



Unstable Housing and Its Effect on HIV/AIDS Health Outcomes



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INTRODUCTION

- Modern medicine has come a long way in helping to prevent HIV-positive patients from advancing to the final stage of AIDS. However, the homeless HIV-positive community has not seen these benefits.
- Of the HIV-positive population in San Francisco, only 37% of those who are homeless are virally suppressed whereas 80% of those who are housed have achieved viral suppression.
- Research has shown that HIV/AIDS patients who live in unstable housing conditions are more likely to have negative health outcomes. What complicates this challenge even further is the lack of a consistent and accurate definition for unstable housing.
- These observations beg the question: **Do different types of unstable housing situations lead to distinct health outcomes among HIV/AIDS patients?**
- In this first installment of this research, the focus will be on addressing the lack of a quality measurement tool that can properly characterize the housing status of an HIV patient.
- Hopefully, a more accurate measurement tool will allow medical professionals to better understand their HIV patients' housing situations and therefore create a plan of treatment that will best suit their lifestyles and lead them to a life of viral suppression.

35 million individuals have died due to HIV

1.1 million Americans live with HIV today

In San Francisco alone, there are **16,010** HIV patients

RESEARCH METHODOLOGIES

- To determine if the current measurement of unstable housing overlooks a diversity of unstable housing arrangements, I acquired a new dataset recently produced by researchers at UCSF.
- The dataset contained qualitative interviews in which interviewers used cognitive interviewing techniques to see how HIV patients of Ward 86 in San Francisco regarded a survey on housing status that used Federal definitions of homelessness.
- The cognitive interviews were executed using the think out loud probing method.
- After the seventeen interviews with HIV patients of Ward 86 were complete, I read through each one and used qualitative coding techniques to categorize the patient's responses to each question as *no problems*, *confusing*, *misunderstood*, *recommended rewording*, *recommended a new variable*, or *a mix*.
- Lastly, I produced sixteen graphs that display the breakdown of the seventeen responses to each question.
- The results of the qualitative coding provide ideas for how questions that seek to understand a HIV patient's housing situation should be worded.

Think out loud probing method:

The interviewee began to fill out a housing survey meant to gauge the patient's housing situation and stability. The interviewer then asked probing question which revealed if the questions and the possible responses on the survey were in line with the patient's housing experiences and made sense to the patient, elicited suggestions for how the questions might be improved, and evaluated if the survey instrument succeeded in divulging the desired housing information.

DATA AND FINDINGS

Figure 1: Displays the coding for the first question of the survey.

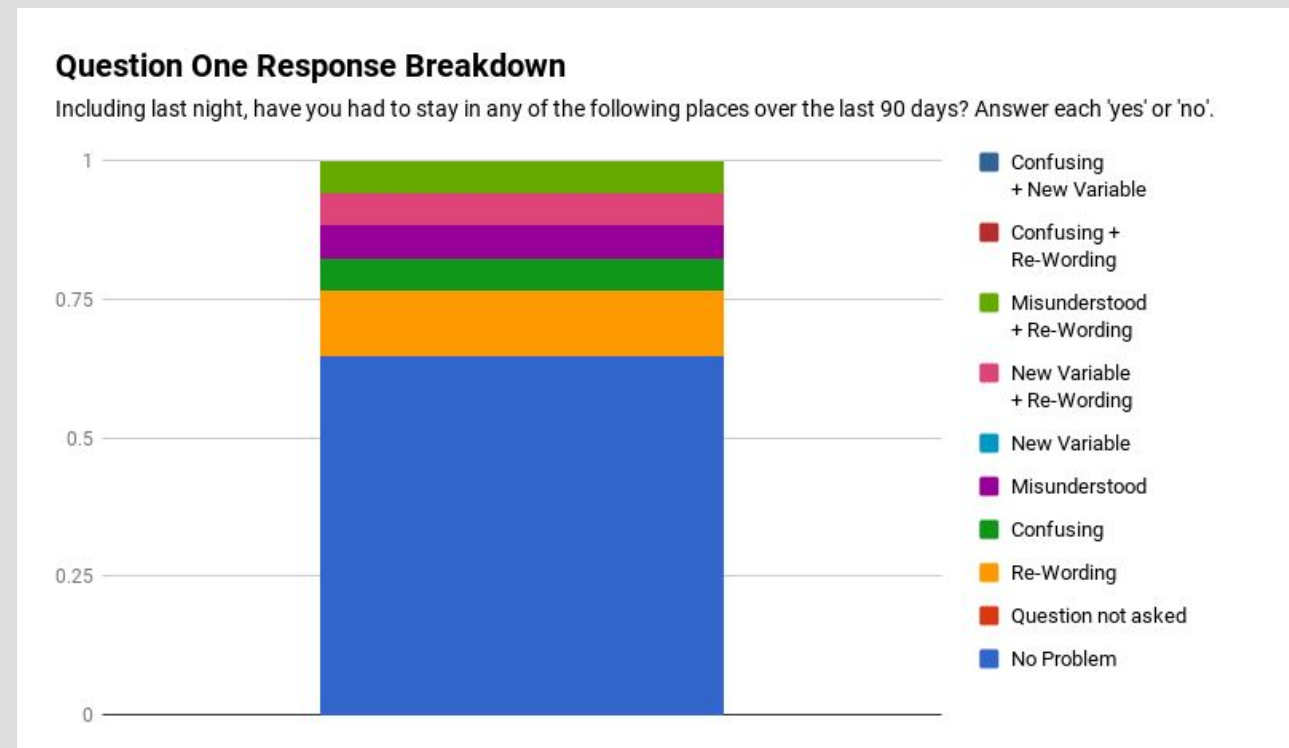


Figure 2: Displays the coding for the first response to the first question.

