Appendix B

HIV/AIDS Housing Research Findings - NAHC
“For persons battling HIV/AIDS, a stable place to live may decide the length and quality of life itself. It is nearly impossible for a person on the streets to engage in a needed continuous AIDS treatment regimen when the very basic question of where that person will rest his or her head when darkness comes in just a few hours is unresolved. When danger lurks on the streets, when cold numbs the limbs, when tiredness overwhelms the mind, when fear breaks the spirit, a place to call home would make all the difference.”

Henry Cisneros
U.S. Secretary of the Department of Housing and Urban Development
1993 - 1997

Quote from: “AIDS and Behavior”
Special Edition on AIDS Housing Research – November 2007
THE NAHC HOUSING AND HIV/AIDS RESEARCH SUMMIT SERIES

• Health Outcomes       Page 34
• Sound Investment       Page 36
• Preventing Transmission Page 38
• Breaking the Link       Page 40
Stable housing enables people with HIV/AIDS to obtain and adhere to life-saving medical care and treatments. Research demonstrates a direct link between housing and health for people living with HIV/AIDS (PLWHA): lack of housing is a barrier to care, while improved housing status increases access to treatment and adherence to anti-retroviral therapy (ART).

**The NAHC Housing and HIV/AIDS Research Summit Series**

In June 2005 and October 2006, public health experts gathered to share research findings on HIV and housing. The Housing Research Summit Series now provides a regular venue for the presentation of research of significance to HIV/AIDS housing policy, coupled with dialogue about the public policy implications of findings. NAHC will convene Summit III on March 5th-7th, 2008, in Baltimore, Maryland, in collaboration with the Department of Health, Behavior and Society of the Johns Hopkins Bloomberg School of Public Health. The goal is a data-driven public health response to the housing needs of persons living with HIV. For information on the Summit Series and to read the Summit Policy Papers, visit [www.nationalaidshousing.org](http://www.nationalaidshousing.org).
HOUSING IS The Greatest Unmet Need of Persons with HIV/AIDS

National research shows that 40% to 60% of all PLWHA report a lifetime experience of homelessness or housing instability.\(^9\)

The CDC estimates that there are currently 1.2 million people living with HIV/AIDS in the United States, and an estimated 40,000 persons become newly infected each year. AIDS housing experts estimate that about half of those people—over 500,000 households—will need some form of housing assistance during the course of their illness.

At the FY2007 funding level of $286 million, the federal Housing Opportunities for Persons with AIDS (HOPWA) program serves an estimated 67,000 households per year.

91% of these recipients of HOPWA housing assistance have incomes of less than $1000 a month—roughly 60% less than what was needed to afford housing at Fair Market Rents in 2006.\(^{10}\)

WHAT’S NEEDED A Data-Driven HIV/AIDS Housing Policy Agenda

Make affordable housing available to all persons with HIV.
Make housing assistance a top HIV prevention priority.
Incorporate housing as a critical element of HIV health care.
Continue to collect the data needed to inform HIV housing policy.

2 Id.
3 Id.
6 Aidala, 2006.
10 Based on a National Housing Wage (the amount a worker must earn to afford a 2 bedroom apartment at Fair Market Rent) of $16.31 in 2006. Out of Reach 2006, National Low Income Housing Coalition (www.nlihc.org).
HIV/AIDS HOUSING  A Sound Investment of Public Resources

Prevent costly new HIV infections and reduce the use of expensive acute care services by housing homeless and unstably housed people living with HIV/AIDS (PLWHA).

– Action strategy from the NAHC National Housing and HIV/AIDS Research Summit Series

Important new cost analyses indicate that investments in housing reduce other costs by stabilizing PLWHA and reducing HIV infection rates, making housing dollars a wise use of limited public resources.

New reporting from the federal Housing Opportunities for Persons with AIDS (HOPWA) program shows high levels of housing stability at relatively low per-unit costs:

▷ 89% of households receiving average annual rental assistance of $3,750 remain stably housed after one year;
▷ 79% of residents of supportive housing remain stably housed at one year at an average cost of $9,000.1

Stable housing is the strongest predictor of connection to care and good health outcomes among PLWHA.2

Ongoing evaluations of supportive housing programs for persons with HIV/AIDS and other special needs show that the stability created by appropriate housing sharply reduces utilization of costly emergency and inpatient health care services.3

A 2002 study found that such service cost savings offset 95% of the annual cost of supportive housing for mentally ill homeless persons.4

These cost-offset analyses support the provision of supportive housing for PLWHA even before taking into account the substantial costs associated with heightened HIV risk among homeless persons, or the costs resulting from delayed or inconsistent care among unstably housed PLWHA.

Each prevented HIV infection saves an estimated $303,000 in discounted lifetime medical costs.5

Improved housing status is strongly associated with reduced HIV risk behaviors.6

An ongoing Housing and Health (H&H) Study conducted by HUD and the CDC examines the relationship of HIV/AIDS housing to HIV prevention and care, including comparing the costs of HIV/AIDS housing services to the savings associated with prevented HIV infections.

