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Summit III Concept Paper

National Housing and HIV/AIDS Research Summit Summit III – Examining the Evidence: The Impact of Housing on HIV Prevention and Care March 5–7, 2008

Summary

The National AIDS Housing Coalition (NAHC) will convene the third National Housing and HIV/AIDS Research Summit March 5th through 7th, 2008, in Baltimore, Maryland, in collaboration with the Department of Health, Behavior and Society of the Johns Hopkins Bloomberg School of Public Health. Summit III has been scheduled to coincide with the release of findings from two groundbreaking studies of the significance of housing as an independent determinant of health. The Housing and Health (H&H) Study, a national research project funded by the United States Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC), promises to provide the most significant information to date on housing as a factor in HIV prevention and treatment. The Chicago Housing for Health Partnership (CHHP), a multi-disciplinary collaboration of health care, respite care and housing providers, is a large-scale, comprehensive examination of the impact of supportive housing on the stability and health of homeless persons living with HIV/AIDS and other chronic illnesses, as well as their health services utilization rates.

The principal investigators and agencies involved in the H&H and CHHP studies are working closely with NAHC on Summit III plans. The CDC anticipates the release of findings from the three-year H&H study in late 2007/early 2008. Research findings from the four-year CHHP demonstration project will be released at Summit III. The National Housing and HIV/AIDS Research Summit III meeting has been identified as the primary venue for leading researchers, policy experts, service providers and consumers to come together for in-depth examination of these and other new research findings, and to discuss their public policy implications. Based upon the interest and excitement generated by the first two National Housing and HIV/AIDS Research Summit meetings, NAHC anticipates 250 participants at Summit III. Continuing the work begun at the first two Summit meetings, participants will work together across disciplines to translate the evolving body of evidence on housing and health into concrete policy imperatives and action strategies to inform national, state and local HIV/AIDS housing policy and practice.

The Housing and HIV/AIDS Research Summit Series

In June 2005, NAHC gathered a small group of public health and housing experts for the first time to share research findings on the relationship of housing status and HIV prevention and care. The NAHC National Housing and HIV/AIDS Research Summit series now provides a regular forum 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, held in October 2006, brought together 160 researchers, policy experts, government officials, providers, and consumers, representing twenty-four states, the District of Columbia and two Canadian Provinces. Over two days of plenary sessions, more than thirty of North America's top research, practice, and policy experts in the fields of HIV/AIDS, homelessness and housing presented and discussed current research and policy issues.

The Summit Series provides an unprecedented format for the exchange of research findings and public policy strategies on topics related to housing and HIV prevention and care, among participants from

different disciplines, different parts of the country, and different socioeconomic perspectives. Participants 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, evidence-based and data-driven public health response to the housing needs of persons living with HIV and at heightened risk of infection.

Results of the Summit Series

The National Housing and HIV/AIDS Summit Series has facilitated the synthesis and dissemination of existing research on housing and HIV/AIDS, fostered new research and policy collaborations, and begun to inform health and housing policy, program development, and ongoing research. Despite the important relationship between housing status and HIV-related health outcomes, prior to the Summit Series there had been limited published research in the area, and existing data was not easily accessible to public policy makers, service providers or even other researchers. NAHC Summit materials have now been featured in a number of national publications, have been used by advocates to educate federal, state and local policy-makers, and were cited on the floor of Congress during debate on federal housing appropriations. Summit research findings have been presented at HIV/AIDS and homelessness/housing conferences, and to state and local planning bodies, and have influenced at least one community to fund housing as an HIV prevention measure. The Summit Series has broken down barriers between researchers and policy makers who work in HIV/AIDS and homelessness/housing, and collaborations are underway as a direct result. Finally, the Summit Series convening researchers are working closely with NAHC on a special housing issue of the journal *AIDS and Behavior*, to be released in the fall of 2007.

Compelling research findings presented at the first two Summit meetings 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 Summits I and II are summarized below. Complete summaries are available from NAHC in its Summit I and II policy papers: *Housing is the Foundation of HIV Prevention and Treatment*; and *Transforming Fact Into Strategy – Developing a Public Health Response to the Housing Needs of Persons with HIV/AIDS*.¹

Homelessness and unstable housing are strongly associated with enhanced risk of HIV infection and poor health outcomes among people living with HIV/AIDS (PLWHA). Rates of new HIV diagnoses among populations of homeless persons are as much as 16 times the rate in the general population, and death rates due to HIV/AIDS are five to seven times higher among homeless persons. Compared to housed PLWHA, homeless persons rate their mental, physical and overall health worse, and are more likely to be uninsured, use an emergency room, and be admitted to a hospital. Homeless PLWHA have lower CD4 counts and were less likely to report an undetectable viral load; a lower percentage of homeless PLWHA had ever taken HIV antiretroviral medications, and they are less likely to be on antiretroviral therapy (ART) currently; and among those on ART, self-reported adherence is significantly lower among homeless PLWHA.