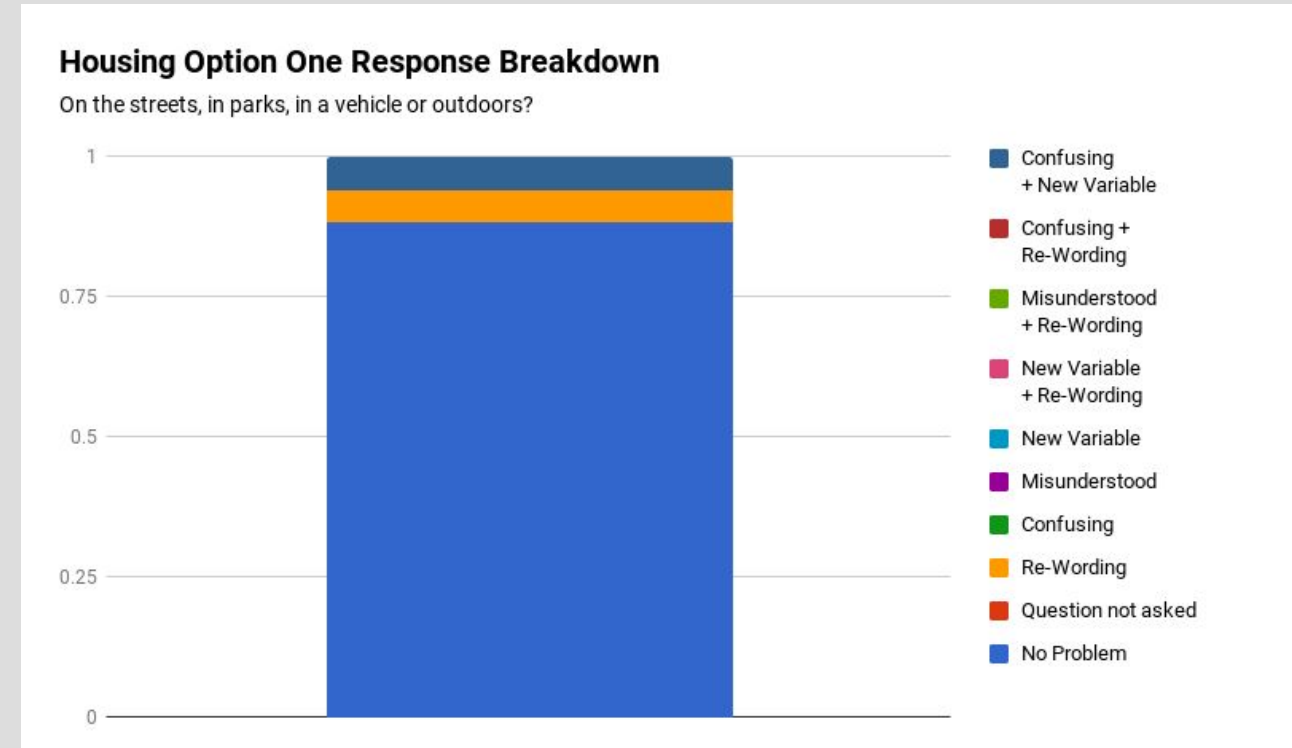


Figure 3: Displays the coding for the second response to the first question.

