



The National AIDS Housing Coalition

1518 K Street NW, Suite 410
Washington, DC 20005

p 202.347.0333
f 202.3473411

www.nationalaidshousing.org
nahc@nationalaidshousing.org

February 6, 2006

National Housing and HIV/AIDS Research Summit Summit II – 2006: Transforming Fact into Strategy – Developing a Public Health Response to the Housing Needs of Persons Living With and At Risk of HIV/AIDS

Summary

The National AIDS Housing Coalition will convene the second National Housing and HIV/AIDS Research Summit on October 20th and 21st, 2006, in Baltimore, Maryland, in partnership with Johns Hopkins University. Summit II will bring together leading researchers, policy experts, service providers and consumers, to continue the dialogue begun at the first Research Summit regarding the relationship between housing status and HIV prevention and care. Summit II will be conducted in partnership with the Department of Health, Behavior and Society of the Bloomberg School of Public Health at Johns Hopkins University. Dr. David Holtgrave, Chair of the Department, was a convening researcher and the host of Summit I, held in June 2005 at Emory University.

The National Housing and HIV/AIDS Research Summit series provides an unprecedented venue for the presentation of research of significance to HIV/AIDS housing policy, coupled with dialogue about the public policy implications of research findings. Summit II will bring together approximately 150 participants – equal numbers of researchers, policy experts/advocates, and consumers and providers of housing services. Plenary sessions on a range of topics over two days will provide an opportunity for the exchange of knowledge, experience and perspective regarding the social determinants of HIV prevention and care, among participants from different disciplines, different parts of the country, and different socioeconomic perspectives. Participants will examine empirical data on the relation of housing, HIV, and community health; discuss the policy implications of research findings; and work collaboratively on the development of collective strategies for ensuring a sound, data-driven public health response to the housing needs of persons living with HIV and at heightened risk of infection.

Summit II will build on the momentum and results of the first Housing and HIV/AIDS Research Summit – providing a unique forum for continuing to gather and communicate what we know and what we need to know about HIV, housing, and individual and community health; and offering a first-of-its-kind opportunity for participants to transform research findings into concrete strategies for change.

Results of the First Research Summit

In June 2005, public health experts gathered for the first time to share research findings on HIV and housing. The first National Housing and HIV/AIDS Research Summit was sponsored by the National AIDS Housing Coalition (NAHC) and hosted by the Emory Center for AIDS Research (CFAR). Leading researchers in the field of HIV care, homelessness and health care economics convened Summit I, and working sessions included researchers who have conducted important recent work in each of these areas, as well as experts on housing policy and health care access. Participants presented and discussed findings, shared information and strategies regarding ongoing and planned research projects, considered policy and program implications of rigorous research, and examined disparities in access to care and health outcomes. Because the researchers work in a range of different fields and subfields, many had not previously met, and several discussed the potential for future collaborative work. A community discussion at the conclusion of the Summit provided the opportunity to share the results of the meeting with providers, consumers and policy makers from across the country, and to open the policy discussion

to a broad group that included representatives of the Centers for Disease Control and Prevention and the U.S. Department of Housing and Urban Development.

Compelling research findings presented at Summit I demonstrate the critical significance of housing as an intervention to address both public and individual health priorities, showing strong correlations between improved housing status and reduced HIV risk, improved access to HIV medical care, and better health outcomes. Examples of key findings from the Summit are set out below. A complete summary is available from NAHC in its policy paper *Housing is the Foundation of HIV Prevention and Treatment: Results of the National Housing and HIV/AIDS Research Summit*, which can be found, along with other Summit I materials, at www.nationalaidshousing.org. The policy paper is the first compilation of these research findings, demonstrating the need for and tremendous value of the Summit.

Homelessness is a major risk factor for HIV, and HIV is a major risk factor for homelessness.

Homelessness or unstable housing is directly related to greater HIV risk among vulnerable persons. The prevalence of HIV infection is three to nine times higher among persons who are homeless or unstably housed, compared to similar persons with stable and adequate housing. Indeed, overall rates of HIV infection among homeless populations range from three to ten percent or higher – ten times the rate of infection in the general population. Homelessness and unstable housing are likewise common and recurring issues among persons living with HIV/AIDS. As many as sixty percent of all persons living with HIV/AIDS have experienced homelessness since becoming HIV positive; at any given time, up to sixteen percent of all persons with HIV in some communities are homeless – sleeping in shelters, on the street, or in cars.

