

Wednesday, March, 13, 2024 8 am HT / 11 am PT / 12 pm MT / 1 pm CT / 2 pm ET

Welcome!



POPULATION HEALTH: A NATIONAL LEARNING SERIES

WEBINAR TOPICS

WEBINAR #1 March 6, 2024	Foundations of Population Health Management in Priority Populations
WEBINAR #2 March 13, 2024	Housing and HIV: Bridging the Gap between HIV and Housing in Special and Vulnerable Populations
WEBINAR #3	Diabetes Prevention: Food Sovereignty and Access to
March 20, 2024	Ancestral, Cultural, and Healthful Foods

REGISTER TODAY AT pophealthtaskforce.org







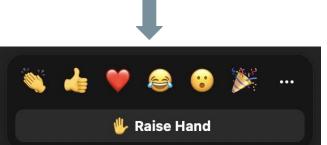






Mac: **#+K**







Windows: **Alt+Y**

Mac: Option+Y

ABOUT THE SERIES

To elevate the national conversation around population health management, 13 National Training and Technical Assistance Partner (NTTAP) organizations continued the invaluable work of the previous Special and Vulnerable Populations Diabetes Task Force to engage health centers, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs) to increase knowledge of effective strategies that address population health among people experiencing homelessness, residents of public housing, migratory and seasonal agricultural workers, school-aged children, older adults, Asian Americans, Native Hawaiians and Pacific Islanders, LGBTQIA+ people, and other health center patients.

This national learning series is **sponsored by HRSA** and will take a deeper dive into issues related to HIV, Diabetes, and Chronic comorbid disease management that all impact population health management.

For information about the National Learning Series, visit **pophealthtaskforce.org** today.



DISCLAIMER

The Population Health Management Task Force is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of multiple awards across National Training and Technical Assistance Partners (NTTAPs) totaling \$1,843,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



Population Health Management Task Force Members:



























For more information on our NTTAP Partners, visit pophealthtaskforce.org





Conflict of Interest Disclosure

We have no real or perceived vested interests that relate to this presentation, nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers and/or other corporations whose products or services are related to pertinent therapeutic areas.





What is an NTTAP? National Training and Technical Assistance Partners

- Maximize impact of Health Center Programs
- Increase access to high-quality comprehensive primary health care for underserved populations
- Support HRSA awareness of issues impacting health centers and special populations
- Support HC to identify and implement evidence based and promising practices
- Leverage HC shared experience and data to improve health outcomes for patients





MODERATORS & ORGANIZERS



Jose Leon, MD Chief Medical Officer, NCHPH



Sarah Mitnick, MBA Director of Program Operations, National LGBTQIA+ Health Education Center



Kevin L. Ard, MD, MPH
Medical Director,
National LGBTQIA+
Health Education
Center
Director, Sexual Health
Clinic, Massachusetts
General Hospital



Jamie Blackburn, MPA Senior Program Manager, CSH



Chantel Murray, MA Communications Manager, NCHPH



Kristen Lascoe, Director of Housing Services, Fenway Health





LEARNING OBJECTIVES

- 1. To discuss the importance of housing and the intersection of HIV prevention and linkage to care with housing
- To describe the intersection of HIV with HCV and the unique needs of individuals most at risk for co-infection
- 3. To recognize the importance of partnerships and cross-sector collaborations to advance HIV prevention and linkage to care efforts.
- 4. To understand the funding streams supporting individuals living with HIV/AIDS to address SDOH





Poll: How familiar are you with the Health Center Excellence Framework?





Health Center Excellence Framework

Governance and Management

- Governance
- Leadership
- Management

Workforce •

- Strategic Workforce Management
- Recruitment
- · Employee Development
- · Employee Engagement
- Retention

Financial Sustainability

- Liquidity
- Solvency
- Sufficient Profitability
- · Financial Agility

Population Health and Social Determinants of Health

- · Population Needs Assessment and Management
- Community Needs and Resource Mapping
- Resource Allocation
- · Community Partnerships and Collaborations
- Track and Close Social Service Referral Loops

Access and Affordability

- Comprehensive and Timely Services
- · Affordability
- Enabling Services
- · Community Outreach

Patient Experience

- Patient Activation and Engagement
- · Partnership with Families and Caregivers
- . Building Trusting Relationships
- · Patient-Centered Care Coordination

Quality, Patient Care, and Safety

- Clinical Effectiveness
- · Continuity of Care
- Safety
- Equity







Housing= Healthcare

"The last time I checked my textbooks, the specific therapy for malnutrition was in fact, food."

