

The National AIDS Housing Coalition

HOPWA 2015 Budget Request: NAHC recommends \$350 million.

This funding level will enable more than 67,200 households to obtain housing assistance.¹

CURRENT HIV/AIDS HOUSING NEED²

Number of people living with HIV/AIDS (PLWHA)	1.1 million
Number of PLWHA needing housing assistance	145,366
Housing choice voucher cost (CBO estimate)	\$7,700
Total FY2015 Actual Need	\$1.12 billion

In 1992, the National AIDS Commission reported that housing serves as a base from which to receive care. The Housing Opportunities for Persons with AIDS (HOPWA) program was created to address these realities.

- According to the CDC, more than 56,000 people become infected with HIV in the United States each year. National research has shown that housing is the greatest unmet service need for people living with the disease.
- In 2013, \$283.1 million in HOPWA formula funds were awarded to 138 grantees within 138 eligible areas. These grantees represent 94 eligible metropolitan statistical areas (MSAs) and 41 eligible states and Puerto Rico. \$31.1 million in competitive HOPWA funds were renewed for 29 grantees.

HOPWA is one of HUD's most efficient and cost-effective programs.

- 96% of clients receiving rental assistance achieved stability in FY11.
- HOPWA received an "effective" PART rating, the highest rating a program can achieve, from the Office of Management and Budget.
- The program scored 100% scores on Strategic Planning and Program Management and 80% and 87% in the areas of Program Purpose & Design and Results & Accountability, respectively.³

Housing is Cost-Effective HIV Prevention and Care

HIV housing interventions prevent costly new HIV infections, improve HIV health outcomes, reduce mortality, and decrease the use of expensive emergency and hospital services. Action to meet HIV housing needs is far less costly than inaction and is a wise use of limited public resources

Homelessness is expensive and deadly.

- People living with HIV/AIDS who are unstably housed lack ongoing HIV care and rely more on emergency and acute care. They have poorer health outcomes and face a higher risk of early mortality.⁴
- Housing assistance improves access and adherence to antiretroviral medications, which lowers viral load and can reduce the risk of transmission to a partner by 96%.⁵

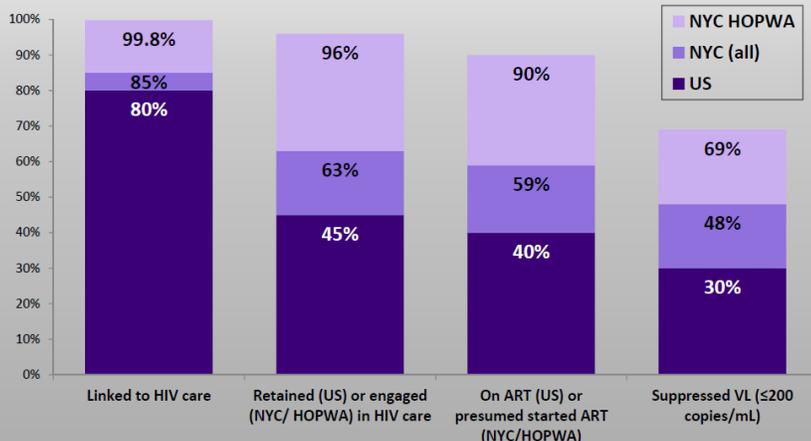
Improved housing stability reduces overall public expense.

- More stable housing for people with HIV has been shown to reduce emergency medical visits by 35% and hospitalizations by 57%.⁶

Housing assistance is a cost-effective HIV health care intervention.

- Each new HIV infection prevented through more stable housing saves countless life years and over \$400,000 in lifetime medical costs.⁷
- A CDC analysis found that poverty is the single most important demographic factor associated with HIV infection among inner-city heterosexuals and that ensuring people with HIV have access to safe and affordable housing greatly reduces their risk of passing on the virus.

US vs. NYC vs. NYC HOPWA, among diagnosed



Among diagnosed PLWH, NYC HOPWA clients have higher engagement in each stage of HIV care vs. NYC and US.

NOTE: Different cascade methods and definitions used for US compared to overall NYC and NYC HOPWA.

Sources: Centers for Disease Control and Prevention. CDC Fact Sheet: HIV in the United States: The Stages of Care, July 2012; New York City HIV/AIDS Surveillance Unit, unpublished slide set, New York City and New York City HOPWA data reported to New York City Department of Health and Mental Hygiene by June 30, 2013.



HOPWA clients have high linkage to and engagement in HIV care

- The HOPWA program emphasizes the importance of HIV care visits
- HOPWA clients are most likely to fall off the cascade at ART and suppression stages, especially if:
 - Low-income
 - Minority
 - Co-occurring conditions such as mental illness and/or substance abuse

1. According to the Office of HIV/AIDS Housing, every \$1 million in HOPWA funds would assist 192 additional households. This number represents an increase of 7,000 households served from the number of 60,480 families being served in FY2013.

2. Unmet HOPWA Needs PY2010-2011. Available at: http://portal.hud.gov/hudportal/documents/huddoc?id=hopwa_unmet_need.xls

3. ExpectMore.gov. Available at: <http://www.whitehouse.gov/omb/expectmore/rating/effective.html>

4. Wolitski, et al., 2010; Buchanan, D.R., Kee, R., Sadowski, L., Kee, R., & Garcia, D. (2009). The health impact of supportive housing for HIV-positive homeless patients: A randomized controlled trial. *American Journal of Public Health*, 99(Suppl 3): S675-S680; Sadowski, L., Kee, R., VanderWeele, T., et al. (2009). Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: A randomized trial. *Journal of the American Medical Association*, 301(17): 1771-76; Flaming, et al., 2009.