Housing is HIV prevention. A growing body of research suggests that unstable housing is more strongly associated with increased HIV risk behaviors than individual characteristics of homeless and unstably housed individuals, highlighting the potential of housing as an independent structural intervention to reduce the spread of HIV. Persons who were homeless or unstably housed were two to six times more likely to have recently used hard drugs, shared needles, or exchanged sex than persons with stable housing, controlling for demographics, economic resources, health and mental health status, and service utilization. Persons whose housing status improved during the course of research were half as likely to use hard drugs, use needles, share needles or have unprotected sex as were individuals whose housing status did not change. Those whose housing status worsened over time were four times more likely than others to have recently exchanged sex.

Housing is HIV health care. Housing is a matter of life or death for persons with HIV/AIDS. The all-cause death rate among homeless persons with HIV/AIDS is five times the rate of death among housed persons with HIV/AIDS. Lack of stable housing is a barrier to starting HIV health care, staying in care, and access to antiretroviral therapy (ART). Improved housing status is directly related to improved access to health care, higher levels of ART adherence, lowered viral loads, and reduced mortality. After controlling for variables including outpatient use at baseline, demographics, health status, and receipt of case management, persons who improved their housing were almost five times as likely to report a recent outpatient visit for HIV care than persons who remained homeless or unstably housed. Homeless or unstably housed persons who improved their housing between baseline and follow-up were over six times as likely as persons who did not change their housing situation to be receiving antiviral medications at follow-up.

This growing body of knowledge supports a public health response to housing need. Models of care that include housing as a key component offer great power, enabling new and more effective approaches to HIV prevention and treatment. Four public policy imperatives emerged from the findings presented and discussed at Summit I:

- Make subsidized, affordable housing (including supportive housing for those who need it) available to all persons with HIV;

- Make housing homeless persons a top prevention priority, since housing is a powerful HIV prevention strategy;
- Incorporate housing as a critical element of HIV health care; and
- Continue to collect and analyze data to assess the impact and effectiveness of various models of housing as an independent structural HIV prevention and healthcare intervention.

The important work begun at the first NAHC Housing and HIV/AIDS Research Summit continues among participants, and in their communities. Researchers and policy experts who participated in Summit I working sessions report that having HIV/AIDS and homelessness/housing experts at the same table was a unique and valuable experience, that it has broken down barriers between the two fields of research, and that several collaborations are already underway as a direct result of the meeting. At the request of participants in the community session, Summit I briefing materials have been reproduced and are available as a valuable resource for researchers, policy makers and service providers. NAHC's policy paper synthesizing existing and ongoing research on housing, homelessness and HIV/AIDS has been featured in a number of national publications and used by advocates to inform decision-making on HIV prevention and care in local communities. Summit I results have been presented at HIV/AIDS and homelessness/housing conferences, and to state and local policy making bodies, and have influenced at least one community to fund housing as an HIV prevention measure. Finally, the convening researchers for Summits I and II are working closely with NAHC on the production of a special journal issue of HIV/AIDS and housing research presented at the meetings.

Summit II: The Opportunity Presented

The second National Housing and HIV/AIDS Research Summit will continue to provide an unprecedented venue for the presentation of research significant to HIV/AIDS housing policy, in a unique format that promotes the exchange of information and ideas among researchers, policy makers, and providers and consumers of HIV housing and services. Summit II has been designed to build on the momentum and interest generated by the first research summit by: 1) increasing the number and diversity of participants; 2) expanding the range of substantive topics to include emerging issues and special populations, as well as community-based research techniques; and 3) restructuring the format of the gathering in a way that will foster a greater exchange of ideas among participants from different disciplines, and will result in concrete strategies for transforming research findings into public policy initiatives.

