

Housing is HIV Prevention and Health Care

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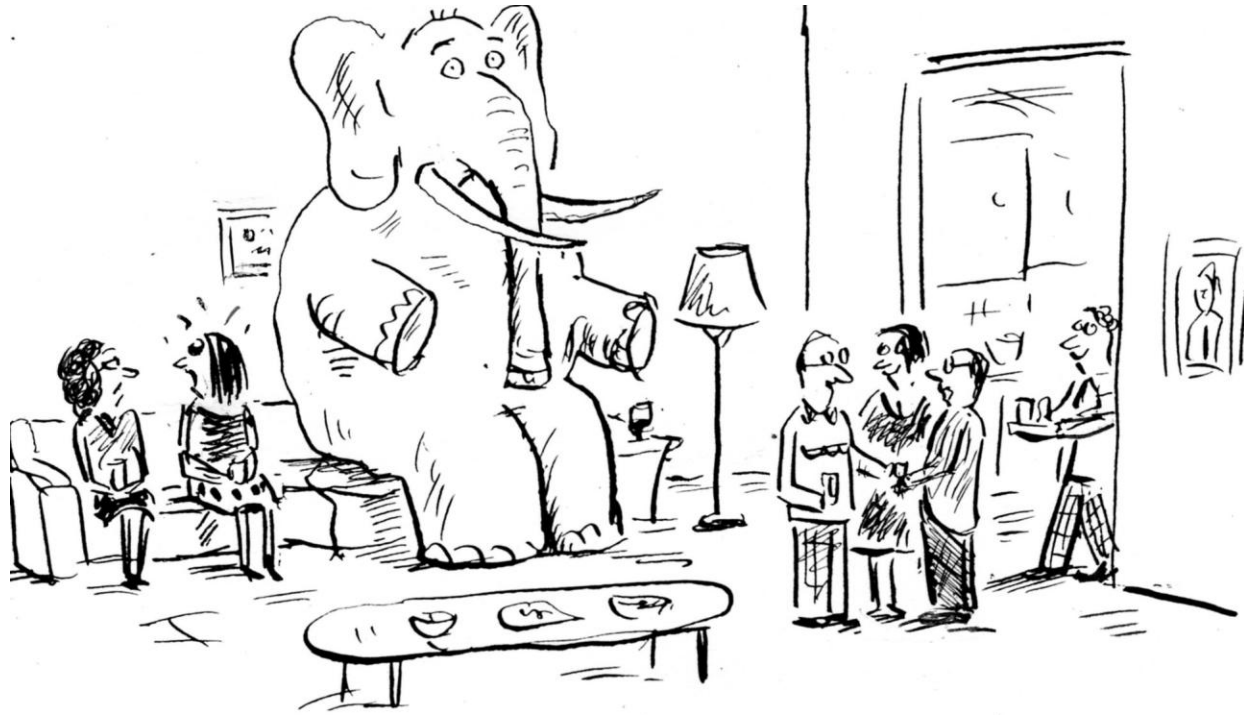
# Evidence into Action: Resources to Support Change

*Research Findings Presented at the  
Housing and HIV/AIDS Research Summit Series*

***Nancy Bernstine***  
*National AIDS Housing Coalition*

***Sarah Henke***  
*National AIDS Housing Coalition*





SIPRESS

Guy with tusks? What guy with tusks?

# Housing is HIV Prevention and Health Care

## Introduction

### Housing and HIV/AIDS Research Summit Series

[www.hivhousingsummit.org](http://www.hivhousingsummit.org)

- Since 2005 a forum for consideration of findings from research and policy initiatives on the relationship of housing to HIV prevention and care
- Summit VI, held September 21-23, 2011 in New Orleans, convened by:
  - National AIDS Housing Coalition (NAHC)
  - Ontario HIV Treatment Network (OHTN)
  - HUD offices of HIV/AIDS Housing (OHAH) and Policy Development & Research (PD&R)
- Academic partners:
  - Johns Hopkins Bloomberg School of Public Health
  - Tulane University School of Public Health & Tropical Medicine
  - Mexican Instituto Nacional de Salud Pública (National Institute of Public Health)
- 305 researchers, policy makers, service providers and people living with HIV/AIDS, from across the United States, Canada, the Caribbean and Mexico



