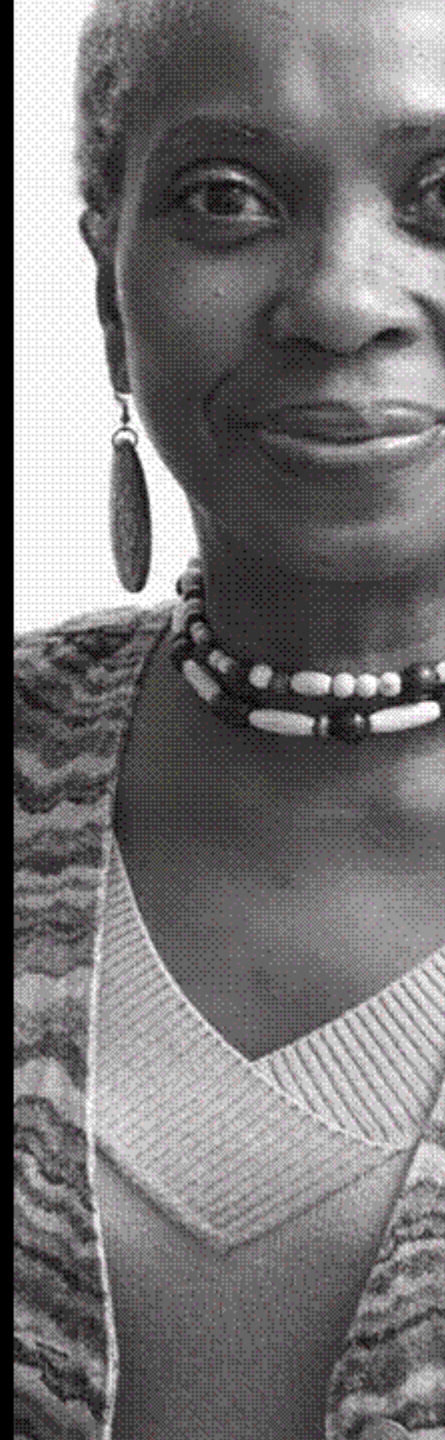




Fourth Annual  
Iris House Summit  
**WOMEN**  
AS THE **FACE**  
of **AIDS**  
June 20, 2009

Plenary II





# HIV & the Budget: Housing Cuts and Implications for Care

Event: 4<sup>th</sup> Annual Iris House Summit | June 20, 2009

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- "Here in the United States, we've made significant progress. I have not heard those numbers with respect to African-American women. I was not aware that it was—that they're in epidemic there." - *Former Vice President Dick Cheney responding to a question about HIV rates among African American women during the 2004 VP debate.*
- "And so many of the people in the arena here, you know, were underprivileged anyway, so this—this is working very well for them." - *Former First Lady Barbara Bush commenting on Katrina evacuees at the Houston Astrodome.*

# Responsibility & HIV/AIDS

Risky Individuals vs.  
Risky Contexts

Who creates the context and  
environment?

# Why Housing?

- Two-way relationship: Homelessness puts people at greater risk for HIV/AIDS, and HIV/AIDS puts people at greater risk for homelessness.
- Many people with HIV/AIDS cannot afford housing on their own.
- Housing is frequently cited as the number one need among people with HIV/AIDS - it is the foundation for everything else.

