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Improving The Health Outcomes For Homeless Substance Users Through Harm Reduction Housing



Introduction

A local HIV clinic serving 500 people living with HIV reports that the highest % of patients with negative outcomes were those that were homeless substance users.

A focus group was instituted by a social worker with a group of chronically homeless men living with HIV. They reported that a multi-resident housing unit, that was not tied to abstinence from drugs and/or alcohol and that could be accessed by people with criminal histories was needed.

They also strongly advocated that someone living with HIV needed to be in charge of the program and provide supports. The Open Door, Inc. was started by a group of volunteer providers in the Pittsburgh HIV service community.

The mission of the Open Door is to provide a supportive housing program that improves the health of the forgotten population of high risk, chronically homeless people living with HIV.

The Problem

Persons living with HIV/AIDS have a disproportionate incidence of homelessness due to compounding factors, such as increased medical costs, limited ability to keep work due to AIDS, and histories of homelessness, mental illness, and substance abuse. There were almost 3,000 people living with HIV/AIDS in Southwestern Pennsylvania in 2003.

The availability of housing with the services to care and treat high risk HIV+ individuals is very limited

There is a significant lack of safe and affordable housing for those living in poverty in Allegheny County.

In our region, the city and county (public) housing authorities do not accept residents with criminal histories.

Objectives

- To prove that stable supportive housing will improve both adherence to medical appointments and health outcomes.
- To prove that providing individuals with their own independent housing will increase CD4 counts and decrease viral loads.

Methods

•Purchase a multi-resident housing unit where patients can live independently within a community setting

•Hire peer staff that work seven days a week, three hours a day

•Peer staff support includes appointment reminders, medication observance and accompaniment to appointments

•Resident and peer work on mutual goals which must include involvement in medical care but which does not have to include reduction or abstinence of substances.

This was a retrospective review of data which qualifies for a waiver of IRB approval.

