Housing is HIV Prevention and Health Care

Findings from the
National Housing and HIV/AIDS Research Summit Series

Convened by the National AIDS Housing Coalition
in collaboration with
The Johns Hopkins Bloomberg School of Public Health

www.nationalaidshousing.org

Housing is HIV Prevention and Health Care

"It would seem like a no-brainer to me that you need a roof over your head to maintain your health."

—Cassandra Ackerman
HIV/AIDS Consumer Advocate & NAHC Board Member

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Research and Public Policy

- Stories are important, but…
- To impact policy & funding decisions:
  - Science-based data on housing and HIV prevention and health outcomes is IMPORTANT
  - Science-based data on the cost-effectiveness of HIV/AIDS housing interventions is ESSENTIAL
- With evidence to back them, policy makers can secure the resources we need to serve people living with HIV/AIDS (PLWHA)

NAHC Housing and HIV/AIDS Research Summit Series

- Unique venue for presentation and discussion of research findings relevant to housing policy
- Regular forum to gather & share what we know about housing and HIV prevention and care
- Researchers, policy makers, providers and consumers working together to develop public policy goals and action strategies
- Summit II (October 2006) brought together 160 participants, representing 24 states, DC & Canada

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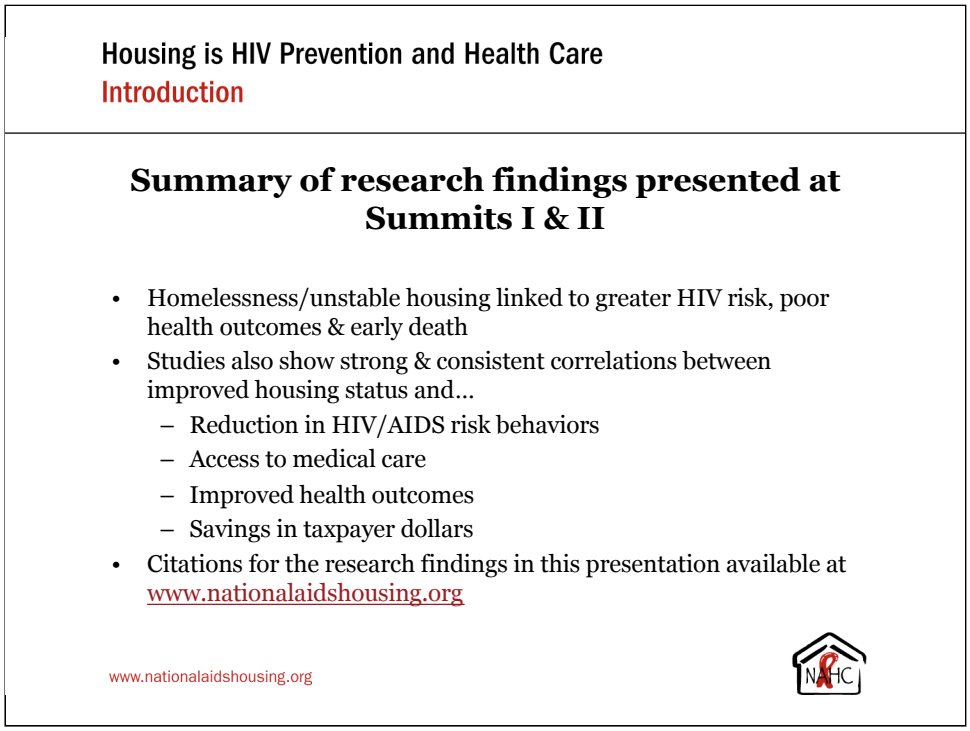
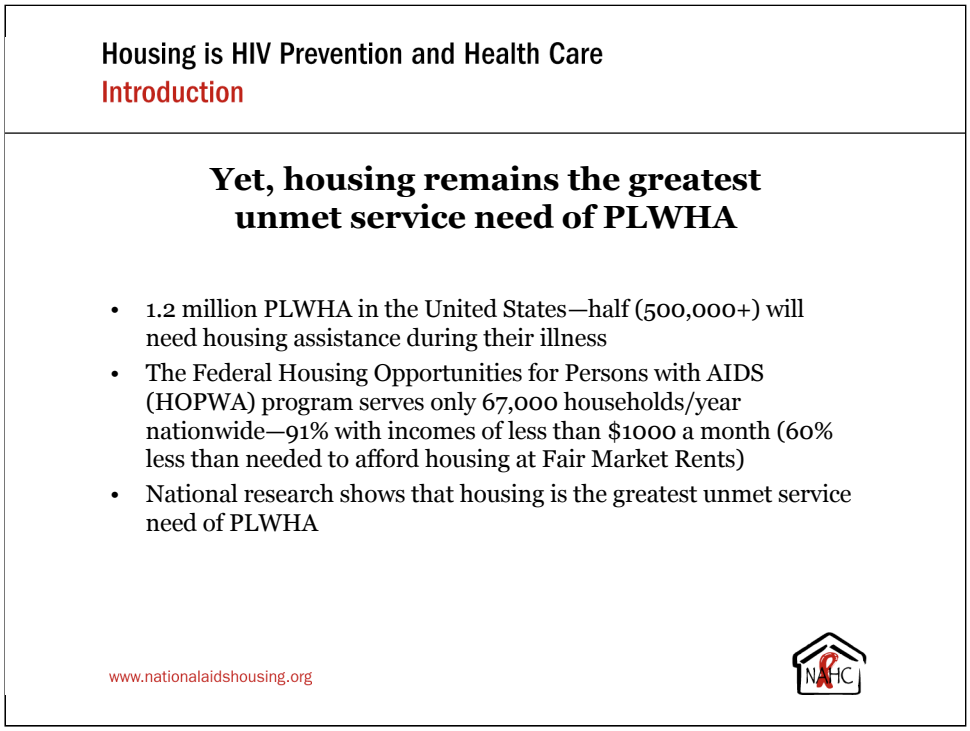


Citations for the research findings are not set out in the body of this PowerPoint, in order to avoid information overload.

To print out a copy of this PowerPoint in the "notes page" format that shows the citations, see the PDF file entitled "Annotated Guide to the PowerPoint" included as part of the National AIDS Housing Coalition *Housing is HIV Prevention and Health Care Policy Tool Kit* at www.nationalaidshousing.org.

All of the research studies referenced in this PowerPoint are summarized in the Summit I and II policy papers, available from NAHC at www.nationalaidshousing.org. Also available from NAHC, for a small fee to cover costs, is the Summit II briefing book, which includes all of the presentations, articles and other materials used at the Summit meeting.



Point 1: National AIDS Housing Coalition, HOPWA 2008 Need (www.nationalaidshousing.org).

Point 2: Based on a National Housing Wage of $16.31 in 2006 (the amount a worker must earn to afford a 2 bedroom apartment at what HUD estimates to be Fair Market Rent, spending no more than a third of income for rent). *Out of Reach 2006*, National Low Income Housing Coalition (www.nlihc.org).

Point 3: Aidala, A. (2005). Homelessness, Housing Instability and Housing Problems among Persons Living with HIV/AIDS. Paper presented at NAHC National Housing and HIV/AIDS Research Summit I.

