

# THE STRUCTURAL INTERVENTIONS (SI) WORKING GROUP

An Affiliated Working Group of the Federal AIDS Policy Partnership (FAPP)

## Recognizing the Role of Structural Drivers and the Need for Social and Economic Interventions in Improving Health Outcomes for PLWHA

Having grown from the HIV/AIDS Housing Working Group, the Structural Interventions Working Group seeks to coordinate a national strategy to ensure access to quality and affordable housing options, food and nutrition services and vocational counseling and training for all PLWHA who are in need. The membership is comprised of HIV/AIDS housing, food and employment advocates and service providers, as well as consumers committed to the provision of these supports as a powerful interventions to prevent the spread of the virus and help individuals achieve better health outcomes. Currently the Structural Interventions Working Group represents the following fields:

**HOUSING**

**FOOD AND NUTRITION SERVICES**

**EMPLOYMENT**

### THE IMPORTANCE OF STRUCTURAL INTERVENTIONS FOR PLWHA

Social and economic interventions, most often in the form of support services, are fundamental to making health care work for people living with HIV/AIDS (PLWHA). As the HIV epidemic in the United States increasingly impacts low-income individuals, support services help stabilize individuals living with or at risk of HIV by providing a safe home, sufficient food, and assistance in obtaining and retaining employment. When these needs are met, and life's emergencies are held at bay, PLWHA are poised to remain connected to care and treatment.

Poverty and its manifestations are essentially destabilizing, making adherence to a demanding medical regimen eminently challenging. Low income people are more likely to experience homelessness and food insecurity. [Homeless or marginally housed individuals are more likely to delay treatment, less likely to have regular access to care, less likely to receive optimal drug therapy, and less likely to adhere to their medication than are stably housed individuals](#)—all of which increase the individual's viral load and decrease health outcomes. According to [one study of people living with HIV and AIDS](#) (PLWHA), more than one-third went without care or postponed care due to needing the money for food, clothing, or housing or another competing need. [In a statistically significant way](#), PLWHA who are food insecure report more missed appointments for primary care, are less likely to be receiving medical care that meets minimum clinical practice standards, have lower CD4 counts and are less likely to have undetectable viral loads than the food secure. Meanwhile, PLWHA who are employed have better adherence to treatment and better health outcomes.

### STRUCTURAL INTERVENTIONS ARE ESSENTIAL TO ADDRESSING POLICY GOALS FOR PLWHA

[The National HIV/AIDS Strategy for the United States](#) (NHAS), released in July 2010, set out three main goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. Because of the strong impact they have on maintenance in care and treatment and improved health outcomes, support services are elemental to achieving the country's HIV policy objectives. In fact, recognizing that financial constraints and preoccupation with immediate needs present substantial barriers to accessing medical care, the NHAS underscores the fundamental role of social services in prevention strategies and encourages "policies to promote access to housing and supportive services ... that enable people living with HIV to obtain and adhere to HIV treatment." [Studies repeatedly show](#) that supportive services help reduce risk-taking behaviors, help people connect to care and remain in care, and adhere to treatment. Structural interventions, then, are instrumental in achieving the goals of the NHAS, and improving individual and public health.

### HOUSING

Homelessness and unstable housing undermine HIV treatment. For people living with HIV, research shows that lack of stable housing is strongly linked to inadequate HIV health care, high viral load, poor health status, avoidable hospitalizations and emergency room visits, and early death. People with HIV who are coping with homelessness are significantly more likely to have a detectable HIV viral load, which increases the risk of transmitting the virus to others. Housing assistance works to improve health and reduce HIV transmission. Recent studies found that homeless persons with HIV randomized to receive an immediate housing placement were twice as likely as control group members who remained homeless to have an undetectable viral load after twelve months, and that placement in supportive housing reduced AIDS mortality among homeless persons by 80% over five years. By improving the health of people with HIV, housing assistance dramatically reduces the use of expensive emergency and in-patient

services, generating “savings” in public health care spending that offset the cost of the housing—in one case reducing annual taxpayer costs by \$7,000 per person housed.

