



Examining the Evidence: The Impact of Housing on HIV Prevention and Care

Some key findings from the Third National Housing and HIV/AIDS Research Summit
Baltimore, MD – March 5 – 7, 2008

Data from two major studies provides new evidence for housing as an effective and cost-saving health care intervention for homeless & unstably housed persons with HIV and other chronic health conditions.

- ***“Housing First” Chicago Housing for Health Partnership (CHHP) program improves quality of life and reduces hospital, emergency room, and nursing home visits of homeless individuals with chronic medical illnesses.ⁱ***
 - Large-scale, randomized control trial that followed 407 chronically ill homeless persons over an 18-month period from their discharge from Chicago hospitals.
 - Half received immediate supportive housing placements, while the remaining half continued to rely on “usual care” provided by shelters, family & recovery programs.
 - Preliminary findings show:
 - 73% of housed participants stably housed at 18 months, compared to only 15% of the usual care group;
 - The housed group used almost half as many nursing home days as their usual care counterparts and were nearly two times less likely to be hospitalized or use an emergency room; and
 - Annual medical expenses for housed clients were at least \$873,000 less than their usual care counterparts, *after subtracting* the annual \$12,000 expense of providing the CHHP supportive housing intervention.
- ***CHHP improves HIV health outcomes among positive participants.ⁱⁱ***
 - More than a third of CHHP participants studied were HIV positive.
 - At 12 months, 55% of HIV+ participants who received a housing placement were alive and had “intact immunity,” compared to only 34% of HIV+ participants who received only “usual care.”
 - Housed HIV+ participants were twice as likely at 12 months to have an undetectable viral load (39%) as those who did not receive housing (19%).
- ***Groundbreaking HUD/CDC Housing & Health (H&H) study demonstrates the connection between stable housing and improved health for PLWHA.ⁱⁱⁱ***
 - First effort to investigate the effect of housing on HIV risk behaviors, medical care and treatment adherence.
 - 18-month study followed 630 HIV positive participants in three cities – Baltimore, Chicago and Los Angeles – half of whom received immediate HOPWA rental assistance; while the other half continued with “customary care” from participating HIV/AIDS service providers.
 - Preliminary results show significant improvements in housing status in both groups – 82% of voucher recipients and 52% of the customary care control group reported stable housing at 18 months (up from only 4% at baseline); this “crossover” limiting the statistical power to compare outcomes in the “intent to treat” study arms.
 - Significantly, though, as housing improved for the group as a whole, so did health outcomes, including:
 - A 34% reduction in emergency room visits;
 - A 21% reduction in hospitalizations;
 - A 44% reduction in self-reported opportunistic infections;
 - A 40% reduction in sex trade; and
 - Significant improvement in mental health status.
 - Separate “as treated” analyses are being conducted to better understand the association between obtaining housing and health outcomes. For example, analyses presented at the Summit

show significant differences in outcomes between H&H participants experiencing homelessness and housed participants in:

- Emergency room visits (homeless significantly more likely to use an ER);
- HAART use (housed persons significantly more likely to be receiving HAART than homeless);
- HAART adherence (homeless more likely to report one or more missed doses);
- Viral load (homeless significantly more likely to have a detectable viral load at 18 months); and
- Mental health (homeless reporting significantly higher levels of perceived stress; housed reporting significantly better overall mental health).

Other findings presented at Summit III provide mounting evidence of the role of housing – or lack of housing - for the continuing HIV epidemic and associated health disparities.

- **Lack of stable housing is associated with HIV risk among vulnerable persons.**
 - Homeless youth are four to five times more likely to engage in high-risk drug use than youth in housing with some adult supervision and over twice as likely to engage in high-risk sex.^{iv}
- **Lack of housing is associated with HIV health disparities.**
 - 68% of the homeless and unstably housed participants in the H&H Study had a detectable viral load at baseline, yet 44% were not receiving any antiretroviral medications (33%) or were on a suboptimal regimen (11%).^v
- **Housing status predicts access and maintenance in health care.**
 - Housing status is among the strongest predictors of entry into HIV care, primary care visits, continuous care, and care that meets clinical practice standards.^{vi}
- **Housing status predicts HAART access and adherence.**
 - IDU's with stable housing were found to be 1.5 times as likely to access HAART than those who lacked stable housing, and among those on treatment, those with stable housing were almost 3.7 times as likely to achieve viral suppression.^{vii}
- **Stable housing remains a critical unmet need among PLWHA.**
 - An ongoing study of US veterans living with HIV shows that 32% have experienced homelessness, and 7% are currently homeless.^{viii}

More Summit results available soon from NAHC: <http://nationalaidshousing.org>

ⁱ *Chicago Housing for Health Partnership: Background, Methods & Preliminary Findings*, Laura Sadowski, John Stroger Hospital/Rush Medical College

ⁱⁱ *Chicago Housing for Health Partnership HIV Sub-Study*, David Buchanan, John Stroger Hospital/Rush Medical College

ⁱⁱⁱ *The Housing and Health Study: Background, Methods & Preliminary Findings*, Daniel Kidder & Richard Wolitski, United States Centers for Disease Control & Prevention, Divisions of HIV/AIDS Prevention

^{iv} *Housing status and HIV risk behaviors: Implications for prevention services for homeless youth*, JoAnn Lee, Larkin Street Youth Services, San Francisco

^v *Factors associated with clinically unacceptable HIV health status in homeless or unstably housed adults living with HIV*, Daniel P. Kidder, United States Centers for Disease Control and Prevention, Divisions of HIV/AIDS Prevention

^{vi} *Recently published findings on the relationship of housing status and HIV risk and health outcomes*, Angela Aidala, Mailman School of Public Health, Columbia University

^{vii} *Stable housing as a persistent barrier to HIV seropositive injection drug users' uptake and effective use of HAART*, Amy Knowlton, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health

^{viii} *Providing care to America's veterans living with HIV*, Ronald O. Valdiserri, United States Department of Veterans Affairs, Veterans Health Administration