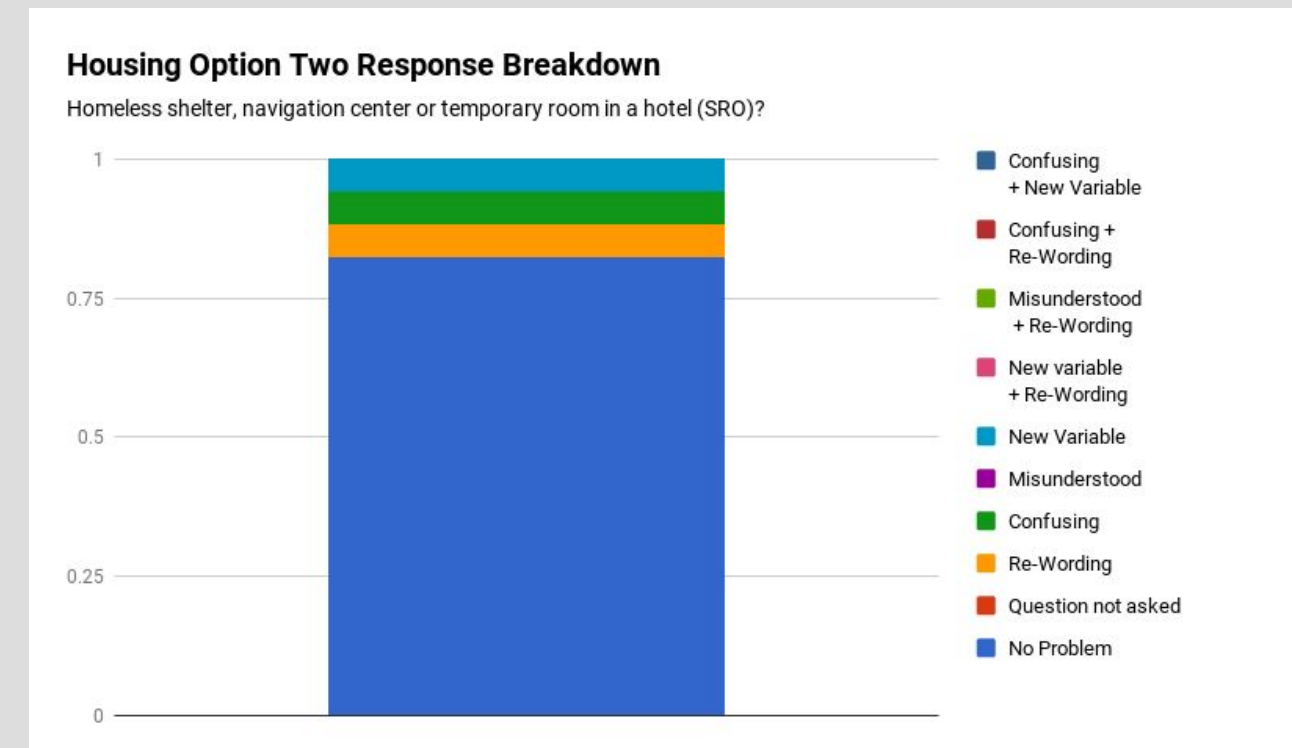


Figure 4: Displays the coding for the third response to the first question.

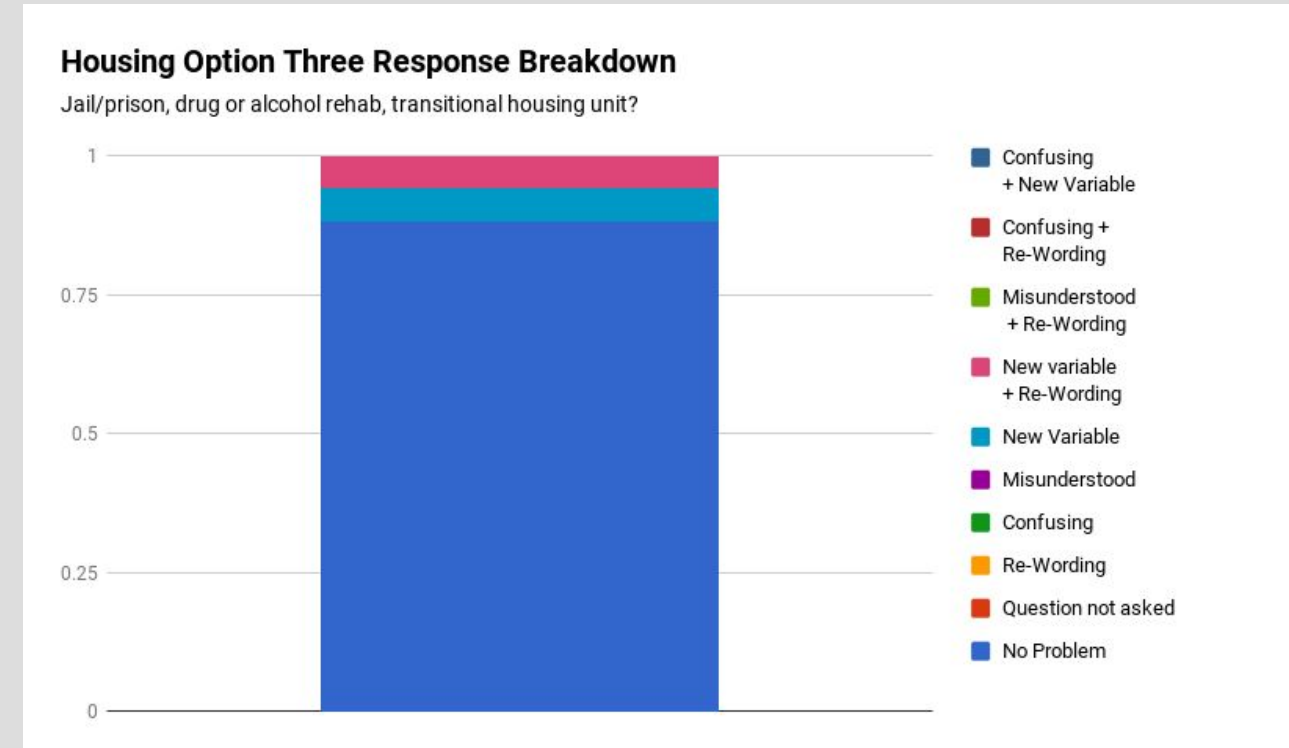


Figure 5: Displays the coding for the fourth response to the first question.