And yet, HOPWA, the highly effective federal Housing Opportunities for Persons With AIDS program, meets only a fraction of need, serving about 53,000 while AIDS housing providers project that half the 1.1 million people living with HIV/AIDS will need some form of housing assistance during the course of their illness. An evidence-based HIV/AIDS housing policy is needed to make safe, affordable housing available to all people living with HIV; make housing assistance a top HIV prevention priority; and monitor housing status as an indicator of HIV treatment effectiveness.

### **FOOD AND NUTRITION SERVICES**

While adequate food and nutrition are basic to maintaining health for all persons, good nutrition is crucial for the management of HIV infection. Proper nutrition is needed to increase absorption of medication, reduce side effects, and maintain healthy body weight. Research has identified the virus as an independent risk factor for cardiovascular, liver and kidney disease, cancer, osteoporosis and stroke. Several HIV medications can cause nausea and vomiting and some can affect lab results that test lipids, kidney and liver function. These compounding health effects, caused by the virus and its medications, reinforce [the important role a nutrient-rich diet plays in a patient's overall care plan](#). In addition, providing food and nutrition services can serve to facilitate access and engagement with medical care especially among vulnerable populations.

Food and nutrition services (FNS) are increasingly recognized as key to accomplishing the triple aim of national healthcare reform for PLWHA. [A recent study](#) comparing participants in a medically-tailored FNS program vs. a control group within a local managed care organization found that average monthly healthcare costs for PLWHA fell 80% (more than \$30,000) for first three months after receiving FNS. Furthermore, FNS is a very inexpensive intervention. For each day in a hospital saved, you can feed a person a medically-tailored diet for half a year.

There remains a tremendous variation by state in coverage of food and nutrition inside and outside of Ryan White. If we are going to achieve a more coordinated national response to the HIV epidemic and our quest to reduce healthcare spending nationwide, FNS must be included in all healthcare reform efforts, including the Ryan White and the ACA.

### **EMPLOYMENT**

Employment and employment services are essential to address poverty and social marginalization that undermine outcomes at each point in the HIV care continuum, and contribute to continuing high rates of new HIV infections and other health risks. Research findings highlight the relationship between employment and self-care, treatment adherence, reduced health risks, and improved behavioral and physical health for people living with HIV/AIDS. HIV disproportionately affects communities and individuals with historical experience of high rates of poverty, low literacy and unemployment. For many, an HIV diagnosis reinforces, deepens or results in a life of poverty. For almost two decades, published estimates of unemployment among PLWHA range from 45% to 62% accompanied by studies documenting the negative relationship between employment status, poverty, disease progression and mental health. Surveys show many unemployed people living with HIV/AIDS reporting being able and wanting to work, but lacking information, services and supports needed to obtain employment.

Connections and coordination must be developed between the service sectors essential to meet the employment needs of PLWHA, including those providing HIV, housing, vocational rehabilitation, workforce development, education and reentry services. Housing, food and nutrition services and employment are synergistically aligned, facilitating increased engagement and retention in HIV health care, treatment adherence, viral suppression and reduced risk of new infections. Employment is a key component for stable housing and food and nutrition security, with stable housing and adequate nutrition essential to effective participation in vocational rehabilitation, and to gaining and maintaining employment.

### **SUPPORT FOR STRUCTURAL INTERVENTIONS IS ESSENTIAL**

PLWHA must often balance competing demands on their time, attention and resources. Supportive services, including housing, food and nutrition services, and employment services are powerful and effective ways to help low income PLWHA to comply with complex medical regimens, despite the rigors of living in poverty. Structural interventions offer a opportunities to confront and remedy poverty, not just alleviate its symptoms. For too many people living with HIV/AIDS, there can be no effective medical care without supportive services.

For more information, please contact the Co-Chairs: **Alissa Wassung** (God's Love We Deliver) or **Suraj Madoori** (HIV Prevention Justice Alliance & AIDS Foundation of Chicago)