SF, in 2018

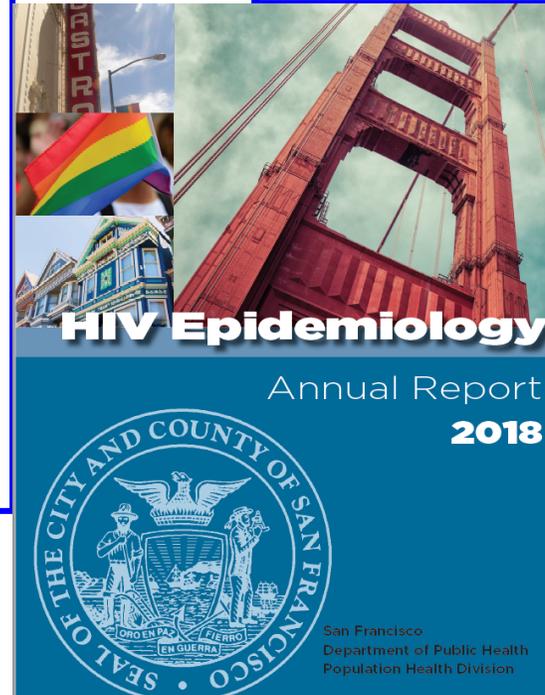
75%

Viral suppression among PLHIV
who are housed

33%

Viral suppression among PLHIV
who experience homelessness

People unhoused at HIV
diagnosis had a 27-fold
higher odds of death
compared to those housed.





