

# Project HEALTH (Housing and Employment Access Lead to Health)

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## LEAD AGENCY: GAY MEN'S HEALTH CRISIS (GMHC)

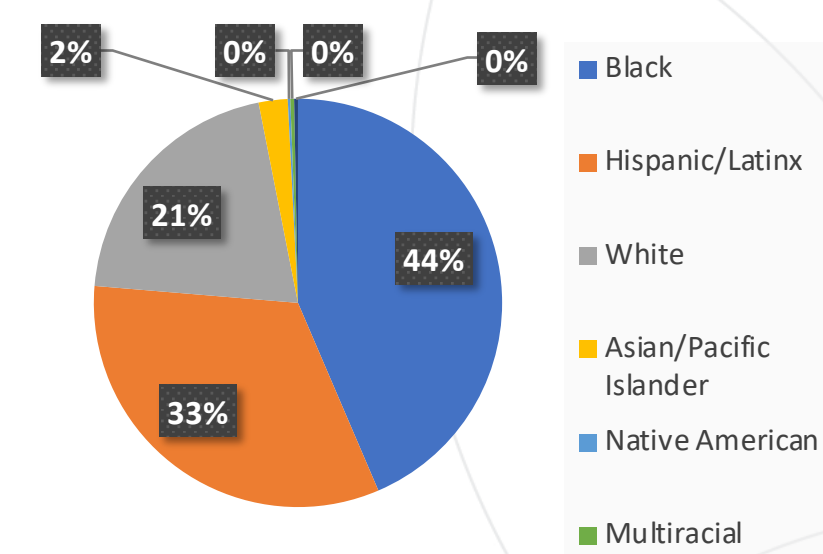
### Introduction

#### Geographic Landscape

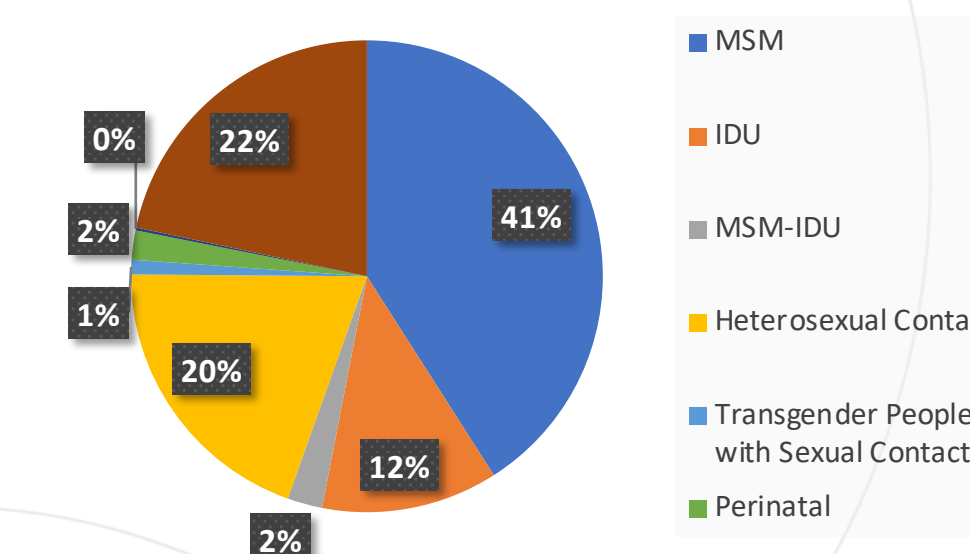
#### Brief description of local HIV epidemic

New York City is an urban area with a high seroprevalence in neighborhoods including Jackson Heights and Jamaica in Queens, the South Bronx, and Brownsville in Brooklyn.