- Jack Geiger, 1965





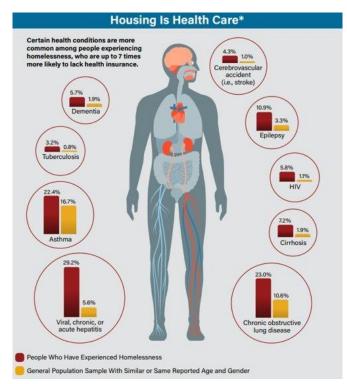
Housing As a Determinant of Health

Housing is one of the most basic and powerful social determinants of health

High housing cost burden is associated with negative health outcomes including higher rates of mental distress and HIV prevalence.

Healthy People 2030 objectives aim to reduce the proportion of rent burdened families.

Baxter, Andrew J., et al. "Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials." *J Epidemiol Community Health* 73.5 (2019): 379-387.

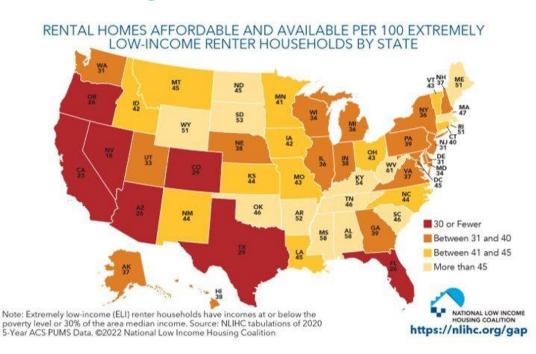






Lack of Access to Affordable Housing is a Crisis in the US

- Only 1 in 4 individuals who need rental assistance can access it
- National average wait time is 2.5 years (among those who were successfully housed).
- 53% of agencies have closed waiting lists







By the Numbers – UDS 2022

- 94% of FQHCs are screening for SDOH
- 1,294,327 homeless patients served in FQHCs
- 533,783 patients screened positive for housing insecurity
- 7,156,718 patients (43.8%) screened for HIV
- 5,936 patients (82.2%) seen Within 30 Days of First Diagnosis of HIV





FQHC Patients Experiencing Housing Instability or Homelessness, UDS 2021



QUALITY HOUSING AND HIV With safe and affordable housing, people with HIV are better able to **start** and stay on HIV treatment.





The Link Between Stable Housing and HIV Outcomes

At least half of Americans living with HIV experience homelessness or housing instability following their HIV diagnosis.



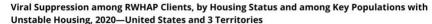
Dasgupta, Sharoda, et al. "Needs for shelter or housing assistance among people with diagnosed HIV by jurisdiction: United States, 2015–2020." AIDS 37.3 (2023): 535-540. Infographic: National HIV/AIDS Housing Coalition

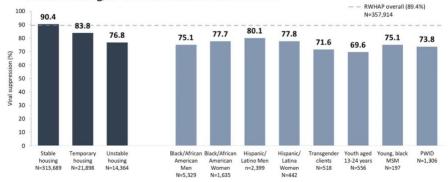




Housing Insecurity and Viral Suppression

- 1 in 4 people living with HIV have unmet shelter or housing needs.
- Those states with the highest unmet need are concentrated mostly in the South.
- Georgia, Florida, Michigan, Texas, Mississippi and North Carolina have the highest levels of unmet need.





Viral suppression among priority populations with unstable housing

PWID, people who inject drugs (i.e., HIV attributed to injection drug use). N represents the total number of clients in the specific population.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

www.nhahc.org





HIV-HCV Co-infection

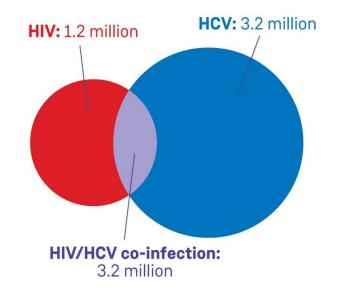
- 21% of people with HIV in the United States also have HCV.
- People living with HIV were six times more likely to have hepatitis C.
- HIV-HCV coinfection occurs in <u>62–80%</u> of people with HIV who use injection drugs.

