The National AIDS Housing Coalition

HOPWA 2008 Need
NAHC recommends $454 million. Here's why:

2008 ACTUAL HOPWA NEED

Estimated Number of People Living with HIV/AIDS	1,100,000
Number of People living with HIV/AIDS needing some form of housing assistance	50%
Number of Individuals Potentially Served	550,000
Average Annual Cost per Person Served (including Supportive Services and Rental Assistance)	$6,500
Total FY2008 Actual Need	$ 3,575,000,000

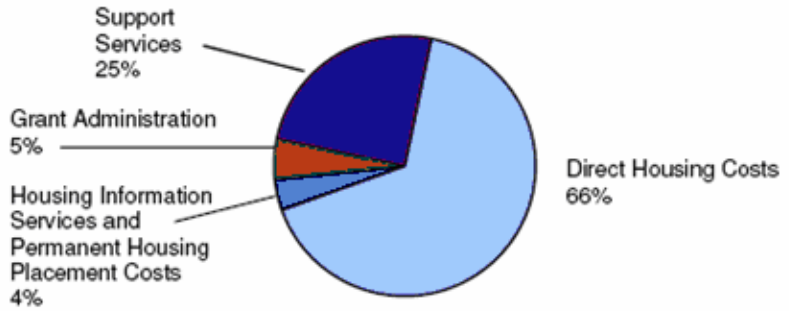
Since 1992 the Housing Opportunities for Persons with AIDS Program (HOPWA) has provided a national safety net of housing and support services for people living with HIV/AIDS and their families. The Centers for Disease Control and Prevention (CDC) currently estimates that as many as 1,185,000 are living in the United States with a diagnosis of HIV or AIDS.

- HOPWA housing assistance **helps prevent homelessness and creates access to medical care and support services** for individuals and families affected by HIV and AIDS. Experts estimate that roughly half of people living with HIV/AIDS will need some form of housing assistance during the course of their illness and national research has shown that **housing is the greatest unmet service need** for people living with the disease.

- The FY2007 HOPWA appropriation of $286 million – $9 million less than HOPWA's highest funding level (2004) – must support the delivery of housing and related services in 122 jurisdictions eligible for formula allocations. **Two more jurisdictions will qualify in FY2008.**

- In FY2006, the HOPWA program funded 35 competitive grants to nonprofit groups, state agencies, and local governments to provide housing and supportive services for low income people with HIV/AIDS and their families.

Distribution of HOPWA Expenditures: Program Year 2003



[2]Source: HUD Data provided to GAO, published in "Changes Needed to Improve the Distribution of Ryan White CARE Act and Housing Funds" (GAO Report, 2/06)

70% of HOPWA funds go directly to housing assistance and placement.

- **The need for stable and affordable housing is more urgent than ever as more people are living longer with HIV/AIDS and housing costs increase.** Improved drug therapies and medical care have dramatically reduced the number of AIDS deaths. According to the National Low Income Housing Coalition's *Out of Reach* study, the 2006 national housing wage was $16.21. An American worker must earn this hourly wage working 40 hours per week 50 weeks a year to afford housing at the fair market rent for his or her family. According to HUD, 91% of HOPWA clients have family incomes less than $1,000 per month, roughly 60% less than what is needed to afford housing, using the national housing wage as a standard of affordability.

- **New research demonstrates a strong link between housing and HIV prevention.** The CDC estimates that there are still 40,000 people newly infected with HIV each year. Improvements in housing status are strongly associated with lowered rates of HIV risk behavior and are more likely to get into and stay in care. These findings suggest that housing may be an important, cost-effective method of preventing transmissions thus improving overall community health and reducing treatment and care costs.

- **HIV/AIDS disproportionately affects people of color, and the poor**. Although African Americans make up only 12.5% of the U.S. population, in 2003 they accounted for 50% of the new HIV/AIDS diagnoses. AIDS is now the leading cause of death for African American women ages 25-34. Recent research also shows a strong correlation between higher AIDS rates and lower income. These rates may be affected by lack of access to high-quality medical care and HIV prevention education.

NAHC recommends an additional $168 million in HOPWA funding: $454 million for FY2008. This increase will reduce waiting lists for HOPWA housing; assist communities in developing new housing for poor individuals with HIV/AIDS and their families; provide rental assistance; establish strategic housing plans; help the thousands of low-income people receiving assistance through the recently reauthorized Ryan White CARE Act get the housing assistance vital to the success of their medical treatments; and make a minimal level of supportive services available to keep people in their housing and fill gaps in comprehensive care.

