



Since 2005, the Summit Series has provided an innovative forum to present research on the relationship between housing and HIV prevention and care, and to discuss policy implications of the research findings. Researchers, policy makers, providers and consumers work together to develop evidence-based public policy goals and strategies.

The Summit Series is convened by U.S. National AIDS Housing Coalition (NAHC) and the Ontario HIV Treatment Network (OHTN) and Johns Hopkins Bloomberg School of Health. Summit VII will be held in Montreal, Quebec from September 24-27, 2013.

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HOUSING IS COST-EFFECTIVE HIV PREVENTION AND CARE

Housing for people living with HIV/AIDS saves lives and money.

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 cost far less than inaction, and is a wise use of limited public resources.

Homelessness is expensive and deadly:

- People coping with homelessness are frequent users of expensive crisis services including shelters, jails, and avoidable emergency and hospital care.¹
- 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 don't live as long.²
- People with HIV who are homeless are 2 to 3 times more likely to use an emergency room and to have a detectable viral load than those in stable housing.³

Improved housing stability reduces overall public expense:

- Housing assistance for people with HIV who are homeless improves their health outcomes and dramatically reduces emergency and inpatient health services, criminal justice involvement, and other crisis costs.⁴
- More stable housing for people with HIV has been shown to reduce emergency medical visits by 35% and hospitalizations by 57%.⁵
- Housing assistance leads to savings in avoidable health services that more than offset the costs of housing intervention.⁶

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

- Savings in health care costs support public investment in housing for people with HIV - even before taking into account the savings associated with reducing risk and preventing new infections.⁷
- Each new HIV infection prevented through more stable housing saves countless life years and over \$300,000 in lifetime medical costs.⁸
- Housing assistance is a cost-effective HIV health care intervention for people with HIV/AIDS, with a "cost per quality-adjusted life year" in the same range as widely accepted health care practices.⁹

HOUSING IS THE GREATEST UNMET NEED OF AMERICANS LIVING WITH HIV/AIDS

“The available research makes it readily apparent that access to adequate housing profoundly affects the health of Americans who are at-risk for or living with HIV.”¹⁰

1.1

The number of persons currently living with HIV/AIDS in the United States, with 56,000 newly infected each year.¹¹

MILLION

The number of Households currently served by the federal Housing Opportunities for Persons with AIDS (HOPWA) program.

Less than

60,000

500,000

The number of Americans living with HIV who will need some form of housing assistance during the course of their illness.

More than

140,000

The number of households with HIV in the U.S. that currently lack stable housing and have an unmet need for housing assistance.¹²

What's needed:

Evidence-based HIV/AIDS housing policy



- Make safe, affordable housing available to all people living with HIV
- Make housing assistance a top HIV prevention priority
- Continue to collect the data needed to inform HIV housing policy

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4. Wolitski, et al., 2010; Buchanan, D.R., Kee, R., Sadowski, L.S., & Garcia, D. (2009). The health impact of supportive housing for HIV-positive homeless patients: A randomized controlled trial. *American Journal of Public Health*, 99/Supp 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.
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7. See, e.g.: Wolitski, R., Kidder, D. & Fenton, F. (2007). HIV, homelessness, and public health: Critical Issues and a call for increased action. *AIDS & Behavior*, 11(6)/Supp 2: S167–S171; Holtgrave, D., Briddell, K., Little, E., et al. (2007). Cost and threshold analysis of housing as an HIV prevention intervention. *AIDS & Behavior*, 11(6)/Supp 2: S162–S166.
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