5. "HOPWA Results: Stable Housing Outcomes and Improved Access to Care." Presented at the 2009 United States Conference on AIDS by David Vos, Director of HIV/AIDS Housing, U.S. Department of Housing and Urban Development.

6. Wolitski, et al., 2010.

7. "HIV Cost-Effectiveness." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 05 Jan. 2012. Web. 13. Dec. 2012.

HIV/AIDS Housing Need

A snapshot from across the country

AIDS housing need remains at crisis levels throughout the country. Many waiting are homeless or unstably housed and multiply diagnosed with mental health, substance abuse and other health challenges. A sample of NAHC members reveals the high unmet HIV/AIDS housing need in both cities and states:

Dallas, TX: 4,844 households with unmet housing subsidy need and 708 households on the housing waiting list.

Boston, Massachusetts: 915 people on the waitlist.

Florida: Section 8 voucher waiting lists are increasing and Ryan White Part A short term rental assistance is decreasing.

Honolulu, Hawaii: 52 people on the waitlist.

Chicago, Illinois: 10,257 households experiencing unmet need.

Iowa: 38 households reported as having unmet need.

New Orleans, Louisiana: 22,000 people on the Section 8 waiting list, which has not been open in 3 years.

New York, New York: 3,100 persons in need of housing assistance. Black men represent the largest percentage of the population experiencing housing need.

Portland, Maine: 99 individuals and families on the waitlist with an estimated wait time of 2 years.

El Paso, Texas: 111 people on the waiting list with many more people who don't add their name to the list feeling that it is a "hopeless situation."

San Francisco, CA: Housing is the #1 unmet need of the HIV population. There are at least 2,100 homeless LGBTQ San Franciscans.

HOPWA Funding FY2008-2013 (in millions)

Fiscal Year	Formula Allocations	Competitive Grants	Technical Assistance	Total Funding
2010	\$298.5	\$33.2	\$3.35	\$335
2011	\$297.9	\$32.9	\$3.5	\$334.3
2012	\$298	\$33.2	-- ^a	\$332
2013	\$283.1	\$31.1	-- ^a	\$315
2014	--	--	--	TBD

^a Via HUD Transformation Initiative

Evidence presented at the North American Housing and HIV/AIDS Research Summit Series confirms housing's impact on the HIV/AIDS epidemic.⁸

A Necessary Component of HIV Health Care

Among persons at highest risk for HIV, housing status is increasingly identified as a determinant of health outcomes. A long-term ongoing study of people with HIV/AIDS in NYC demonstrates that over a 12-year period, receipt of housing assistance was one of the strongest predictors of accessing HIV primary care, maintaining continuous care, receiving care that meets clinical practice standards and entry into HIV care among those outside or marginal to the health care system.¹⁰

A Tool to End the AIDS Crisis by Preventing New Infections

HIV risk reduction interventions shown to be effective in the general population are less effective among persons homeless/unstably housed than among housed counterparts-including counseling, needle exchange, and other behavioral interventions.¹¹

Spotlight on The Chicago Housing for Health Partnership Program¹²

The Chicago Housing for Health Partnership (CHHP) project seeks to identify chronically ill homeless individuals at hospitals, move them to permanent supportive housing, and then provide them with intensive care management services to help them maintain their health and secure long-term housing stability. During an 18-month research phase for each participant in the program, researchers found that:

- After one year, 55% of HIV-positive participants in the intervention group had a relatively healthy immune system compared to 34% in the usual care group;
- Intervention participants used one-third fewer inpatient hospital days and one-quarter fewer emergency room visits than those in the usual care system;
- 40% of HIV-positive participants in the intervention group had undetectable levels of HIV in their blood as compared to 21% of those in the usual care group; and
- The median HIV viral load was 87% lower in the intervention group than in the usual care group.

8. North American Housing & HIV/AIDS Research Summit VI, Toronto, Ontario, June 2009. Convened by the National AIDS Housing Coalition and the Ontario HIV Treatment Network in collaboration with the Department of Housing and Urban Development Office of Policy, Development Research and the Office of HIV/AIDS Housing.

9. Wolitski, R.J., Kidder, D.P., & Fenton, K.A. (2007). HIV, homelessness and public health: critical issues and a call for increased action. *AIDS and Behavior*, 11(6)/Supp 2:S167-S171

10. Aidala, A.A., Lee, G., Abramson, D.M., Messeri, P., & Siegler, A. (2007). Housing need, housing assistance, and connection to medical care. *AIDS and Behavior*, 11(6)/Supp 2:S101-S115.

11. E.g. Aidala et al, (2005). Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*, 9(3):251-265; Wenzel et al, (2007). Sexual risk among impoverished women: Understanding the role of housing status. *AIDS and Behavior*, 11(6)/Supp 2:S9-S20; German et al, (2007). Residential Transience and HIV Risk Behaviors among Injection Drug users. *AIDS and Behavior*, 11(6)/Supp 2:S21-S30; Kipke et al (2007). Residential status as a risk factor for drug use and HIV risk among young men who have sex with men. *AIDS and Behavior*, 11(6)/Supp 2:S56-69.

12. "Studies on Supportive Housing Yield Results for Health of Homeless and Cost Savings." AIDS Foundation of Chicago, 25 Oct. 2010. Web. <http://www.aidschicago.org/pdf/2012/chhp_data_sheet_2012.pdf>.

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