# Housing is HIV Prevention and Health Care

## HIV and Homelessness

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### Homelessness & HIV – Bidirectional Risk

- Rates of HIV infection are 3 times to 16 times higher among persons who are homeless or unstably housed, compared to similar persons with stable housing
- HIV is also a major risk factor for homelessness: up to 70% of all PLWHA report a lifetime experience of homelessness or housing instability
- 10% to 16% of all PLWHA in some communities are literally homeless at any time —sleeping in shelters, on the street, in a car or other place not meant for human habitation
- Many more PLWHA are unstably housed, faced with housing problems or the threat of housing loss



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## Housing and HIV Prevention

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### Housing status predicts HIV risk

- Among persons already disproportionately impacted by HIV/AIDS (e.g., men who have sex with men, persons of color, homeless youth, IV drug users, and impoverished women), those without a home are significantly more likely to become HIV infected over time
- Poverty (not race) was found the single most important demographic factor associated with HIV infection among inner-city heterosexuals, with the odds of testing positive for HIV almost twice as high (1.8 times) for residents of poor neighborhoods who experience homelessness
- Proven risk reduction interventions – including counseling, needle exchange, and other behavioral interventions – are less effective among persons who are homeless or unstably housed than among their housed counterparts
- Homeless/unstably housed persons are consistently found to be 2 to 6 times more likely to use hard drugs, share needles or engage in high-risk sex than stably housed persons with the same socio-demographic, mental health, substance use and service use characteristics.



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## Housing and HIV Prevention

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### Women at risk: Homelessness & violence

- Homeless women were 2 to 4 times as likely to have multiple sex partners as a “matched” group of indigent women with a housing voucher - in part due to the effects of physical violence
- Unprotected sex was 5 times more likely when women had physically abusive sex partners
- Violence interferes with condom use because women do not have the power or safety to request or negotiate condom use in abusive relationships
- Violence:
  - Is exacerbated by “street” contexts and poverty
  - Is difficult to escape given survival needs



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## Housing and HIV Prevention

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### Housing is HIV Prevention

- Overtime studies show a strong association between change in housing status and risk behavior change
- Over time, persons who improved housing status were found to reduce risk behaviors by half; while persons whose housing status worsened over time were 4 times as likely to exchange sex
- Access to housing also increases access to appropriate care and antiretroviral medications which lower viral load, reducing the risk of transmission



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## Housing and HIV Prevention

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### Structural determinants of risk: A growing consensus

“We need to address larger environmental issues, such as poverty, homelessness and substance abuse, which are well beyond the traditional scope of HIV intervention. Addressing those is as essential to HIV prevention as providing condoms.”

- LA Times, 2010, quoting Dr. Kevin Fenton of the CDC



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## Housing and Health Outcomes

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Lack of stable housing = lack of treatment success

- Data from the CDC SHAS project: homeless PLWHA compared to stably housed:
  - More likely to delay entry into care and to remain outside or marginal to HIV medical care
  - Worse mental, physical & overall health
  - More likely to be uninsured, hospitalized & use ER
  - Lower CD4 counts & less likely to have undetectable viral load
  - Fewer ever on ART, and fewer on ART currently
  - Self-reported ART adherence lower
- Housing status found more significant than individual characteristics as a predictor of health care access & outcomes



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## Housing Interventions Work