#### HIV Prevalence by Race/Ethnicity



#### HIV Prevalence by Risk

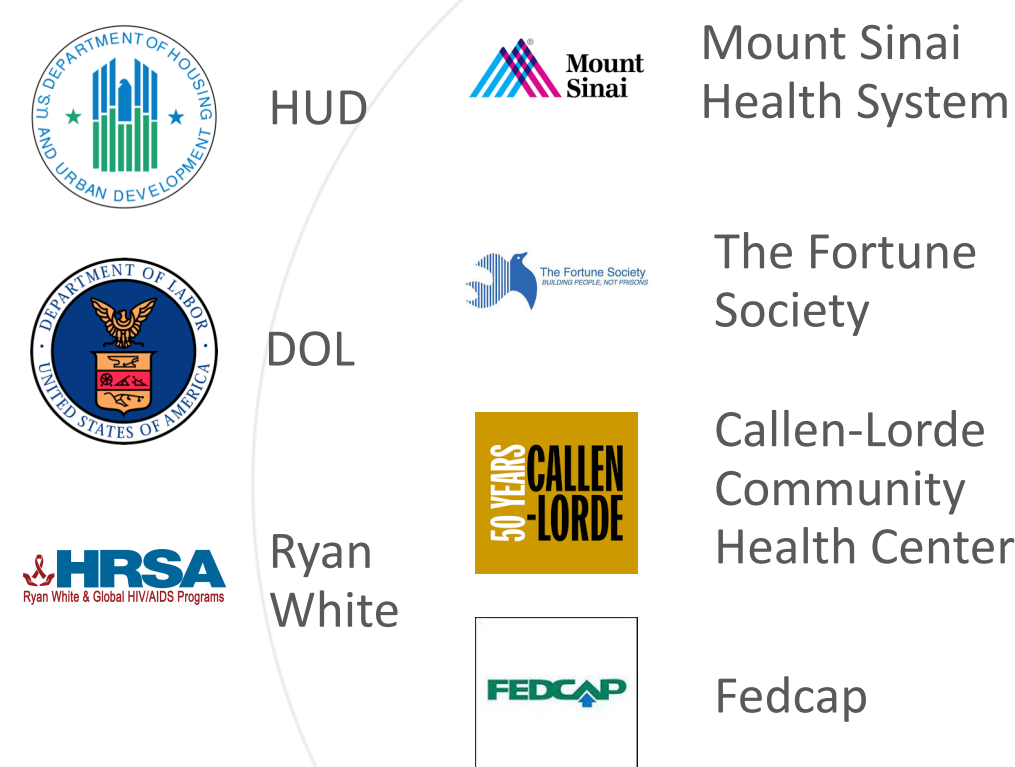


**80%** Viral suppression  
**1.5%** homeless or unstably housed  
**4.3%** unemployed or underemployed

#### The Challenge

Despite comprising only half of NYC's population, African American and Hispanic people accounted for 78% of new HIV diagnoses in 2015. African American and Hispanic PLWH consistently fare poorly across the HIV care continuum; only 70% of African American PLWH accessed HIV care in the past year, 57% accessed continuous care, and only 55% were virally-suppressed. GMHC does not provide medical care, therefore, connecting client to medical care and ensuring continuity of care can be difficult. GMHC has an extensive referral network and care coordination on site to help clients achieve and maintain viral suppression.