Overview of this presentation

- What the research tells us about:
  - HIV and homelessness
  - Housing and HIV prevention
  - Housing and health care
- Policy implications of these findings:
  - Beyond a risky person paradigm
  - Housing interventions work
  - Housing is a sound public investment
- What's next:
  - The HUD/CDC Housing and Health (H&H) Study
  - Transforming research into policy initiatives

Housing is HIV Prevention and Health Care

HIV and Homelessness

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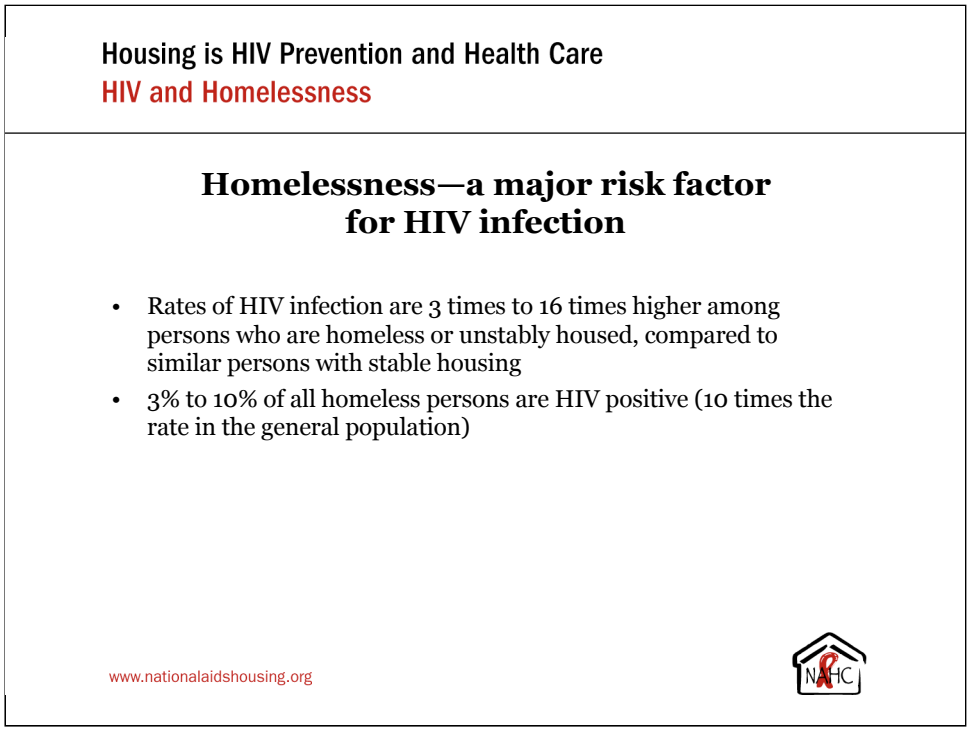


Point 1: For example, a recent analysis of administrative data revealed that the rate of new HIV diagnoses among users of the NYC shelter system is over 16 times the rate among the city's general population. Kerker, B., Bainbridge, J., Li, W., Kennedy, J., Bennani, Y., Agerton, T., Marder, D., Torian, L., Tsoi, B., Appel, K., Gutkovich, A. (2005). *The Health of Homeless Adults in New York City: A report from the New York City Departments of Health and Mental Hygiene and Homeless Services*.

Robertson, M.J., Clark, R., Charlebois, E.D., Tulsky, J., Bangsberg, D.R., Long, H.L., and Moss, A. (2004). HIV seroprevalence among homeless adults in San Francisco, *American Journal of Public Health*, 94(7): 1207-1217.

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.

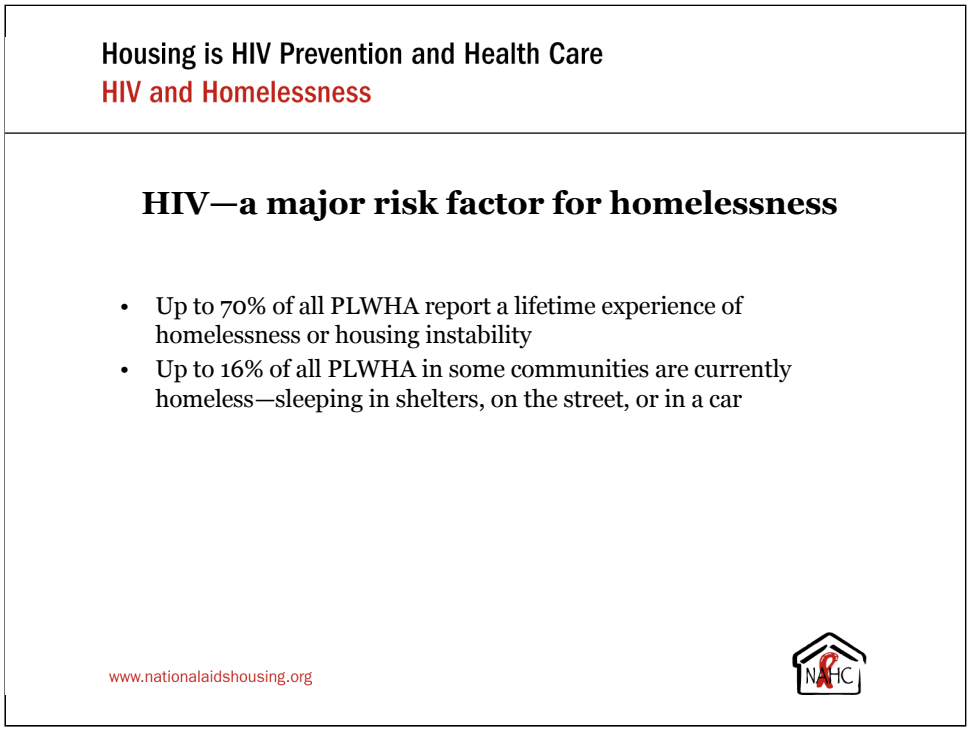
Zolopa, A. R., Hahn, J. A., Gorter, R., Miranda, R. J., Wlodarczyk, D., Peterson, J., Pilote, L., and Moss, A. R. (1994), HIV and tuberculosis infection in San Francisco's homeless adults: Prevalence and risk factors in a representative sample. *Journal of the American Medical Association, 272*, 455-461.

Point 2: Robertson et al., 2004; Culhane et al., 2001; Zolopa et al., 1994.

Empfield, M., Cournos, F., and Meyer, I. (1993). HIV seroprevalence among homeless patients admitted to a psychiatric inpatient unit. *American Journal of Psychiatry,* 150: 47-52.

Susser, E., Valencia, E., and Conover, S. (1993). Prevalence of HIV infection among psychiatric patients in a New York City men's shelter. *American Journal of Public Health,* 83: 568-570.

Torres, R.A., Mani, S., Althoz, J., and Brickner, P.W. (1990). Human immunodeficiency virus infection among homeless men in a New York City shelter. Association with Mycobacterium tuberculosis infection. *Archives of Internal Medicine,* 150: 2030-2036.



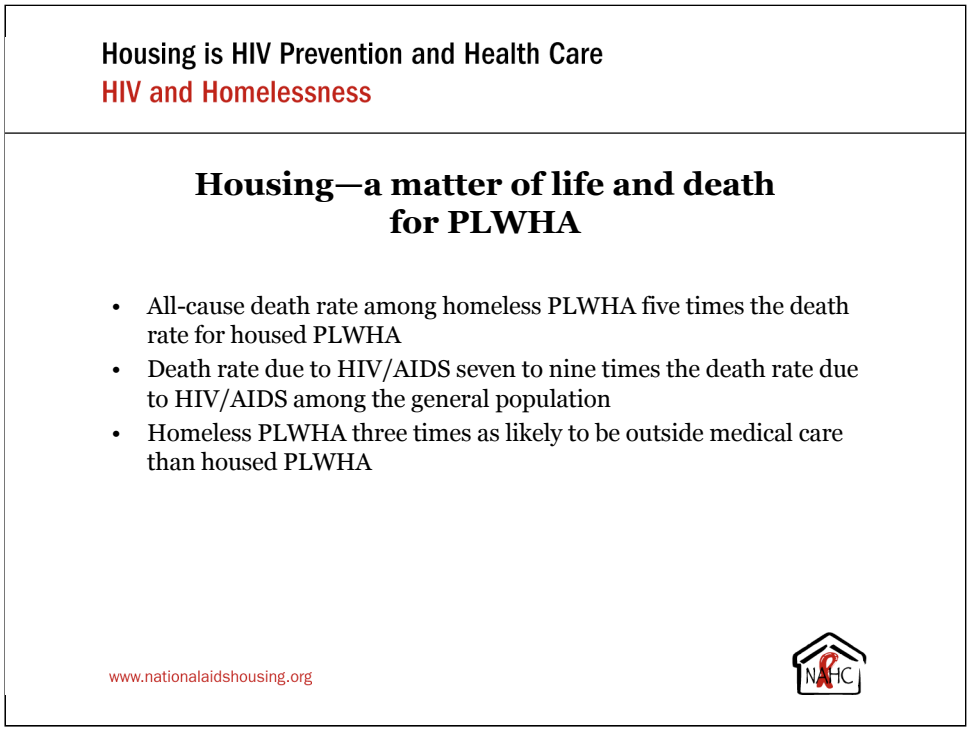
Point 1: Aidala, A., Lee, G., and Siegler, A. (2007). Housing Need, Housing Assistance and Connection to Medical Care. Community Health Advisory and Information Network Report 2006-5. Columbia University: Mailman School of Public Health. (70% of participants in an ongoing NYC study)

Aidala, A. (2005). Homelessness, Housing Instability and Housing Problems among Persons Living with HIV/AIDS. Paper presented at NAHC National Housing and HIV/AIDS Research Summit I. (60% of PLWHA in New York City; 40% multi-state).

