

Structural Interventions

Support services provide a safe home, sufficient food, and employment for people living with HIV/AIDS. These services help PLWHA reduce risk-taking behaviors, connect to care, adhere to treatment and improve health.

Housing Services

Compared to stably housed individuals, marginally housed PLWHA are:

Less likely to have regular access to care



More likely to delay treatment



Less likely to adhere to medication



HOPWA funding only supports 53,000 of the 1.1 million individuals living with HIV/AIDS in need of housing.



Housing assistance reduces the use of hospital services, saving \$7,000 per person housed.

Housing policies are needed to make safe, affordable housing available to all people living with HIV/AIDS. Policies should make housing assistance a priority and monitor housing status to indicate HIV treatment effectiveness.



Food & Nutrition Services

Compared to food secure individuals, food insecure PLWHA:

Are less likely to have undetectable viral loads



Have lower CD4 counts



Report more missed primary care appointments



Proper food and nutrition help increase absorption of medication, reduce side effects, and maintain a healthy body weight



For each day in a hospital saved, you can feed a person medically tailored meals for half a year.

Food and Nutrition Services are key to accomplishing the triple aim of national healthcare reform. To achieve a more coordinated response to HIV and to reduce national healthcare expenditures they must be included in all efforts.



Employment Services

For people living with HIV/AIDS, employment is associated with:

Improved self care



Improved behavioral and physical health



Reduced health risk



About 3 out of 5 people living with HIV/AIDS are unemployed.

Employment is a key component for stable housing and food security.

Coordination must be developed between sectors to meet the employment needs of people living with HIV/AIDS. Efforts should provide housing, vocational rehabilitation, workforce development, education, and reentry services.

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. 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]. The HIV epidemic in the United States increasingly impacts low-income individuals, and the destabilizing manifestations of poverty make adherence to a demanding medical regimen eminently challenging. **According to one study of PLWHA, more than one-third went without care or postponed care due to needing the money for food, clothing, or housing or another competing need¹.** 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 ARE ESSENTIAL TO ADDRESSING NATIONAL POLICY GOALS FOR PLWHA

The National HIV/AIDS Strategy for the United States [NHAS], released in July 2010, set out three main goals: 1) reduce the number of people who become infected with HIV, 2) increase access to care and optimize health outcomes for PLWHA, and 3) reduce HIV-related health disparities. 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 and treatment 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 structural interventions 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.

POLICY RECOMMENDATIONS

We call on Congress to consider the following recommendations on structural interventions to reduce new infections, increase access to care, improve health outcomes, reduce health disparities, and achieve a more coordinated response to the national HIV/AIDS epidemic:

- Increased funding for Ryan White to expand Food and Nutrition Services, Employment and Housing programming for PLWHA as a strategy to combat poverty, stigma and improve health outcomes.
- Address specific disparities and gaps in food and nutrition access, unemployment and homelessness among high-need key communities living with HIV and in poverty, such as: homeless LGBT youth, transgender women of color, and people with criminal records. Strategies include specific programming and funding for employment initiatives targeted at these communities, improved payment and delivery models for food and nutrition services, and modernizing the HOPWA formula.
- Develop trainings and capacity building assistance for all Ryan White HIV/AIDS program grantees on structural interventions, including strategies on their implementation and funding opportunities available through Ryan White.
- Improve the data collection, integration, and evaluation on structural interventions across CDC, HRSA, HHS, HUD and other federal agencies. Stronger monitoring on the provision of food and nutrition services, and integrating economic and housing status in needs assessments can help measure cost-savings, impact, as well as improve coordination and funding disbursement.

For more information, please contact the Co-Chairs: Alissa Wassung [God’s Love We Deliver; awassung@glwd.org] or Suraj Madoori [HIV Prevention Justice Alliance & AIDS Foundation of Chicago; smadoori@aidschicago.org]

¹ Cunningham WE¹, Andersen RM, Katz MH, Stein MD, Turner BJ, Crystal S, Zierler S, Kuromiya K, Morton SC, St Clair P, Bozzette SA, Shapiro MF.

The impact of competing subsistence needs and barriers on access to medical care for persons with human immunodeficiency virus receiving care in the United States. Med Care. 1999 Dec;37[12]:1270-81.