

**North American Housing and HIV/AIDS Research Summit**  
**Summit IV: *Mobilizing knowledge – Housing is effective HIV prevention and care***  
**June 3<sup>rd</sup>– 5<sup>th</sup>, 2009, Washington DC**

**Convening Organizations:**     ***US National AIDS Housing Coalition (NAHC)***  
  ***Johns Hopkins Bloomberg School of Health***  
  ***Ontario HIV Treatment Network (OHTN)***

**Summary**

The United States National AIDS Housing Coalition (NAHC) will convene the fourth Housing and HIV/AIDS Research Summit June 3<sup>rd</sup> through 5<sup>th</sup>, 2009, in Washington, DC. NAHC will continue its collaboration with the Johns Hopkins Bloomberg School of Public Health, and will be joined for the first time by the Ontario HIV Treatment Network (OHTN) as a co-convening organization, to expand the scope of the Summit Series to bring together researchers, policy experts, consumers and providers of HIV/AIDS housing from across North America. The Housing and HIV/AIDS Research Summit Series is now established as the premiere venue for informing HIV/AIDS housing policy, and is acknowledged as an innovative and influential opportunity for the broader discussion of housing and health. Summit III brought together 225 participants, representing 25 states, the District of Columbia, and three Canadian Provinces, for presentations by over 40 experts on the relationship of housing status and HIV prevention and care. NAHC's formal collaboration with the OHTN will make Summit IV the first regional research and policy meeting of its kind.

Increasing evidence points to the role of housing – or lack of housing – for the continuing HIV epidemic and health disparities. The theme of Summit IV is *mobilizing knowledge*, with a focus on building participants' knowledge base and skills to inform housing and health policy and practice in their communities. In addition to the regular sessions, Summit IV will be preceded by two half-day Learning Institutes: one designed to build the capacity of consumers and providers of HIV/AIDS housing and services to participate more actively in the design, guidance and interpretation of research; and the other to provide a forum for discussion among health, homelessness and housing researchers regarding methods and outcomes measures.

The Housing and HIV/AIDS Research Summit series is an interdisciplinary, interactive forum for the presentation of research findings, coupled with dialogue on public policy implications and strategies. Summit IV has been scheduled:

- *To coincide with the publication of final results in at least three major studies* of the relationship of housing status and HIV health outcomes and costs: 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), specifically to examine the impact of HIV housing supports; the Chicago Housing for Health Partnership (CHHP), a comprehensive examination of the impact of supportive housing on health care outcomes and costs for homeless persons living with HIV/AIDS and other chronic illnesses; and Positive Spaces Healthy Places (PSHP), the first longitudinal community-based study of the impact of housing on the health of people living with HIV in Canada. Preliminary results presented at Summit III indicate that each of these studies will make a major contribution to our understanding of the causal relationship between housing status and health, and provide groundbreaking evidence of the cost-effectiveness and cost-utility of housing as an HIV prevention and treatment intervention. Final results in each study will be submitted for publication within the next twelve months. The principal investigators and agencies involved in the H&H, CHHP and PSHP studies are working closely with NAHC on Summit IV plans, and the meeting will provide a timely and important 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.

- *To build on the ongoing collaboration between NAHC and the OHTN*, begun in 2008, to support knowledge transfer and evidence-based skills building among PLWHA, advocates and policy makers at the global, national, regional and local levels. Our work together reveals that we face many of the same challenges – lack of affordable housing; competing priorities; lack of harm reduction housing strategies; separate housing and health policy setting and funding; devolution of the responsibility for housing and social supports to under-resourced state and local communities; and the lack of a sense of urgency to address housing needs. Through our collaboration, we are using a variety of knowledge translation approaches and tools (multi-stakeholder policy forums, think tanks, fact sheets, policy toolkit) to mobilize research findings to influence better housing policy and care decision-making.
- *To continue work begun at the first International Summit on Poverty, Homelessness and HIV/AIDS*, to be held in Mexico City this August in conjunction with the XVII International AIDS Conference (IAC), by an international committee headed by NAHC, the OHTN, and NAHC member organizations Housing Works and the San Francisco AIDS Foundation. This two-hour IAC satellite event will provide an unprecedented forum for the exchange of knowledge and experience regarding housing and other social determinants of health, and for the development of global advocacy strategies to address poverty and homelessness as barriers in the fight to end the global AIDS pandemic. Summit III presentations included findings from ongoing research in South Africa, India and Canada. Summit IV will for the first time include a specific track on international research to inform development of culturally appropriate housing resources as a key element of global, national and local HIV prevention and care strategies.
- *To take advantage of the new federal policy landscape in the United States*, to inform the development of the new global and national strategies on the importance of housing policy in the fight to end the continuing AIDS epidemic and related health disparities. The explosive growth in the literature on HIV and housing and health outcomes has created an exciting opportunity for data driven policy change. Summit IV will provide a critical opportunity to work collectively, and with new allies, to increase understanding in government of the role of housing in the prevention and treatment of illness, and to tie housing to other national priorities, including: health care access; addressing health disparities; successful re-entry from prison and jail; and the critical need for affordable housing for disabled persons and others on fixed incomes.