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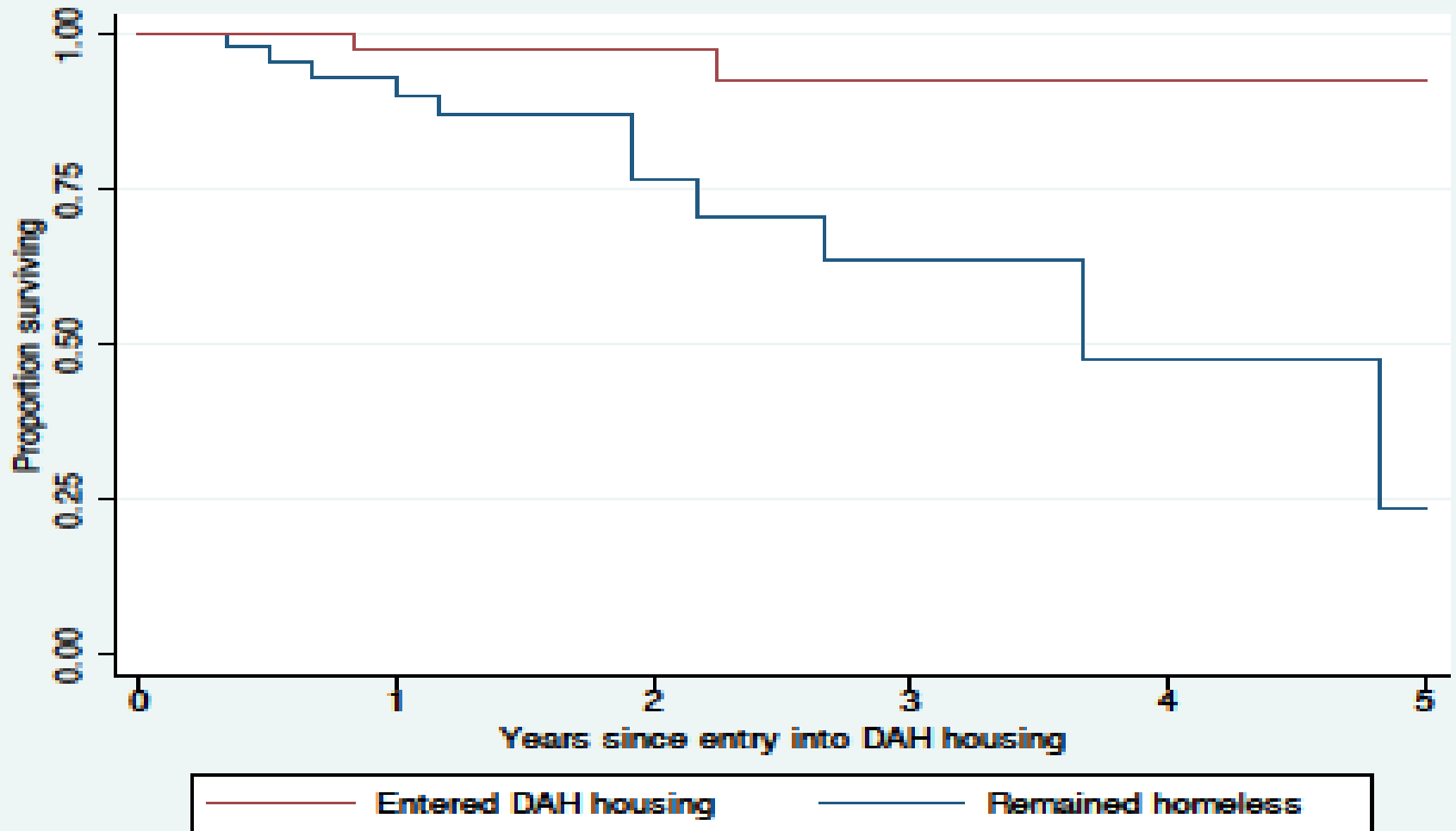
### Housing assistance creates stability & improves health

- The Housing & Health (H&H) Study, a 3-city randomized controlled trial (RTC) examining the impact of HOPWA vouchers:
  - 84% of voucher recipients remained stably housed at 18 months
  - Increased housing resulted in a 35% reduction in ER visits and 57% reduction in hospitalizations
- H&H participants who remained homeless:
  - 2.5 times more likely to use an ER
  - 2.8 times more likely to have a detectible viral load
  - More likely to report unprotected sex and perceived stress
- The Chicago Housing for Health Program (CHHP) study, a RTC examining supportive housing for chronically ill persons leaving the hospital:
  - PLWHA 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



# Survival of people with AIDS: housed vs. homeless

Schwarcz, S. K., Hsu, L. C., Vittinghoff, E., Vu, A., Bamberger, J. D., & Katz, M. H. (2009). Impact of housing on the survival of persons with AIDS. *BMC Public Health*, 9. Available at <http://www.biomedcentral.com/content/pdf/1471-2458-9-220.pdf>



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## Housing Interventions Work

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But can we afford it?