Culhane, D. (2005). The Co-Occurrence of AIDS and Homelessness. Paper presented at NAHC National Housing and HIV/AIDS Research Summit I. (17% of PLWHA in Durham, North Carolina; 43% in Alameda County and Chicago).

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. (35% of PLWHA in Philadelphia).

Point 2: Culhane, D. (2005). The Co-Occurrence of AIDS and Homelessness. Paper presented at NAHC National Housing and HIV/AIDS Research Summit I. (16% of the total sample of persons with HIV/AIDS in Phoenix; 14% in Durham, North Carolina; 13% in Contra Costa County; 10% in Chicago; 10% in Alameda County; 5.2% in Philadelphia; 2% in Minnesota; 1% in Denver; and 1% in Riverside/San Bernadino).



Point 1: The study that found 5.3 deaths per 100 person years is: 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. The comparison is with the following study which found an overall death rate of 1-2 deaths per 100 person years: 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.

Point 2: The death rate due to HIV/AIDS is 7 times higher among single adults in NYC shelters than in the general population, and 9 times higher among sheltered single women (making HIV the leading cause of death among sheltered women). Kerker, B., Bainbridge, J., Li, W., Kennedy, J., Bennani, Y., Agerton, T., Marder, D., Torian, L., Tsoi, B., Appel, K., Gutkovich, A. (2005). *The Health of Homeless Adults in New York City: A report from the New York City Departments of Health and Mental Hygiene and Homeless Services*.

Point 3: Indicated by no outpatient visits for prior 6 to 12 months. Findings from the NYC Community Health Advisory & Information Network (CHAIN) Project and a national multi-site HRSA SPNS/HUD HOPWA Multiple Diagnoses Initiative. Aidala, A. (2006). Delayers and Drop-Outs: Housing Status and Entry Into and Retention in HIV Care. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II. See also Aidala, A., Waddell, E., Sotheran, J. (2005). *Delayers, Drop-outs, the Unconnected, and "Unmet need,"* Community Health Advisory & Information Network (C.H.A.I.N.) Report 2005-3, Joseph L. Mailman School of Public Health, Columbia University, in collaboration with the Medical and Health Research Association of New York.

Housing and HIV Prevention

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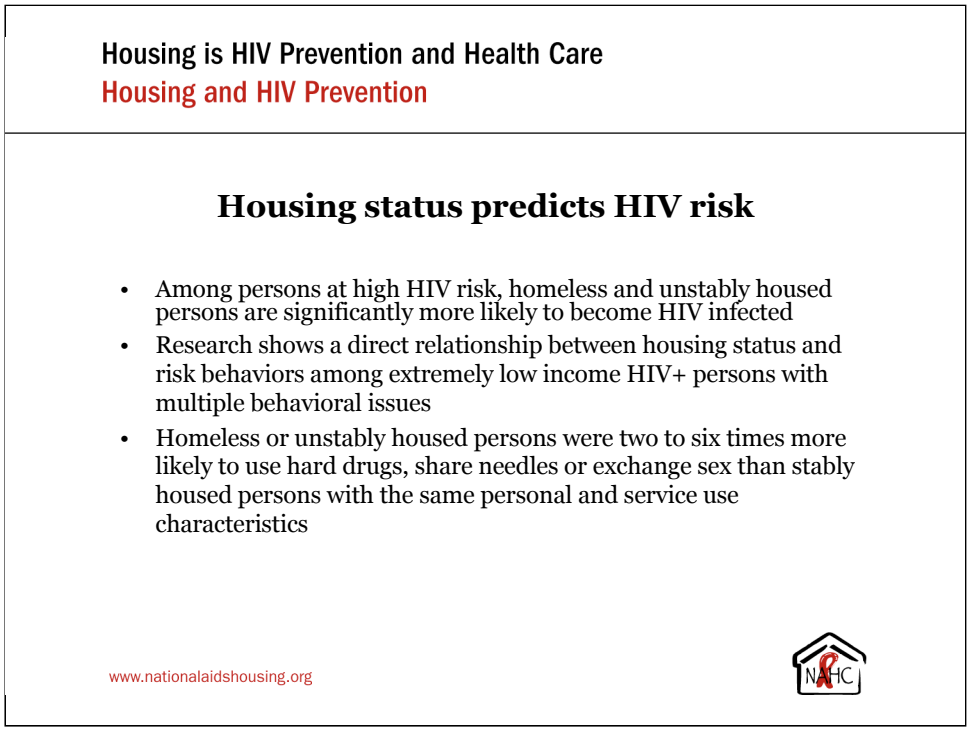


Point 1: Song, J.Y., Safaeian, M., Strathdee, S.A., Vlahov, D., and Celentano, D. (2000). The prevalence of homelessness among injection drug users with and without HIV infection. *Journal of Urban Health, 77*: 678-687.

Smereck, G.A., and Hockman, E.M. (1998). Prevalence of HIV infection and HIV risk behaviors associated with living place: On-the-street homeless drug users as a special target population for public health intervention. *American Journal of Drug and Alcohol Abuse,* 24: 299-310.

Susser, E., Miller, M., Valencia, E., Colson, P., Roche, B., and Conover, S. (1996). Injection drug use and risk of HIV transmission among homeless men with mental illness. *American Journal of Psychiatry,* 153: 794-798.

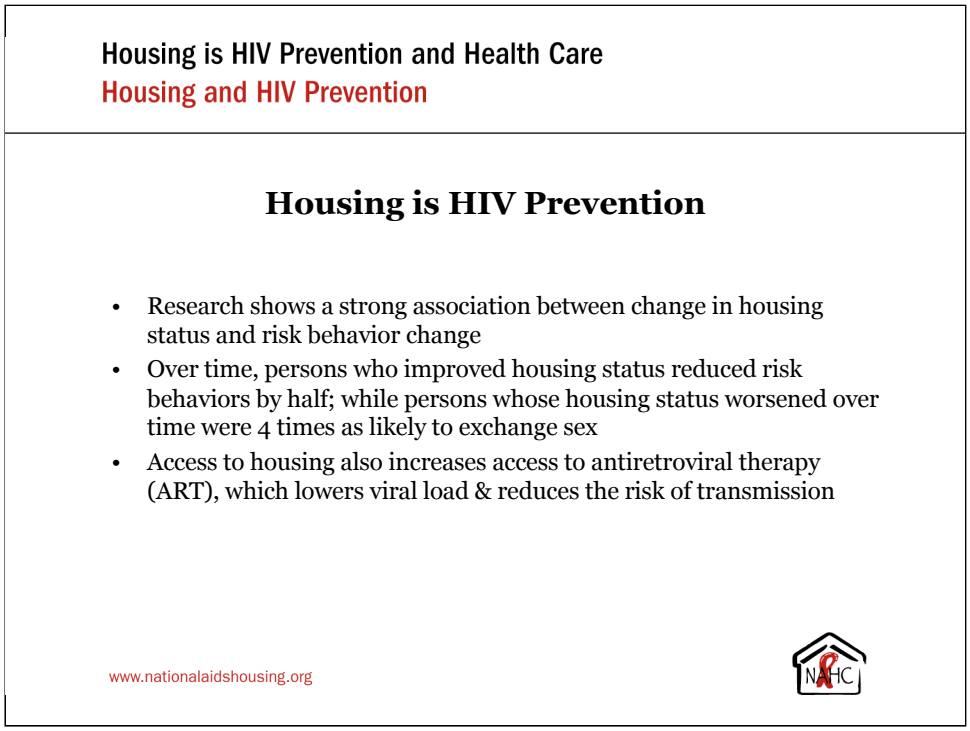
Popkin, S.J., Johnson, W.A., Clatts, M.C., Wiebel, W.W., and Deren, S. (1993). Homelessness and risk behaviors among intravenous drug users in Chicago and New York City. In B.S. Brown and G.M. Beschner, Eds., *Handbook on risk of AIDS: Injection drug users and sexual partners* (pp. 312-327). Westport, CT: Greenwood Press.