The prevalence of HCV infection among people with HIV is distributed in the following subgroups:

- People who inject drugs (82.4%)
- Men who have sex with men (MSM, 6.4%)
- Those who are pregnant or heterosexually exposed (2.4%)

HIV, hepatitis C, and co-infection

AN ESTIMATED 25% OF PEOPLE LIVING WITH HIV IN THE U.S. ARE ALSO CO-INFECTED WITH HEPATITIS C.







What is Supportive Housing?

Permanent, deeply affordable housing with wrap-around services. Targets households with multiple barriers and special populations (such as chronically homeless individuals).









Supportive Housing Models



- Single Site
- Scattered Site
- Master Leasing





Scattered-Site vs. Project Based

- Both single-site and scattered-site PSH prevent a return to homelessness and increase overall quality of life
- Single-site PSH may have a specific target audience and/or specialized programs
- Scattered-site may be within affordable housing developments or individual landlords with dispersed service programs
- Research suggests single-site PSH is beneficial for homeless individuals with substance abuse challenges or HIV/AIDS.
- Scattered-site PSH has been shown to more positively serve families experiencing homelessness.







Housing Resources for Individuals Living with HIV/AIDS (HOPWA)





Housing Opportunities for People with AIDS (HOPWA)

HOPWA makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.

- ✓ Serves Individuals living with HIV/AIDS in low-income households at or below 80% AMI.
 - HOPWA is so underfunded it can only provide 1.24 months of rent per person, per year.
 - 2 out of 5 who are in need of housing assistance do not receive it.

HUD No. 23-205 HUD Public Affairs (202) 708-0685 FOR RELEASE Tuesday September 19, 2023

HUD Awards Nearly \$30 Million to Local HIV/AIDS Housing Programs

Funding offers stable housing for individuals and families at risk of homelessness

WASHINGTON - The Office of HIV/AIDS Housing under the U.S. Department of Housing and Urban Development (HUD) has announced the allocation of \$29,661,629 for Housing Opportunities for Persons With AIDS (HOPWA) Permanent Supportive Housing (PSH) Renewal and Replacement Grants. These grants assist with tenant-based rental assistance, supportive services, and other housing activities. The announcement is the first of two rounds of grants that will be made available.

"Access to safe, stable, and affordable housing is a critical social determinant of health," said HUD Secretary Marcia L. Fudge. "I am proud of the role HUD plays to prevent discrimination against people with HIV, expand access to HIV housing and services, and, ultimately, reduce stigma."

Research shows that a stable home is critical to the well-being of people with HIV, and results in better health outcomes including viral suppression, and there is overwhelming evidence that has established an undetectable viral load means the virus is untransmitable. In addition to housing assistance, these local programs will provide access to supportive services such as case management, mental health services, substance use prevention, and employment training. The combination of housing assistance and supportive services is critical in sustaining housing stability, promoting better health outcomes, and increasing quality of life, which promotes self-sufficiency efforts for those able to transition to the private housing market.

Since 1992, HUD's HOPWA Program has provided national leadership and resources that support developing and operating high-quality supportive housing programs. Under the HOPWA Program, HUD provides grants to cities, states, and nonprofit organizations to provide housing assistance and supportive services to low-income persons with HIV and their families. By assisting with housing and related services, the HOPWA program helps persons with HIV enter into housing, access and remain in medical care, and adhere to complex treatment regimens. More information on the HOPWA program is available at https://www.hudexchange.info/programs/hopwa/.

Find a HOPWA Grantee or Local Program

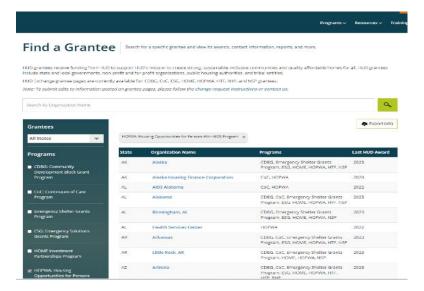




Referrals for HOPWA Resources

Use the HUD search tool to identify your Point of Contact.

