

**MOBILIZING KNOWLEDGE – HOUSING IS HIV PREVENTION AND CARE
NORTH AMERICAN HOUSING AND HIV/AIDS RESEARCH SUMMIT IV
POLICY AND RESEARCH ACTION STRATEGIES**

June 3rd through 5th, 2009, 200 researchers, policy makers, service providers and people living with HIV/AIDS came together in Washington, DC, for the North American Housing and HIV/AIDS Research Summit, convened by the National AIDS Housing Coalition (NAHC) and the Ontario HIV Treatment Network (OHTN), working in collaboration with Dr. David Holtgrave and the Johns Hopkins Bloomberg School of Public Health. This was the fourth meeting in the Housing and HIV/AIDS Summit Series, and the first North American Summit – bringing together participants representing 24 U.S. states, 6 Canadian provinces, Ghana and Haiti.

The explosive growth in the literature on HIV and housing and health outcomes has created an exciting opportunity for data driven policy change. The theme of Summit IV was *mobilizing knowledge*, with a focus on building participants' knowledge base and skills to inform housing and health policy and practice in their communities. Summit IV participants worked together across disciplines to translate the evolving body of evidence on housing and health into concrete action strategies to inform global, national, regional and local HIV/AIDS policy, practice and research. Set out below are summaries of the top five public policy and research priorities Summit participants identified for action in the coming year.

Stay tuned for Summit IV products: a policy paper synthesizing recent research findings and detailing the action strategies outlined below; a PowerPoint presentation of key evidence on the relationship of housing and HIV; issue fact sheets on housing as HIV prevention and care; and other tools for mobilizing the evidence presented at the Summit. Meanwhile, please review the action strategies outlined below and provide feedback to NAHC and the OHTN by contacting nahc@nationalaidshousing.org.

POLICY ACTION STRATEGIES

1. Develop and implement **a coordinated communication strategy** to disseminate the strong evidence base for housing as a key component of HIV treatment, care and prevention, using both traditional and new technology-based communication tools to target:
 - a. HIV/AIDS advocacy communities – to develop consensus on the role and importance of housing as a structural determinant of HIV outcomes;
 - b. Policy allies – advocates that focus on affordable housing, homelessness, health care, mental health, substance use, and human rights.
 - c. Public and private funders – to establish housing interventions as an integral, funded, HIV prevention and care activity;
 - d. Critical public policy conversations – on health care reform, social housing, reentry from prison and jail, and other immediate opportunities to impact decision-making;

- e. Global, national and local planning processes - to ensure that they are informed by evidence on housing and health; and
 - f. Public opinion - to elevate HIV and housing as issues the public demand that politicians address.
2. Increase **opportunities for collaboration** in the development, implementation and evaluation of effective housing programs and policies, by:
 - a. Bridging the policy, service system and funding "silos" that impede collaborative policy making, service provision, evaluation and advocacy;
 - b. Structuring public and private funding mechanisms to create incentives for public service systems and private service providers to work together, and across sectors, to use resources more effectively;
 - c. Expanding participation in the International AIDS Housing Roundtable (IAHR), and supporting inclusion of a wide range of international participants in global advocacy efforts; and
 - d. Promoting community based participatory research strategies that bring together academic researchers, policy makers, community-based service providers and people living with HIV/AIDS.
3. Mainstream **human rights in HIV/AIDS prevention and care strategies**, by:
 - a. Asserting the basic human right to housing;
 - b. Eliminating categorical eligibility requirements that inappropriately restrict access to survival services (such as policies that deny refugees and migrants equal access to health services, and restrictive U.S. criteria that limit eligibility for "Medicaid" public health coverage for low-income persons).
 - c. Promoting gender equity in housing and health care through advocacy, policies and interventions designed specifically to address the social exclusion and violence experienced by women;
 - d. Targeting resources to address the stigma and racism experienced by women, men who have sex with men, and HIV positive persons, especially in rural and remote areas; and
 - e. Removing barriers, such as local funding match requirements, that limit the resources available to PLWHA in areas where there is little public will to address HIV.
4. Redefine appropriate housing for PLWHA as **housing that is affordable, safe and accessible to all**, by:
 - a. Setting standards of affordability and public support that enable PLWHA to live with dignity;
 - b. Ensuring access to HIV housing supports for all HIV positive people, to promote early access to treatment and to abolish immune system degradation as an eligibility requirement;
 - c. Lifting restrictions on housing access that are based on status (history of incarceration, credit history, etc) rather than need;
 - d. Removing ideological funding barriers, such as lifetime caps on public assistance; and
 - e. Aligning and coordinating public goals and funding to bring housing programs "to scale" to meet the needs of all PLWHA.