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. In many regions providers don't maintain waiting lists because assistance is simply not available. A sample of only eleven NAHC members reveals nearly 4,500 people with HIV/AIDS waiting for transitional or permanent housing, not including their family members. For example:

- In **Alabama**, more than 7,000 people with HIV/AIDS and nearly 3,000 family members receive HOPWA and other assistance. Still, more than 200 PWAs languish in shelters or on the streets because housing is not available.
- In **Hartford, CT**, 87% of those requesting housing assistance are turned away because housing resources are not available.
- The number of clients receiving assistance through Doorways Interfaith Residences in **St. Louis, MO** increased by more than 45% in 2006 due to an explosion of need.
- 171 individuals are awaiting housing assistance from AIDS Services of **Dallas**.
- In **San Francisco**, approximately 45% of people on the housing waitlist report that they are homeless or have a history of homelessness and over 50% have an income below $1000 per month (less than 20% of the Area Median Income). Eighty percent of residents currently living in HOPWA-funded housing have incomes below 20% of AMI.
- In **Oregon**, outside of Portland, 2 in 5 clients identified housing as their greatest need; 1 in 4 lived in unstable situations in past 12 months; and, 1 in 7 had been homeless in the past 2 years.
- In **Honolulu**, all AIDS-specific housing programs are at full capacity with long wait-lists of a year or more. Further, the Section 8 wait-list includes 10,500 people and has been suspended.

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HOPWA Funding 2004-2007 (in millions $)				
Fiscal Year	Formula Allocations	Competitive Grants	Technical Assistance	Total
2004	263.1	29.2	2.5	294.7
2005	251.3	27.9	2.4	281.7
2006	256.2	28.5	1.5	286.1
2007	256.2	28.5	1.5	286.1*

*The HUD appropriations bill was not completed by the 109th Congress. The current Continuing Resolution (expiring February 15) funds HOPWA at the FY2006 level; H. J. Res 20 did the same.

Source for 2004-2006 data: HUD's *"Housing Opportunities for Persons with AIDS"* fact sheet, Available online: http://www.hud.gov/offices/cpd/aidshousing/library/factsheet2006.pdf

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AIDS Housing: *A Sound Investment of Limited Public Resources*

Recent cost analysis research has indicted that housing is a cost-effective HIV prevention and treatment intervention for homeless and unstably housed people living with HIV/AIDS. Results from the HUD/CDC Housing and Health study, which assessed the ability of housing to reduce transmissions and improve health, will provide us with the most comprehensive data to date. While actual results are not yet available, analyses indicate that housing interventions for PLWHA are both **cost effective** and **cost-saving**, making housings costs a sound investment of public resources. [1]

Even modest investments in housing reduce other costs by stabilizing individuals and reducing infection rates:

- In 2006, HUD utilized a new HOPWA reporting format to examine 2004-2005 costs and 2005-2006 outcomes which found high levels of stability achieved at relatively low per-unit costs: [2]

Type of Assistance	Avg. Annual Cost	% of Households Stable After One Year
Rental Assistance	$3,750	89%
Housing w/ On Site Support Services	$9,056	79%
Short term assistance	$811	46%

- **Over 80%** of all HOPWA assisted households were able to achieve maximum stability, reducing risks of homelessness and participating in health care. [3]
- A 2002 evaluation of mental health supportive housing in NYC demonstrated that **95% of the housing costs were offset** by a reduction in costly utilization of other services such as emergency rooms and inpatient care. [4]
- Each prevented HIV infection saves **$303,000** in lifetime medical costs. [5]

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[1] Holtgrave, David, "*Why Economic Evaluation in HIV Prevention? And an Update on H&H Economic Evaluation Work*," NAHC Research Summit II presentation, 2006
[2] U.S. Department of Housing and Urban Development, *Housing Opportunities for Persons with AIDS* fact sheet, 2006 and Vos, David, "*Quantifying and Measuring Outcomes of Housing Interventions,"* NAHC Research Summit II presentation, 2006.
[3] Id.
[4] Culhane, Dennis, "*The Co-occurrence of AIDS and Homelessness*," NAHC Research Summit II Presentation, 2006.
[5] Schackman, et al, *"The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States*", Medical Care, VOl. 44, No. 11, p. 990, Nov. 2006.