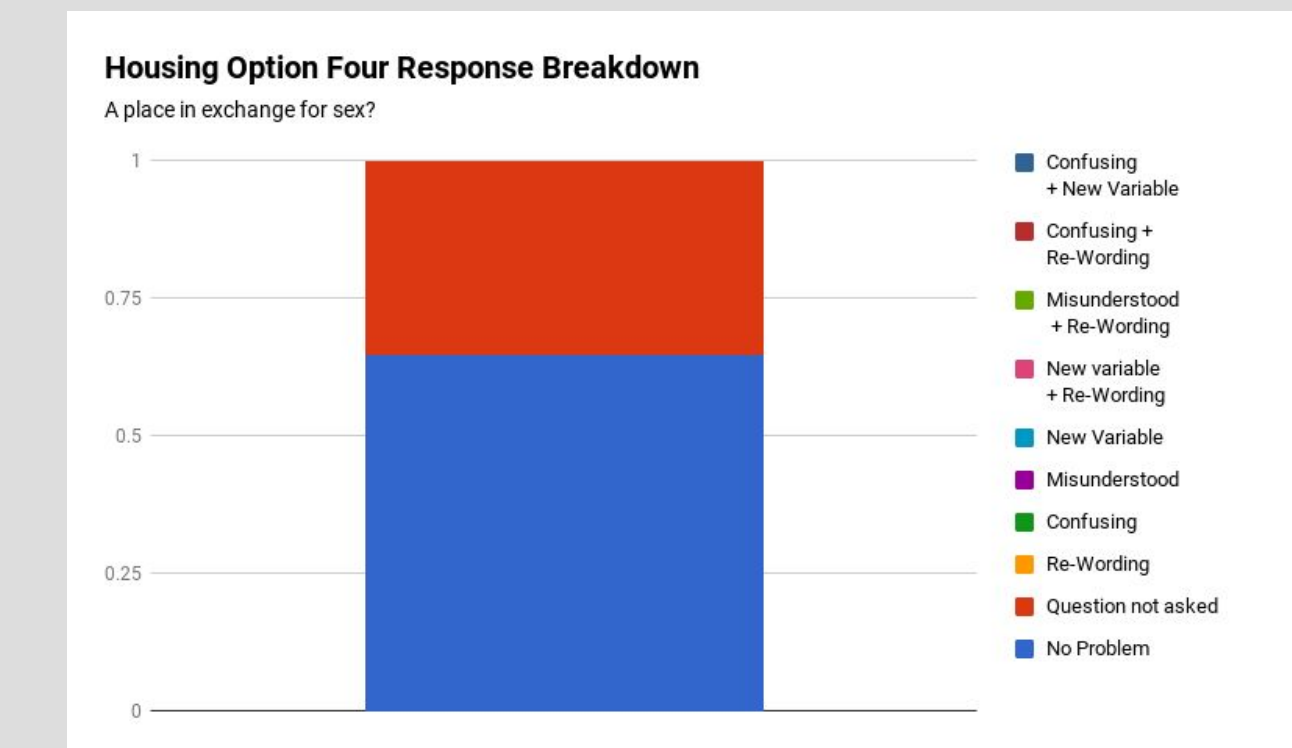


Figure 6: Displays the coding for the fifth response to the first question.

