



Housing Opportunities for Persons Living with AIDS Program (HOPWA) Fact Sheet

HOPWA is an important and effective program that has a strong record of supporting people living with HIV/AIDS. Since 1992, HOPWA funds have provided housing assistance to thousands of low-income persons who are living with HIV/AIDS and their families. The program has helped many communities establish strategic AIDS housing plans, better coordinate local and private efforts, fill gaps in local systems of care, and create new housing resources. In an evaluation by the Department of Housing and Urban Development (HUD), the HOPWA program was said to enhance clients' housing stability and the program reports a high level of client satisfaction with the housing they are receiving.

HOPWA is the only federal housing program that funds comprehensive, community-based HIV-specific housing programs. HOPWA gives local communities the capability to create the most appropriate and effective housing strategies for people living with HIV/AIDS and their families. In addition to providing housing assistance, HOPWA funds are also used to provide supportive services such as mental health services, drug and alcohol abuse treatment and counseling and nutritional guidance.

The number of people living with HIV/AIDS continues to grow and the need for housing is more urgent than ever. With improvements in drug therapies and medical care reducing the number of deaths from AIDS, there are now more people living with the HIV disease than ever before. The Centers for Disease Control and Prevention (CDC) reports that an estimated 1.2 million people in the U.S. are living with HIV/AIDS today, and that 440,000 people are living with an AIDS diagnosis (2006 Surveillance Report). 25% of people infected with HIV do not know it. Last year, approximately 40,000 new cases of HIV infection were diagnosed around the nation. New CDC estimates are anticipated to significantly increase the estimated number of annual HIV infection to between 50,000 and 60,000. It is estimated that half of people living with HIV/AIDS across the nation require housing assistance at some point during their illness. A growing number of people with HIV/AIDS are already homeless when they become ill and find themselves shuffled between unstable situations in acute care hospitals, medically unsafe shelter facilities and the streets.

More people living with HIV/AIDS are unable to find affordable housing in an already stressed housing market. Sharp increases in housing costs nationwide and an ever-increasing gap between need and existing housing subsidies have left a record number of people in desperate need of housing. Several HOPWA jurisdictions throughout the U.S. report extensive 2007 waiting lists and shortages for HOPWA-funded assistance. The state of Connecticut turned away 93% of those seeking housing due to lack of space. National HOPWA waiting lists in 2007 include 670 people in Baltimore, over 2000 in San Francisco, and a 5 year waiting list for those eligible in Milwaukee. In cities that have been hardest-hit by HIV/AIDS, Section 8 rental assistance is simply not available. In addition, people living with HIV/AIDS can face rental market discrimination due to ongoing misconceptions about HIV/AIDS.

HOPWA supports the lowest-income, highest need people living with HIV/AIDS.

Approximately 75% of HOPWA beneficiaries are households with extremely low incomes (30% of area median incomes) and 18% have very-low incomes (31-50% of area median income) with 7% low-income (80% area median). These persons, at very low-income levels may face the most severe challenges in meeting personal, medical and housing costs during their time of illness. In a substantial way, HOPWA housing assistance helps to ensure that individuals and families affected by HIV and AIDS do not fall into homelessness and have access to medical care and support services.

Homelessness, HIV disease and access to health care are fundamentally interconnected.

Studies show that homelessness causes great health care disruption and significantly reduces access to treatment options. Individuals who are homeless and battling substance abuse and/or facing mental health challenges are at greater risk of not receiving appropriate medical care. Safe, affordable housing is essential for people with HIV/AIDS to benefit from new treatments because of the complex dosing schedules of new anti-HIV drug regimens. Without stable housing, access to clean water, bathrooms, refrigeration and food, the ability to take medications on a routine schedule can be severely impaired, resulting in negative health outcomes.

Homelessness among persons living with HIV/AIDS is pervasive among communities of color. HIV/AIDS is an impoverishing disease that increases the risk of homelessness and disproportionately affects communities of color and persons with the lowest incomes. National statistics reported to HUD by HOPWA grantees reflect this demographic disparity. Of HOPWA-supported housing clients, 51.2% are African American, 41.2% are White and 7.6% are other persons; additionally of all clients, 13.2% are reported as Hispanic or Latino. In New York City, of the 12,000 new persons living with HIV/AIDS who seek emergency housing each year, 87% are persons of color. In the mid-Atlantic region, HIV/AIDS providers report that persons living with HIV/AIDS who seek and receive HOPWA assistance are overwhelmingly persons of color.

HOPWA's current funding level is inadequate to address the need for supportive housing for people living with HIV/AIDS. The FY 2008 HOPWA appropriation of \$300.1 million will support the delivery of housing and related services to 70,500 households in 127 jurisdictions eligible for HOPWA formula allocations (39 states and 83 cities for their metropolitan areas). HOPWA must also fund approximately 85 active competitive grants to aid roughly 4,900 households living with HIV/AIDS with some form of housing assistance. Clearly, the need far outstrips available funding. Accordingly, NAHC recommends an additional \$170 million in HOPWA funding for a total of \$470 million for FY 2009. This increase will reduce waiting lists for HOPWA housing; assist communities in developing new housing for poor individuals with HIV/AIDS and their families; provide rental assistance; establish strategic housing plans; help the thousands of low-income people receiving assistance through the Ryan White CARE Act get the housing assistance vital to the success of their medical treatments; and make a minimal level of supportive services available to keep people in their housing and fill gaps in comprehensive care.