

The National AIDS Housing Coalition

HOPWA 2011 Budget Request: NAHC recommends \$410 million.

This funding level will enable more than **14,000 households** to obtain housing and supportive services to help them remain housed, reducing the total unmet housing need by **over 10%**.

CURRENT HIV/AIDS HOUSING NEED

Estimated Number of People Living with HIV/AIDS	1,200,000
Percentage of People living with HIV/AIDS needing some form of housing assistance	72% ⁱ
Number of Households Potentially Served	864,000
Average Annual Housing Choice Voucher Cost	\$7,500
Total FY2011 Actual Need	\$3.2 billion

To remain on target doubling the number of households added to HOPWA during FY2009, **NAHC proposes funding HOPWA at \$410 million in FY2011.** The HOPWA Program conservatively estimates more than 125,000 households with unmet need.

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.

- **HOPWA housing assistance helps prevent homelessness and creates access to medical care and support services** for individuals and families affected by HIV/AIDS. There is still the perception that the HIV/AIDS Epidemic is under control, but in reality, AIDS is still an active crisis. In August 2009, the CDC presented new information on annual HIV infections. More than 56,000 people became infected with HIV in the past year in the U.S. National research has shown that **housing is the greatest unmet service need** for people living with the disease.
- In FY 2009, HOPWA funded housing assistance and housing-related supportive services through 133 formula grants and 105 competitive grants.

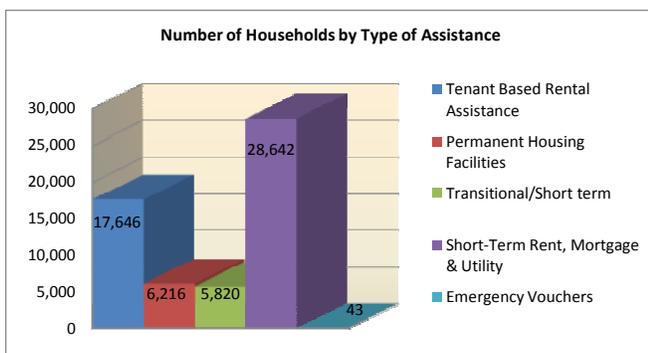
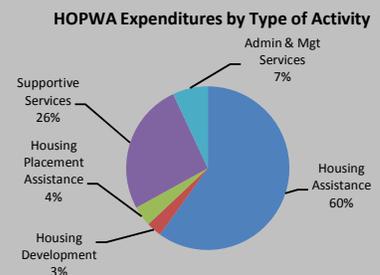


Chart and graph source: "HOPWA Results: Stable Housing Outcomes and Improved Access to Care", David Vos, Director of Office of HIV/AIDS Housing, HUD, presented at United States Conference on AIDS 2009.

- **The need for stable and affordable housing is more urgent than ever as more people are living longer with HIV/AIDS and housing costs skyrocket.** 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 2009 national housing wage is \$17.84. An American worker must earn this hourly wage working 40 hours per week, 52 weeks a year, to afford housing at the fair market rent for his or her family. According to HUD, 83% of HOPWA clients have extremely low incomes.

- **Housing is prevention.** Important new research demonstrates a direct and independent relationship between improved housing status and reduction in HIV risk behaviors among HIV positive persons with multiple behavior issues, highlighting the significance of housing as an exciting new structural intervention to reduce the spread of HIV. Homeless persons face enormous pressures of daily survival needs that supersede efforts to reduce HIV risk, as well as multiple barriers to risk reduction resources. Homeless or unstably housed persons were two to six times more likely to use hard drugs, share needles, or exchange sex than stably housed person with the same personal and service characteristics. Access to housing also increases access to antiretroviral medications, which lower viral load and may reduce the risk of transmission.