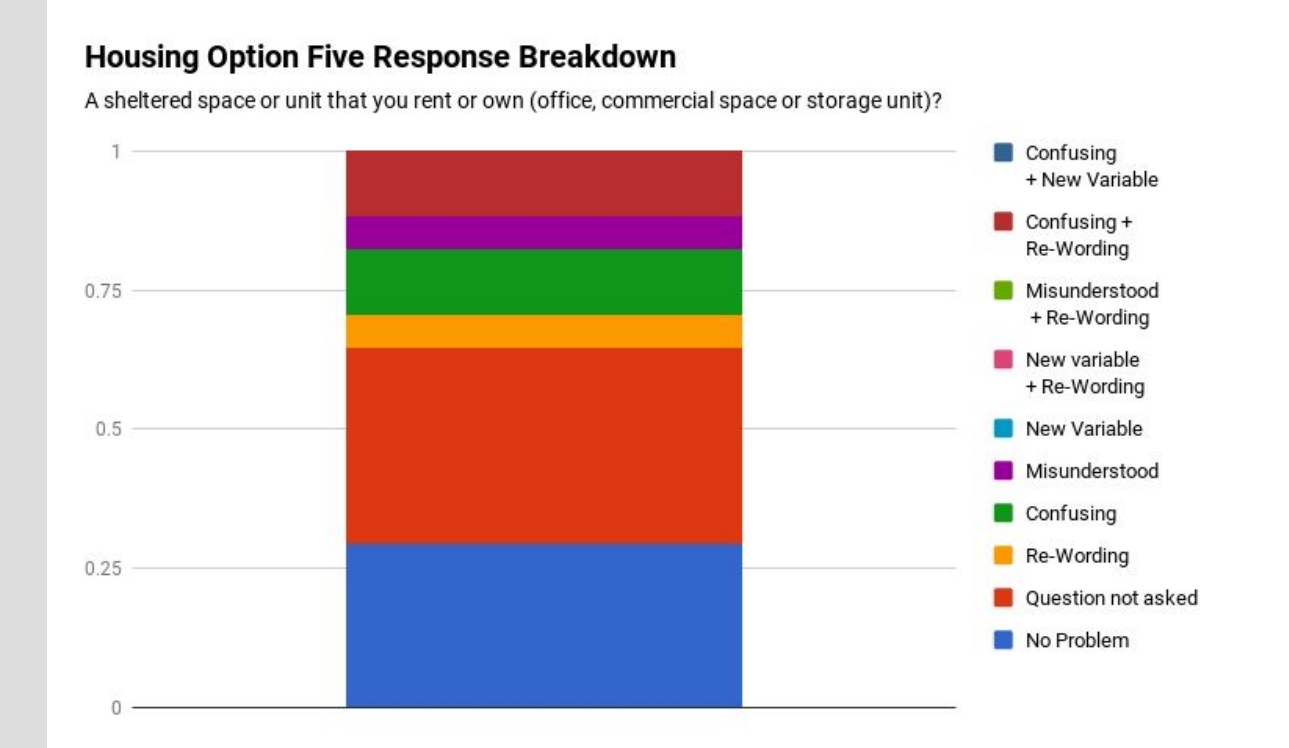


Figure 7: Displays the coding for the sixth response to the first question.

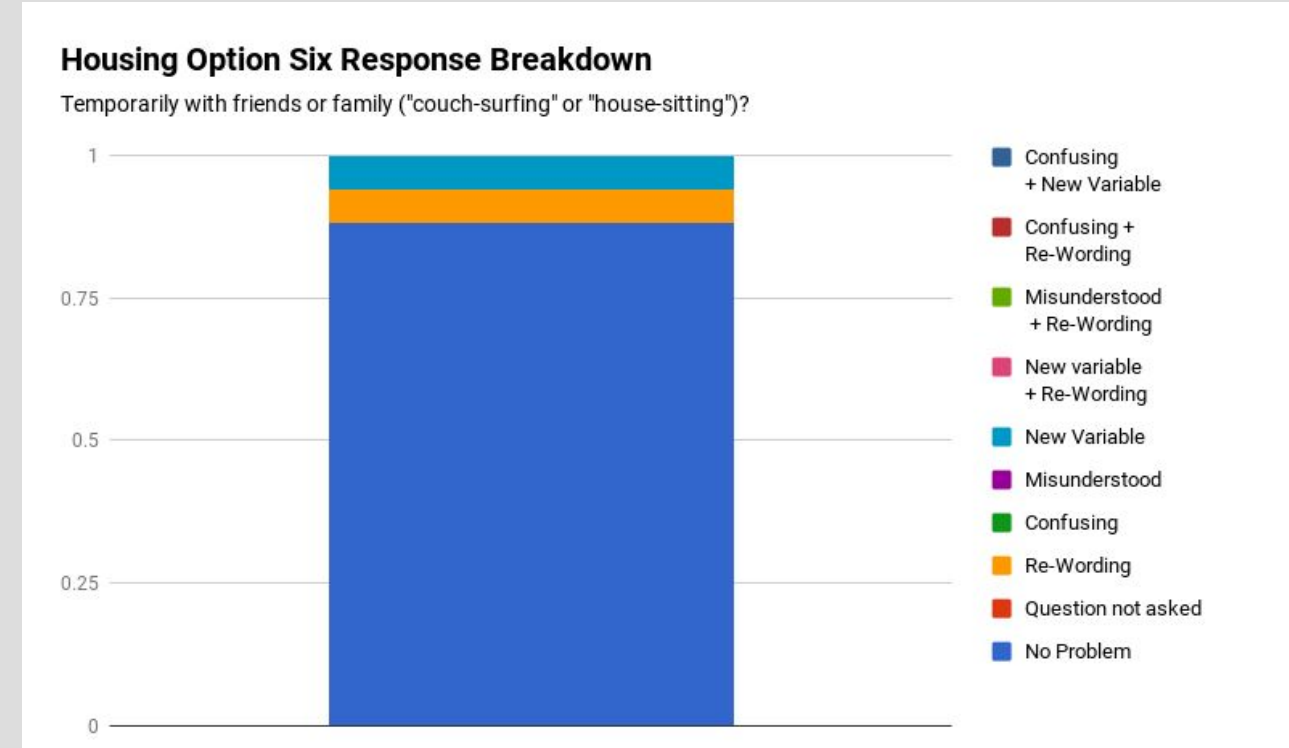


Figure 8: Displays the coding for the seventh response to the first question.

