

HIV/AIDS HOUSING A Sound Investment of Public Resources

Prevent costly new HIV infections and reduce the use of expensive acute care services by housing homeless and unstably housed people living with HIV/AIDS (PLWHA).

– Action strategy from the NAHC National Housing and HIV/AIDS Research Summit Series

HIV housing investments sharply cut other costs by improving the health of PLWHA and preventing new infections, making housing dollars a wise use of limited public resources.

HOUSING INTERVENTIONS ARE BOTH EFFECTIVE AND COST-SAVING

Exciting new data from two major studies show the impact of housing on health care utilization and outcomes among homeless/unstably housed persons with HIV and other chronic medical conditions:

- ▶ The **Chicago Housing for Health Partnership (CHHP)** followed 407 chronically ill homeless persons over 18 months following hospital discharge.¹
- ▶ The **Housing and Health (H&H) Study** examined the impact of housing on HIV risk behaviors, medical care and treatment adherence among 630 PLWHA who were homeless or unstably housed at baseline.²

Preliminary data from these innovative studies link housing assistance to improved health outcomes and savings in taxpayer dollars.³

CHHP DATA SHOW HOUSING SAVES LIVES AND MONEY

The “housing first” CHHP program provides supportive housing for homeless persons with chronic illnesses such as HIV/AIDS (34%), hypertension (33%) and cancer.

An 18-month random controlled trial (RCT) compared health outcomes for persons who received CHHP housing and an equal number of chronically ill homeless persons who continued to rely on “usual care” from shelters, family and recovery programs.

60% of the intervention group were stably housed at 18 months, compared to only 15% of the “usual care” group, and the housed group used half as many nursing home days and were nearly two times less likely to be hospitalized or use ER.⁴

Among CHHP participants with HIV/AIDS, those who received a housing placement were twice as likely at 12 months to have an undetectable viral load as those who did not receive housing.⁵

Significantly, health care savings far exceed the costs of the housing intervention.⁶

H&H FINDINGS SHOW HOUSING = HEALTH FOR PLWHA

The Health and Housing Study was conducted by the Centers for Disease Control and the HUD HOPWA program, in Baltimore, Chicago and Los Angeles.

Half of the participating PLWHA were randomly selected to receive an immediate HOPWA voucher, and data on HIV risk and health indicators was collected from both groups at four points over an 18-month period.

H&H participants who secured stable housing reported significant reductions in emergency room visits (34%), hospitalizations (21%), opportunistic infections (44%) and sex trade (40%).⁷

Preliminary analyses show that stably housed participants were less likely to use the ER, and are more likely to be on HAART and to have undetectable viral load, than those who continued to experience homelessness.⁸

Assuming lifetime medical costs of at least \$221,000 for each new infection, H&H costs analyses show that just 1 transmission per 69 clients must be averted for the housing investment to be a cost-effective HIV prevention intervention.⁹

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.



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.”¹⁰

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.¹¹



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 Sadowski, L. (2008). *Chicago Housing for Health Partnership: Background, Methods & Preliminary Findings*. Paper presented at the Third National Housing and HIV/AIDS Research Summit, Baltimore, Maryland.

2 Kidder, D., Wolitski, R., Royal, S., Aidala, A., Courtenay-Quirk, C., Holtgrave, D., Harre, D., Sumartojo, E., Stall, R., and the Housing and Health Study Team (2007). "Access to housing as a structural intervention for homeless and unstably housed people living with HIV: Rationale, methods, and implementation of the Housing and Health Study." *AIDS & Behavior*, 11(6)/Supp 2: S149-S161.

3 Sadowski, 2008; Kidder, D. & Wolitski, R. (2008). *The Housing and Health Study: Background, Methods & Preliminary Findings*. Paper presented at the Third National Housing and HIV/AIDS Research Summit, Baltimore, Maryland; Bendixen, A. (2008). *Chicago Housing for Health Cost Analyses*. Paper presented at the Third National Housing and HIV/AIDS Research Summit, Baltimore, Maryland; See also: "Homeless Study Looks at 'Housing First': Shifting Policies to Get Chronically Ill in Homes May Save Lives, Money," *Wall Street Journal*, March 6, 2008, p. A10.

4 Sadowski, 2008; Bendixen, 2008.

5 Buchanan, D. (2008). *Chicago Housing for Health Partnership HIV Sub-Study*. Paper presented at the Third National Housing and HIV/AIDS Research Summit, Baltimore, Maryland.

6 Final results of the CHHP analyses will be published in late 2008.

7 Kidder & Wolitski, 2008.

8 Final results of the H&H analyses will be published in late 2008.

9 Holtgrave, D., Briddell, K., Little, E., Bendixen, A., Hooper, M., Kidder, D., Wolitski, R., Harre, D., Royal, S., Aidala, A. (2007).

Cost and threshold analysis of housing as an HIV prevention intervention. *AIDS and Behavior*, 11(6)/Supp 2: S162-S166.

10 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.

11 *Out of Reach 2007-2008*, National Low Income Housing Coalition (www.nlihc.org).



THE NATIONAL AIDS HOUSING COALITION

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