# Research Shows That Housing = HIV Healthcare & Prevention

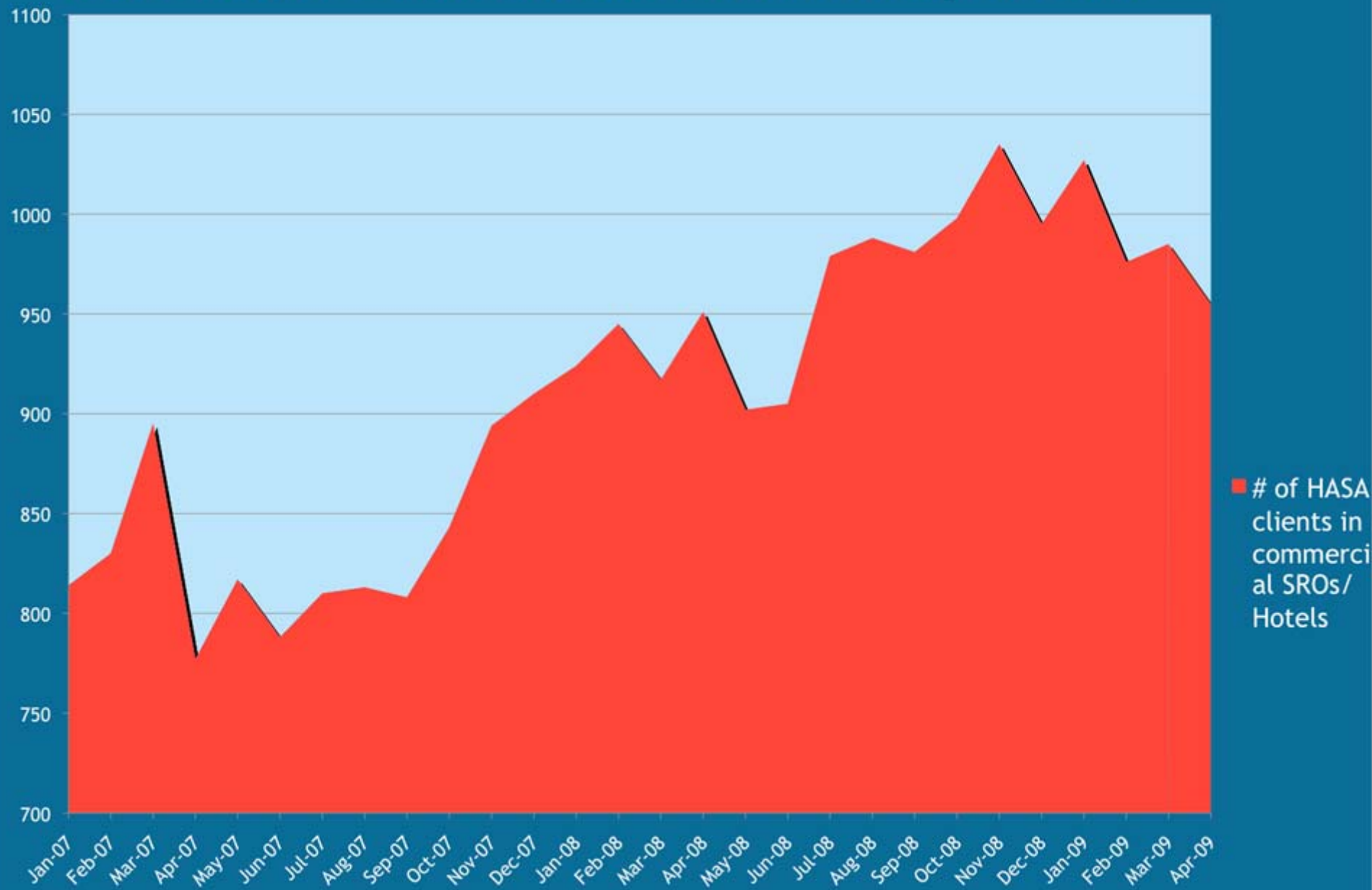
- Chicago study found that homeless people with HIV/AIDS who received supportive housing experienced a reduction of 29 percent in hospitalizations, 29 percent in hospital days and 24 percent in emergency department visits.
- San Francisco study found that homeless people with HIV/AIDS had a 80% higher death rate compared with those who obtained supportive housing (July 09)
- HUD/CDC Housing and Health Study showed a 40% reduction in sex exchange over 18 months among homeless/unstably housed people with HIV/AIDS.

# Context

- **HIV through a gender and poverty lens:** low-income people living with HIV/AIDS are more likely to be female and either African American/Black or Latino.
- **Rising homelessness:** The number of HASA clients in commercial SROs increased over 20% during the past two years despite no significant increase in the overall caseload.

# Rising Homelessness Among People With AIDS

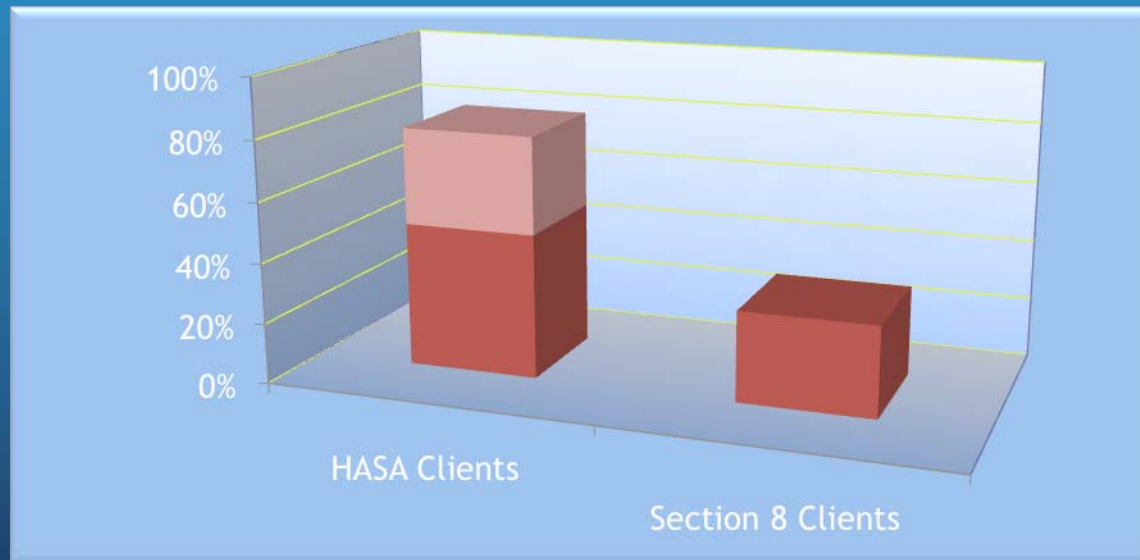
Source: HIV/AIDS Services Administration Monthly Fact Sheet





# Barriers to Permanent Housing for New Yorkers with HIV/AIDS

- Rent share burden: HASA clients with disability income who receive rental assistance pay between 50-80% of their income towards rent. This has led to high rates of evictions and “churning” in the system.