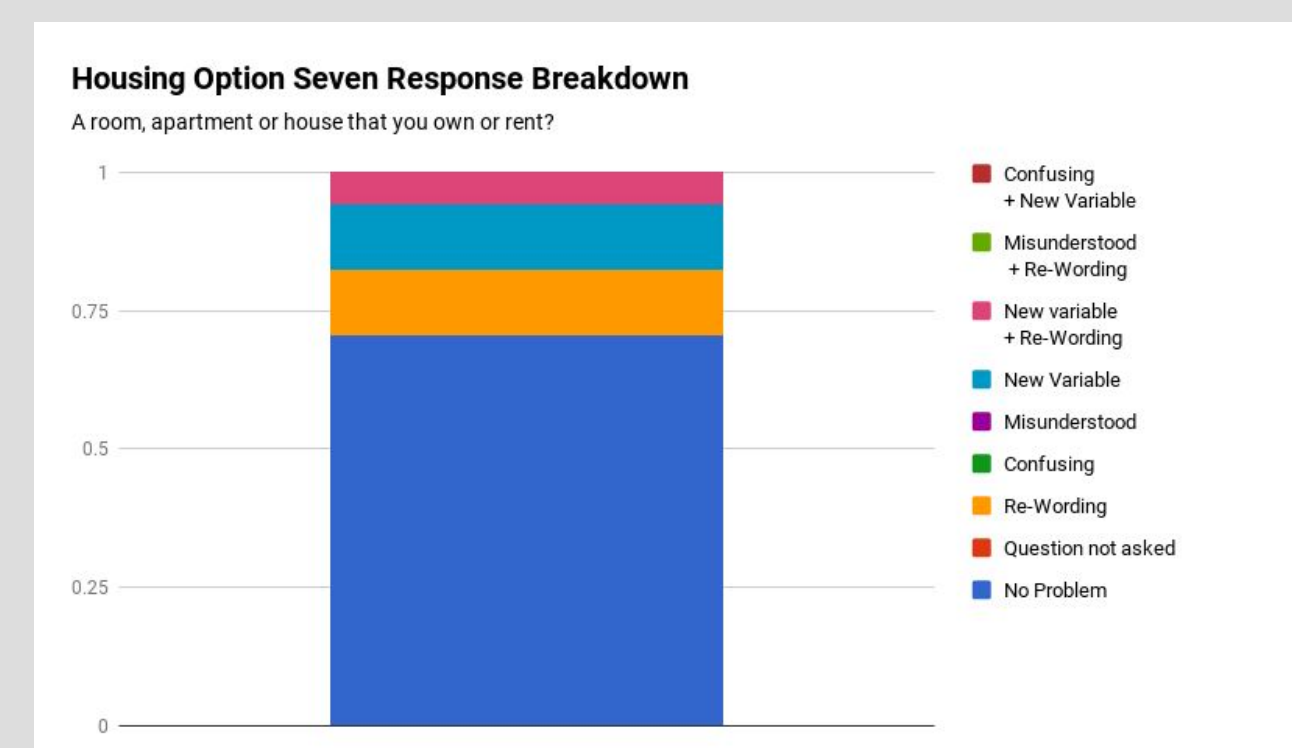


Figure 9: Displays the coding for the second question in the survey. (Same response options for question 2 as there were for question one refer to Figures 2 through 8)

