



SOUTHERN AIDS COALITION

HOUSING PERSONS WITH HIV DISEASE

Mission

The Southern AIDS Coalition promotes accessible and high quality systems of HIV and STD prevention, care, treatment, and housing throughout the South utilizing a unique partnership of government, community, people living with HIV disease and business organizations.

Alabama
Arkansas
Delaware
District of Columbia
Florida
Georgia
Kentucky
Louisiana
Maryland
Mississippi
North Carolina
Oklahoma
South Carolina
Tennessee
Texas
Virginia
West Virginia

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Released 10/26/2009



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The Southern AIDS Coalition (SAC) believes that the coordination of funding streams used to provide physical and mental health care, HIV treatment, supportive services, and housing is imperative to improving health outcomes for those living with HIV and in preventing the spread of new infections. Housing is a key intersection between HIV care, homelessness, and poverty. Disproportionate numbers of persons with HIV and other STDs live in povertyⁱ. Persons who are homeless are more likely to be HIV positive. The health outcomes of HIV-positive persons are improved with stable housing. The CHAIN Study of HIV-positive individuals living in New York City conducted over twelve years (1994 to 2006) documented that those who were unstably housed (living on the street or in a shelter) were less likely to access and retain medical care for their disease than those receiving some form of housing assistance.ⁱⁱ In addition, preliminary findings from two recent studies show that individuals stably housed for 18 months or more had fewer emergency room visits, fewer hospitalizations, reduced opportunistic infections, reduced participation in unsafe sex, and reductions in depression. The same study has now preliminarily indicated the ability to predict reduced HIV transmissions based on advanced statistical analysis. The study authors suggest that between 14 and 29 new HIV transmissions are avoided for each person stably housed for 24 months or longer.ⁱⁱⁱ

Housing, a sound investment of public resources, improves health outcomes, prevents transmission, and addresses homelessness.

Housing Opportunities for Persons with HIV/AIDS (HOPWA)

HOPWA is the only dedicated source of funding to house persons with HIV disease. Of the estimated 1.2 million persons living with HIV disease, at least 864,000 need some form of housing support, such as a Section 8 Voucher, at an annual average cost of \$7,500 per household.^{iv} This \$3.2 billion need is funded through multiple HUD-based programs but is predominately supported through HOPWA programs. Unfortunately, the existing HOPWA formula, which is not adequate to meet the severe need, is based on cumulative AIDS cases, an out-of-date and harmful approach to funding distribution across the impoverished South as identified in a 2006 GAO report, illustrating that funding ranged from \$387 to \$1,290 per person.^v SAC recommends:

- 1) A minimum of the \$350 million presently proposed in Congress for funding for FY 2010 with a goal of \$450 million in FY 2012.
- 2) A revision to the HOPWA Formula to include:
 - a. Living HIV/AIDS estimates as reported by the CDC for the most recent year by jurisdiction as basis for funding distribution;
 - b. Hold harmless of 100% of current levels with all new monies going to under-funded jurisdictions until funding levels appropriately reflect disease burden;
 - c. Elimination of the current 25% bonus structure for cities only that is included in the current legislation along with utilization of the hold harmless structure recommended above;
 - d. Continuation of the 10% set-aside of annually appropriated funding for HOPWA Competitive programs.

Integrated Planning

The inclusion of HOPWA as one of the four programs involved in the Consolidated Planning Process links an HIV-dedicated resource to the mainstream HUD Emergency Shelter Grant (ESG), Community Development Block Grant (CDBG), and HOME programs. All four of these programs are required to submit an updated plan annually and a comprehensive plan every five years. However, integrated planning is not used to connect this HIV-specific resource to the Ryan White program, HIV-related Medicaid/Medicare, Centers for Disease Control and Prevention (CDC) prevention efforts, or other HIV-specific related activities. Most jurisdictions utilize the health departments to administer the HOPWA program; however some formula jurisdictions utilize the state/municipal housing programs. Management of HOPWA programs can lead to health departments learning the HUD Consolidated Planning process or housing programs learning the health care infrastructure that serves people with HIV. The connection of these differing entities (public health and housing) is necessary to maximize results. Further, recent economic events have launched new initiatives available to persons living with HIV/AIDS, such as the Neighborhood Stabilization program and the Homelessness Prevention and Rapid Re-housing (HPRP) initiatives funded through the American Recovery and Reinvestment Act of 2009 (ARRA). Given the documented evidence linking HIV housing to healthcare, the linkage of HOPWA and all other healthcare-related activities to housing activities will dramatically benefit persons living with HIV disease. SAC recommends:

- 3) Formula jurisdictions (states, cities) and HOPWA Competitive awardees to actively participate in all Ryan White, CDC HIV prevention, and other related working bodies to ensure that housing models are integrated into the local networks related to HIV.
- 4) All government and community HIV grantees and providers actively include housing in planning processes.
- 5) Local communities become aware of and take advantage of the availability of the HPRP and Neighborhood Stabilization programs for people with HIV.

HIV Prevention

There is a link between those persons not stably housed and new HIV infections. SAC further encourages all HIV prevention programs to focus on this population.

- 6) All primary and secondary prevention programs should include the homeless, unstably housed, and those challenged by chemical dependencies and/or mental health issues to support them in obtaining and maintaining housing as a critical form of prevention.

The Southern AIDS Coalition supports the connection of the two silos of public health and housing to improve health outcomes and to reduce new transmissions through local engagement and coordination in planning and implementation.

ⁱ Fullilove, RE, Adimora, A, and Leone, P, *An Epidemic No One Wants to Talk About*, The Washington Post, March 21, 2008.

ⁱⁱ Aidala, AA, Lee, G, and Abromson, DM, et. al., "Housing Need, Housing Assistance, and Connection to HIV Medical Care," *AIDS and Behavior*, vol. 11, no. 6 (November 2007, 2 supplement), pp. 109-112.

ⁱⁱⁱ Presentation made June, 2009, North American Housing and HIV/AIDS Research Summit on HIV/AIDS Housing, National AIDS Housing Coalition, Arlington, VA,

^{iv} *HOPWA 2010 Budget Request: NAHC recommends \$360 million*, The National AIDS Housing Coalition, 2009.

^v U.S. Government Accountability Office, *Changes Needed to Improve the Distribution of Ryan White CARE Act and Housing Funds*, GAO-06-332, February 2006, p. 23, <http://www.gao.gov/new.items/d06332.pdf> - site accessed August 26, 2009.