Joseph, H., and Roman-Nay, H. (1990). The homeless intravenous drug abuser and the AIDS epidemic. *NIDA Research Monograph,* 93: 210-253.

Point 2: Aidala, A., Cross, J.E., Stall, R., Harre, D., and Sumartojo, E. (2005). Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior, 9(3): 251-265.*

Dickson-Gomez, J. (2006). The Relationship between Housing Status and HIV Risk among Active Drug Users: A Qualitative Analysis. Paper presented at NAHC National Housing and HIV/AIDS Research Summit II.

Point 3: Aidala et al., 2005. This groundbreaking study was the first of its kind to study the relationship of housing status and HIV risk behaviors over time. Housing status was found to have an independent effect on risk behaviors, after controlling for demographics, economic resources, health and mental health status, and service utilization.



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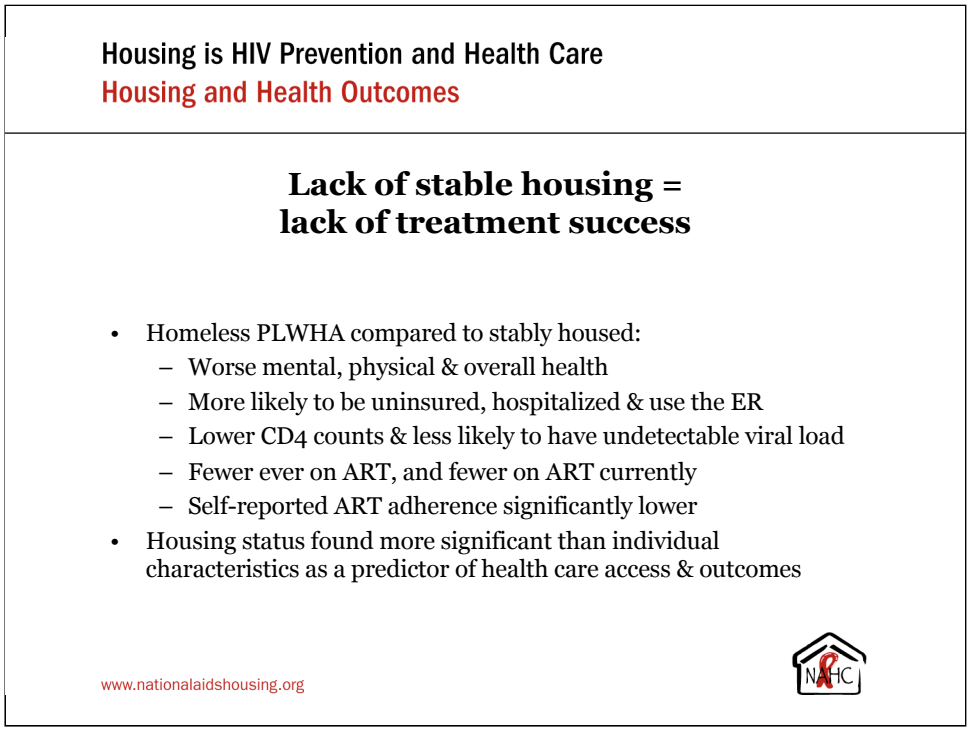
Point 2: Aidala et al., 2005. Longitudinal analysis of follow-up data showed that change in housing status was associated with change in risk behaviors, controlling for socio-demographic variables, service utilization at follow-up and in the period between baseline and follow-up, and risk behaviors at baseline.

The causal mechanisms linking housing and risk behaviors require further study, but realities of life for homeless/unstably housed persons suggest a number of ways housing may affect sexual and/or drug using behaviors: barriers to stable intimate relationships; daily survival needs that supersede HIV risk reduction; barriers to service utilization; substance use as "self-medication;" and sex exchange for shelter or other survival needs.

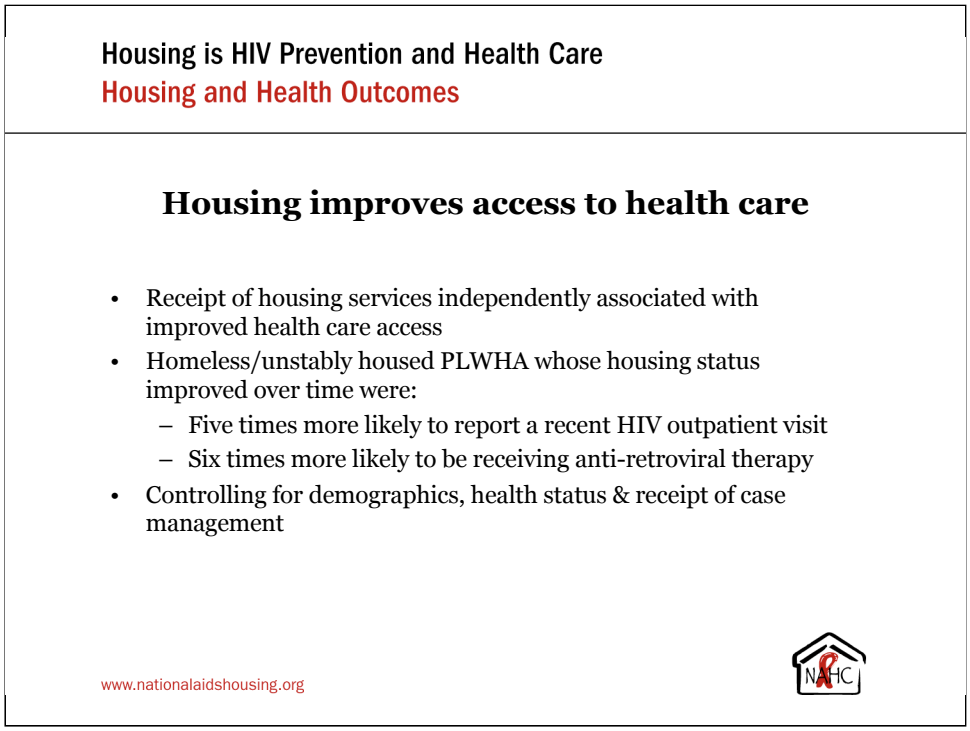
Point 3: Holtgrave, D.R., Curran, J.W. (2006). What works, and what remains to be done, in HIV prevention in the United States. *Annual Review of Public Health*, 27: 261-275.

Housing and Health Outcomes



Point 1: This CDC study is the first large-scale national study comparing health indicators for homeless & housed PLWHA. Data were collected from almost 8,000 PLWHA. Kidder, D.P., Wolitski, R.J., Campsmith, M.L., Nakamura, G.V. (in press). Health status, health care use, medication use, and medication adherence in homeless and housed people living with HIV/AIDS. *American Journal of Public Health*.

Point 2: Kidder, et al., in press. Lack of stable housing was found to be one of the strongest predictors of lack of treatment success, after controlling for demographics, CD4 count, medication regimen, receipt of medical and social services, and drug and alcohol use.



Point 1: Aidala, A., Lee, G., and Siegler, A. (2007). Housing Need, Housing Assistance and Connection to Medical Care. Community Health Advisory and Information Network Report 2006-5. Columbia University: Mailman School of Public Health.