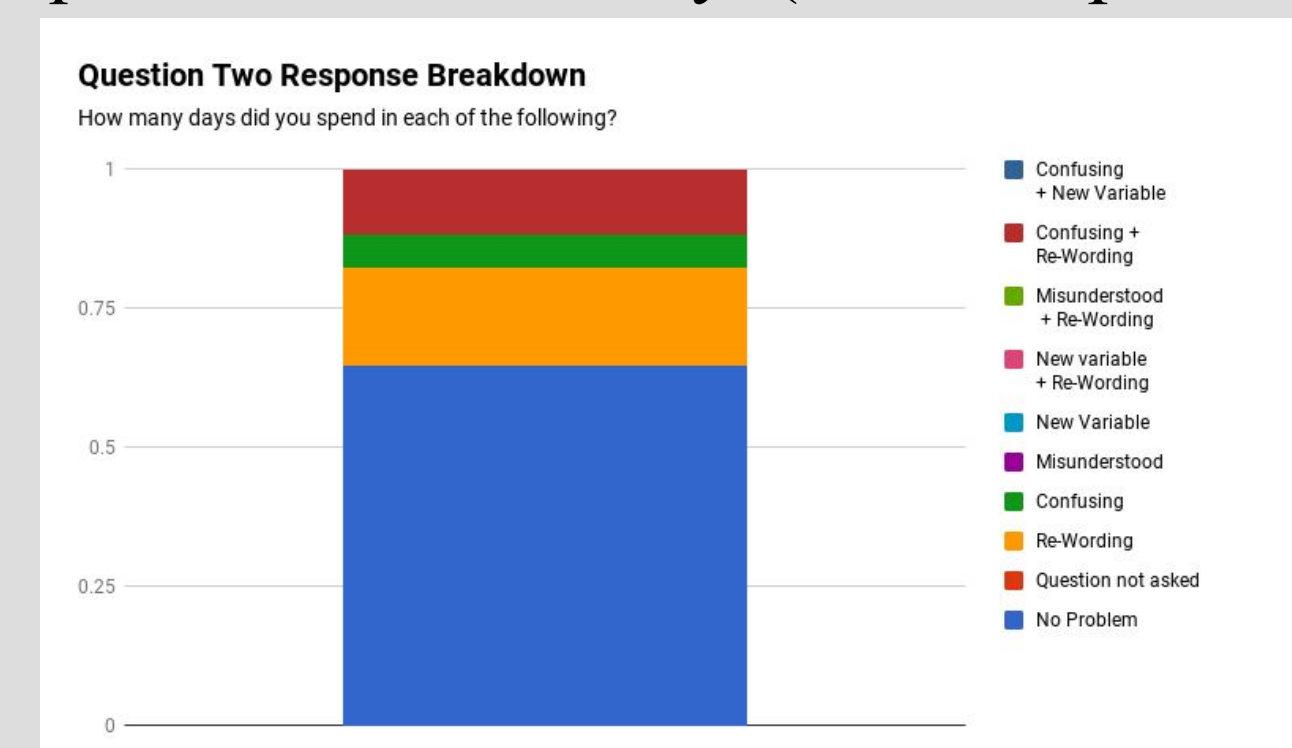


Figure 10: Displays the coding for the third question in the survey. (Same response options for question 3 as there were for question one refer to Figures 2 through 8)

