

Housing is Healthcare: HCV treatment outcomes for individuals experiencing homelessness and unstable housing in Boston

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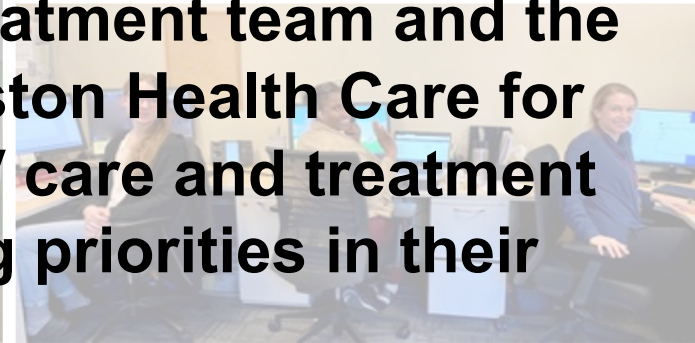
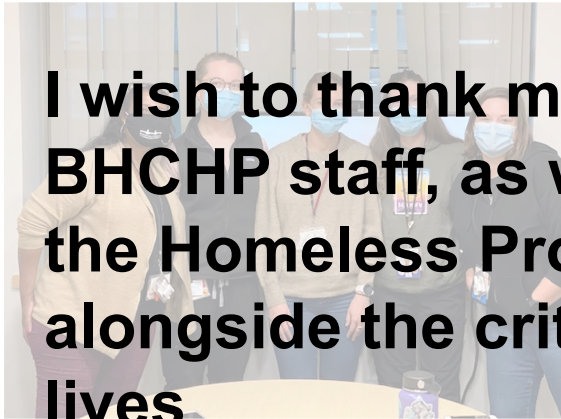
Boston Health Care for the Homeless Program

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- Hepatitis C (HCV) prevalence is *much* higher among populations experiencing homelessness or unstable housing than the general housed population

HCV in the United States	
Population studied	Prevalence
NHANES household phone survey ¹	1%
7 homeless health care sites across the US ²	31%
Homeless PWIDs in LA ³	77.6%
Homeless at BHCHP ⁴	23%

- Homelessness is associated with less successful engagement and retention in HCV care cascade, but if retained, appear to achieve SVR at similar rates to other groups⁵⁻¹¹

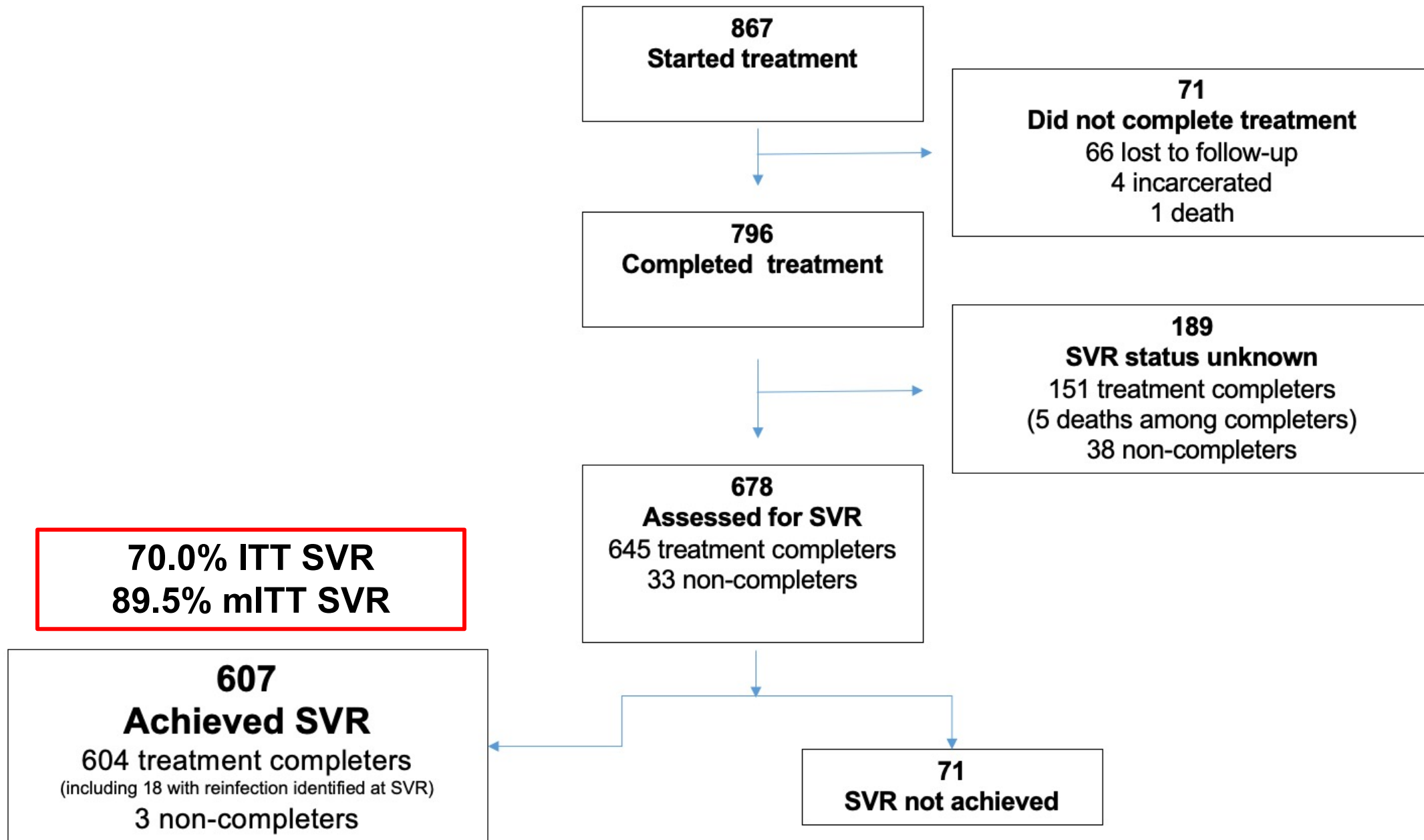
- Main aim:
 - Describe sustained virologic response (SVR) rates for individuals experiencing homelessness and unstable housing treated in a homeless health center-based program in Boston
- Retrospective chart review
 - All treated at BHCHP January 2014-March 2020
 - Descriptive statistics with focus on housing status and recent drug use history
 - Unadjusted and adjusted analysis of factors associated with SVR