# Barriers to Permanent Housing for New Yorkers with HIV/AIDS

- Rental assistance: HASA's rent guidelines are nearly 30% Section 8 rent payment standards. This means HASA clients have longer waits to find housing, which is then often poor quality and distant from public transportation services.

## Rent Payments Comparison



# Barriers to Permanent Housing for New Yorkers with HIV/AIDS

- **Legal assistance:** There is extremely limited anti-eviction legal assistance funding available for PLWHAs
- **Restrictive eligibility:** 900 homeless people with asymptomatic HIV in the shelter system, unknown homeless undocumented immigrants with HIV/AIDS.
- **Programs eliminated:** The elimination of Scatter Site 2 and other housing placement contracts means there's less assistance available to find apartments.

# NYC's HIV/AIDS Response Is Going In The Wrong Direction



HIV/AIDS &  
Homelessness



City, State and  
Federal  
Investment

Consequences...

Cutting \$\$ for Housing

=

Cutting \$\$ for HIV Care

# Budget Situation

- In 2009, NYC's AIDS housing system was faced with the threat of \$12 million in direct funding cuts - more than any other area of HIV services.
- Current situation:
  - City Council restored \$1.9 mn for supportive housing case management (with \$1.9 million state match)
  - Lost \$4 million for Scatter Site 2 (SS2)
  - Lost \$4 million federal HOPWA

# Budget Consequences

- Hundreds of homeless people with HIV/AIDS will no longer have SS2 housing services
- Pressure to cut funding for supportive housing programs and the Sustainable Living Fund because of HOPWA cut
- Increased homelessness & unstable housing, which undermine access to medical care, overall health and facilitates HIV risk behaviors

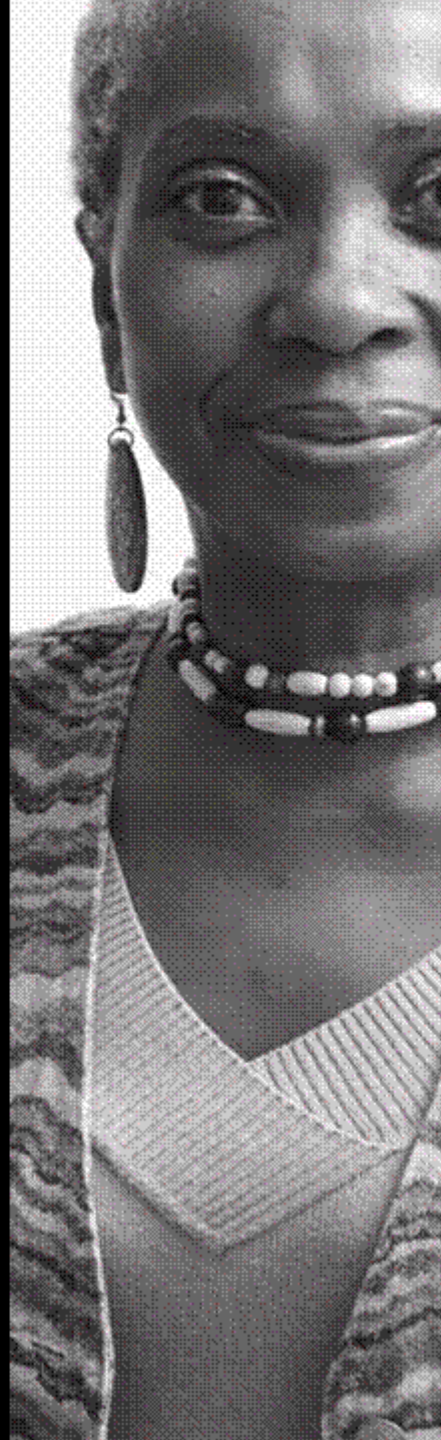
# Budget Next Steps

- City Hall: Possibility of renewed budget cuts post-election in November.
- Albany: Lower than projected revenue creating pressure on state-funded programs, including NY/NY III.
- Washington: Managing the impact of \$4 million HOPWA loss.