Housing status itself has been shown to independently predict HIV risk and health outcomes, controlling for a wide range of individual (poverty, race/ethnicity, history of substance use, mental illness) and service use (primary care, case management, substance abuse and/or mental health treatment) characteristics. Persons who were homeless or unstably housed are two to six times more likely to have recently used hard drugs, shared needles, or exchanged sex than persons with stable housing, and whose housing status improves over time are half as likely to engage in these risk behaviors as individuals whose housing status does not change. Homeless and unstably housed PLWHA who improve their housing during the course of research are almost five times as likely to report a recent outpatient visit for HIV care than persons who remain homeless or unstably housed, and over six times as likely to be receiving antiviral medications at follow-up.

¹ The Summit I and II policy papers and briefing books, including presentations, articles and other materials used at the meetings, are available from the National AIDS Housing Coalition, www.nationalaidshousing.org.

Housing interventions work to create stability and improve health. A growing body of practice-based evidence shows that supportive housing works to enable homeless persons with a range of serious medical and psychosocial issues to achieve stability, and to improve health outcomes as reflected by reduced use of emergency and inpatient care. Significantly, innovative “housing first” or “harm reduction” housing approaches appear to be just as effective in achieving these results as more traditional abstinence-based housing models for persons with chronic mental health and/or substance use issues. Preliminary findings from harm reduction housing for chronically homeless PLWHA show stability and connection to care for persons with serious co-occurring substance use and mental health issues.

Housing costs are a sound public investment. Important new cost analyses indicate that the provision of housing is also a cost-effective prevention and treatment intervention for homeless and unstably housed PLWHA. Cost-offset analyses have repeatedly demonstrated that supportive housing substantially reduces utilization of costly emergency and inpatient health care services, before taking into account the substantial costs associated with new HIV infections and delayed or inconsistent HIV care. Housing intervention cost-per-client estimates are now available to answer HIV-specific “affordability” policy questions. These analyses indicate that housing interventions for homeless and unstably housed PLWHA are both cost-effective and cost-saving, making housing a sound investment of limited public resources.

This growing body of knowledge supports a public health response to housing need.

Four key policy imperatives have emerged from the research presentations and policy discussions at the Housing and HIV/AIDS Research Summit meetings:

- 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.

To advance these imperatives, Summit participants have identified *three research and practice action strategies*:

- Shift the HIV risk paradigm away from a focus on individual behaviors only, to a focus on risky contexts such as homelessness and unstable housing;
- Promote evidence-based structural interventions that incorporate housing as a key component of HIV prevention and health care, including “housing first” harm reduction housing approaches for active drug users; and
- Employ practice-based research methodologies to continue to deepen our understanding of the link between housing and health, including cost-saving and cost-effectiveness analyses of housing interventions.

Summit III: The Opportunity Presented

The third 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 format that promotes the exchange of information and ideas among researchers, policy makers, and providers and consumers of HIV housing and services. In addition, Summit III has been scheduled to take advantage of a unique opportunity to share and discuss findings from two critically important research projects examining the independent significance of housing as a determinant of health.

The Housing and Health (H&H) Study is a large-scale, longitudinal study conducted by the CDC and the HUD Housing Opportunities for People with AIDS (HOPWA) program, to assess the ability of housing to reduce the risk of HIV transmission and improve the health of persons with HIV. H&H is a multi-site, multi-agency project that seeks to examine the impact, in terms of disease progression and risks of

transmission, of providing stable housing to persons with HIV who are homeless or at imminent risk of homelessness. The study, which used a randomized control trial design, compares a treatment group of participants, who receive HUD-funded housing vouchers, with a comparison group, whose participants receive assistance finding housing according to local standard practice. All participants have been followed for an eighteen-month period (2004 – 2006), to compare data on a range of HIV risk and health care indicators, at baseline and at three follow up assessments, collected through in-depth questionnaires and blood tests. The CDC anticipates the release of findings in late 2007/early 2008. In addition to primary findings on the relation of housing status to HIV risk behaviors and medical outcomes, the study will produce a range of valuable findings on issues ranging from mental health issues and other co-morbidities, to cost analyses, to HIV-related stigma. Summit III has been identified as a primary venue for presentation of detailed data on the study's primary findings, as well as the release of findings from these ancillary studies.