Participants. Summit II will include 150 participants, including approximately 50 researchers, 50 public policy experts, and 50 providers and consumers of HIV/AIDS services. Providers, consumers and public and private policy makers who took part in the Summit I community session expressed a strong desire to be present for the presentation of research findings at future summit meetings, and to participate more fully in the exchange of information and ideas. Outreach to a broader audience will make it possible to bring together a diverse group - geographically, ethnically, and in experience and expertise. Given the strong response to Summit I (70% of those invited attended the meeting), it is anticipated that Summit II will draw a large number of researchers, policy experts and other participants. Scholarships will be provided for consumers who could not participate otherwise, the conference fee will be waived for presenters, and researchers will be given the opportunity to apply for a limited number of travel scholarships, to ensure the participation of graduate students and junior faculty who will influence the next generation of research.

Topic areas. A key finding from Summit I was the critical need for ongoing, targeted research to deepen our understanding of the impact, effectiveness and cost of housing as a structural intervention. The National Housing and HIV/AIDS Research Summit series provides a unique forum for the presentation and discussion of this work. Such research will quantify the substantial cost savings to medical and other public service systems that are realized by the provision of safe and affordable housing to persons with HIV/AIDS. It will compare the cost of housing interventions with the savings associated with prevented infections. It will investigate the causal relationships between housing, risk behaviors, and health outcomes for persons with HIV/AIDS, moving beyond the ability to merely correlate housing to improved outcomes, to an understanding of why and how the structural intervention of housing works to

prevent infections and to facilitate health care. It will document the effectiveness and appropriateness of different models of housing, including models designed to serve persons whose homelessness or housing instability is complicated by chronic drug use and/or mental health issues. Finally, it will measure the broader impact that housing for persons with HIV/AIDS has on individual and community quality of life.

NAHC has issued a call for abstracts covering a range of topics relevant to HIV/AIDS housing policy, including emerging issues such as prisoner reentry, the housing needs and challenges of special populations including active substance users, and housing as a component of community development and health. Proposed topic areas include but are not limited to:

- Reentry housing for formerly incarcerated persons;
- Housing active substance users;
- Housing impacts on medical service use and attendant cost savings;
- Housing as HIV prevention;
- Housing as HIV health care;
- Specific populations, including youth aging out of foster care, women with children, residents of rural communities, and ethnic sub-populations;
- Alternatives to the predominant “risky person model” for understanding overlapping risks of homelessness, HIV infection, and poor health outcomes;
- The effectiveness of particular housing models;
- Services as a component of housing; and
- Housing and community development.

Format. Researchers, policy experts, service providers and consumers have all expressed interest in a meeting format that would provide expanded opportunities to listen to each other, interact, and collaborate on concrete strategies for transforming research findings into public policy. Summit II will be held over two days, October 20th & 21st, 2006, beginning at 10 AM on the first day to allow for travel that morning, and ending on the second day in time to allow return travel that evening. The meeting will consist entirely of plenary sessions on selected conference topics of concern to all participants. Each session will include presentations of relevant research findings, followed by comments from a panel of discussants that will include other researchers, policy experts, providers and consumers who have reviewed the research in advance, and concluding with a structured discussion of policy implications and advocacy action strategies. In addition to these plenary sessions on substantive topics, evening activities on the first day will include a structured discussion among researchers of community based and other innovative methodological approaches; an evening “Research 101” session for consumers, providers, and policy experts; and opportunities to visit with local providers and programs.

Goals and outcomes. The primary goal of the National Housing and HIV/AIDS Research Summit series is to provide a regular forum for the exchange of research findings and public policy strategies on topics related to housing and HIV prevention and care. In addition, Summit II has been designed to promote the development of collective strategies for best using research findings to advance the cause of homeless people living with AIDS and HIV or at risk of HIV infection. These strategies will inform the development of the NAHC policy agenda over the coming year. Immediate goals will include the production of a Summit II Policy Paper summarizing the current state of HIV/AIDS housing research and related public policy initiatives. In addition, NAHC will publish an annual update to the Summit Briefing Book, and will continue to collaborate with the convening researchers on a special journal issue on these topics.