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# Powerful driving forces behind HIV infection in Communities of Color: Issues and Recommendations

Presented by Tracie M. Gardner  
WISH-NY of the Legal Action  
Center



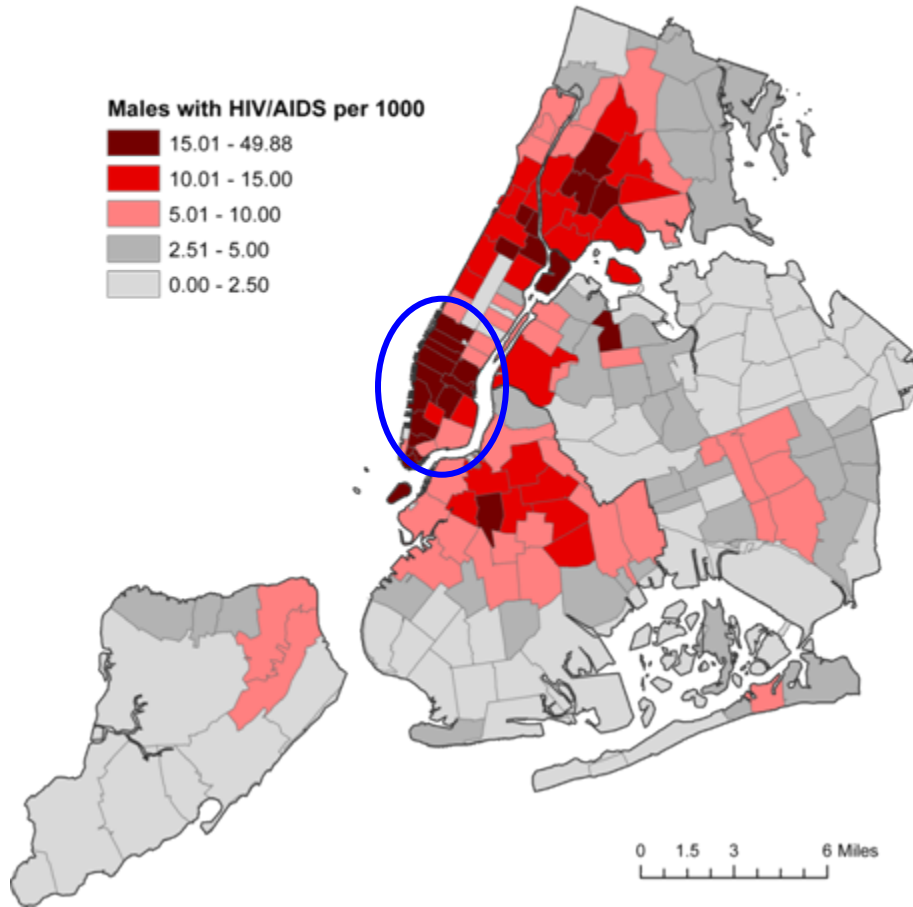
# Primary Issues

- Location, location, location.....
- Correctional Health = Community Health
- Make HIV Testing “Standard of Care