The Chicago Housing for Health Partnership (CHHP) is a four-year demonstration and research project (2003 – 2007) that responds to the fact that one of every three inpatients (32.4%) at Chicago's Cook County Hospital during a study period in 2006 was homeless or very unstably housed. The project, which also used a randomized control trial design, employs various models of "housing first" supportive housing for participants with long-term histories of homelessness and diagnosed with at least one of 14 chronic medical illnesses common among this population. The participants have high rates of substance use (86%), mental illness (46%), and medical issues such as HIV/AIDS (34%). Preliminary research data show that 72% of program participants have achieved stable housing; and that study participants have used two-third less nursing home days annually, were 2.5 times less likely to use an emergency room, and used a mean of 1.5 days of inpatient hospitalization compared to 2.3 days for the "usual care" control group. Study findings will be available in early 2008, and will be released at the Summit III meeting.

These research projects are exploring a number of issues critical to the development of sound HIV/AIDS housing and supportive housing policy. They are designed to 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. In addition, these projects seek to analyze the cost of housing interventions in relation to savings in medical and other public service systems; as well savings associated with prevented HIV infections and improved quality of life. They 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.

In addition to providing the primary forum for in-depth examination and discussion of the H&H and CHHP findings, NAHC will issue 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, and HIV/AIDS housing as a component of community development and health. A panel of researchers and policy experts will select abstracts appropriate for presentation at Summit III plenary sessions. Other relevant research will be made available to Summit participants as poster presentations.

Participants. Summit III will include 250 participants, including approximately equal numbers of researchers, public policy experts, and provider and consumers of HIV/AIDS services. Summit II was fully subscribed at 160 participants, and brought together an unusually diverse group - geographically, ethnically, and in experience and expertise – representing twenty-four states, the District of Columbia and two Canadian Provinces. Given the strong response to the first two Summit meetings, and the high level of interest in the H&H and CHHP studies, it is anticipated that Summit III will again 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.

Format. Feedback from the Summit II meeting indicates that researchers, policy experts, service providers and consumers continue to prefer a meeting format that emphasizes collaboration across disciplines by providing opportunities to listen to each other, interact, and collaborate on concrete strategies for transforming research findings into public policy. Summit III will be held over two and one-half days, March 5th through 7th, 2008, beginning at noon the first day to allow for travel that morning, and ending on the third day in time to allow return travel that evening. The meeting will consist primarily of plenary sessions on the H&H and CHHP findings as well as selected conference topics of concern to all participants. Each plenary session will include presentations of relevant research findings, followed by comments from 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, the morning of the third day of the meeting will consist of breakout sessions focused specifically on strategies for translating research findings into policy initiatives. Three tracks will be designed, respectively, to approach this topic from the point of view of: 1) academic researchers interested in promoting the policy implications of their work; 2) providers, funders and policy makers interested in developing a research agenda as part of direct service; and 3) housing advocates interested in using research and program results to inform HIV/AIDS and housing policy and funding decisions. The final plenary session will include report back from the break-out sessions and development of collective strategies for change.

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 III has been scheduled and designed to facilitate the development of collective strategies for using research findings from the Housing and Health and Chicago Housing for Health Partnership studies to inform national, state and local housing policy, and to advance the cause of homeless people living with AIDS and HIV or at risk of HIV infection. The results of the Summit III meeting will shape the NAHC policy agenda over the coming year, and provide the basis for development of a policy “toolkit” for use by housing advocates and providers in their own communities. Immediate goals will include the production of a Summit III 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.

Summit III Partners

The National Housing and HIV/AIDS Research Summit Series is 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 sixteen 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.

Summit III will continue NAHC’s collaboration 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 cost 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 Summit III, including principal investigators and participating agencies involved in both the Housing and Health and Chicago Housing for Health Partnership studies. Many others have committed their time and resources to the project. In addition to Dr. David Holtgrave, co-conveners 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; Dr. Daniel Kidder of the Centers for Disease Control and Prevention; and members of the Visioning Committee of the NAHC Board of Directors.

Contacts

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

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