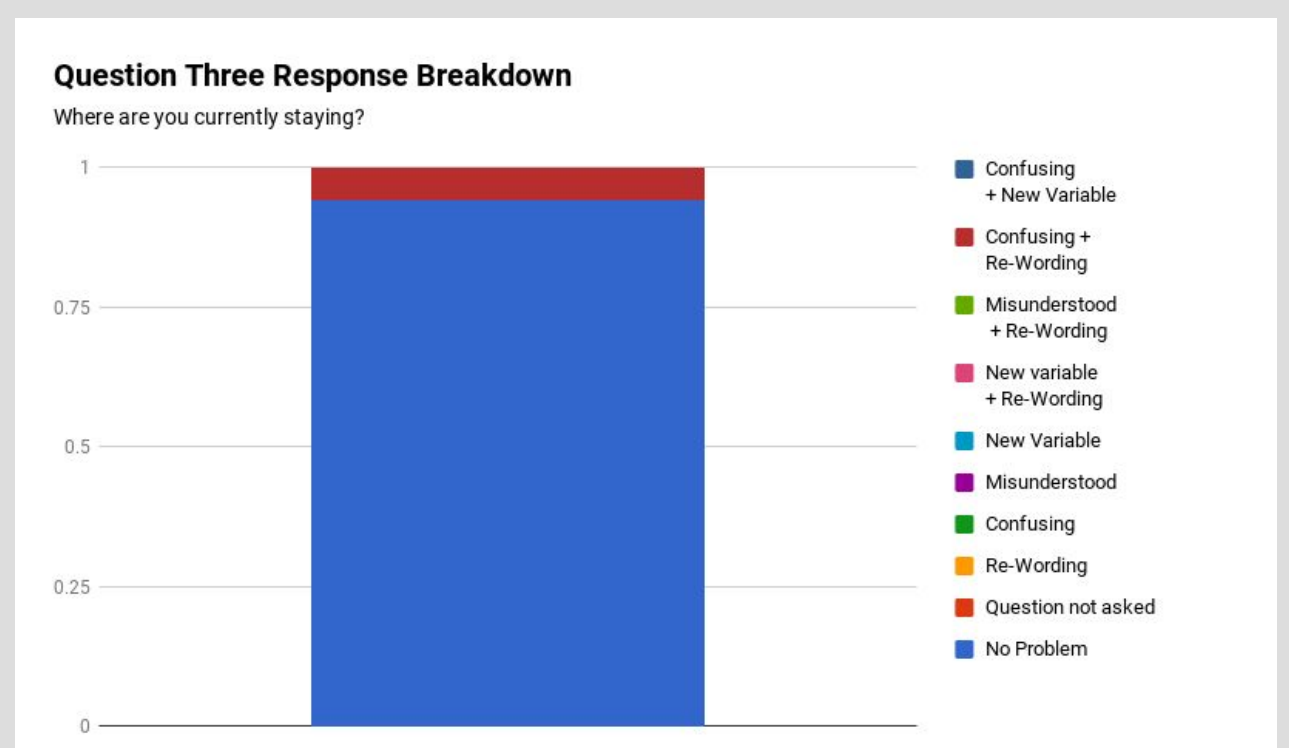
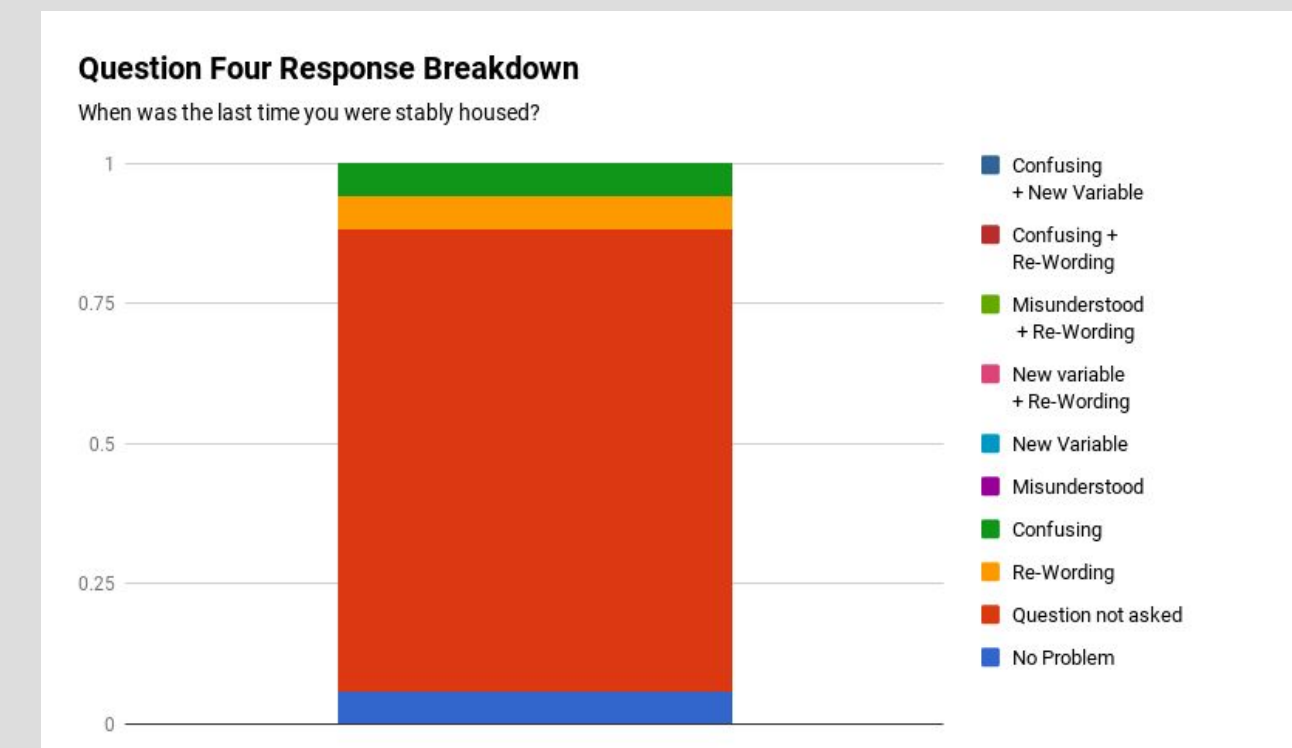


Figure 11: Displays the coding for the fourth question of the survey. (This question was only asked if the survey respondent indicated they were not currently in a stable housing situation.)



DISCUSSION, ANALYSIS, AND EVALUATION

- The results of these interviews will be extremely helpful when finalizing a survey that can be given to all HIV patients to understand their housing status.
- One of the most interesting findings of the interviews was learning about housing arrangements that are not necessarily common knowledge to those who have not lived in an unstable housing situation. For example, over the course of the first six interviews, it became apparent that the housing option of "A place in exchange for sex" should be added as an option.
- Furthermore, coding these results illustrated what questions or housing options need to be reworded or restructured before this survey can be put into widespread use. For instance, housing option five "A sheltered space or unit that you rent or own (office, commercial space or storage unit)?" consistently was confusing to participants and will need to be improved for future versions of the survey.
- By talking through the survey with each patient, we gained important insight not only on what questions should be asked and how they should be worded, but also how the survey should be formatted.
- Overall, these graphs will allow us to go through each question and housing option and critically evaluate what needs to be edited in order for the survey to be as effective as possible.

CONCLUSIONS, IMPLICATIONS, AND NEXT STEPS



- These interviews will help researchers construct an effective survey that can more accurately gauge a patient's housing situation.
- With this survey, researchers can then see if there are deviations in health outcomes for those who answer the survey differently.
- If the research results reveal that there is variation in health outcomes among unstably housed populations, doctors will be able to implement individual treatment plans that help each patient achieve viral suppression in a way that works for their unique housing situation.

Special thanks to Dr. Angelo Clemenzi-Allen for providing me the opportunity to work on this project as well as supplying the dataset that I used in this research. Also, thank you to Ms. Chute and Ms. Evans for always being willing to discuss my project with me and being such understanding and passionate teachers.

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