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. Stable housing is critical to helping people living with HIV adhere to treatment and reduce 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. Each new HIV infection prevented through stable housing saves countless life years and $379,668 in lifetime treatment costs. Action to meet HIV housing needs, while often seen as costly, actually results in cost savings when considering the prevention of future HIV transmissions and associated medical needs.

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

For people 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. Housing is one of the greatest unmet needs 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 lifetime. Homelessness is independently associated with increased rates of behaviors that can transmit HIV, even after accounting for other factors such as substance use, mental health, and access to services. As with other chronic conditions that may make it difficult for an individual to find or maintain gainful employment, HIV can be impoverishing, requiring public subsidies for basic needs, including housing. In 2015, many communities across the country have collected data demonstrating that through overlaying housing on the HIV care continuum, health outcomes are improved. Safe, affordable, decent, and supportive housing has a positive impact on health outcomes.

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. In December 2015, HOPWA was funded at $335 million—a $5 million increase over the FY 2015 appropriated level of $330 million. The measure did not include the update to the HOPWA formula.
as called for in the National HIV/AIDS Strategy, as well as the President’s FY 2015 and FY 2016 budgets and still falls far, far short of the need.

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. 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 are adequately funded.5

Modernize the HOPWA Allocation Formula
The National HIV/AIDS Strategy for the United States—released in 2015 and updated through 2020—while not directly mentioning housing and HOPWA, acknowledges the need to allocate public funding consistent with the geographic distribution of the epidemic. A major legislative proposal included in the President’s FY 2016 budget modernized the HOPWA formula by:

- Basing the formula on Centers for Disease Control and Prevention data for people living with HIV consistent with the approaches utilized by the Ryan White Program, rather than on cumulative AIDS cases,
- Including both a housing cost and community need (poverty) factor,
- Authorizing a new short- and medium-term housing intervention as an eligible activity, and
- Making the HOPWA administrative fee percentage consistent with that allowed under the homeless assistance grant programs.

The House Votes to Modernize HOPWA
On February 2, 2016 the House passed the Housing Opportunity Through Modernization Act of 2015 (H.R. 3700) to extend affordable housing to more low-income families with nearly unanimous bi-partisan support. The bill also included an amendment by Representatives David Price (D-NC) and Robert Aderholt (R-AL) that would modernize the HOPWA funding formula. The amendment calls for formula changes as outlined by the President above with the exception that changes be phased in over five years; and includes caps for losses and gains to any jurisdiction be set at 5% and 10% respectively.

Moving Forward with HOPWA Modernization
The National AIDS Housing Coalition (NAHC), along with an array of national and local HIV coalitions call for Senate passage of the House passed H.R. 3700 including the HOPWA modernization language and for a robust fiscal year 2017 investment of $375 million for HOPWA, an increase of $40 million from the FY 2016 appropriation.

This recommended funding level includes the additional resources needed to modernize the HOPWA formula in order to increase funding in rural and other high-incidence areas while maintaining infrastructure in urban areas. This amount would also allow HUD to create a separate line for HOPWA technical assistance, funded at a minimum of $3.5 million.

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 is critical for achieving goals under the National HIV/AIDS Strategy and ending the U.S. HIV epidemic.