



# The National AIDS Housing Coalition

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## ***Transforming Fact into Strategy – Developing a Public Health Response to the Housing Needs of Persons Living With and At Risk of HIV/AIDS***

Some Preliminary Results of the Second National Housing and HIV/AIDS Research Summit  
October 20-21, 2006\*\*\*\*\*Baltimore, MD

***Overview: Mounting evidence supports a shift in the HIV risk paradigm – away from individual behaviors only, to a focus on risky contexts such as homelessness and unstable housing – to identify new interventions to prevent and treat HIV.***

- **It is well established that homelessness and housing instability are strongly associated with enhanced risk of HIV infection as well as poor health outcomes for HIV+ persons.**

The rate of new HIV diagnoses among users of the NYC shelter system is over 16 times the rate among the general NYC population, and the death rate due to HIV/AIDS is 7 times higher among single homeless adults than the general NYC population; and 9 times higher among homeless women. <sup>i</sup>

- **The same demographic factors that are associated with higher rates of HIV infection – being male, black, having substance use issues, and serious mental illness – are also associated with chronic homelessness, criminal justice involvement and other socioeconomic and health disparities.**

African Americans comprise only 12.3% of the US population, but accounted for 40% of all AIDS cases reported through 2003, as well as 39% of local jail inmates and 44% of prisoners under federal or state jurisdiction during 2004. <sup>ii</sup>

- **Understanding race and other disparities in HIV risk and health outcomes requires attention to structural explanations that focus on housing and other social/contextual factors that determine health.**

Initial findings from the CDC/HUD HOPWA Housing and Health Study (H&H) reveal a range of social and health care disparities among 630 PLWHAs in Baltimore, Chicago and LA who were homeless or unstably housed at baseline: homeless/unstably housed participants were largely black (79%) and male (68%), and over 1/3 lacked a high-school education; the overwhelming majority (86% of women and 77% of men) had been victims of physical or sexual violence; and while only 1/3 had undetectable viral load, 44% were not on any HIV medication (33%) or were on a sub-optimal ART regimen (11%).<sup>iii</sup>

- **Indeed, increasing evidence shows that housing status itself is a stronger predictor of HIV risk and health outcomes than individual characteristics.**

Findings from both the NYC CHAIN study and the Multi-State HRSA SPNS/ HUD HOPWA Multiple Diagnoses Initiative show that, after controlling for a range of individual characteristic, improvement in housing situation over time is associated with reduction in risk behaviors.<sup>iv</sup>

- **Thus, there is mounting empirical support for the provision of housing as a structural intervention to improve health and prevent the spread of HIV.**

In one study employing various models of “housing first” supportive housing for participants with long-term histories of homelessness (70%), substance use (86%), mental illness (46%), as well as medical issues such as HIV/AIDS (34%), 66% of participants have achieved stable housing, and preliminary outcomes show that study participants have used one-third less nursing home days, 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.<sup>v</sup>

- **Housing policy holds great power as an exciting new mechanism to control the HIV epidemic in the United States.**

Research has demonstrated that the cost of mental health housing interventions are clearly offset by service cost savings, without regard to HIV-related costs. Total savings associated with each supportive housing unit (emergency shelter, health care utilization, criminal justice system, etc.) was found to over \$16,000, while the annual cost of the housing services was just \$17,000.

Cost analysis (examination of costs associated with all stages and elements of service delivery) shows that the total cost of H&H housing services is in the range of \$10,000 to \$13,000 annually. The estimated medical cost of each new HIV infection is \$221,000.<sup>vi</sup>

More results available soon from NAHC.

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<sup>i</sup> *The Health of Homeless Adults in New York City: A report from the New York City Departments Health and Mental Hygiene and Homeless Services*, 2005.

<sup>ii</sup> Kim M. Blankenship, Center for Interdisciplinary Research on AIDS, Yale University – *The Criminal Justice System, Housing and Race Disparities in HIV/AIDS*.

<sup>iii</sup> Dan Kidder, Centers for Disease Control and Prevention - *Baseline Findings From the Housing and Health Study of Homeless and Unstably Housed People Living with HIV: Housing, Adherence, Health, and Stigma*

<sup>iv</sup> Angela Aidala, Center for Applied Public Health at Columbia University and the Department of Sociomedical Sciences – *Risky Persons vs. Risky Contexts – Housing as a Structural Factor Affecting HIV Prevention and HIV Care*.

<sup>v</sup> Arturo Valdivia Bendixen, AIDS Foundation of Chicago, *The Relationship of Housing Status and Health Care Access: Results from the Chicago Housing for Health Partnership*.

<sup>vi</sup> Dennis Culhane, University of Pennsylvania – *Cost Offsets Associated with Supportive Housing for Persons with Special Needs*; David Holtgrave, Johns Hopkins Bloomberg School of Public Health – *Examining the Cost Effectiveness of Housing as an HIV Prevention and Health Care Intervention*.