### **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 Housing and HIV/AIDS Research Summit series now provides the primary 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 III, held in March 2008, brought together 225 researchers, policy experts, government officials, providers, and consumers, representing twenty-four states, the District of Columbia and three Canadian Provinces. Over two and one-half 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 communities, 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. Based upon the interest in the first three Housing and HIV/AIDS Research Summit meetings, and the broadened scope of Summit IV, the convening organizations anticipate at least 300 participants.

### **Results of the Summit Series**

The 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 results have

been used 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. Summit findings have now been summarized and widely disseminated through NAHC summit policy papers, its Housing and HIV/AIDS Policy Tool Kit (<http://nationalaidshousing.org/policy-toolkit>) and digital Summit briefing books (<http://nationalaidshousing.org/PurchaseSummitCD.htm>). Summit proceedings have been featured in the Wall Street Journal and other national publications, have been used by advocates to educate federal, state and local policy-makers, and have been cited on the floor of Congress during debate on federal housing appropriations. Summit materials 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, including NAHC's ongoing collaboration with the OHTN and the NAHC-hosted International AIDS Housing Roundtable (<http://nationalaidshousing.org/international-aids-housing-roundtable>). Finally, Summit Series convening researchers worked closely with NAHC on the special "Housing and HIV" issue of the journal *AIDS and Behavior* released in November 2007 (Volume 11, Supplement 2).

Compelling research findings presented at 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 - III are summarized below. Complete summaries are available from NAHC.<sup>1</sup>

***Homelessness and unstable housing are strongly associated with greater HIV risk, inadequate health care, poor health outcomes and early death.*** 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 more likely to report a recent outpatient visit for HIV care than persons who remain homeless or unstably housed, are more likely to be receiving clinically appropriate care, and are more likely to be receiving antiretroviral medications.

***Housing interventions work to save lives and taxpayer dollars.*** Preliminary data from the H&H and CHHP studies provide new evidence for housing as an effective and cost-saving health care intervention for homeless and unstably housed persons with HIV and other chronic health conditions. Investigators from these multi-year studies released initial findings at Summit III that link housing assistance to improved health outcomes

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<sup>1</sup> 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](http://www.nationalaidshousing.org).

for homeless and unstably housed persons living with HIV and other chronic health conditions, and indicate that public investment in housing not only improves health outcomes but actually saves taxpayer money. These two studies are the first of their kind, designed specifically to examine the significance of housing as an independent determinant of health. Significantly, both employed innovative “housing first” or “harm reduction” housing approaches, which appear to achieve results comparably or better than traditional abstinence-based housing models for persons with chronic mental health and/or substance use issues.

***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.

**Summit IV: The Opportunity Presented**

The fourth Housing and HIV/AIDS Research Summit will continue to provide the premiere 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 IV has been scheduled to take advantage of a unique opportunity to share and discuss findings from at least three major studies of the relationship of housing status and HIV health outcomes and costs: 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), specifically to examine the impact of HIV housing supports; the Chicago Housing for Health Partnership (CHHP), a comprehensive examination of the impact of supportive housing on health care outcomes and costs for homeless persons living with HIV/AIDS and other chronic illnesses; and Positive Spaces Healthy Places (PSHP), the first longitudinal community-based study of the impact of housing on the health of people living with HIV in Canada. Preliminary results presented at Summit III indicate that each of these studies will make a major contribution to our understanding of the causal relationship between housing status and health, and provide groundbreaking evidence of the cost-effectiveness and cost-utility of housing as an HIV prevention and treatment intervention. Final results in each study will be submitted for publication within the next twelve months.

The Housing and Health (H&H) Study is a large-scale, longitudinal study conducted by the Centers for Disease Control and Prevention (CDC) and the HUD Housing Opportunities for People with AIDS (HOPWA) program, to assess the impact, in terms of disease progression and risks of transmission, of providing housing assistance to persons with HIV who are homeless or at imminent risk of homelessness. Preliminary H&H results released for the first time at Summit III show significant improvements in housing status among all study participants, leading to significant improvements in health outcomes. The CDC’s analyses of the H&H data are ongoing: some important variables, including substance use, have not yet been examined; anticipated trend analyses will enable the researchers to examine participants’ housing experiences over time; and cost-utility analyses will evaluate the cost-effectiveness of housing as an HIV prevention and treatment intervention. Final results will be submitted for publication later this year.