OPINION // OPEN FORUM

Housing needed to reduce HIV infections

By Diane Havlir and Joe Hollendoner

Nov. 29, 2018

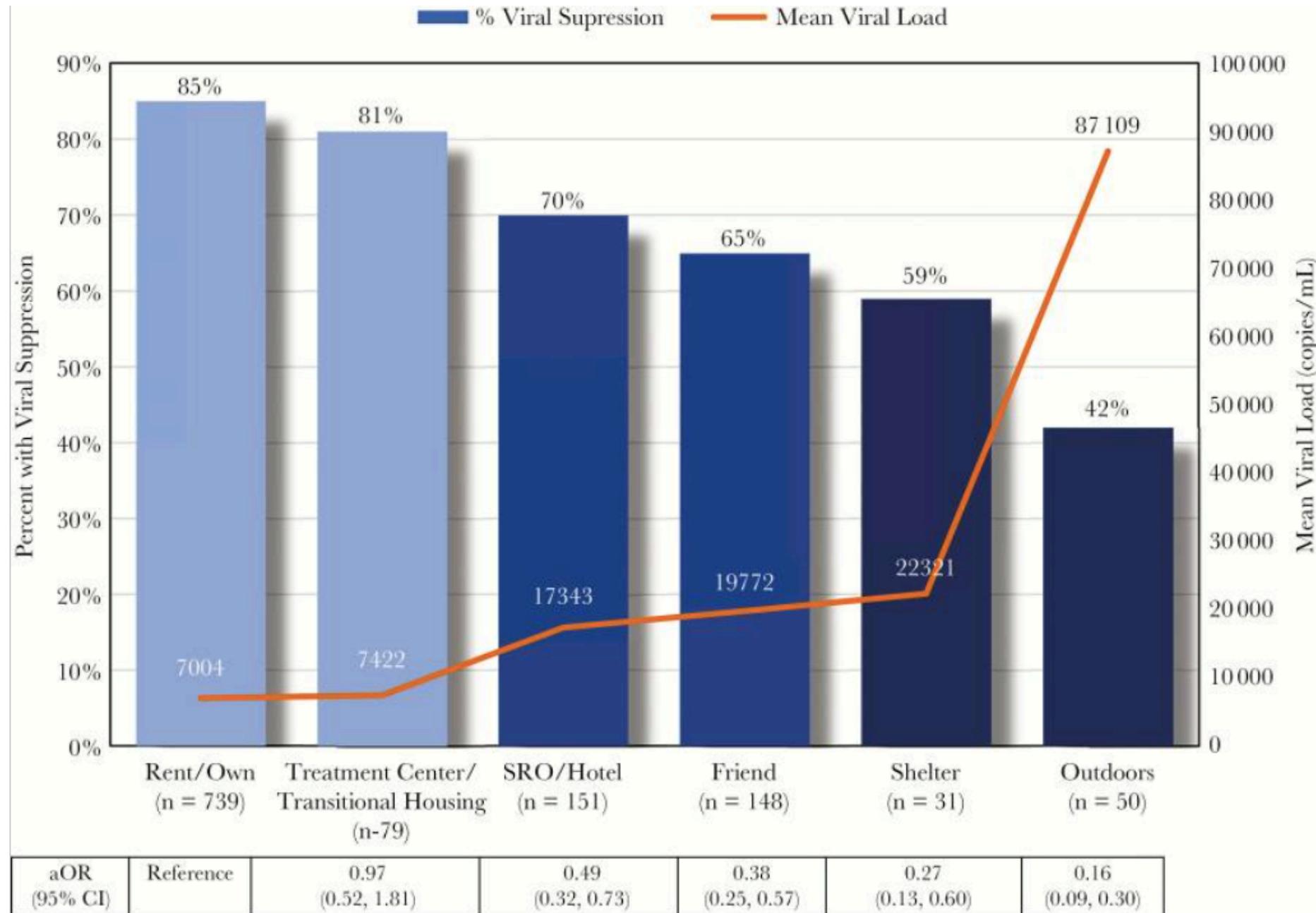
San Francisco Chronicle

Two years ago, “James” was sick, depressed and alone. At 40, he had spent almost half of his life in San Francisco, HIV positive and homeless.

“No one would rent to me,” he said. “So I stayed in the shelter or on the street.”

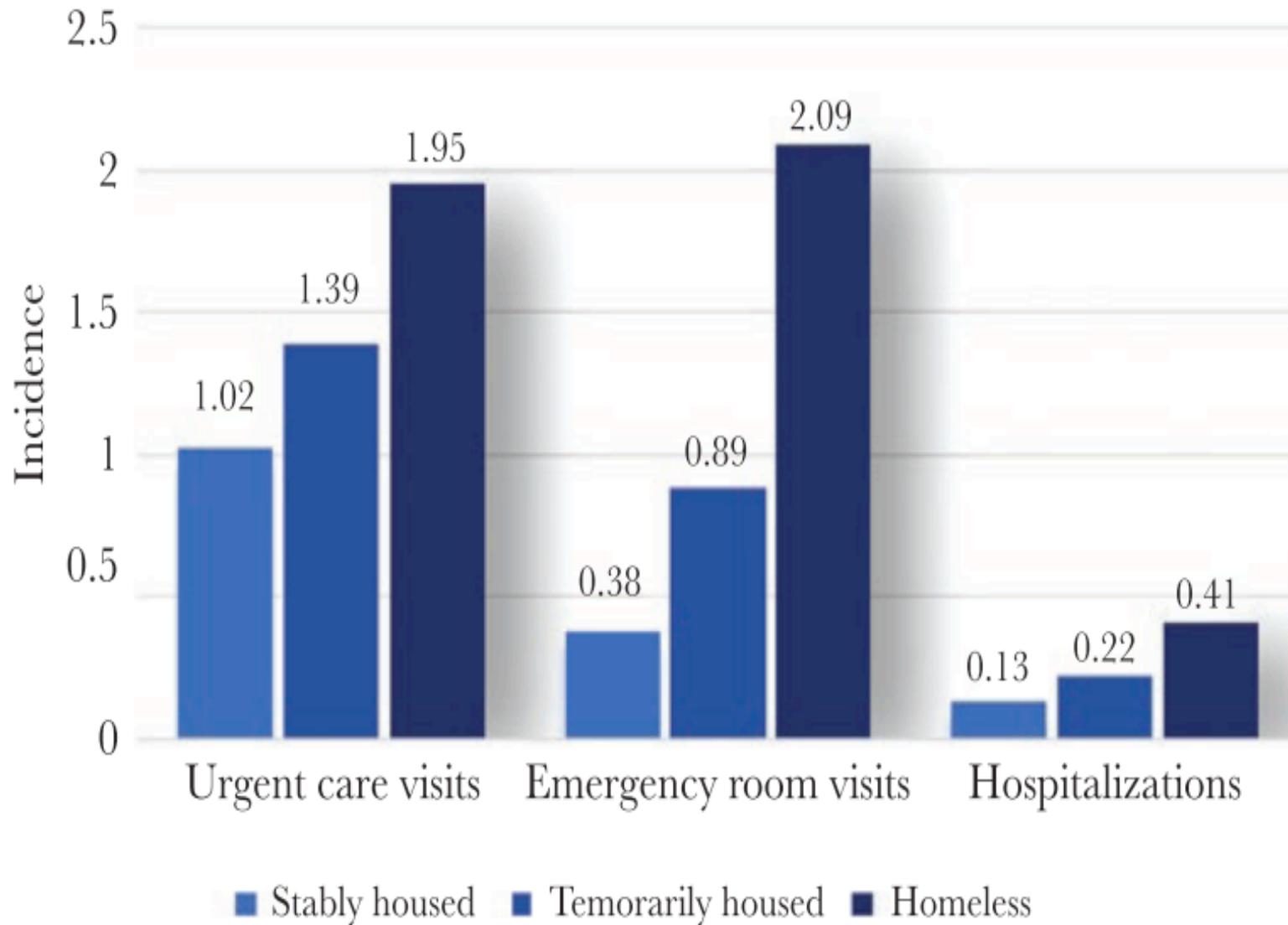
James was regularly in and out of the hospital. He tried to make medical appointments, but he often missed them and ended up in the emergency room. He was embarrassed to take HIV medicines in front of others, so he didn’t take them at all.