Find a HOPWA Grantee or Local Program









Other Federally Funded Housing Resources

Public Housing	 ✓ Low-income individuals and families ✓ People with disabilities ✓ Seniors ✓ Additional target populations such as youth, people experiencing homeless, etc. will vary by each PHA.
Housing Choice Vouchers (Section 8)	✓ Low-income individuals and families✓ People with disabilities✓ Seniors
Section 8 project-based Vouchers	 ✓ Extremely low income families with incomes less than 30% of the local median or the poverty line, whichever is higher. ✓ Housing agencies may set admissions preferences based on housing need or other criteria.
Continuum of Care Resources (CoC)	✓ Individuals and families that meet the definition of homelessness as defined by the Department of Housing and Urban Development (HUD).





State and Local Housing Resources

Tenant-based rental assistance is a voucher or assistance not tied to a specific unit or property. Eligibility, length and amount of assistance provided will vary. States with these programs:

Connecticut, District of Columbia, Hawaii, Massachusetts, Minnesota, New Jersey, Pennsylvania

Emergency, one-time or limited housing assistance programs

California, District of Columbia, Illinois, Massachusetts, Missouri, New Mexico, Vermont, Wisconsin

<u>Learn more about state-specific housing assistance programs using the Rental Housing</u>

<u>Programs Database (RHPD) created by the National Low-Income Housing Coalition</u>





The intersection of HIV and HCV

Kevin L. Ard, MD, MPH

Medical Director, National LGBTQIA+ Health Education Center Director, Sexual Health Clinic, Massachusetts General Hospital





Overlapping Epidemics

- HIV and HCV are both chronic viral infections with long asymptomatic phases and the potential to cause severe illness and death.
- HIV and HCV can be transmitted in similar ways:
 - Percutaneous exposure
 - Sexual exposure (HIV >>> HCV)
- 21% of people (and up to 80% of people who inject drugs) with HIV have evidence of current or prior HCV.
- Co-infection with HIV accelerates liver damage from HCV.

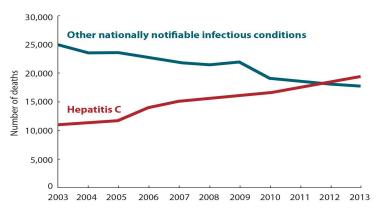
People co-infected with HIV and viral hepatitis. Centers for Disease Control and Prevention. 2020.





HCV kills more people in the U.S. than HIV.

Annual number of hepatitis C-related deaths vs. other nationally notifiable infectious conditions in the US, 2003-2013



Source: Centers for Disease Control and Prevention

In 2021, there were:

- 13,895 hepatitis C-related deaths
- 4,977 HIV-related deaths





Case

- A 32-year-old man with HIV who presents for routine follow-up
- Doing well on antiretroviral therapy (ART) (emtricitabine/tenofovir alafenamide and dolutegravir)
- Laboratory testing shows:
 - HIV RNA not detected
 - CD4 count 572
 - ALT 143, AST 120
- Additional testing:
 - HCV antibody positive
 - HCV RNA 3,894,200





Case, continued

- He is shocked and does not know how he could have acquired HCV.
- 5 glasses wine/week; occasionally injects methamphetamines; no other drug use
- Condomless receptive anal sex with multiple men; occasionally fisting and rimming
- Additional testing:
 - HCV genotype 1a
 - No evidence of hepatic fibrosis

•





Questions Raised By This Case

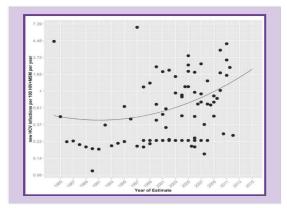
- 1. What are the recommended approaches to screening for HCV among people with HIV?
- 2. What are important considerations for HCV treatment in the setting of HIV co-infection and/or ongoing injection drug use?



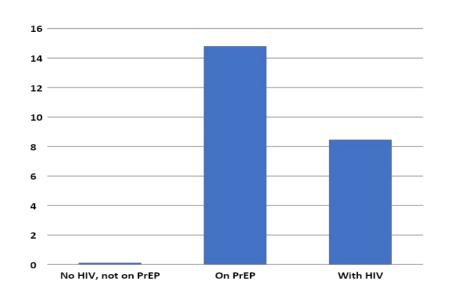


HCV incidence has been rising among MSM with and without HIV.

Among men with HIV, associated with condomless anal sex, sexual practices causing bleeding, and methamphetamines.