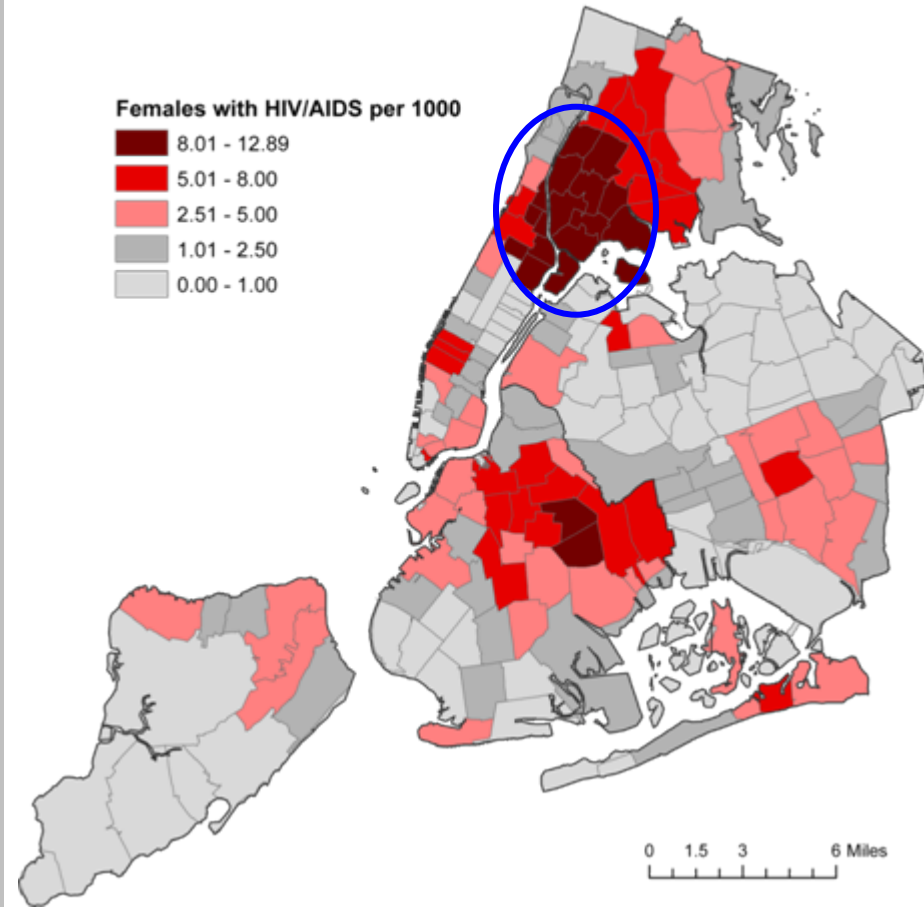
# Statistics

- Young Black and Latina Women
- STDs: On the upswing
- HIV in ages over 45

Males with HIV/AIDS per 1000 Residents  
as of December 31, 2006 by ZIP Code of Residence

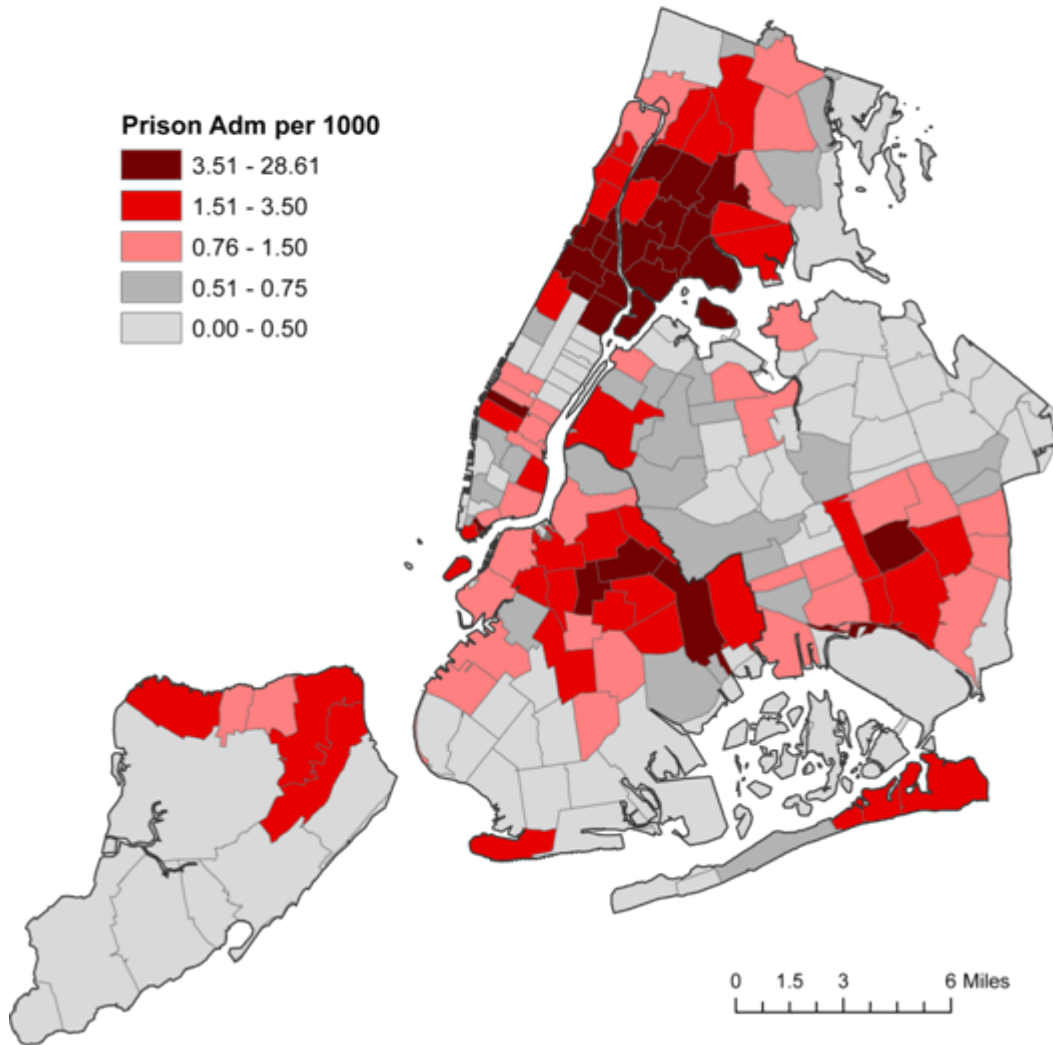


Females with HIV/AIDS per 1000 Residents  
as of December 31, 2006 by ZIP Code of Residence