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. Intervention group participants had high

rates of long-term substance abuse (86 percent), mental illness (46 percent), and medical issues such as HIV/AIDS (34 percent) and hypertension (33 percent), as well as a number of other chronic medical illnesses such as diabetes and cancer. Preliminary results released at Summit III show improved health and substantial savings in annual medical expenses for the group of housed clients as compared to the usual care group, after subtracting the annual expense of providing the CHHP supportive housing intervention. Final study results and costs analyses will be submitted for publication this fall.

Positive Spaces Healthy Places (PSHP) is the first longitudinal community-based study of the impact of housing on the health of people living with HIV in Canada. Six hundred and five (605) people living with HIV across Ontario are participating in the study. Face-to-face interviews were conducted at baseline; a telephone survey was conducted at six months; and follow-up one-year face-to-face interviews are now underway. In addition, 50 participants are taking part in a qualitative sub-study designed to enhance our understanding of the housing experience of people living with HIV. Six-month results presented at Summit III showed that HIV+ participants with unmet housing needs or whose housing was at risk had significantly lower ratings of overall health, and were twice as likely to report a worsening in their health during the initial six months of the study.

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, CHHP and PSHP 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; HIV/AIDS housing as a component of community development and health policy; and, for the first time at Summit IV, international research to inform development of culturally appropriate housing resources as a key element of global HIV prevention and care strategies. A panel of researchers and policy experts will select abstracts appropriate for presentation at Summit IV plenary sessions. Other relevant research will be made available to Summit participants as poster presentations.

**Participants.** Summit IV will include 300 participants, including approximately equal numbers of researchers, public policy experts, and provider and consumers of HIV/AIDS services. Summit III was fully subscribed at 225 participants, and brought together an unusually diverse group - geographically, ethnically, and in experience and expertise – representing twenty-four states, the District of Columbia and three Canadian Provinces. Given the strong response to Summit III and the broadened North American scope of Summit IV, the convening organizations anticipate that the meeting will draw at least 300 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 III meeting indicates that researchers, policy experts, service providers and consumers continue to embrace the Summit 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 IV will again be held over two and one-half days, June 3<sup>rd</sup> through 5<sup>th</sup>, 2009, 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. 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 the regular Summit sessions, participants have also indicated interest in two half day Learning Institutes: one designed to build the capacity of consumers and providers of HIV/AIDS housing and services to participate more actively in the design, guidance and interpretation of research; and the other to provide a forum for discussion among health, homelessness and housing researchers regarding methods and outcomes measures.

#### **Summit IV 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 IV 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 draws 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.

NAHC is also pleased to welcome the Ontario HIV Treatment Network (OHTN) as a convening organization for Summit IV. The OHTN is an independently incorporated, not-for-profit organization funded by the AIDS Bureau, Ontario Ministry of Health and Long-Term Care. The OHTN acts as a collaborative network of people living with HIV/AIDS, health care providers, consumers, researchers, community-based organizations and government, with a mandate to provide leadership and to advance policy relating to the optimal treatment and care of people living with HIV in Ontario. The mission of the OHTN is to optimize the quality of life of people living with HIV in Ontario and to promote excellence and innovation in treatment, research, education and prevention through a collaborative network of excellence representing consumers, providers, researchers and other stakeholders.

Leading researchers and policy experts in the fields of housing and health are working with the convening organizations on Summit IV, including principal investigators and participating agencies involved in the Housing and Health, Chicago Housing for Health Partnership, and Positive Spaces Health Places studies. Many others have committed their time and resources to the project. In addition to Dr. David Holtgrave, co-conveners include: Dr. Angela Aidala, Columbia University Mailman School of Public Health; Dr. Toorjo Ghose, University of Pennsylvania School of Social Policy and Practice; Dr. Daniel Kidder of the Centers for Disease Control and Prevention; Dr. Sean Rourke, Scientific and Executive Director of the Ontario HIV Treatment Network, and members of the Visioning Committee of the NAHC Board of Directors.

### **Contacts**

The National AIDS Housing Coalition has engaged Shubert Botein Policy Associates (SBPA) to help plan, coordinate, and document Summit IV, and [High Noon Communications] to handle logistics. Relevant contact information is set out below:

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