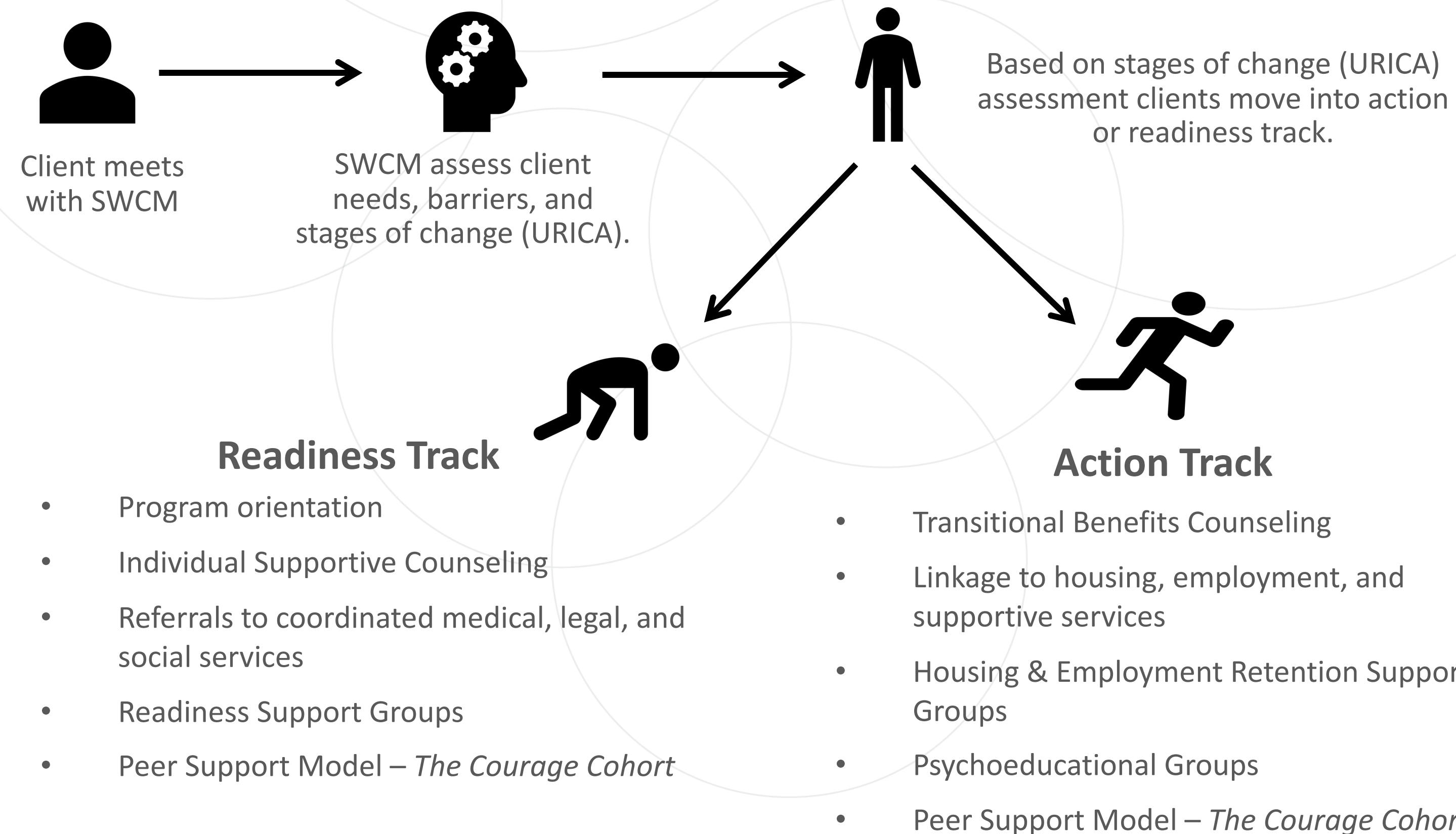
#### Key Partnerships



#### Focus population

GMHC will serve African American and Hispanic PLWH in NYC; these communities consistently experience disproportionate rates of poverty, homelessness, unemployment, and AIDS compared to the general population.

### The Program Model



- #### Readiness Track
- Program orientation
  - Individual Supportive Counseling
  - Referrals to coordinated medical, legal, and social services
  - Readiness Support Groups
  - Peer Support Model – *The Courage Cohort*

- #### Action Track
- Transitional Benefits Counseling
  - Linkage to housing, employment, and supportive services
  - Housing & Employment Retention Support Groups
  - Psychoeducational Groups
  - Peer Support Model – *The Courage Cohort*

### Lessons Learned

1. Seamless evaluation requires constant communication between evaluation staff and program staff to ensure that client are surveyed on time and medical data is gathered.
2. Client's number one priority is housing, however, there is not enough affordable housing in NYC. Furthermore, clients will only consider housing within a certain geographic area with specific accommodations such as doormen, laundry, etc.
3. Client's prefer one-on-one time with staff compared to group sessions. Group sessions are a voluntary component of the program, therefore, many clients choose not to attend.
4. Gathering medical data proves difficult because larger medical institutions do not want to honor HIPAA releases. Patient portals has been an effective method of gathering chart information, however, clients often forget their passwords or do not understand how to maneuver or set up their accounts.

### \* HRSA Acknowledgement

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA31429. Special Projects of National Significance (SPNS) Initiative, Improving Health Outcomes Through the Coordination of Supportive Employment & Housing Services, in the amount of \$900,000 awarded to DEMONSTRATION SITE. No percentage of this project was financed with non-governmental sources. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

### Key Innovation

- Widgets** - Housing, Employment, and Income widgets created within GMHC's Electronic Health Record to track changes over time.
- URICA Tool** - Modified URICA tool used to assess Housing & Employment stages of change.
- Seamless Evaluation** - Program evaluation was integrated into regular program activities to increase study retention.

### Preliminary Outcomes

#### Individual level

- 19 Housed
- 17 Employed
- 5 Housed AND Employed

#### System level

- Action Track Curriculum Completed
- Readiness Track Curriculum Completed