Results

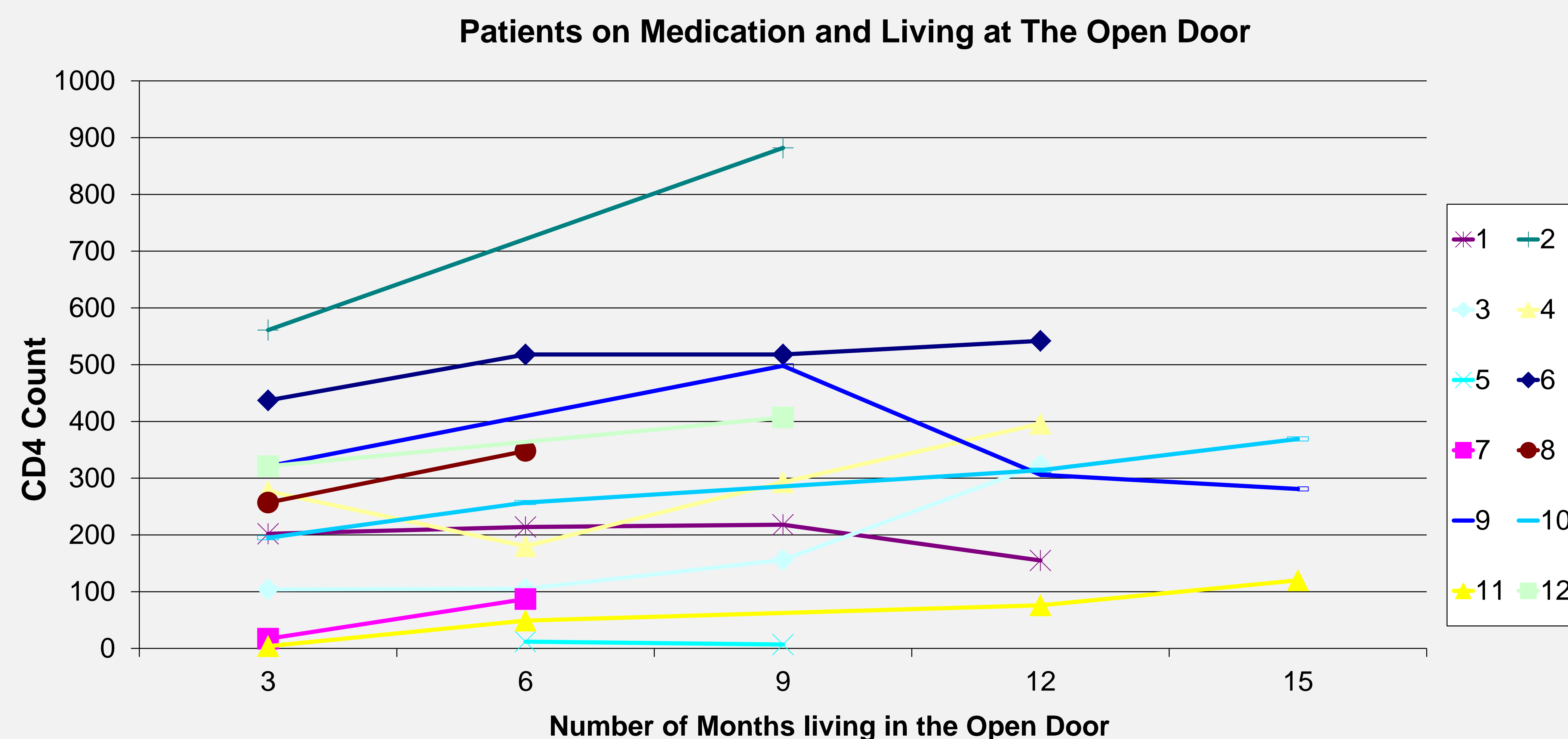


Figure 1: CD4 Count. The data shows that patients who are both residents of The Open Door and are taking antiviral medications witnessed a general trend in an increase in their CD4 count. This increase was observed from the 1st quarter of living in The Open Door till the patient's move out date. Only one patient witnessed a decrease in their CD4 count from 321 to 281 and that decrease can be attributed to a number of issues including additional health problems that led to kidney failure and eventual death.