Preliminary findings from the H&H Study indicate that HIV/AIDS housing is both:

▷ cost-effective (service costs divided by medical cost saved plus a value for each quality-adjusted life year saved when an infection is prevented); and
▷ cost-saving (service costs divided by life-time medical cost savings when a transmission is prevented).7

While actual results will not be available until the H&H Study is completed, these analyses indicate that housing for homeless and unstably housed PLWHA is a sound investment of limited public resources.

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Make affordable housing available to all persons with HIV.

Make housing assistance a top HIV prevention priority.

Incorporate housing as a critical element of HIV health care.

Continue to collect the data needed to inform HIV housing policy.

RESEARCH FINDINGS SUPPORT FOUR KEY IMPERATIVES FOR A SOUND HIV/AIDS HOUSING POLICY


THE NATIONAL AIDS HOUSING COALITION

1518 K Street NW, Suite 410 / Washington, DC 20005 / 202.347.0333 / nahc@nationalaidshousing.org / www.nationalaidshousing.org
HIV/AIDS HOUSING Preventing HIV Transmission

Make housing homeless persons a top prevention priority, as housing is a powerful, effective prevention strategy.

– Policy Imperative from the NAHC National Housing and HIV/AIDS Research Summit Series

Important new research demonstrates a direct and independent relationship between improved housing status and reduction in HIV risk behaviors among HIV positive persons with multiple behavior issues, highlighting the significance of housing as an exciting new structural intervention to reduce the spread of HIV.

- Homeless persons face enormous pressures of daily survival needs that supersede efforts to reduce HIV risk, as well as multiple barriers to risk reduction resources.
- Among persons at highest HIV risk due to injecting drug use or high-risk sex, those without a home are significantly more likely than others to become HIV infected over time.¹
- Important new research shows a direct relationship between housing status and risk behaviors among extremely low-income HIV-persons with multiple behavioral issues.²
- Homeless or unstably housed persons were two to six times more likely to use hard drugs, share needles or exchange sex than stably housed persons with the same personal and service use characteristics.³
- Research also shows a strong association between change in housing status and HIV risk behavior change.⁴
- Over time, persons whose housing status improved reduced risk behaviors by half; while persons whose housing status worsened over time were 4 times as likely to exchange sex.⁵
- Access to housing also increases access to antiretroviral medications, which lower viral load and may reduce the risk of transmission.⁶

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Research Findings Support Four Key Imperatives for a Sound HIV/AIDS Housing Policy

3. Id.
8. Based on a National Housing Wage (the amount a worker must earn to afford a 2 bedroom apartment at Fair Market Rent) of $16.31 in 2006. Out of Reach 2006, National Low Income Housing Coalition (www.nlihc.org).

The National AIDS Housing Coalition
1518 K Street NW, Suite 410 / Washington, DC 20005 / 202.347.0333 / nahc@nationalaidshousing.org / www.nationalaidshousing.org
HIV/AIDS HOUSING Breaking the Link Between Homelessness and HIV

Make subsidized, affordable housing available to all low-income people living with HIV/AIDS.

– Policy Imperative from the NAHC National Housing and HIV/AIDS Research Summit Series

New research confirms the link between homelessness and HIV: increased risk of HIV infection among homeless persons, high rates of homelessness among persons living with HIV/AIDS (PLWHA), and deadly consequences for PLWHA from life on the streets or in shelters.

The conditions of homelessness and extreme poverty—the inability to maintain intimate relationships, pressures of daily survival needs, and substance use as a response to stress and/or mental health problems—leave homeless and unstably housed persons extremely vulnerable to HIV infection.1

- Rates of HIV infection are three to sixteen times higher among persons who are homeless or unstably housed, compared to similar persons who are stably housed.2
- 3% to 10% of all homeless persons are HIV positive—ten times the rate of infection in the general population.3
- PLWHA are likewise extremely vulnerable to homelessness, due to discrimination, loss of income, the breakup of relationships and other factors.
- As many as 60% of all persons living with HIV/AIDS report a lifetime experience of homelessness or housing instability.4
- At any given time, up to 16% of all persons with HIV in some communities are homeless—sleeping in shelters, on the street, or in a car.5

- The all-cause death rate among homeless PLWHA is five times the death rate for housed PLWHA.6
- The death rate due to HIV/AIDS is seven to nine times higher among homeless adults compared to the general population.7
- Homeless PLWHA are three times as likely to be outside medical care than housed PLWHA.8
- A recent CDC study found that housing status is one of the strongest predictors of health outcomes for PLWHA, after controlling for other factors such as drug use, mental health and receipt of medical and social services.9
- Compared to stably housed PLWHA, homeless persons experience worse overall physical and mental health, have lower CD4 counts and higher viral loads, and are less likely to receive and adhere to antiretroviral therapy.10

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3 Robertson et al., 2004; Culhane et al., 2001.
7 Kerker, et al., 2005.
10 Id.
12 Based on a National Housing Wage (the amount a worker must earn to afford a 2 bedroom apartment at Fair Market Rent) of $16.31 in 2006. Out of Reach 2006, National Low Income Housing Coalition (www.nlihc.org).