Summit II Partners

Summit II will be convened by the *National AIDS Housing Coalition, Inc. (NAHC)*, a 501(c)(3) organization formed in 1994 to assert the fundamental right of all persons living with HIV/AIDS to decent, safe, affordable housing and supportive services that are responsive and appropriate to their self-determined needs. NAHC’s purpose is to ensure that the diverse voices of those infected and affected by HIV are heard and their needs are met. The NAHC Board of Directors includes a diverse group of HIV/AIDS service organizations and advocates representing communities in thirteen states and the

District of Columbia. Since its formation, NAHC has worked to advance the creation, development, management and growth of housing programs for people living with HIV/AIDS across the United States. Coalition members work collectively and collaboratively with each other and with other local and national organizations to meet the housing needs of HIV-infected individuals and their families of choice across the nation. NAHC is financed by member dues, foundation grants, and individual donations, and receives no government funding.

NAHC will conduct Summit II in partnership with the *Department of Health, Behavior and Society of the Bloomberg School of Public Health at Johns Hopkins University*, which was established in the summer of 2005 with a mission dedicated to research and training that advances scientific understanding of the impact on health of behavior and the societal context. The Department utilizes a multidisciplinary, multi-level approach to study the determinants of disease and injury, and to develop, test and disseminate effective public health interventions. The Department is interested not only in the behavior of individuals, but also in their genetic predispositions, social context, physical environment and policy milieu. It emphasizes theoretical, methodological and applied studies in signature areas, including social determinants of health, and structural- and community-level interventions to improve health. The Department will draw upon the Bloomberg School's strengths in the social and behavioral sciences, communications, marketing, economics, and other core public health tools to establish a multidisciplinary research program of health-related behaviors, develop health interventions, and foster graduate programs to train new leaders in the field. Dr. David Holtgrave, Professor and founding Chair of the Department of Health, Behavior and Society, is a widely published healthcare economist whose work is focused on the application of methods of cost and cost-utility analysis to the evaluation of the cost effectiveness of health care interventions, including HIV/AIDS systems of care and prevention. His work examines costs savings associated with HIV infections averted and cost-benefit analysis of housing as it bears on health outcomes, individual and community health. Dr. Holtgrave's research has focused on the effectiveness and cost-effectiveness of a variety of HIV prevention interventions, and the relation of the findings of these studies to HIV prevention policy making. He has worked extensively on HIV prevention community planning.

Leading researchers and policy experts in the fields of housing and health are working with NAHC and Johns Hopkins to convene the summit and others have committed their time and resources to the project. These co-convenors include Dr. Angela Aidala, Research Scientist at the Center for Applied Public Health at Columbia University and the Department of Sociomedical Sciences, Dr. Dennis Culhane, Professor of Social Welfare Policy and Psychology, Senior Fellow of the Leonard Davis Institute of Health Economics and Co-Director of the Cartographic Modeling Lab at the University of Pennsylvania School of Social Work, and member organizations of the Visioning Committee of the NAHC Board of Directors.

Contacts

The National AIDS Housing Coalition has engaged Hilary Botein and Ginny Shubert from Shubert Botein Policy Associates (SBPA) to help plan, coordinate, and document Summit II. Relevant contact information is set out below:

National AIDS Housing Coalition

1518 K Street NW, Suite 410

Washington, DC 20005-1518

T (202) 347-0333

F (202) 347-3411

Nancy Bernstine - Executive Director

nahc@nationalaidshousing.org

Emily Bonifaci - Policy Assistant

emily@nationalaidshousing.org

Shubert Botein Policy Associates

60 Pineapple Street, #8C

Brooklyn, NY 11201

T (718) 852-0590

F (718) 852-0590

Ginny Shubert

gshubert@earthlink.net

Hilary Botein

hbotein@verizon.net

Convening Researchers

Dr. David Holtgrave

Department of Health, Behavior & Society

Bloomberg School of Public Health at Johns Hopkins University

624 N. Broadway, Suite 280

Baltimore, MD 21205

dholtgrave@jhsph.edu

Angela Aidala

Center for Applied Public Health, Columbia University

722 W. 168th St. Suite 1119

New York, NY 10032

aaa1@columbia.edu

Dennis Culhane

School of Social Work, University of Pennsylvania

3701 Locust Walk

Philadelphia, PA 19104

culhane@mail.med.upenn.edu