Meeting the goals of the US National HIV/AIDS Strategy and Affordable Care Act will require investment in HIV-specific housing supports

Stable housing is a prerequisite for HIV treatment adherence and risk reduction. Housing assistance is also cost-effective HIV health care

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Policy Background

The U.S. National HIV/AIDS Strategy (NHAS) released in July 2010 set ambitious goals for reducing HIV incidence, reducing the HIV transmission rate, increasing linkage to care for persons living with HIV/AIDS (PLWHA, reducing health disparities, and improving service coordination.

The Affordable Care Act (ACA) introduced health care reform in the U.S. with three basic principles – to increase access to care; increase the quality of care; and lower health care costs.

Increasing attention is focused on the role of housing and other social determinants of health as factors bearing on the success of strategies to achieve the goals of the ACA and the NAHS.

The NAHS highlighted the importance of HIV-related housing services as a key part of a comprehensive HIV service delivery package and set specific goals and metrics for improving housing status for PLWHA.

Randomized Trials Examine Effectiveness & Cost of HIV Housing Interventions

Findings from two major randomized trials link housing assistance for homeless and unstably housed persons with HIV to improved health outcomes and reductions in avoidable health care costs.

These studies are among the first of their kind to examine housing interventions as an independent determinant of health.

Groundbreaking cost analyses also point to housing assistance as an effective strategy to contain public costs.

Housing PLWHA produces net saving in public costs – Findings from the Chicago Housing for Health Partnership (CHHP) Study

The CHHP demonstration compared health outcomes and public costs over 18 months for chronically ill homeless persons discharged from hospital stays: 200+ randomly assigned to supportive housing placement and 200+ discharged to “usual care” in the community.

Among one third of study participants living with HIV/AIDS, those who received a supportive housing placement were twice as likely as those assigned to usual care to have an undetectable viral load at 12 months.

Cost analyses compared total annual cost of publicly funded medical/health, legal, housing (including the supportive housing intervention), and social services used per homeless adult in the intervention and usual care groups.

Compared to usual care, the intervention group generated an average annual public cost savings of $9,809 for chronically homeless persons living with HIV/AIDS (PLWHA) and $6,620 for non-chronically homeless PLWHA.

Stated another way – for every 100 chronically homeless PLWHA housed with case management services, there was a net savings of almost $1 million annually in avoidable publicly funded health and crisis care costs.

Conclusions

In the United States, housing instability among people living with HIV/AIDS is a key structural factor limiting the success of HIV treatment and risk reduction strategies.

People who have access to care but lack stable housing are not achieving treatment effectiveness, which undermines their own health and hinders the potential of “treatment as prevention” or “test and treat” approaches.

Recently published research findings demonstrate that targeted housing interventions are a cost-effective HIV health intervention that in some instance generate substantial public savings that offset their cost.

The results reported here would suggest that such housing services are not only important for improving the health and quality of life of persons living with HIV, but are also a sound economic investment.

Concrete steps at scale to address unmet housing need among people living with HIV will be necessary in order to achieve the treatment and prevention goals of USA National AIDS Strategy and the cost containment objectives of the Affordable Care Act.

References


References


