

# HIV/AIDS HOUSING **Breaking the Link Between Homelessness and HIV**

*Make subsidized, affordable housing available to all low-income people living with HIV/AIDS.*

– Policy Imperative from the NAHC National Housing and HIV/AIDS Research Summit Series



New research confirms that **homelessness and unstable housing are linked to greater HIV risk, and to inadequate care, poor health outcomes and early death for persons living with HIV/AIDS (PLWHA).**

## HOMELESSNESS IS A MAJOR RISK FACTOR FOR HIV

- The conditions of homelessness and extreme poverty—the inability to maintain intimate relationships, pressures of daily survival needs, and substance use as a response to stress and/or mental health problems—leave **homeless and unstably housed persons extremely vulnerable to HIV infection.**<sup>1</sup>
- Rates of HIV infection are **three to sixteen times higher** among persons who are homeless or unstably housed, compared to similar persons who are stably housed.<sup>2</sup>
- **3% to 10% of all homeless persons are HIV positive**—ten times the rate of infection in the general population.<sup>3</sup>

## HIV IS A MAJOR RISK FACTOR FOR HOMELESSNESS

- **PLWHA are likewise extremely vulnerable to homelessness**, due to discrimination, loss of income, the breakup of relationships and other factors.
- As many as **70% of all PLWHA report a lifetime experience of homelessness or housing instability**, in communities across the US.<sup>4</sup>
- At any given time, **up to 16% of all persons with HIV in some communities are homeless**—sleeping in shelters, on the street, or in a car.<sup>5</sup>

## HOUSING IS A MATTER OF LIFE OR DEATH FOR PERSONS WITH HIV/AIDS

- The **all-cause death rate among homeless PLWHA is five times the death rate for housed PLWHA.**<sup>6</sup>
- The **death rate due to HIV/AIDS is seven to nine times higher among homeless adults** compared to the general population.<sup>7</sup>
- **Housing status is one of the strongest predictors of health outcomes for PLWHA**, after controlling for other factors such as drug use, mental health and receipt of medical and social services.<sup>8</sup>
- Compared to stably housed PLWHA, **homeless persons experience worse overall physical and mental health**, have lower CD4 counts and higher viral loads, and are less likely to receive and adhere to antiretroviral therapy.<sup>9</sup>
- Receipt of **housing assistance has an independent, direct impact on improved health outcomes** among PLWHA, including receipt of early, continuous and clinically appropriate care.<sup>10</sup>

## THE NAHC HOUSING AND HIV/AIDS RESEARCH SUMMIT SERIES

Since 2005, the Summit Series has provided an innovative forum for presentation of research on the relationship of housing status to HIV prevention and care, coupled with dialogue on the public policy implications of findings. Researchers, policy makers, providers and consumers work together to develop evidence-based public policy goals and strategies. Summit products include policy papers, an advocacy tool kit, and the November 2007 special “Housing & HIV” issue of the journal *AIDS & Behavior*. NAHC will convene Summit IV on June 3rd–5th, 2009, in Washington, DC, in collaboration with the Johns Hopkins Bloomberg School of Public Health and the Ontario HIV Treatment Network (OHTN). For information on the Summit Series and to read Summit materials, visit [www.nationalaidshousing.org](http://www.nationalaidshousing.org).



# HOUSING IS The Greatest Unmet Need of Persons with HIV/AIDS

“Taken as a whole, the available research makes it readily apparent that access to adequate housing profoundly affects the health of Americans who are at-risk for or living with HIV.”<sup>11</sup>

The CDC estimates that there are currently 1.2 million people living with HIV/AIDS (PLWHA) in the United States, and over 56,000 persons become newly infected each year. AIDS housing experts estimate that about half of all PLWHA—over 500,000 households—will need some form of housing assistance during the course of their illness.

At current funding levels, the federal Housing Opportunities for Persons with AIDS (HOPWA) program serves only about 70,000 households per year.

There is not a single county in the US where a person who relies on federal Supplemental Security Income (SSI) payments (\$637 in 2008) can afford even a studio apartment.<sup>12</sup>



## WHAT'S NEEDED A Data-Driven HIV/AIDS Housing Policy Agenda

### RESEARCH FINDINGS SUPPORT FOUR KEY IMPERATIVES FOR A SOUND HIV/AIDS HOUSING POLICY

- Make affordable housing available to all persons with HIV.
- Make housing assistance a top HIV prevention priority.
- Incorporate housing as a critical element of HIV health care.
- Continue to collect the data needed to inform HIV housing policy.

1 Aidala, A. & Sumartojo, E. (2007). Why housing? *AIDS & Behavior*, 11(6)/Supp 2: S1-S6.

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

3 Robertson et al., 2004; Culhane et al., 2001.

4 Aidala, A., Lee, G., Abramson, D., Messeri, P. & Siegler, A. (2007). Housing need, housing assistance, and connection to medical care, *AIDS & Behavior*, 11(6)/Supp 2: S101-S115; Culhane, D. (2005). The Co-Occurrence of AIDS and Homelessness. Paper presented at the First Housing and HIV/AIDS Research Summit, Atlanta, Georgia.

5 Culhane, D., 2005.

6 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*. 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. Clinical progression and virological failure on highly active antiretroviral therapy in HIV-1 patients: a prospective cohort study. *Swiss HIV Cohort Study. Lancet*. 1999; 353(9156): 863-868.

7 Kerker, et al., 2005.

8 Kidder, D.P., Wolitski, R.J., Campsmith, M.L., Nakamura, G.V. (2007). Health status, health care use, medication use, and medication adherence in homeless and housed people living with HIV/AIDS. *American Journal of Public Health* 97(12): 2238-2245.

9 Id.

10 Aidala, et al., 2007.

11 Wolitski, R., Kidder, D. & Fenton, F. (2007). "HIV, homelessness, and public health: Critical Issues and a call for increased action." *AIDS & Behavior*, 11(6)/Supp 2: S167-S171.

12 *Out of Reach 2007-2008*, National Low Income Housing Coalition ([www.nlihc.org](http://www.nlihc.org)).



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