YES! – Improved outcomes at reduced public cost

- A strong evidence base (including the H&H and CHHP studies) shows that supportive housing not only improves HIV health outcomes but also sharply reduces avoidable emergency and inpatient health services, criminal justice involvement, and other crises that are costly for both individuals and communities
- *Where We Sleep*, a large-scale analysis of Los Angeles administrative records, found 19% to 79% reductions in average monthly public costs when homeless individuals entered supportive housing, with the largest cost savings among PLWHA
- The public cost “savings” generated by housing supports can fully offset the cost of housing for PLWHA – even before taking into account that each new HIV infection prevented through increased housing stability saves >\$300,000 in medical costs



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## Housing Interventions Work

### Recent findings presented at Summit VI

(presentations posted on [www.hivhousingsummit.org](http://www.hivhousingsummit.org) - "Program" tab)

- NYC Department of Health & Mental Hygiene study of HIV health care utilization:
  - Interviewed homeless PLHWA ("living on the street, in a shelter, an emergency single room occupancy (SRO) hotel, or in jail and without a place to live upon release")
  - Found good connection to primary care and regular primary care visits
  - Despite primary care - 77% visited an emergency room in the last 6 months & 56% had a hospital stay
  - Conclusion: "Lack of stable housing may underlie persistent HIV-related health problems"
- Study of study of PLWHA enrolled in housing with the San Francisco Dept of Public Health "Direct Access to Housing Program"
  - Low-threshold permanent supportive housing
  - Looked at public healthcare utilization (hosp, ER, inpatient, SNF) 2 years before vs. 2 years after housing
  - "High users" (>\$50,000/year in healthcare costs) = 13% of the group but 73% of total healthcare costs
  - Median healthcare costs for high users was \$100K/year per person prior to housing
  - After housing, median annual healthcare costs dropped to \$1,819
  - Found no significant difference in housing stability between high users and others
  - Conclusion: Housing costs provided locally (or by HUD) created savings in mainstream healthcare costs.



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## Summary of key findings on Housing & HIV

- Homelessness and unstable housing are linked to greater HIV risk, inadequate care, poor health outcomes & early death
- Studies also show strong & consistent correlations between improved housing status and...
  - Reduction in HIV/AIDS risk behaviors
  - Access to medical care
  - Improved health outcomes
  - Savings in taxpayer dollars
- Research shows that that housing is both *effective and* cost saving as a healthcare intervention for homeless/unstably housed persons living with HIV & other chronic conditions





Community  
Health Network  
OF SAN FRANCISCO

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

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234 Eddy Street, S.F., CA 94102 Tel. (415) 353-5095

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ADDRESS		ZIP	AGE

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J Bamberger M.D.  
Joshua Bamberger  
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## Yet housing remains the greatest unmet service need of PLWHA

- 1.1 million PLWHA in the United States—half (500,000) will need housing assistance at some point.
- The Housing Opportunities for Persons with AIDS (HOPWA) program serves only 60,000 households/year nationwide.
- More than 140,000 households living with HIV lack stable housing and have an immediate need for housing assistance.
- Rates of homelessness also high among persons at high risk of HIV infection due to substance use, mental health issues, and domestic violence.



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## NAHC Policy Toolkit:

[www.nationalaidshousing.org/policytoolkit.htm](http://www.nationalaidshousing.org/policytoolkit.htm)

- Housing and HIV/AIDS Research Summit policy papers
- Issue fact sheets
- PowerPoint presentation of research findings
- Sample letter to elected or appointed officials
- Talking points on Frequently Asked Questions



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## Policy Resources: North American Housing & HIV/AIDS Research Summit VI Briefing Materials

[www.hivhousingsummit.org](http://www.hivhousingsummit.org)

*I. A searchable bibliography of peer-reviewed journal articles related to HIV/AIDS and housing.*

This database of over 300 recent articles can be searched by key word and filtered by Topic, Population and/or Region. Search results can be ordered by title, first author and year of publication. Details for each article include: abstract, full citation and web links to the full text for articles available open source.

*II. Reports on housing and health*

Prepared by governmental and non-governmental organizations, organized alphabetically by author or source.

*III. Web Resources*

Of interest to housing and HIV/AIDS researchers, policy makers, providers and consumers, including global, national, regional and local organizations working on housing and health.