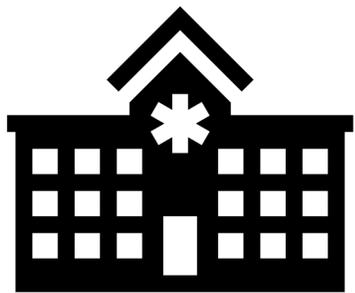
Percent of Patients with Viral Suppression & Mean Viral Load by Living Arrangement



Source:
Clemenzi-Allen et al.
Open Forum Infect Dis,
2018.

Rates for acute care visits by housing status and visit type





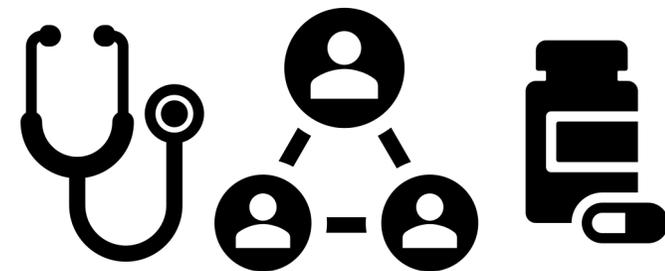
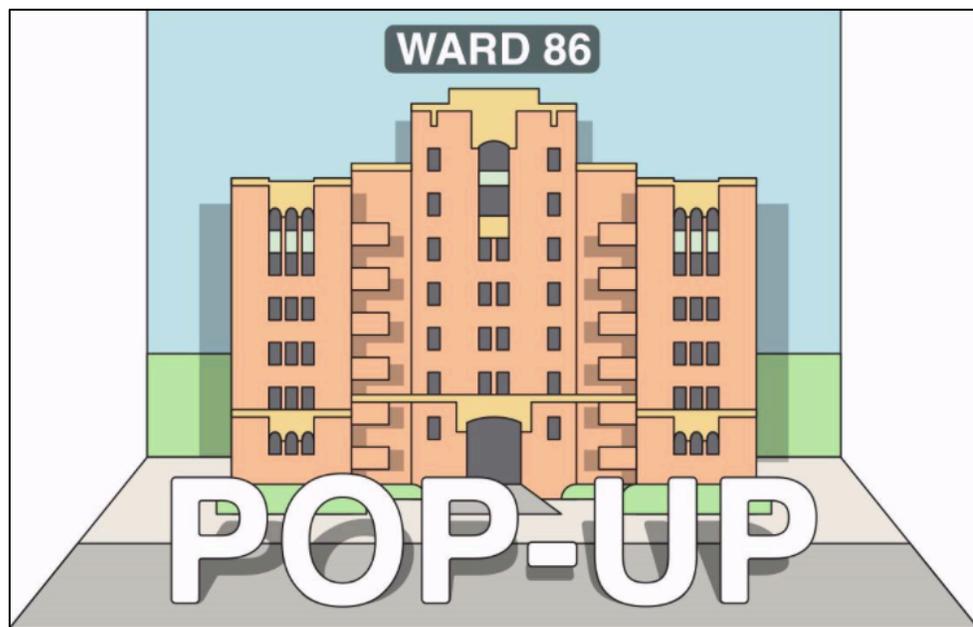
Low-threshold access