Hagan H 2015, Jin F 2021







HCV Screening Among People With Or At Risk for HIV

- All people ages 18 years and older
- Upon initiation of HIV care, and yearly thereafter for MSM with HIV
- Upon initiation of HIV pre-exposure prophylaxis (PrEP) and annually thereafter among MSM, transgender women, and people who inject drugs
- Screening strategy
 - HCV antibody
 - HCV RNA if antibody is positive







HCV treatment is effective among those with HIV, but clinicians must consider drug interactions





		Ledipasvir/ Sofosbuvir (LDV/SOF)	Sofosbuvir/ Velpatasvir (SOF/VEL)	Elbasvir/ Grazoprevir (ELB/GRZ)	Glecaprevir/ Pibrentasvir (GLE/PIB)	Sofosbuvir/ Velpatasvir/ Voxilaprevir (SOF/VEL/VOX)
Protease Inhibitors	Boosted Atazanavir	А	А			
	Boosted Darunavir	А	А			
	Boosted Lopinavir	ND, A	А			ND
NNRTIs	Doravirine		ND		ND	ND
	Efavirenz				ND	ND
	Rilpivirine					
	Etravirine	ND	ND	ND	ND	ND
Integrase Inhibitors	Bictegravir			ND	ND	
	Cobicistat-boosted elvitegravir	С	С			C
	Dolutegravir					ND
	Raltegravir					ND
	Maraviroc	ND	ND	ND	ND	ND
NRTIs	Abacavir		ND	ND		ND
	Emtricitabine					
	Lamivudine		ND	ND		ND
	Tenofovir disoproxil fumarate	В, С	В, С			C, D
	Tenofovir alafenamide	D	D	ND		D

Green indicates coadministration is safe; yellow indicates a dose change or additional monitoring is warranted; and indicates the combination should be avoided.





"Active or recent drug use or a concern for reinfection is not a contraindication to HCV treatment."

- Rates of sustained virologic response are high among people who inject drug who receive HCV treatment.
- Reinfection will occur at times, but the overall rate is low (1-5 per 100 person-years among those who ever injected drugs).
- HCV treatment for people who inject drugs has both personal and public health benefits.





Case, continued

HCV treatment pathway

- Standardized baseline testing for all newly diagnosed infections
- Clinician selects regimen and discusses with patient
- Nurse completes prior authorization requests, if needed

- Treated with 8 weeks glecaprevir/pibrentasvir
- Achieved sustained virologic response
- No evidence of reinfection over 2 years





Summary

- HIV and HCV share risk factors; many people with or at risk for HIV are also at risk for HCV.
- Screen for HCV upon initiation of HIV care or PrEP; screen MSM with HIV at least yearly.
- HCV treatment is compatible with ART for HIV and PrEP, but be mindful of drug interactions.
- People with active injection drug use and HCV should be offered HCV treatment.







HIV and Housing:

Housing Services and Funding at Fenway Health

Kristen Lascoe, Director of Housing Services klascoe@fenwayhealth.org





Fenway Health

- OUR MISSION: Fenway Health advocates for and delivers innovative, equitable, accessible health care, supportive services, and transformative research and education.
- We center LGBTQIA+ people, BIPOC individuals, and other underserved communities to enable our local, national, and global neighbors to flourish.





Fenway Community Health Center

- Federally Qualified Health Center (FQHC)
- Long-time recipient of Ryan White CARE Act funds: parts A, B and C
- Largest non-hospital provider of HIV/AIDS medical and behavioral health services in Massachusetts
- Provides Community Health Worker services to patients living with HIV





AIDS Action

- As a stand-alone organization, AIDS Action Committee was the oldest and largest AIDS Service Organization in New England
- Fenway Health and AIDS Action merged in 2018 after a 5-year strategic partnership
- AIDS Action is the public health division of Fenway Health
 - Housing
 - Prevention Programs
 - Community Health Worker program
 - Legal
 - Youth on Fire





Housing Department - At a Glance

Serving households:

- living in Massachusetts
- living with HIV
- meet low-income guidelines

Program areas:

- Housing Search and navigation
- Supportive Housing and stabilization
- Rental Assistance

Total annual budget: \$4M+

- 5 funders
- 15 budgets
- 16 full-time staff: 2 interns





Housing Department - At a Glance

- Serves clients who are Fenway patients and those who receive care elsewhere
- Rely on partnerships with dozens of health centers, hospitals and community organizations across Massachusetts
- Memorandums of Agreement detailing referral process and ongoing coordination
- Case Managers identify client need for rental assistance and housing search services, submit referrals, and partner with AIDS Action Housing staff for ongoing coordination





