

STABLE HOUSING

A Lifeline for People Living with HIV



Stable housing is critical to helping those living with HIV adhere to treatment, reducing the likelihood of more costly HIV-related complications.

Stable housing plays a critical role in preventing costly new HIV infections, improving HIV-related health outcomes, reducing mortality and decreasing the use of expensive emergency care and other crisis services.¹ Stable housing is critical to helping those living with HIV adhere to treatment, reducing the likelihood of more costly HIV-related complications. In addition, suppression of viral load achieved through adherence to treatment also reduces the likelihood of further transmissions.² Each new HIV infection prevented through stable housing saves countless life years and \$379,668 in lifetime treatment costs.³ Action to meet HIV housing needs, while often seen as costly, actually results in cost savings when considering future transmissions and medical needs.

Increase Funding for HOPWA and Other Housing Programs

The Housing Opportunities for Persons with AIDS (HOPWA) Program, created by Congress in 1992, is designed to provide housing assistance and related supportive services for low-income people living with HIV and their families. HOPWA also facilitates community efforts to develop comprehensive strategies to address HIV-related housing needs and to prevent future homelessness among individuals living with HIV. For fiscal year 2016, the National AIDS Housing Coalition (NAHC), along with an array of national and local HIV coalitions, calls for \$364 million for HOPWA, an increase of \$34 million from the FY 2015 appropriation.

This recommended funding level would expand the HOPWA competitive program by \$8 million and create a separate line for HOPWA technical assistance funded at a minimum of \$3.5 million. Current funding assists approximately 50,000 households, while the U.S. Department of Housing and Urban Development (HUD) acknowledges unmet need of more than 126,000 households.⁴ In reality, HOPWA would need closer to \$1.12 billion to serve all those living with HIV who are in need of housing assistance. With HOPWA meeting only a fraction of the need, it is critical that the range of low-income housing

programs relied on by people living with HIV, including Housing Choice Vouchers, public housing, homeless assistance grants, Section 811 Supportive Housing for Persons with Disabilities and others be adequately funded.⁵

New HOPWA Allocation Formula

The National HIV/AIDS Strategy, released in 2010, acknowledged the need to revise the HOPWA formula to better reflect today's epidemic. A major legislative proposal included in the President's FY 2016 budget modernized the HOPWA formula by:

IN AMERICA:

1.2 million people

Estimated to be living with HIV

50k

Households currently served by HOPWA

126k

Households with HIV-positive members who lack stable housing

500k

People will require some housing assistance during the course of living with HIV

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- basing the formula on Centers for Disease Control and Prevention data for people living with HIV rather than on cumulative AIDS cases;
- including both a housing cost and community need (poverty) factor;
- authorizing as an eligible activity a new short- and medium-term housing intervention; and
- making the HOPWA administrative fee percentage consistent with that allowed under the homeless assistance grant programs.

Under the President's proposal, no grantees would lose eligibility and the formula change would be phased in over three years. During the phase-in, grantees would be held harmless, guaranteed to lose no more than 10% or to gain no more than 20% of the average share of the total formula allocation of the prior fiscal year.⁶

The National AIDS Housing Coalition, along with a broad coalition of HIV-related organizations, support the proposed change with the exception of a request that the formula be phased in over five, rather than three years; that the caps for loss and gain be set at 5% and 10% respectively rather than 10% and 20%; and that additional funding be appropriated so that equity would be achieved through add-up of funds, rather than pulling funds from some jurisdictions to deposit with others.

Supportive Housing as a Cost-Effective Intervention for Treatment and Prevention of HIV

People experiencing homelessness are at a greater risk of becoming infected with HIV, and people living with HIV experience high rates of housing loss and instability. For people struggling with managing HIV as a complex and chronic condition, housing is an essential cornerstone of health and stability, facilitating their access and adherence to often complex treatment regimens.⁷ Housing is the greatest unmet need of people living with HIV. It has been estimated that as many as half of all people living with HIV will need housing assistance at some point during their illness.⁸ As with other chronic conditions that may make it difficult for an individual to find or maintain gainful employment, HIV can be an impoverishing disease, requiring public subsidies for basic needs, including housing.

Conclusion

HOPWA improves health outcomes, reduces mortality rates and decreases use of expensive emergency services for people living with HIV. Not only does HOPWA address one of the greatest unmet needs of people living with HIV — it helps prevent costly new HIV infections. Meeting the housing needs for people living with HIV/AIDS is critical for achieving goals under the National HIV/AIDS Strategy and ending the U.S. HIV epidemic.

¹ Sadowski LS, 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. *JAMA* 301(17):1771–78. <http://jama.jamanetwork.com/article.aspx?articleid=183842>

² Cohen MS, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med*. August 11, 2011. www.nejm.org/doi/full/10.1056/NEJMoa1105243

³ Centers for Disease Control and Prevention (CDC). HIV cost-effectiveness. April 2013. www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/

⁴ Department of Housing and Urban Development (HUD). HOPWA performance profile 2013–2014 program year. https://www.hudexchange.info/reports/HOPWA_Perf_NatlForm_2013.pdf National Low Income Housing Coalition. Federal budget and appropriations fact sheet. http://nlihc.org/sites/default/files/FY14_Budget_Approps_FS.pdf and FY 2014 budget chart, http://nlihc.org/sites/default/files/FY14_Budget_Chart_HUD_USDA.pdf

⁵ HUD. FY 2015 congressional justifications, p. X-15–X-16. http://portal.hud.gov/hudportal/documents/huddoc?id=fy15cj_hsgng_opp_aids.pdf

⁶ Wolitski RJ, et al., 2010. Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS Behav*. 14(3):493–503; Buchanan, et al., 2009. The health impact of supportive housing for HIV-positive homeless patients: A randomized controlled trial. *Am J Public Health*, 99/Supp3:675–680; Bekele T, et al., 2013. Direct and indirect effects of perceived social support on health-related quality of life among persons living with HIV/AIDS: Results from the Positive Spaces Health Places Study. *AIDS Care*, 25(3):337–346; Aidala A, et al., 2007. Housing need, housing assistance, and connection to medical care. *AIDS Behav*. 11(6)/Supp2:S101–S115.

⁷ National AIDS Housing Coalition. Findings and recommendations from the office of national AIDS policy consultation on housing and HIV prevention and care. December 17, 2009. <http://nationalaidshousing.org/PDF/ONAP%20Recommendations.pdf>

⁸ Aidala A, et al., 2007. Why housing? *AIDS Behav*. 11(6)/Supp2:S1–S6; Kidder D., et al., 2008. Housing status and HIV risk behaviors among homeless and housed persons with HIV. *JAIDS*, 49(4):451–455; Aidala A., et al., 2005. Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS Behav*. 9(3):251–265.

⁹ German D, et al., 2007. Residential transience and HIV risk behaviors among injection drug users. *AIDS Behav*. 11(6)/Supp2: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 Behav*. 11(6)/Supp2:S56–69.