- No appointments, drop-in
- Open M-F afternoons

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Incentivized care

- \$10 once a week
- \$10 lab draws
- \$25 for VL <200



Comprehensive primary care

- Medication pick-up
 - Mental Health
- Substance Use treatment



Enhanced Outreach

- Patient navigation
- Text/call access

Who is eligible?

Ward 86 patients who have a:

- 1) HIV viral load >200 copies/mL or are off ART
- 2) Homeless or Unstable Housing (HUH)
- 3) ≥ 1 missed primary care appointment and ≥ 2 drop-in visits to Ward 86 over prior 12 months.

Referrals

- surveillance data and chart review*
- Ward 86 providers referrals*
- City's health department linkage to care program*

Participant Characteristics

- **75 of 152 eligible patients** enrolled to date
 - 67% ages 18-50
 - 85% cis-gender men
 - 35% Black/African American; 45% White; 9% Latinx
 - Housing status: 51% street; 13% shelter; 15% couch surfing
 - 40% CD4 < 200
 - 100% substance use disorder (91% methamphetamine use)
 - 77% mental health disorder

Early outcomes

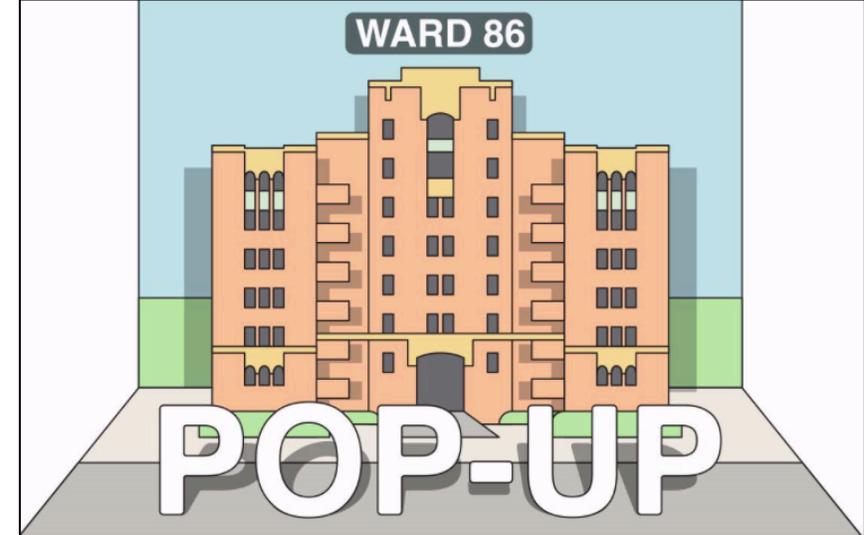
- **79%** started/restarted ART within 7 days of enrollment (95% confidence interval (CI) 69-87%)
- **68%** returned for a visit within 1 month (95% CI 57-78%) and **91%** within 3 months (95% CI 83-96%).
- **54%** achieved virologic suppression by 6 months (95% CI 41-68%) – *Recall, all non-suppressed at baseline*

Discussion

- PWH with housing instability have high proportion of substance use and mental health diagnoses in San Francisco
- Low-threshold, high-intensity primary care programs similar to POP-UP can improve patient outcomes for people with HIV with these multiple challenges, as shown in our pilot
- Next steps involve understanding factors and implementation mechanisms associated with achieving and maintaining viral suppression in this population.



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