

The National AIDS Housing Coalition

HOPWA 2012 Budget Request: NAHC recommends \$427 million.

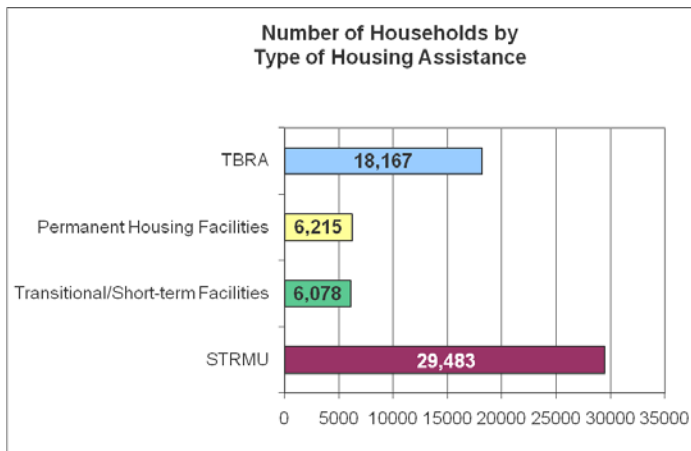
This funding level will enable more than 16,500 additional households to obtain housing assistance.*

CURRENT HIV/AIDS HOUSING NEED

| | |
|---|-----------------------|
| Number of people living with HIV/AIDS (PLWHA) | 1.1 million |
| Number of PLWHA needing housing assistance | 140,000 |
| Housing choice voucher cost (CBO estimate) | \$7,700 |
| Total FY2012 Actual Need | \$1.08 billion |

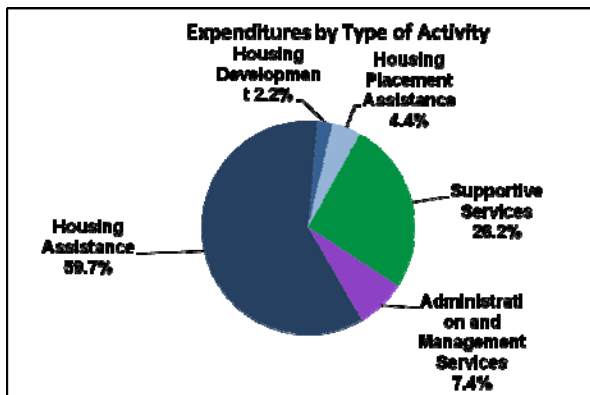
In 1992, the National AIDS Commission reported that housing serves as a base from which to receive care. The Housing Opportunities for Persons with AIDS (HOPWA) program was created to address these realities.

- According to the CDC, more than 56,000 people become infected with HIV in the United States each year. National research has shown that housing is the greatest unmet service need for people living with the disease.
- In FY2010, \$298.485 million in HOPWA formula funds were awarded to 133 grantees. These grantees represent 92 eligible metropolitan statistical areas (MSAs) and 41 eligible states. \$33,165 million in competitive HOPWA funds were renewed for 29 grantees.



HOPWA is one of HUD's most efficient and cost-effective programs.

- 94% of clients receiving rental assistance achieved stability in FY10.
- HOPWA received an "effective" PART rating, the highest rating a program can achieve, from the Office of Management and Budget.
- The program scored 100% scores on Strategic Planning and Program Management and 80% and 87% in the areas of Program Purpose & Design and Results & Accountability, respectively.¹



Evidence presented at the North American Housing and HIV/AIDS Research Summit Series confirms housing's impact on the HIV/AIDS epidemic.²

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.³

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 of 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.⁴

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.⁵

Charts: "Housing for Persons with HIV/AIDS: Stable Housing Outcomes", presented at United States Conference on AIDS 2010 by David Vos, Director of Office of HIV/AIDS Housing, U.S. Department of Housing and Urban Development.

1. ExpectMore.gov. Available at: <http://www.whitehouse.gov/omb/expectmore/rating/effective.html>
2. North American Housing & HIV/AIDS Research Summit V, Toronto, Ontario, 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 at the Johns Hopkins Bloomberg School of Public Health.
3. Wolitski, R.J., Kidder, D.P., & Fenton, K.A. (2007). HIV, homelessness and public health: critical issues and a call for increased action. *AIDS and Behavior*, 11(6)/Supp 2:S167-S171
4. Aidala, A.A., Lee, G., Abramson, D.M., Messeri, P., & Siegler, A. (2007). Housing need, housing assistance, and connection to medical care. *AIDS and Behavior*, 11(6)/Supp 2:S101-S115.
5. E.g. Aidala et al. (2005). Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*, 9(3):251-265; Wenzel et al. (2007). Sexual risk among impoverished women: Understanding the role of housing status. *AIDS and Behavior*, 11(6)/Supp 2:S9-S20; German et al. (2007). Residential Transience and HIV Risk Behaviors among Injection Drug users. *AIDS and Behavior*, 11(6)Supp 2: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 and Behavior*, 11(6)/Supp 2:S56-69.

* According to the Office of HIV/AIDS Housing, every \$5 million in HOPWA funds would assist 900 additional households.