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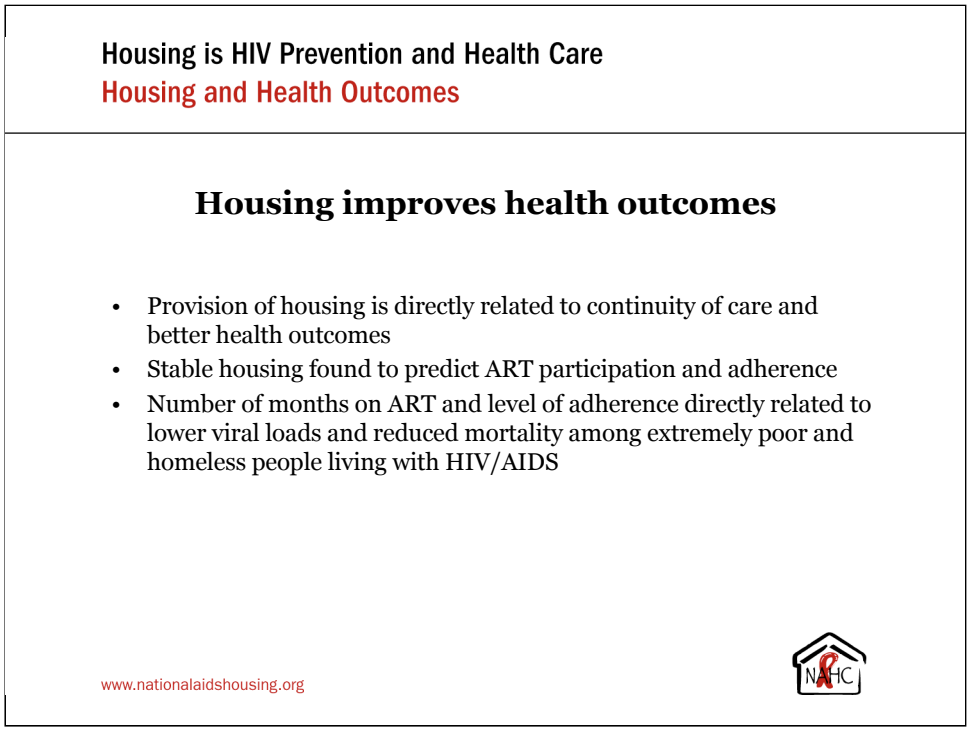
Messeri, P., Abramson, D., Aidala, A., Lee, F., and Lee, G. (2002). The impact of ancillary HIV services on engagement in medical care in New York City. *AIDS Care*, 14 (Supplement 1): S15-S30.

Points 2-3: Aidala, A. (2006). Risky Persons vs. Risky Contexts- Housing as a Structural Factor Affecting HIV Prevention and HIV Care, Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.

Aidala, A., Lee, G., and Siegler, A. (2007). Housing Need, Housing Assistance and Connection to Medical Care. Community Health Advisory and Information Network Report 2006-5. Columbia University: Mailman School of Public Health.



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Aidala, A., Waddell, E., Sotheran, J. (2005). *Delayers, Drop-outs, the Unconnected, and "Unmet need,"* Community Health Advisory and Information Network Report 2005-3. Columbia University: Mailman School of Public Health.

Stewart, K.E., Cianfrini, L.R., and Walker, J.F. (2005). Stress, social support and housing are related to health status among HIV-positive persons in the Deep South of the United States. *AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV*, 17(3): 350-358.

Masson, C.L., Sorensen, J.L., Phibbs, C.S., and Okin, R.L. (2004). Predictors of medical service utilization among individuals with co-occurring HIV infection and substance abuse disorders. *AIDS Care,* 16(6): 744-55.

Hsu, L.C., Vittinghoff, E., Katz, M.H., and Schwarcz, S.K. (2001). Predictors of use of Highly Active Antiretroviral Therapy (HAART) among persons with AIDS in San Francisco, 1996-1999. *JAIDS Journal of Acquired Immune Deficiency Syndromes,* 28(4): 345-350.

Point 2: This study examined factors affecting HAART participation & adherence among injection drug users in three cities. Effective HAART was defined as viral suppression for 12 months. Persons with stable housing were 3.7 times more likely to be on effective HAART than homeless/unstably housed persons. Individual characteristics, such as drug use, were NOT predictive of effective HAART. Knowlton, A., Arnsten, J., Eldred, L., Wilkinson, J., Gourevitch, M., Shade, S., Dowling, K., Purcell, D., and the INSPIRE Team (2006). Individual, interpersonal, and structural correlates of effective HAART use among urban active injection drug users. *Journal of Acquired Immunodeficiency Diseases*, 41(4): 486-492.

Point 3: 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.

Waldrop-Valverde, D., and Valverde, E. (2005). Homelessness and psychological distress as contributors to antiretroviral nonadherence in HIV-positive injecting drug users. *AIDS Patient Care Stds*, 19(5): 326-34.

Housing is HIV Prevention and Health Care

Beyond a "Risky Person" Paradigm

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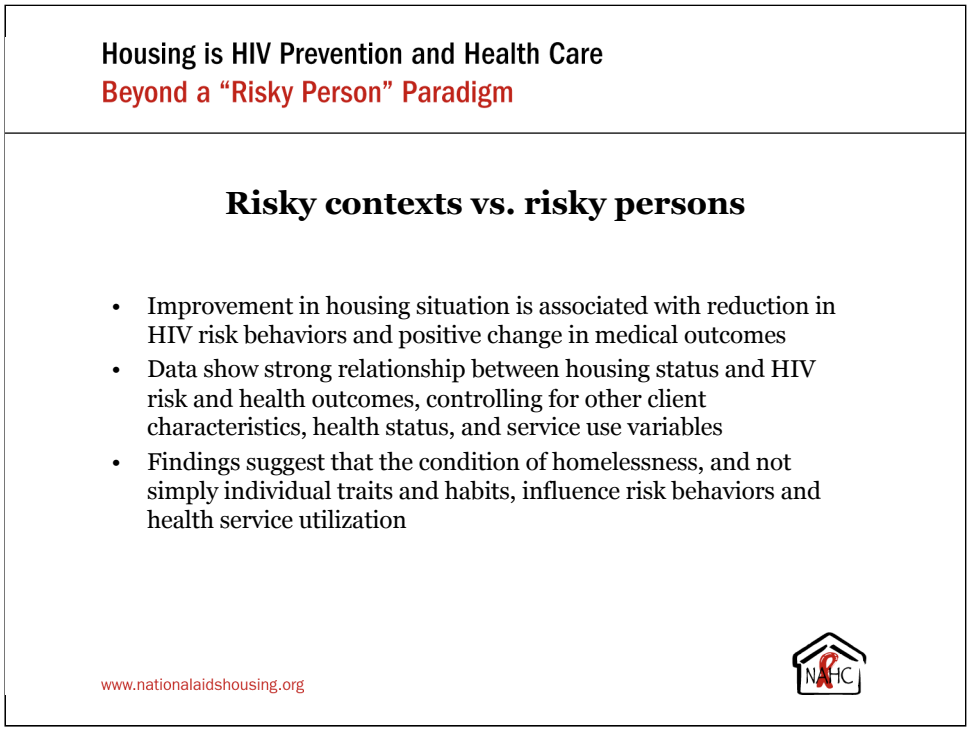