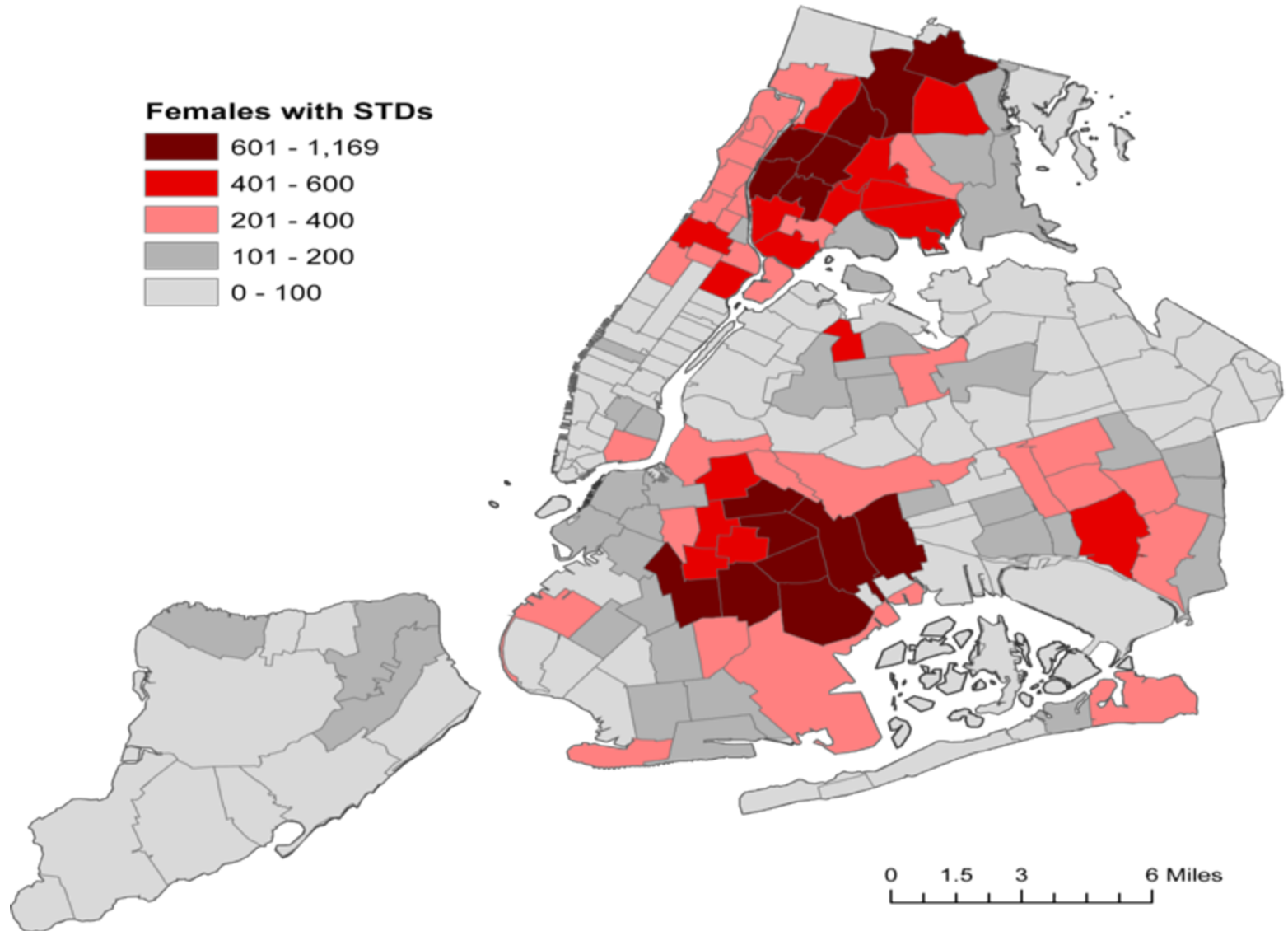
*While women are more highly concentrated in the South and Central Bronx, and less so in Harlem, and parts of Central Brooklyn.*

# Prison Admissions per 1000 Residents by ZIP Code of Residence



*Similarly, the highest concentration of women living with HIV/AIDS also falls almost entirely within the highest incarceration rate neighborhoods in the City.*