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. A sample of NAHC members reveals the high unmet HIV/AIDS housing need in both cities and states:

- *Alabama*: **3,621 households** have unmet housing need
- *Los Angeles, California*: **Over 8,000 households** have unmet housing needs
- *San Francisco, California*: **13,000 households** have unmet housing needs
- *San Jose, California*: **279 households** are on the waiting list for HOPWA assistance
- *District of Columbia*: **Over 700 households** are on the waiting list for HOPWA assistance
- *Tampa, Florida*: **284 households** are on the waiting list for tenant- and facility-based housing assistance
- *Honolulu, Hawaii*: **130 households** are on the waiting list for HOPWA assistance
- *Chicago, Illinois*: **10,257 households** have unmet housing needs
- *Iowa*: **115 households** have unmet housing needs
- *Maine*: **110 households** are on the waiting list for HOPWA assistance
- *Lowell, Massachusetts*: **624 households** have unmet housing needs
- *Minnesota*: **309 households** are on the waiting list for HOPWA assistance
- *New York City*: **11,000 households** have unmet housing needs
- *Syracuse, New York*: **103 households** are on the waiting list for rental assistance
- *Columbus, Ohio*: **115 households** are on the waiting list for tenant-based rental assistance
- *Oregon*: **202 households** are on the waiting list for HOPWA assistance
- *Philadelphia, Pennsylvania*: **6,000 households** have unmet housing needs
- *Dallas, Texas*: **617 households** are on the waiting list for HOPWA assistance
- *El Paso, Texas*: **56 households** are on the waiting list for HOPWA assistance
- *Seattle, Washington*: **425 households** have unmet housing needs

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HOPWA Funding FY2007-2010 (in millions)

| Fiscal Year | Formula Allocations | Competitive Grants | Technical Assistance | Total Funding |
|-------------|---------------------|--------------------|----------------------|---------------|
| 2007 | \$256.2 | \$28.5 | \$1.5 | \$286.1 |
| 2008 | \$267.4 | \$29.7 | \$1.5 | \$300.1 |
| 2009 | \$276.1 | \$30.7 | \$1.5 | \$310 |
| 2010 | \$298.5 | \$33.2 | \$3.35 | \$335 |

FY2011 HOPWA Funding: TBD

| | |
|---|---------------|
| President's Request: | \$340 million |
| House of Representatives Passed: | \$350 million |
| Senate Appropriations Committee Passed: | \$340 million |

Housing costs are skyrocketing.

According to the National Low Income Housing Coalition, the 2010 national housing wage is \$18.44. An American worker must earn this hourly wage working 40 hours per week, 52 weeks a year, to afford a two-bedroom rental unit at the fair market rent.⁶ According to HUD, 83% of HOPWA clients have extremely low incomes (below 30% of area median income).⁷

Housing is prevention.

Research demonstrates a direct and independent relationship between improved housing status and reduction in HIV risk behaviors. Homeless or unstably housed persons are up 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 reduce the risk of transmission. There is growing consensus among HIV/AIDS experts that HIV prevention strategies will not succeed without attention to housing status and other structural factors that shape or constrain individual behavior.⁸

Housing is cost-effective.

Data from two major studies demonstrate that HIV housing investments reduce other public costs by improving the health of PLWHA and preventing new infections, making housing dollars a wise use of limited public resources. In the Chicago Housing for Health Partnership (CHHP) study, savings in avoidable health services more than offset the costs of the CHHP housing program.⁹ Preliminary calculations from the CDC and HUD Housing and Health (H&H) study indicate that housing is a cost effective health care intervention for PLWHA, with a cost per QALY in the same range as HAART and other widely accepted health care interventions such as renal dialysis.¹⁰

The CDC says poverty and HIV are linked.

The CDC released a first-of-its-kind analysis in July 2010 showing that 2.1 percent of heterosexuals living in high-poverty urban areas in the United States are infected with HIV. This analysis suggests that many low-income cities across the United States now have generalized HIV epidemics. The analysis also shows that poverty is the single most important demographic factor associated with HIV infection among inner-city heterosexuals. Contrary to severe racial disparities that characterize the overall U.S. epidemic, researchers found no differences in HIV prevalence by race/ethnicity in this population.¹¹

6. National Low Income Housing Coalition, "Out of Reach 2010," June 2010. Available at: <http://www.nlihc.org/oor/oor2010/oor2010pub.pdf>

7. "HOPWA Results: Stable Housing Outcomes and Improved Access to Care." Presented at the 2009 United States Conference on AIDS by David Vos, Director of HIV/AIDS Housing, U.S. Department of Housing and Urban Development.

8. Purcell, D.W. and McCree, D.H. (2009). Recommendations from a research consultation to address intervention strategies for HIV/AIDS prevention focused on African Americans. *American Journal of Public Health*, 99(11): 1937-1940; Auerbach, J. (2009). Transforming social structures and environments to help in HIV prevention, *Health Affairs*, 28(6): 1655-1665; Gupta, G. R., Parkhurst, J. O., Ogden, J. A., et al. (2008). Structural approaches to HIV prevention. *Lancet*, 372(9640): 764-775.

9. Aids Foundation of Chicago, "Studies on Supportive Housing Yield Promising Results for Health of Homeless," September 2009.

10. "An Update on the H&H Economic Evaluation," Presented at the 2009 National HIV Prevention Conference by David Holtgrave, Johns Hopkins Bloomberg School of Public Health.

11. CDC Press Release: "New CDC Analysis Reveals Strong Link Between Poverty and HIV Infection." July 19, 2010. Available at: <http://www.cdc.gov/nchhstp/newsroom/povertyandhivpressrelease.html>