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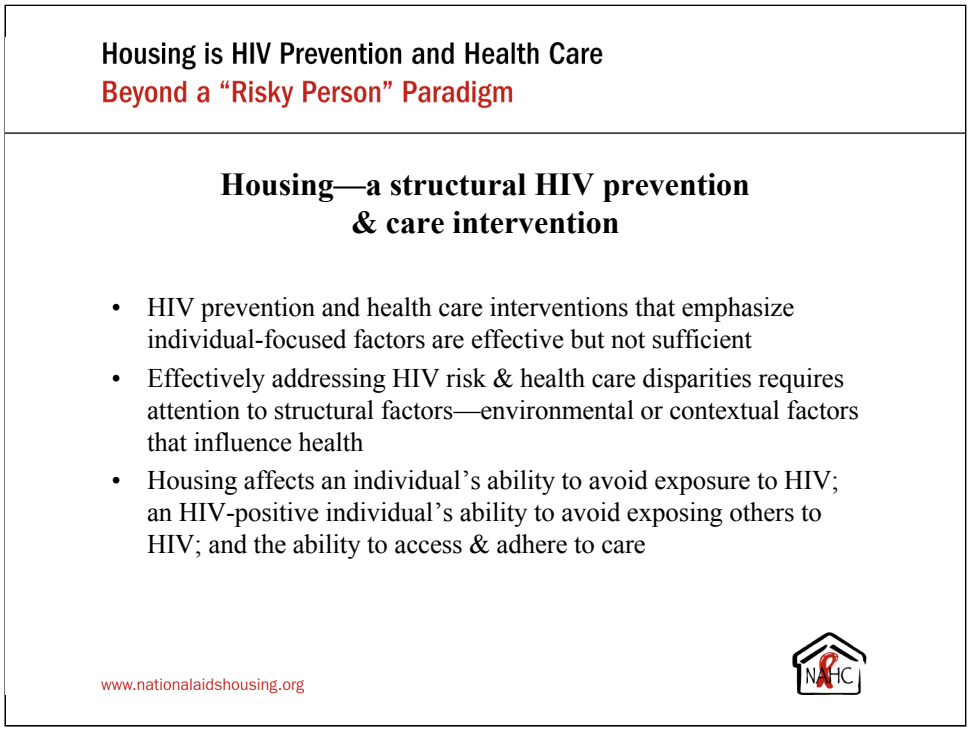
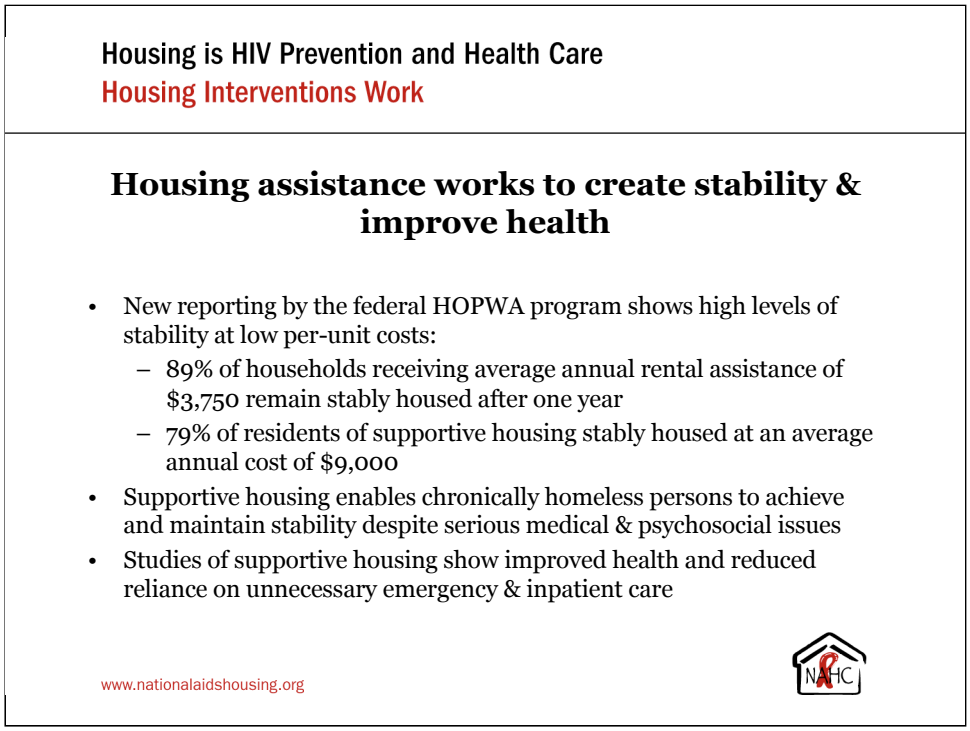


See:

Holtgrave, D.R., Curran, J.W. (2006). What works, and what remains to be done, in HIV prevention in the United States. *Annual Review of Public Health*, 27: 261-275.

Aidala, A. (2006). Risky Persons vs. Risky Contexts – Housing as a Structural Factor Affecting HIV Prevention and HIV Care. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.

Housing Interventions Work

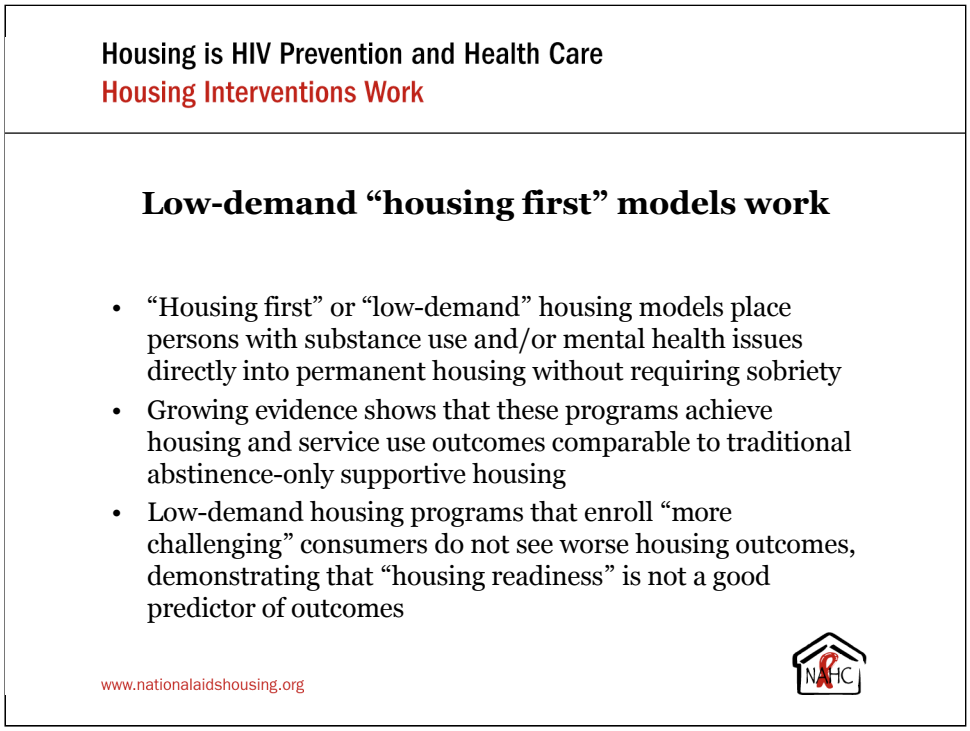


Point 1: U.S. Department of Housing and Urban Development, Housing Opportunities for Persons with AIDS Fact Sheet, 2006; Vos, D. (2006). Initial Client Outcomes Data from the New HOPWA Reporting Tools. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.

Points 2&3: The Chicago Housing for Health Partnership (CHHP) is an ongoing 4-year (2003-2007) demonstration project that employs various models of supportive housing for homeless persons with long-term histories of homelessness (70%), substance use (86%), mental illness (46%), and medical issues such as HIV/AIDS (34%). Interim findings show 66% of program residents have achieved stable housing. Housed participants were 2.5 less likely than a "usual care" control group to use an emergency room, and used a mean of 1.5 days of inpatient hospitalization compared to 2.3 days for the control group. Bendixen, A. (2006). The Relationship of Housing Status and Health Care Access: Results from the Chicago Housing for Health Partnership. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II. (NOTE: Final CHHP findings will be released at the March 2008 NAHC Housing and HIV/AIDS Research Summit III.)

The San Francisco Health, Housing and Integrated Services Network (1994 to 1998) examined results from permanent supportive housing for homeless persons with co-occurring mental illness (87%), substance use (92%) and/or HIV/AIDS (14%). 81% of residents remained stably housed for at least one year. Service use was compared for the two years before and after placement. Emergency room visits were reduced by over 50%; housing reduced the likelihood of being hospitalized (from 19% to 11%) and the mean number of admissions per person .34 to .19 admissions per resident). Wilkins, C. (2006). Housing Status and Health Care Access. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.

Martinez, T.E., Burt, M.R. (2006). Impact of permanent supportive housing on the use of acute care health services by homeless adults. *Psychiatric Services*, 57(7): 992-



Point 1: Martinez, T.E., Burt, M.R. (2006). Impact of permanent supportive housing on the use of acute care health services by homeless adults. *Psychiatric Services*, 57(7): 992-999.

Burt, M.R., et al. (2004). *Strategies for Reducing Chronic Street Homelessness*, prepared for the U.S. Department of Housing and Urban Development, Office of Policy Development and Research.

Point 2: Martinez, T.E., Burt, M.R. (2006). Impact of permanent supportive housing on the use of acute care health services by homeless adults. *Psychiatric Services*, 57(7): 992-999.

