



Housing and HIV/AIDS

National Research Summit Fact Sheet

In June 2005, the National AIDS Housing Coalition convened the first National Housing and HIV/AIDS Research Summit at the Emory University Center for AIDS Research. The Summit was an unprecedented forum for leading researchers in the field to discuss the connections between housing and HIV/AIDS and the implications of housing status on individual and community health.

The presented studies have significant implications for current public policy relating to housing and HIV/AIDS care and prevention. These research findings provide the basis for a sound, data-driven public health response to housing needs of persons living with HIV/AIDS, and of persons whose homelessness places them at heightened risk of HIV infection.

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

- The prevalence of HIV/AIDS is three to nine times higher among persons who are homeless or unstably housed compared with persons with stable and adequate housing.ⁱ
- Up to sixty percent of all persons living with HIV/AIDS report a lifetime experience of homelessness or housing instability.ⁱⁱ
- Housing is the greatest unmet service need among persons living with HIV/AIDS and while individual housing needs are typically resolved within six months, over time the rate of unmet housing needs remains constant.ⁱⁱⁱ
- The all-cause death rate among homeless HIV positive persons is five times the rate of death among housed persons with HIV/AIDS: 5.3 to 8 deaths per 100 persons years for HIV positive homeless persons,^{iv} compared to 1 to 2 deaths per 100 person years for HIV positive persons who are housed.^v

Housing is HIV prevention.

- Lack of stable housing is associated with high rates of drug and sex risk behaviors.^{vi} Most importantly, new research shows that change in housing status is strongly associated with risk behavior change, suggesting that housing is a structural factor that has an independent causal role in HIV infection.^{vii}
- Persons who are housed are more likely to know their HIV status. Those who do not know their status and, therefore, are outside of care present by far the greatest risk of new infections; the 25% of persons with HIV/AIDS who do not know they are infected transmit at a 8.5% to 11% rate per year, compared to 1.7% to 2.5% for persons who are aware of their status.^{viii}
- The economic costs of ongoing HIV transmissions and HIV treatment failure within this population are enormous. The estimated lifetime medical treatment cost of each new infection is \$155,000 to \$195,000.^{ix} The annual cost of providing a voucher for a two-bedroom home is \$6,740^x (2005) and the annual cost of providing supportive housing is \$14,000.^{xi}

Housing is health care.

- Lack of housing has been found consistently to be associated with remaining outside of medical care and with lack of access to treatment options for persons living with HIV, while improved housing status has been shown to significantly impact access to health care, including Antiretroviral Treatment (ART).^{xii}
- Housing status also impacts continuity of medical care. Individuals who were unstably housed or had other housing problems and who received housing assistance were 2.5 times as likely to retain appropriate medical care as those who did not receive the assistance.^{xiii}
- Improved housing status improves not only access to ART, but adherence as well, and improved adherence is associated with improved health outcomes, including lowered viral load and reduced mortality.^{xiv}

NAHC and its member organizations call on federal, state and local policy makers to respond to our rapidly evolving understanding of housing and health with a re-visioned HIV/AIDS housing policy.

For more information on the Summit, please visit: www.nationalaidshousing.org.

ⁱ Aidala, A. Inequality and HIV: The role of housing. *Psychology and AIDS Exchange*, American Psychological Association, in press. Culhane, D.P., Gollub, E., Kuhn, R., and Shpaner, M. (2001). The co-occurrence of AIDS and homelessness: Results from the integration of administrative data for AIDS surveillance and public shelter utilization in Philadelphia. *Journal of Epidemiology and Community Health*, 55(7): 515-520.

ⁱⁱ Aidala, A., Cross, J.E., Stall, R., Harre, D., Sumartojo, E., Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*, in press.

ⁱⁱⁱ Aidala, A., "Homeless, Housing Instability and Housing Problems among Persons Living with HIV/AIDS," NAHC Research Summit Presentation, 2005.

^{iv} Riley, E. D., Guzman, D., Perry, S., Bangsberg, D., and Moss, A. (2005). Antiretroviral therapy, Hepatitis C, and AIDS mortality among San Francisco's homeless and marginally housed. *Journal of Acquired Immune Deficiency Syndromes: JAIDS*, 38(2): 191-5.

^v Ledergerber, B., Egger, M., Opravil, M., et al. (1999). Clinical progression and virological failure on highly active antiretroviral therapy in HIV-1 patients: a prospective cohort study. Swiss HIV Cohort Study. *Lancet*, 353(9156):863-868.

^{vi} Aidala, A., Cross, J.E., Stall, R., Harre, D., and Sumartojo, E. Housing as a Structural Intervention to Reduce Risk Behaviors Among HIV Positive People. Paper presented at the CDC Prevention 2003 Conference, Atlanta, GA. Sethi AK, Celentano DD, Gange SJ, Gallant JE, Vlahov D, Farzadegan H. High-risk behavior and potential transmission of drug-resistant HIV among injection drug users. *Journal of AIDS*, 2004.

^{vii} Aidala et al., 2005

^{viii} Holtgrave, D., "The Status and Future Directions of HIV Prevention Efforts in the U.S.: Guidance from the scientific literature," NAHC Research Summit Presentation, 2005.

^{ix} Holtgrave, D.R., Pinkerton, S.D., and Merson, M. (2002). Estimating the cost of unmet HIV-prevention needs in the United States. *American Journal of Preventive Medicine*, 23(1): 7-12.

^x Center on Budget and Policy Priorities, 2005

^{xi} Burt, M., NAHC Research Summit Presentation, 2005.

^{xii} Aidala, A., NAHC Research Summit Presentation, 2005. Riley, E., "Health Disparities Among the HIV+ Homeless and Marginally Housed," NAHC Research Summit, 2005. Aidala, A., NAHC Research Summit Presentation, 2005.

^{xiii} Aidala, A., NAHC Research Summit Presentation, 2005. Messeri, P., Abramson, D., Aidala, A., Lee, F., and Lee, G. (2002). The impact of ancillary HIV services on engagement in medical care in New York City. *AIDS Care*, 14 (Supplement 1): S15-S30.

^{xiv} Riley et al., 2005. Moss, A.R., Hahn, J.A., Perry, S., Charlebois, E.D., Guzman, D., Clark, R.A., and Bangsberg, D.R. (2004). Adherence to highly active antiretroviral therapy in the homeless population in San Francisco: a prospective study. *Clinical Infectious Diseases*, 39(8): 1190-8.