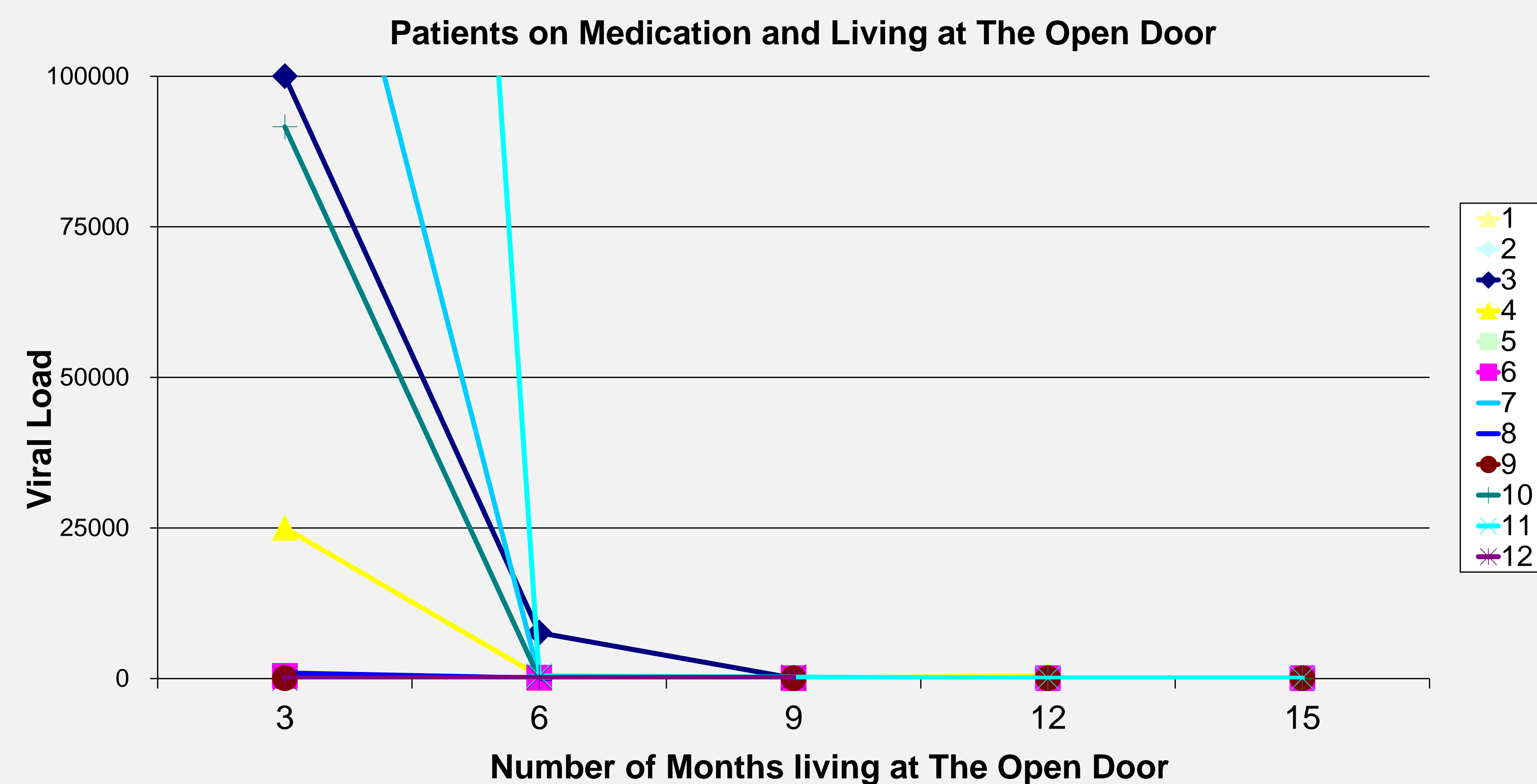


Figure 2: Viral Load. The data shows that patients who are residents of The Open Door and taking antiviral medications witnessed a general trend toward a decreased viral load over the first 3 months of living at The Open Door. Furthermore, this patient population observed their viral loads steadily decrease and ultimately stabilize. Of the 12 observed patients, 9 with detectable viremia had their viral loads decrease to an undetectable level. One reached undetectable and then had viral rebound. The other 2 patients entered the Open Door with undetectable viremia and remained there throughout their stay.

The Open Door

Planning for The Open Door started in January 2005 and a 15 unit building was purchased in April 2006. Each unit is furnished with a bed, fully equipped kitchen, living room, and dining room.

First residents moved in June 2006 and, so far, 20 residents have been served. Five of those residents have transitioned into subsidized housing. 38 people were referred to The Open Door in the first 9 months and the facility has room to house only 14.

Our Solution

Stable housing promotes improved health status, sobriety or decreased use of nonprescription drugs, and a return for some persons with AIDS to productive work and social activities

There are significant correlations between homelessness and HIV status:

- Providing housing reduces the need to engage in high risk behaviors, thus decreasing HIV transmission
- It is nearly impossible to maintain adherence when homeless or in unstable housing

Discussion

• Patients were all active substance users, who were either not involved with care, not taking medication, non-compliant with medical appointments or all three prior to moving into The Open Door.

•After moving into The Open Door, three different HIV provider offices in the Pittsburgh area reported significant improvements in medication adherence and medical compliance independent of substance use pattern.

•The data set includes 12 of the total 20 residents of The Open Door who have resided there for more than 3 months and are on antiviral medication.

Conclusion

- Stable housing can improve health outcomes without the need for abstinence or reduction in substance use.
- Peer support staff, a sense of community and the opportunity to explore other ways to reduce harms in their lives are integral components of harm reduction housing.

Acknowledgements

Data was collected from different infectious disease providers in the Pittsburgh area:

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