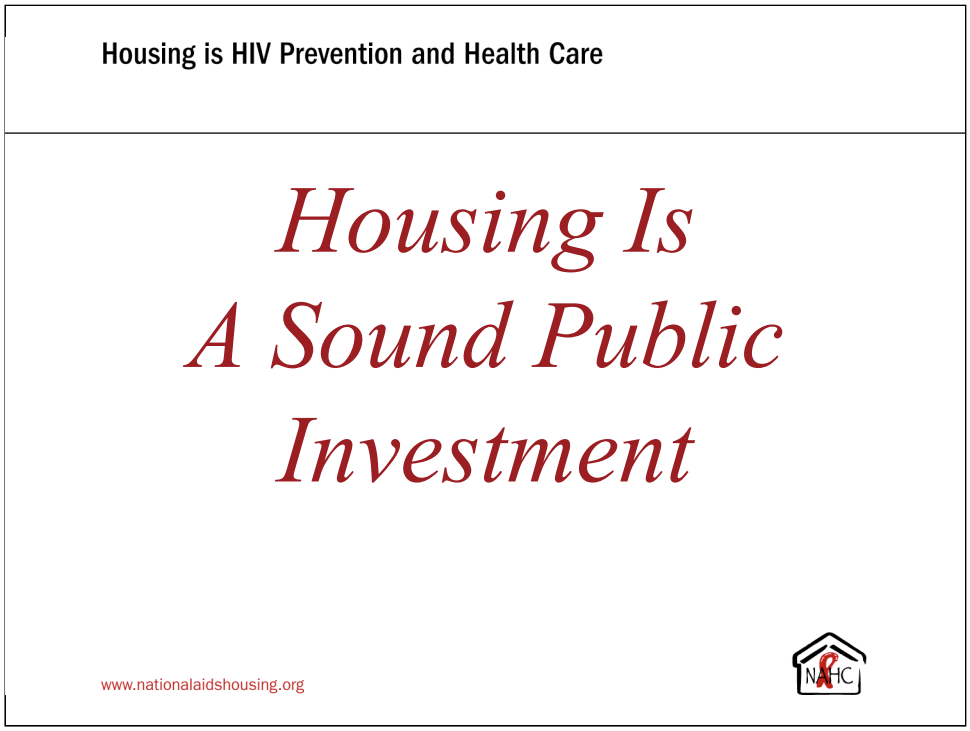
Tsemberis, S., Gulcur, L., Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94:651-656.

Rosenheck, R., Kasprow, W., Frisman, L., et al. (2003). Cost effectiveness of supported housing for homeless persons with mental illness. *Archives of General Psychiatry*, 60: 940-951.

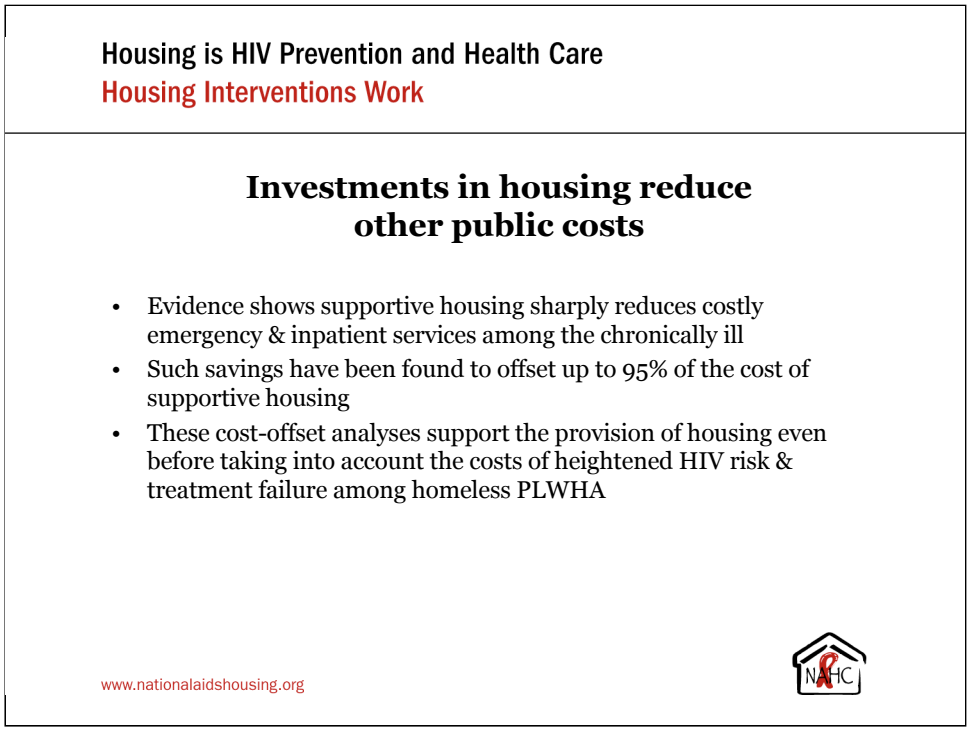
Point 3: Both the Chicago Housing for Health Partnership (CHHP) and the San Francisco Health, Housing and Integrated Services Network include housing first models of housing.

Bendixen, A. (2006). The Relationship of Housing Status and Health Care Access: Results from the Chicago Housing for Health Partnership. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.

Wilkins, C. (2006). Housing Status and Health Care Access. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.



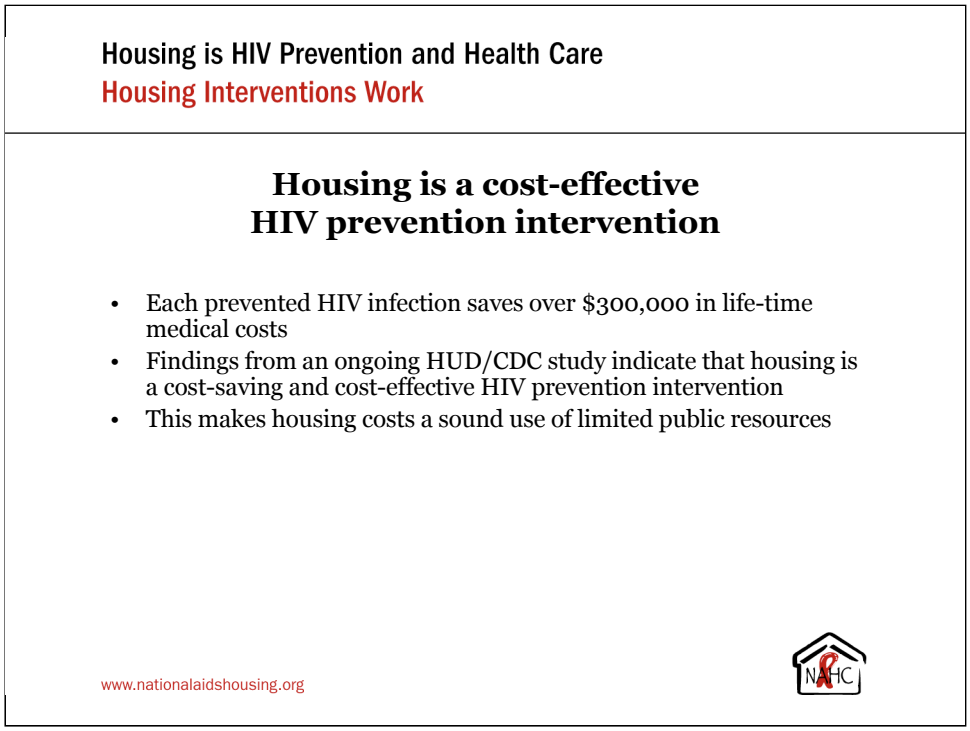
Housing saves lives by preventing new HIV infections and improving health care access and outcomes for HIV positive persons. Important new cost analyses indicate that housing is a cost-saving and cost-effective HIV prevention and treatment intervention for homeless and unstably housed PLWHA, making housing costs a sound public investment.



Point 1: Bendixen, A. (2006). The Relationship of Housing Status and Health Care Access: Results from the Chicago Housing for Health Partnership. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.

Wilkins, C. (2006). Housing Status and Health Care Access. Paper presented at the National AIDS Housing Coalition (NAHC) National Housing and HIV/AIDS Research Summit II.

Point 2: Culhane, D.P., Metraux, S., and Hadley, T.R. (2002). Public service reductions associated with the placement of homeless people with severe mental illness in supportive housing. *Housing Policy Debate*, 13(1): 107-163.



Point 1: Schackman, B.R., Gebo, K.A., Walensky, R.P., Losina, E., Muccio, T., Sax, P.E., Weinstein, M.C., Seage, G.R. 3rd, Moore, R.D., Freedberg, K.A. (2006). The lifetime cost of current human immunodeficiency virus care in the United States, *Med Care*, 44(11): 990-7.

Point 2: Based on initial cost analyses from the HUD/CDC Housing and Health Study, as presented at the National AIDS Housing Coalition Housing and HIV/AIDS Research Summit II. Holtgrave, D. (2006). *Examining the Cost Effectiveness of Housing as an HIV Prevention and Health Care Intervention*. Paper presented at the National AIDS Housing Coalition Housing and HIV/AIDS Research Summit, October 2006. See also, 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.