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## *Evidence-based action:* National strategic planning

- The U.S. National AIDS Strategy, released July 2010:
  - Recognizes that housing is healthcare for PLWHA
  - Calls for increased housing resources for households living with HIV
  - “Federal agencies should consider additional efforts to support housing assistance and other services that enable people living with HIV to obtain and adhere to HIV treatment.”
- Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, released June 2010:
  - Recognizes housing as an evidence-based HIV prevention and health care intervention for homeless/unstably housed persons
  - “Housing assistance coupled with health care has been shown to decrease overall public expense and make better use of limited public resources”



# Housing in the National AIDS Strategy

Source: OHAH, Sept. 2011

**The *National HIV/AIDS Strategy* establishes three major goals to:**

- 1) reduce HIV infections,
- 2) increase access to care for persons living with HIV/ AIDS and improve health outcomes, and
- 3) reduce HIV-related disparities.



## **HUD responsibilities:**

Developing a plan to shift to HIV/AIDS case reporting as a basis for HOPWA formula funding.

Increasing access to housing & non-medical services.

- Identify models in coordinating delivery of supportive
- innovative case management and other mechanisms.

## Evidence-based action: What's next?



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## HOPWA – Current Funding

FY 2011 funded at \$334.33 million & outlays \$320+ million

(Note: FY11 funding set to FY10 with across the board cut of 0.2% or \$670,000)

Supports 60,669 households

25,230 households in long-term housing (TBRA & facility units) &

35,439 households in short-term and transitional housing units that help prevent homelessness (2010 reports)

Serves most vulnerable:

97% are households with very low incomes, less than 50% area median income (almost 90% with extremely low incomes less than 30% of area median incomes)

Source: OHAH, Sept. 2011



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## HOPWA Proposed Funding Disconnect

- S. Rept. 112-83, accompanying S. 1596 , THUD Appropriations FY2012 :
- 2010, 13% of new clients or 2,302 households were homeless;
- “Research has demonstrated that stable housing provides a foundation for recipients to improve health, increase economic security, and move toward self-sufficiency. “
  - 94% receiving assistance achieved housing stability
  - 73% receiving supportive services successfully accessed or maintained sources of income
- “a cost effective alternative to hospitalization, emergency room services, and other higher levels of care.”
- “primary factor in promoting HIV prevention and in helping to avoid the lifetime costs of infection ...over \$600,000.”
- “still substantial work to be done “; “Only able to directly address about 29 percent of the identified eligible housing need”

**Still recommends a \$4.5 million cut over current funding.**



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## So what's happening now?

- HOPWA funding future:
  - Senate committee – funding cut recommendation
  - “Super committee” – looking for \$1.5 trillion in cuts
- HOPWA formula update
  - Likely formula basis: living HIV/AIDS cases & housing cost factor
  - Process: likely to take form of reauthorization
  - Status & likely timeline:
    - Proposed legislation from HUD by December 31<sup>st</sup>
    - Process for enacting change



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## So what's happening now?

- “12-Cities” demonstration project
  - Cross-agency collaboration to improve HIV prevention & care
  - Located in San Francisco, Los Angeles, Dallas, San Juan, Atlanta, Washington, D.C., Baltimore, Chicago, Philadelphia, New York City
  - San Francisco plan?
  - Plan in your community?



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## Get Involved!

- Stay in touch for news and materials on the Summit Series website: [www.hivhousingsummit.org](http://www.hivhousingsummit.org)
- Join the **International AIDS Housing Roundtable**: <http://groups.yahoo.com/group/iahr/>
- Endorse the **International Declaration on Poverty, Homelessness and HIV**: - <http://nationalaidshousing.org/2008/07/endorseconference/>
- Use the **NAHC Policy Tool Kit** to inform local policy & funding decisions: <http://www.nationalaidshousing.org/policytoolkit.htm>
- **Share your successes** – let NAHC know how you use research findings to inform practice and policy: [nahc@nationalaidshousing.org](mailto:nahc@nationalaidshousing.org)



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*Join us at the 2012 IAC in Washington DC!*

**Pre-Conference Summit on Housing and HIV/AIDS**

*Housing as a Global HIV/AIDS Prevention & Care Strategy*

**Washington, DC  
July 21, 2012**

**For more information and to participate, go to:**

**[www.hivhousingsummit.org](http://www.hivhousingsummit.org)**