- **HIV/AIDS disproportionately affects people of color, the poor, and those from the South.**² Although African Americans make up only 12% of the U.S. population, in 2006 they accounted for 45% of the new HIV infections and 49% of new AIDS diagnoses. HIV/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. The South has the highest number of new AIDS diagnoses in the U.S. as a region. Many areas face ongoing poverty and discrimination, placing individuals and communities at elevated risk of infection



\$410 million for FY2011 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 Ryan White CARE Act get the housing assistance vital to the success of their medical treatments
- Make a minimal level of supportive services available to keep people in their housing and fill gaps in comprehensive care.

HOPWA Funding 2005-2009
(in millions \$)

Fiscal Year	Formula Allocations	Competitive Grants	Technical Assistance	Total
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
2008	\$267.4	\$29.7	\$1.5	\$300.1
2009	\$276.1	\$30.1	\$1.5	\$310
2010	\$298.5	\$33.2	\$3.35	\$335

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. Rather than hold out false hope, in many regions providers don't maintain waiting lists. A sample of NAHC members reveals the high unmet housing need for people with HIV/AIDS across the country. For example:

- In **Alabama**, there are currently 47 families on a waiting list for Tenant Based Rental Assistance (TBRA), and 15 families on a waiting list for permanent housing assistance. This jurisdiction's permanent housing program is at 100% occupancy, while the TBRA program has been closed to new applicants since June 2008. Of the families on the waiting list, 77% are living at or below poverty level.
- 699 families across **Massachusetts** are on waiting lists for AIDS housing assistance – 355 in Greater Boston alone.
- In **San Francisco**, the city's centralized housing waiting list has over 1,000 people, and has been closed to new applicants since November of 2001. The number of people living with HIV/AIDS grows every year in San Francisco, meaning that there are more people who need HOPWA-funded activities each year. Despite this reality, HOPWA funds to SF have remained relatively flat for many years until the slight increase in 2009.
- There are 4,637 PLWHA on the waiting list for housing assistance in **Dallas** – almost a third of all PLWHA for that city (15,168). As high as this number is, it only reflects those who have gone through a basic level of eligibility documentation, so the real need could be even higher. In needs assessments, housing assistance was ranked 2nd and 3rd in overall unmet need, surpassed only by dental care.
- In **Minnesota**, 11 HIV/AIDS housing projects are able to serve just 245 families with available HOPWA funds, while 165 remain on waiting lists.
- The local HOPWA project sponsor in **San Jose** has a waiting list of 273 families, dwarfing the 190 total households it is able to serve.
- The overall number of unmet need in **Central Ohio** from 2004-2009, based on the current 2010-2014 Consolidated Plan for the city of Columbus which includes HOPWA, stated 770 as the unmet HIV/AIDS housing need.

Evidence presented at the North American Housing and HIV/AIDS Research Summit IV confirms housing's impact on the HIV epidemic.³

HIV/AIDS Housing is:

- **A Basic Human Right**
“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. Sadly, much of the public health community has been slow to recognize this fact and take action to address it.” Homelessness and unstable housing are strongly associated with greater HIV risk, inadequate health care, poor health outcomes, and early death.⁴
- **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 to 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.⁵
- **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.⁶

HOPWA is one HUD's Most Efficient and Cost-Effective Programs.

- **During program year 2009, 94% of HOPWA clients receiving rental assistance achieved stability.**
- **In September 2008 HOPWA received an “effective” PART (Performance Assessment Rating Tool) rating from the Office of Management and Budget. The program scored high marks in the areas of Program Purpose, Design and Results and 100% scores on Planning and Management.**
<http://www.whitehouse.gov/omb/expectmore/rating/effective.html>

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3. North American Housing & HIV/AIDS Research Summit IV, Washington, D.C., June 2009. Convened by the National AIDS Housing Coalition and the Ontario HIV Treatment Network in collaboration with the Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health.
4. Wolitski, R.J., Kidder, D.P., & Fenton, K.A. (2007). HIV, homelessness and public health: critical issues and a call or increased action. *AIDS and Behavior*, 11(6)/Supp 2:S167-S171
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