Housing Department

Housing Support:

- Intensive housing search and advocacy services to households experiencing homelessness or housing instability
- Housing information, navigation and stabilization to supportive housing clients and those with short-term needs
- Eviction prevention in collaboration with Legal Services
- ~400 households annually

Rental Assistance Programs:

- Financial assistance including arrears, short-term ongoing assistance, start-up costs, emergency utility payments and moving expenses
- Ongoing rental assistance for two HOPWA TBRA programs
- ~450 households annually





Housing Services Funding

Massachusetts DPH: Ryan White Part B and state

HOPWA:

- City of Boston
- City of Cambridge
- Department of Housing and Urban Development (HUD)
- SPNS: Housing as an Intervention to Fight AIDS (HIFA)

Ryan White Part A:

- Boston Public Health Commission (BPHC): Ryan White Part A
- Private grants





Housing Services Funding

- Massachusetts DPH: Ryan White Part B and state
 - Housing Search and Advocacy
 - Rental Assistance
 - State-wide

Ryan White Part A:

- Boston Public Health Commission (BPHC)
- Housing Search (Housing)
- Rental Assistance (Housing)
- Emergency Financial Assistance
- Boston EMA (most of eastern MA)





Housing Services Funding

o HOPWA:

- City of Boston
 - Formula funds
 - HIS, Supportive Services, PHP, STRMU

■ City of Cambridge

- Formula funds
- TBRA, Supportive Services, PHP, STRMU

Department of Housing and Urban Development (HUD)

- Competitive grant
- TBRA, Supportive Services, HIS

■ SPNS: Housing as an Intervention to Fight AIDS (HIFA)

- Competitive grant
- HIS, Supportive Services, PHP, STRMU





Program Example: RAP

- o Rental Assistance Programs: short term financial assistance
- o ~450 households served
- Four funding sources
 - MA Department of Public Health state funds
 - City of Boston, Suffolk/Norfolk/Plymouth Counties HOPWA STRMU and PHP
 - City of Cambridge, Middlesex/Essex Counties HOPWA STRMU and PHP
 - Boston Public Health Commission, Boston EMA Ryan White Part A
- Goal: maintain a cohesive program, with one set of eligibility criteria and single application for all
- Serve clients throughout Massachusetts
- o Gather data to satisfy highest level of reporting requirements
- Matrix funding to meet client needs





Leveraged Resources

- Continuum of Care
- Rental assistance administered by other agencies
- State-funded short-term financial assistance
- Legal Services
- Movers
- Furniture banks and charitable giving programs
- Medical case managers and clinical providers
 - Connection to care, disability verification, reasonable accommodation/modification
- Benefits programs:
 - SSI/SSDI, TAFDC/EAEDC, SNAP, Medicare, Medicaid, HDAP
- Career centers and job training programs
- EHR and Data team staff





Resources



The Health Center Resource Clearinghouse, established by the National Association of Community Health Centers (NACHC), is an online resource that addresses the competing demands of public health professionals by providing resources and tools to acquire and use targeted information daily. This clearinghouse makes finding information easier, and provides good quality, updated and relevant online resources.





Q & A



SAVE THE DATE FOR WEBINAR 3

Diabetes Prevention: Food Sovereignty and Access to Ancestral, Cultural, and Healthful Foods

NTTAP Faculty:









Wednesday, March 20, 2024
8 am HT / 11 am PT / 12 pm MT / 1 pm CT / 2 pm ET

THANK YOU!

For information about the Population Health National Learning Series, visit **pophealthtaskforce.org** today.

Feel free to contact our NTTAP collaborating partners and speakers from today's webinar.

Dr. Jose Leon: jose.leon@namqt.com

Dr. Kevin Ard: kard@mgh.harvard.edu

Kristen Lascoe: klascoe@fenwayhealth.org

Sarah Mitnick: smitnick@fenwayhealth.org

Jamie Blackburn: jamie.blackburn@csh.org

Chantel Murray: cmoore@namgt.com

At the end of this webinar, please complete the <u>evaluation form</u>. Your feedback is greatly appreciated!