# Females with Chlamydia, Gonorrhea, or Syphilis by ZIP Code of Residence

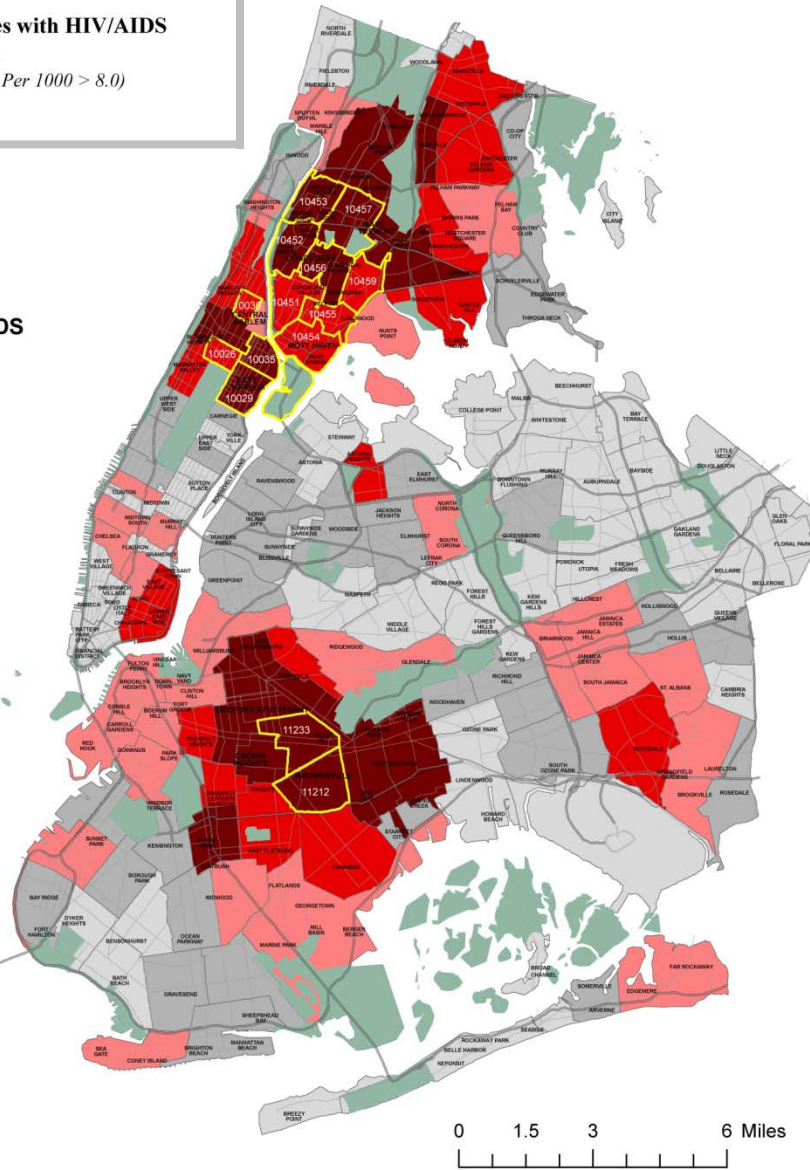
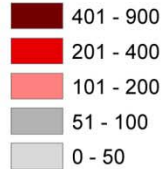




**Map 12: Hot Spots of Females with HIV/AIDS  
by New York City ZIP Codes**

(Selection Criteria: Count > 300 & Per 1000 > 8.0)

**Females with HIV/AIDS**



*As pertains to women living with HIV/AIDS, when we combine both geographical factors—highest number and highest rates—we can identify neighborhood areas (outlined in yellow) whose residents are most in need of support and where service investments would reap the highest returns on public health.*



# ***HIV, Corrections and Community Health***

- *In New York state prisons today,*
  - *12 percent of female prisoners and nearly 6 percent of male prisoners are known to be HIV-positive, according to the Department of Correctional Services.*
  - *Fifty-one percent of state prisoners are African-American and 26 percent are Latino, according to the Correctional Association, an independent state prison reform group.*
  - *Of the 64,000 total prisoners, almost 65 percent are from New York City and the surrounding suburbs.*

# ***HIV, Corrections and Community Health***

- Without accurate health information inmates will return to their communities-communities that are witnessing increasingly high rates of HIV-with inadequate knowledge about behaviors that will foster the transmission of HIV.*

# Public Policy Response

- Clean Syringes and Condoms
- NYSDOH Criminal Justice Initiative
- The Correctional Association: Healthcare in Prisons
- Media: NYT Op-Ed Addiction Behind Bars
- Legislative: Department of Health HIV/Hepatitis C Oversight Bill  
S.3842/A.903

# “Routinize” HIV testing

- *One in four New Yorkers living with HIV is unaware of his or her status. Up to 70% of new infections are caused by people who are unaware of their HIV status. How can New York State increase the number of New Yorkers who know their HIV status?*

# What does routine HIV testing look like?

- Since 1996, offer of HIV testing in broad array of GYN/OB settings=women consenting to testing=almost no new Pediatric AIDS cases in the State that is the Lead in the Country
- Concern that current law requirements are “burdensome, onerous, keep people from getting tested.”

# Current Law

NEW YORK STATE DEPARTMENT OF HEALTH  
AIDS Institute

## Informed Consent to Perform HIV Testing

My health care provider has answered any questions I have regarding HIV testing and has given me written information with the following details about HIV testing:

Part



- HIV is the virus that causes AIDS.
- The only way to know if you have HIV is to be tested.
- HIV testing is important for your health, especially for pregnant women.
- HIV testing is voluntary. Consent can be withdrawn at any time.
- Several testing options are available, including anonymous and confidential.
- State law protects the confidentiality of test results and also protects test subjects from discrimination based on HIV status.
- My health care provider will talk with me about notifying my sex or needle-sharing partners of possible exposure, if I test positive.

I agree to testing for the diagnosis of HIV infection. If I am found to have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time.

