

The National AIDS Housing Coalition

HOPWA 2013 Budget Request: NAHC recommends \$380 million.

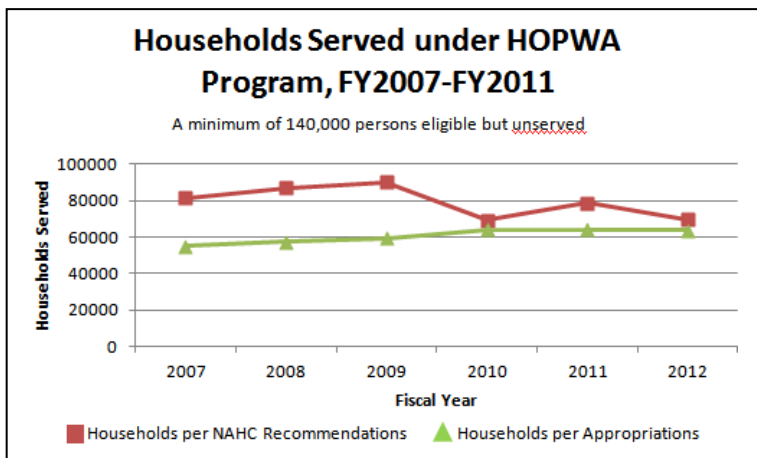
This funding level will enable more than 72,960 households to obtain housing assistance.¹

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 FY2013 Actual Need	\$1.08 billion

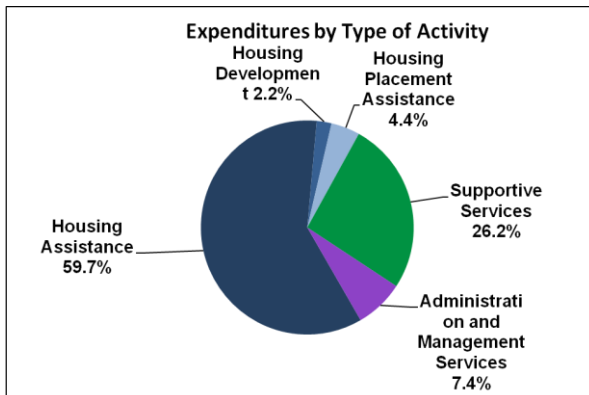
In 1992, the National AIDS Commission reported that housing serves as a base from which to receive care. The Housing Opportunities for Persons with AIDS (HOPWA) program was created to address these realities.

- 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 FY2012, \$298.8 million in HOPWA formula funds were awarded to 125 grantees within 135 eligible areas. These grantees represent 94 eligible metropolitan statistical areas (MSAs) and 41 eligible states and Puerto Rico. \$33.6 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.²



Source: HUD Office on HIV/AIDS Housing

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

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 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.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

1. According to the Office of HIV/AIDS Housing, every \$1 million in HOPWA funds would assist 192 additional households. This number represents an increase of 12,494 households served from the number of 60,466 families being served in FY2012.

2. ExpectMore.gov. Available at: <http://www.whitehouse.gov/omb/expectmore/rating/effective.html>

3. North American Housing & HIV/AIDS Research Summit VI, Toronto, Ontario, June 2009. Convened by the National AIDS Housing Coalition and the Ontario HIV Treatment Network in collaboration with the Department of Housing and Urban Development Office of Policy, Development Research and the Office of HIV/AIDS Housing.

34. 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

5. 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.

6. 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.

Housing is Cost-Effective HIV Prevention and Care.

Housing for people living with HIV/AIDS saves lives and money. HIV housing interventions prevent costly new HIV infections, improve HIV health outcomes, reduce mortality, and decrease the use of expensive emergency and hospital services. Action to meet HIV housing needs costs far less than inaction, and is a wise use of limited public resources.

Homelessness is expensive and deadly.

- People living with HIV/AIDS who are unstably housed lack ongoing HIV care and rely more on emergency and acute care. They have poorer health outcomes and face a higher risk of early mortality.¹²

Improved housing stability reduces overall public expense.

- Housing assistance for people with HIV who are homeless improves their health outcomes and dramatically reduces emergency and inpatient health services, criminal justice involvement, and other crisis costs.¹³
- More stable housing for people with HIV has been shown to reduce emergency medical visits by 35% and hospitalizations by 57%.¹⁴
- Housing assistance leads to savings in avoidable health services that more than offset the costs of the housing intervention.

Housing assistance is a cost-effective HIV health care intervention.

- Savings in health care costs support public investment in housing for people with HIV – even before taking into account the savings associated with reducing risk and preventing new infections.¹⁵
- Each new HIV infection prevented through more stable housing saves countless life years and over \$300,000 in lifetime medical costs.¹⁶
- Housing assistance is a cost-effective HIV health care intervention for people with HIV/AIDS, with a “cost per quality-adjusted life year” in the same range as widely accepted health care practices.¹⁷
- 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.

HOPWA Funding FY2008-2012 (in millions)

Fiscal Year	Formula Allocations	Competitive Grants	Technical Assistance	Total Funding
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
2011	\$297.9	\$32.9	\$3.5	\$334.3
2012	\$298	\$33.2	-- ^a	\$332

^a Via HUD Transformation Initiative

Housing costs are skyrocketing.

According to the National Low Income Housing Coalition, the 2011 national housing wage is \$18.46. 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. Housing assistance improves access and adherence to antiretroviral medications, which lowers viral load and can reduce the risk of transmission to a partner by as much as 96%.⁸ 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.⁹ In fact, housing status is a more significant predictor of health outcomes than individual characteristics such as demographics, drug and alcohol use, and receipt of social services.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. National Institute of Allergy and Infectious Diseases (NIAID) (2011). *Treating HIV-infected People with Antiretrovirals Protects Partners from Infection: Findings Result from NIH-funded International Study*. Available at: <http://www.niaid.nih.gov/news/newsreleases/2011/Pages/HPTN052.aspx>

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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>

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