5. Engage in **comprehensive planning that establishes norms**, beginning with:
 - a. Holding all nations accountable for developing and implementing national housing plans that include adequate housing resources for persons living with and at risk of HIV (including developed countries such as Canada that lack a national housing strategy).
 - b. Securing broad endorsement/adoption of the *International Declaration on Poverty, Homelessness and HIV* by global, national and local governing bodies and institutions; and
 - c. Convening the second International Summit on Poverty, Homelessness and HIV as a plenary session/satellite meeting at the XVIII International AIDS Conference in Vienna in 2010.

RESEARCH ACTION STRATEGIES

1. Move towards **integrated cross-sector data systems** that can be used to evaluate outcomes across sectors and agencies, by:
 - a. Initiating an inclusive process to develop a core data set with standard definitions and measures on housing types, status, history and key outcomes;
 - b. Standardizing data collection instruments across systems and among service providers to include this core data set (such as the OCHART and OCASE initiatives in Canada);
 - c. Creating incentives and/or mandates for federal and local government agencies to integrate data collected by publicly funded government and private service providers;
 - d. Developing and sharing creative public-private and cross-system data-sharing agreements that protect the confidentiality of individuals while allowing access to data for evaluation and research;
 - e. Removing barriers to access to government-maintained data systems - including data on health care utilization (e.g. Medicaid data in the U.S.), homeless services, corrections, etc. - to enable researchers to examine the impact of housing interventions on multiple individual-level and systems outcomes;
 - f. Making the case for the collection of housing data by systems and providers responsible for delivering other key services, including HIV prevention, health care, mental health treatment, and alcohol and other drug treatment, as well as law enforcement and corrections; and
 - g. Promoting and funding local data-sharing networks and administrative data matches to better target, deliver and evaluate housing interventions.
2. "Complicate" housing research to develop **a deeper understanding of different models of housing**, including the causal mechanisms at work in effective housing interventions, through:
 - a. Operationalizing and testing the effectiveness of a wide range of housing models - single site and scatter site; population-specific and mixed use; drug free and use tolerant; transitional and permanent, etc.;
 - b. Formulating research questions to increase our understanding of "what type" and "how much" housing and

supportive services are necessary for different populations;

- c. Evaluating the impact of housing status and/or housing interventions on health outcomes for people at all stages of HIV infection, including HIV infected persons who are asymptomatic, as well as homeless/unstably housed persons who are still HIV negative;
 - d. Examining a wide range of individual and systemic housing outcomes - including HIV prevention and health outcomes, but also the impact of housing status and interventions on personal relationships, education, employment, criminal justice involvement and other measures of wellbeing;
 - e. Broadening research questions to include the impact of housing interventions on communities as a whole; and
 - f. Actively pursuing research design alternatives to the randomized control trial for intervention studies involving housing and/or other survival services.
3. Broaden our understanding of the **unique housing needs of special populations**, including the level of need, housing barriers, and effective interventions among members of different populations, by:
- a. Evaluating the unique needs of previously unexamined populations heavily impacted by HIV/AIDS, including assessment of needs among population members living with HIV, as well as those at highest risk of HIV infection.
 - b. Targeting research interventions and funding to underserved populations, including aboriginal groups, linguistic minorities, adolescents, women, active drug users, and persons who come late into HIV care;
 - c. Employing culturally competent research strategies designed to identify and address the specific needs, concerns, and research barriers presented by special populations; and
 - d. Advocating for including monies for outcomes evaluation in every funded intervention.
4. Foster **community based participatory research (CBPR)** approaches, by:
- a. Targeting funding and other resources to promote CBPR training, relationships, and research studies;
 - b. Developing collaborative community - academic partnerships to engage in research and evaluation to inform both practice and policy;
 - c. Identifying and addressing logistical barriers to CBPR, and widely disseminating successful strategies and methods;
 - d. Training academic researchers, community-based providers, government and private funders, and PLWHA on CBPR, to foster greater understanding and appreciation of this approach to research.
 - e. Employing multi-sectoral research strategies that engage all stakeholders, including research subjects and public policy decision-makers, in all aspects of research - from identifying and articulating research questions, to the design and implementation of study methods, to analysis and dissemination of results.
5. Increase opportunities for **meta-analyses of HIV/AIDS housing needs and interventions**, including:

- a. Mobilizing academics, community-based providers, public and private funders, advocates, and PLWHA to join forces in support of standardized collection of a minimum data set on housing types, status, history, and key outcomes measures.
- b. Investing in training for staff members responsible for collecting and reviewing program data - to improve their skills and to increase understanding of the power of data to advance practice and influence policy and funding decisions.
- c. Developing collaborative relationships and strategies to conduct meta-analyses of housing need and outcomes, both within and across communities - to draw on and amplify the power of observational data, in addition to experimental data.