Participant Characteristics (N=867)	
Sociodemographic	%
Age	
< 45 years	47.4
≥ 45 years	52.6
Gender identity	
Male	80.7
Female	19.3
Race	
White	57.9
Black / African American	22.0
Other	2.2
Ethnicity	
Hispanic	22.3
Non-Hispanic	70.1

Referral source	
Internal	70.2
Counseling & Testing	24.0
External / self-referred	5.8

Housing	%
Current housing status	
Housed	23.9
Literally homeless	32.4
Residential/transitional treatment	43.7
Past year experience	
Incarceration	15.3
Literal homelessness	58.5
Unstable housing	66.7

Substance use	%
Heavy alcohol use, past 6 months	15.7
Illicit drug use, past 6 months	45.2
Opioid use disorder	
No	31.6
Yes, treated	51.0
Yes, untreated	17.4
Injection drug use identified as risk factor for HCV acquisition	88.6



Adjusted analysis of factors associated with SVR, Odds Ratio Estimates (n = 864)

	Adjusted Odds Ratio (95% CI)
Age	
< 45 years	Ref
≥ 45 years	1.515 (1.025 – 2.238)
Heavy alcohol use, past 6 months	
No	Ref
Yes	2.233 (1.325 – 3.764)
Unknown	1.426 (0.884 – 2.299)

	Adjusted Odds Ratio (95% CI)
Referral source	
Internal	Ref
Counseling & Testing	0.462 (0.292 – 0.731)
External / self-referred	0.275 (0.141 – 0.534)
Current housing status	
Housed	Ref
Literally homeless	0.550 (0.276-1.095)
Residential / transitional treatment	0.482 (0.245-0.949)
Literally homeless, past year	
No	Ref
Yes	0.428 (0.243 – 0.756)
Unknown	0.643 (0.318 – 1.300)

Adjusted analysis of factors associated with SVR

- Greater likelihood of SVR for individuals:
 - Older than 45
 - Housed
 - Reporting heavy alcohol use in the 6 months prior to HCV treatment
- Lower likelihood of SVR for individuals:
 - Younger than 45
 - Currently staying in residential/transitional treatment
 - Recent experience of literal homelessness
 - Referred to treatment from external source or HIV Counseling and Testing Team

- Overall, a large number of homeless and unstably housed individuals, many of whom inject drugs, were successfully treated in a homeless health center-based program
- Challenges persist, most evidently for younger individuals, those who may be more transient, or less well connected to care
- Even within an integrated homeless health center-based program, homelessness and unstable housing were associated with lower SVR
- Housing is healthcare: the HCV-treating community should consider opportunities to support housing-oriented advocacy to further HCV elimination goals

Thank you for your time and attention!

- For questions, contact: Maggie Beiser, mbeiser@bhchp.org
- For more on this data see our other presentations!
 - Research Oral Abstract Session #157, October 14@3:20:
Hepatitis C reinfection among homeless and unstably housed individuals in Boston
 - #158 Virtual Poster
From treatment initiation to cure: Movement along the care cascade among homeless and unstably housed individuals who injection drugs

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