Preliminary findings from the H&H Study show that the total costs of supportive housing interventions examined are $10,000 to $14,000 annually. Based on these costs, the H&H threshold analyses indicate that:

•In order for housing services to be cost-saving (service costs divided by life-time medical cost savings when a transmission is prevented): an average of just one transmission per 19 clients must be averted.

•In order for housing services to be cost-effective (service costs divided by medical cost saved plus a value for each quality-adjusted life year saved when an infection is averted): only one transmission per 69 clients must be prevented.

While actual results will not be available until the H&H study is completed, these analyses indicate that housing interventions for PLWHA are both cost-effective and cost-saving, making housing a sound investment of limited public resources.

Housing is HIV Prevention and Health Care

The HUD/CDC Housing & Health Study

www.nationalaidshousing.org

Housing is HIV Prevention and Health Care
The HUD/CDC Housing & Health Study

Study Goal: assess the ability of housing to:

(1) reduce the risk of HIV transmission

(2) improve the health of PLWHA

www.nationalaidshousing.org

Housing is HIV Prevention and Health Care

The HUD/CDC Housing & Health Study

H&H findings will compare

Stably Housed

- Viral Loads
- CD4 Counts
- Access to Care
- Care Costs
- Risk Behaviors

Homeless/Unstably Housed

- Viral Loads
- CD4 Counts
- Access to Care
- Care Costs
- Risk Behaviors

Housing & Health Study

www.nationalaidshousing.org

Housing & Health Study

- Ongoing large-scale longitudinal research
- Conducted by HUD and the CDC
- First effort of its kind to rigorously evaluate housing as a structural prevention & health care intervention for homeless/unstably housed PLWHA
- Detailed results to be discussed at NAHC Summit III in March 2008!

Housing is HIV Prevention and Health Care

Transforming Research into Policy Initiatives

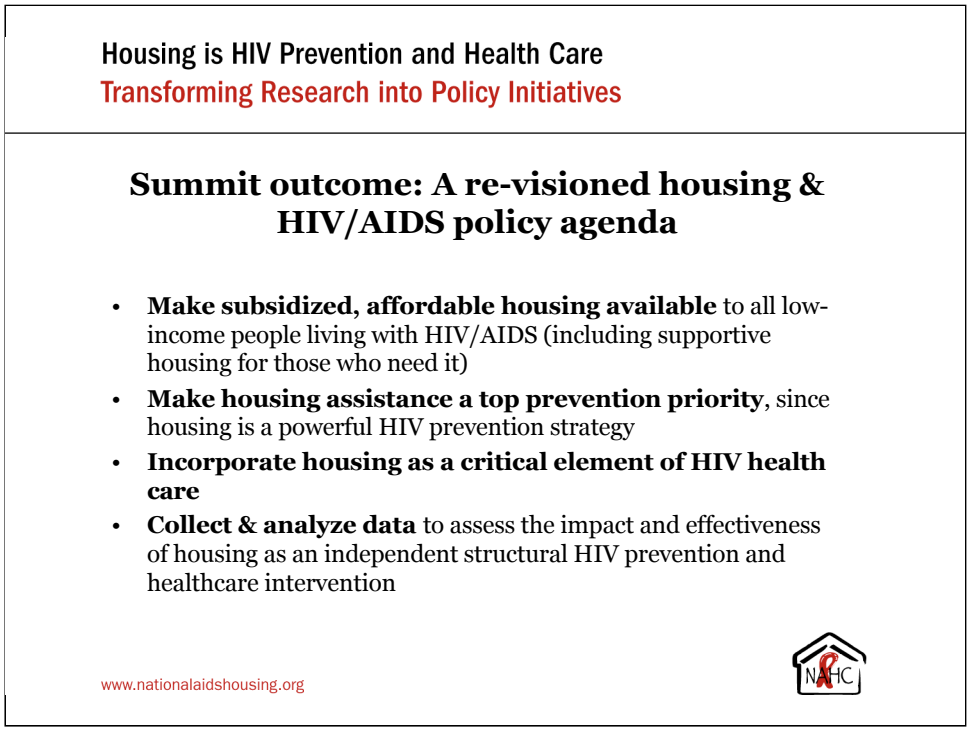
www.nationalaidshousing.org

•Despite the effectiveness of behavioral HIV prevention interventions, new infections remain at 40,000 per year and race & income disparities in HIV risk & health outcomes persist.

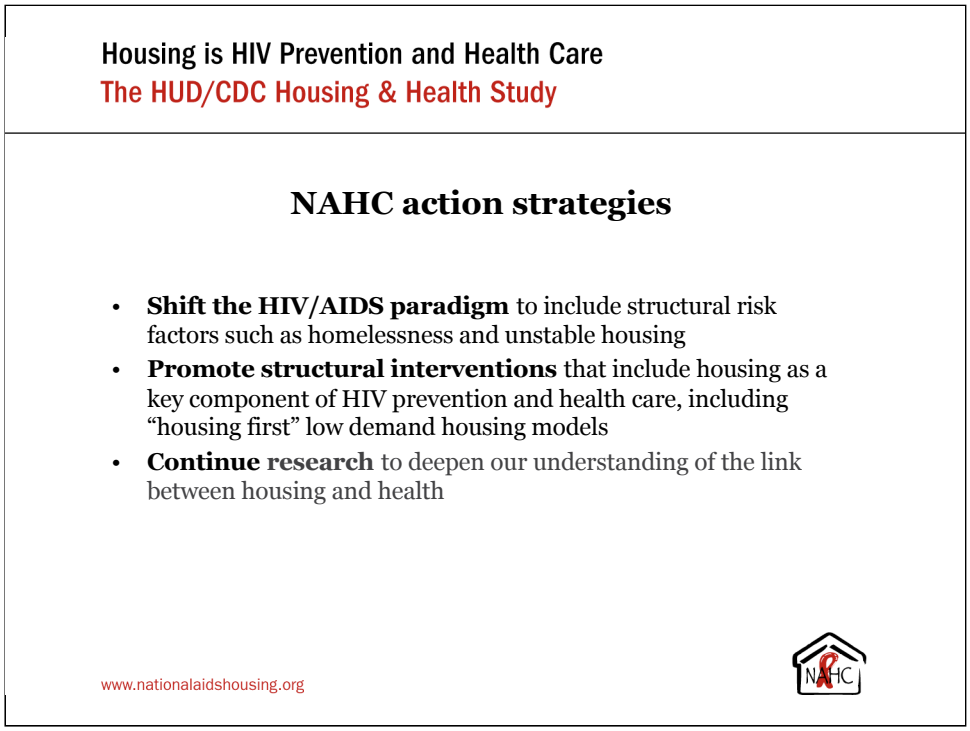
•The research outlined here points to the provision of housing as an effective & cost-saving HIV prevention and treatment intervention.

•Housing policy holds great power to address HIV and other health disparities. It is rare and exciting to identify a new mechanism to address an epidemic.

•Evidence supports a re-visioned public health response to housing need.



These four public policy imperatives were articulated by the researchers, public policy experts, advocates, and consumers and providers of HIV/AIDS housing who participated in the first National Housing and HIV/AIDS Research Summit. See the NAHC Summit I Policy Paper, available at www.nationalaidshousing.org.



See the NAHC Summit II Policy Paper, available at www.nationalaidshousing.org

Housing is HIV Prevention and Health Care
Transforming Research into Policy Initiatives

Take action nationally!

- Demand full funding of HOPWA and other affordable housing programs that serve PLWHA & disabled persons
- Ask Congress to acknowledge the critical interconnection of housing & HIV prevention & health care
- Urge Congress to enact the National Housing Trust Fund as a dedicated source of funding for low-income housing
- Call for passage of the Second Chance Act, to address barriers to housing for persons leaving prison and jail
- Support the Services for Ending Long Term Homelessness Act to fund services in supportive housing

www.nationalaidshousing.org

For more information on these legislative priorities, see www.nationalaidshousing.org.

Take action locally!

- Get informed—study the research
- Gather your own facts—document local need & the results of housing programs
- Spread the word—share research findings & with local data with your national, state and local policy makers
- Make sure your local housing and health planning processes are informed by the facts
- And…

Stay Connected!

- To learn more about the Summit Series and find out how to get involved in advocacy efforts, go to: www.nationalaidshousing.org
- ***Save the date***! Summit III will be held March 5th -7th, 2008, in Baltimore

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