

Care, Housing, and Employment needs and services in a Minority/Underserved Community

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Background

Bexar County Hospital District dba University Health System. We have over 100 years of service in San Antonio Texas – we were founded in 1917. San Antonio is the 7th largest city in the United States. Bexar County which encompasses San Antonio and the surrounding area is the 4th most populous county in Texas. University Health System is the Administrative Agency for the four county Transitional Grant Area (TGA) including Bexar, Comal, Wilson and Guadalupe where 94% of the regions PWH can be found in the San Antonio metropolitan region. We are a minority – majority county where 60.5% of our population is Hispanic. This is significantly higher than the Texas percentage of 37.5 and the nation, 16.3%.

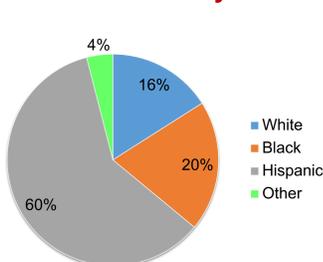


Our Care, housing and Employment (CASE) programs target population is Hispanic and Black men and women age 18 or older; HIV positive; homeless or unstably housed; unemployed or underemployed. CASE was implemented in racial and ethnic minority communities CASE was designed to address the region's large number of people with unstable housing situations, high unemployment rates and low medical care adherence with the goal of increasing viral suppression rates. This study consisted of a consent form and baseline survey conducted by our evaluation staff. Once enrolled in the study they were assigned to a Member Advocate, our staff who implemented the intervention with enrolled clients.

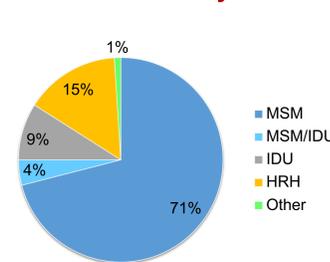
Rationale

- Understanding the spectrum of barriers to increase housing stability
- Applying a multitude of resource efforts to decrease rates of unemployment and underemployment
- Create communication coordination to increase viral suppression rates with RW Part A agencies
- Apply an integrated CASE program into current Ryan White programs

HIV Prevalence by Race



HIV Prevalence by Risk



**78%
Viral
Suppression²**
**3.95%
Homeless or Unstably
Housed²**

**53.9%
Unemployed²**

Results

A total of 106 clients were enrolled into the study, the goal was 100 per site. The focus it to assist the clients in obtaining stable housing and employment. Once a client has maintained their housing and employment for a 3-month period they are released to standard of care. A total of 89 clients have been completed.

Discussion

The program focused on addressing:

- 1) unstable housing;
- 2) high unemployment rates
- 3) low medical care adherence to maintain/achieve viral suppression

Many clients may be living on a fixed income including SSI or SSDI. Securing housing with minimal finances or lack of adequate housing assistance has proven to be difficult. This leads to loss of housing and living in unsafe or substandard housing. For those who receive SSI/SSDI or have a pending application to receive these are hesitant to work and are afraid of putting this funding into jeopardy. Employment can be another challenge for a number of reasons. For those with mental health conditions, finding and retaining employment at a suitable rate is a challenge. Additional challenges include needing time off for medical appointments, fear of employer knowing their HIV status, side effects of medication, reentry after incarceration, and or criminal backgrounds to name a few. All of these barriers hinder the client's ability to achieve optimal health outcomes in racial and ethnic minority communities.

The primary method of client referral was through our Part A agency staff. This is unique because they also conduct the pre-screenings for us. Additionally, our enrolled clients share information with their friends who are then screened for eligibility.

Implications/ Lessons Learned

Hiring: we hired a diverse team of interventionists to assist the clients. We hired staff who had experience working at a law firm that specialized in social security, at an insurance company who focuses on verification and claims, a realtor who has assisted clients with numerous difficult housing situations, staff who have experience working with the State and experience with TANIF.



Initial meeting: Genuinely welcoming clients is the first step. Clients feel this immediately and

appreciate the attention and help. This creates a safe, trusting and open space to discuss their needs and struggles.

Support: Being supportive of clients is key. Clients have expressed they have very little to no support which leads to volatile thoughts. The support offered through this program is essential. Our team also motivates the client to reconnect with family or friends

Communication: Working as a team unit with the Medical Case Managers has been vital. The client may provide updates to their case manager or the Member Advocate that the other does not know. By keeping open lines of communication, it better allows each area to assist the client.

Conclusions

We utilized this program and the staff involved as change agents and capacity builders to transform the TGA's HIV care continuum by integrating Care, Housing and Employment to improve health outcomes. Being supportive of clients is key. Clients often express they have very little support which leads to volatile thoughts. The support offered through this program is essential in successful outcomes.

Member Advocates spend a significant amount of time identifying client's urgent needs and developing a care plan. This individualized plans are a visual guide for clients, make sure we are on the same path and show support from our staff towards their plan. No two clients have a same care plan and have a multitude of needs.



Creating a safe-zone, bilingual and non-judgmental space is puts clients at ease and encourages success. By transforming spaces to include these improved client's health outcomes by coordinating access to services that provided assistance in obtaining suitable housing, gainful employment and continued adequate HIV care among the disproportionate and low-income minority communities within the TGA.

Next Steps

This program taught us many lessons and best practices. It is imperative that we continue offering assistance with housing and employment. Due to



the impacts COVID-19 has left on our community and around the nation, the program has requested a no-cost extension to continue supporting clients through this pandemic. A program manual is being developed that will allow other organizations to implement a similar project in their area. Additionally, several aspects of this program will be transitioned into our Ending the HIV Epidemic program, locally called Operation BRAVE.

Works Cited

Reference

1. Figure 2 and 3: SATGA HIV/AIDS Demographic HIV Prevalence by Race and Risk, Texas Department of State Health Services, 2018.
2. ARIES Data Search, May 2019.

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