**For pregnant women only:**

In addition to the testing described above, I authorize my health care provider to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will provide me with the test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Test subject or legally authorized representative)

If legal representative, indicate relationship to subject: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Except for expedited HIV testing on labor units, this form replaces other HIV testing consent forms as of June 1, 2005.

NOTE: this form is intended to be used in conjunction with DDH-2556I, Part A.

DDH-2556 (5/05)

# Providers versus Paperwork

- Where routine offer of HIV testing isnt happening:
  - Family Planning and Reproductive Health Care
  - General Primary care, especially Private doctors offices

# Legislative Proposals

<b>Bill</b>	<b>S3293/A7610</b>	<b>S4484/A7757</b>	<b>S5660/A7892</b>	<b>A4016</b>	
<b>Sponsor</b>	Duane/Gottfried (NYSDOH Program Bill)	Huntley/Robinson	Monserate/Towns	Mayersohn	<b>CDC Recommendation</b>
<b>Consent</b>	Written consent can be part of general consent to medical care w/an opt-out for HIV testing. Patient notified orally when tested, notification documented in the Medical Record	No separate written consent – general consent can be combined with general forms consenting to medical care	No written consent, consent can be combined with general forms consent to medical care; exception: written consent for rapid HIV test provided outside of Medical home.	No separate written consent, consent can be combined with general forms used to consent to medical care, notified of opt-out.	Screening should be incorporated into the general consent for medical care; separate written consent is not recommended.
<b>Counseling</b>	Prescribes specific language to be used in pre-test counseling. Allows providers to tailor post-test counseling for prevention messages if negative and treatment options if positive.	Maintains informed consent but eliminates required language for pre-test counseling; No post-test counseling for negative test results.	Maintains informed consent but eliminates required language for pre-test counseling (differs from S4484). No post-test required for negative test results.	Removes current pre-test counseling provisions required under current consent process. No post-test counseling required for negative test results.	Supports prevention counseling as intervention to help reduce risk for HIV, but should not be required with HIV diagnostic testing or as part of HIV screening programs in busy healthcare settings.
<b>Follow-up Care</b>	When test is positive, w/patients' consent, person ordering test must provide or arrange for follow-up medical care	Same	Same	Not included	
<b>Occupational Exposure</b>	If person lacks ability to consent and there is an occupational exposure, exposed person can request an anonymous test of source person	If source person lacks ability to consent and there is an occupational exposure, source person can be tested – test not anonymous.	If person lacks ability to consent and there is an occupational exposure, exposed person can request an anonymous test of source person	Not included	
<b>Mandatory Offering</b>	Mandatory offering of HIV test to persons ages 18-64 in ERs and certain other settings	Mandatory offering of HIV test to person ages 13-64 in ERs and certain other settings	Mandatory offering of HIV test to persons ages 13-64 in ERs and certain other settings	Not included	Testing for patients ages 13-64 in all healthcare settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
<b>Other Provisions</b>	Allows disclosure of aggregate data for certain approved programs and to public health depts.; updated definition of HIV Testing, allows executors access to confidential HIV related information if necessary to the performance of their duties; requires a study of impact of law by 2011.	Allows a disclosure of aggregate data for certain approved programs and to public health depts.; updated definition of HIV Testing; allows executors access to confidential HIV related information if necessary to the performance of their duties	Allows disclosure of aggregate data for certain approved programs and to public health depts.; allows executors access to confidential HIV related information if necessary to the performance of their duties; requires a study of impact of law by 2011	None	



# HIV testing in general consent

## **Currently Approved Wording:**

I hereby grant permission to the New York City Department of Health and Mental Hygiene to obtain specimens, perform tests and/or procedures including HIV testing unless I decline below, administer treatment, and release information to Medicaid or other third-party health care reimbursers if the information is necessary to pay for my medical care. Any questions I have regarding HIV testing have been answered, and I have been provided information with the following details about HIV testing:

- HIV is the virus that causes AIDS.
- The only way to know if you have HIV is to be tested.
- It is important for you and your medical provider to know your HIV status to properly care for you and prescribe the right drugs for you.
- HIV testing is voluntary. Consent can be withdrawn at any time.
- Several testing options are available, including anonymous testing.
- State law protects the confidentiality of HIV test results and also protects persons from discrimination based on HIV status.
- Your provider will talk to you about notifying your contacts of possible exposure, if you test positive.

I agree to testing for the diagnosis of HIV infection. I will be informed if a diagnostic HIV test is ordered. If I am found to have HIV, I agree to additional testing to determine the best treatment for me and to help guide HIV prevention programs. I understand that I can withdraw my consent for future tests at any time.

Patient:

Date:

Witness:

Check box and sign below if you are requesting that the HIV test not be performed. You may request HIV testing in the future.

I DO NOT want an HIV test at this time.      Signature

# Conclusion

- Let's get real about what is going on with HIV in 2009.
- Policymakers need our help.
- These disparities are shameful but reversible.