



Why Housing Opportunities for Persons with AIDS (HOPWA)?

HIV/AIDS is still a crisis in America. Despite the new found optimism surrounding treatment options, every year more and more people are newly diagnosed with HIV. In fact, according to the Centers for Disease Control and Prevention (CDC), within 1 year of their HIV diagnosis, 38.3% of patients had received an AIDS diagnosis. In August 2008 the CDC announced that there are now an estimated 1.2 million people living with HIV in the U.S., with an estimated 56,000 new infections anticipated over the year.ⁱ Over the past 20 years, the epidemic has shifted and today the fastest rising rates of infections are among women and people of color. Geographically, the epidemic is shifting. Rates of infection are growing in rural areas and southern states.

For people struggling with the disabling and impoverishing effects of HIV/AIDS, housing is the cornerstone of health and stability. Research demonstrates that over time, housing status is among the strongest predictors of entry into HIV care, primary care visits, continuous care, and care that meets clinical practice standards.ⁱⁱ Without stable housing, remaining on rigorous antiretroviral medication schedules is nearly impossible. Maintaining health and stability is essential when managing HIV. Successfully managing HIV-treatment and the many side effects of treatment is severely impaired, if not impossible, without access to stable housing that provides clean water, bathrooms, refrigeration and proper nutrition. For people living with HIV/AIDS—housing is healthcare.

It is projected that as many as half of all people living with HIV/AIDS will need housing assistance at some point in their illness. For many of those, short-term assistance with rent, mortgage, or utility costs alone will provide the necessary support to remain healthy and in stable housing. But others are struggling with multiple diagnoses of HIV and mental illness and/or substance use. Access to housing assistance and services is often further complicated by histories of incarceration, institutionalization, and homelessness. This array of challenges calls for more than just housing, but requires coordinated care with housing at its foundation.

In response to the unique and varied housing needs of people living with HIV/AIDS the Housing Opportunities for Persons with AIDS (HOPWA) program was created in 1992. The program, run by the U.S. Department of Housing and Urban Development (HUD) has directly addressed the housing and service needs of people living with HIV/AIDS. Part of the program's success has been in its ability to leverage funds and support from mainstream housing programs. HUD reports that for every HOPWA dollar, \$2.19 of other housing funds are leveraged. More importantly, HUD reports that 90% of HOPWA clients receiving rental assistance achieved stability resulting in better health outcomes.ⁱⁱⁱ

Despite the success of HOPWA, there is still great unmet need. As of October 2009, 52,266 households were assisted through HOPWA. However, 126,616 households reported housing needs unmet by HOPWA. In other words, only 29.2% of HOPWA grantees are being served. With an estimated half million people with HIV/AIDS in need of housing assistance, HOPWA cannot even begin to meet current the growing need. In the past 15 years the program has grown from 38 formula jurisdictions to 133, with three new formula jurisdictions likely to become eligible this year. As recently observed by the House HUD Appropriations committee, "...funding for this account has been virtually flat for the past decade, despite the fact that new communities become eligible for funding each year."^{iv} From 2004 to 2009, NEW CASES of HIV/AIDS have increased by 46% (38,398 in 2004 / 56,300 in 2009), while HOPWA funding has only increased by 5% (294.8 million in 2004 / 310 million in 2009).^v

Funding HOPWA programs sufficiently to meet the growing need is vital not only to people living with HIV/AIDS, but also to the broader continuum of housing and services providers. Through the flexibility of the program, HOPWA has become a vital component of the Continuum of Care process in communities across the country. The HOPWA program and mainstream housing programs, such as Section 8, have come to create a web of support that work to better serve all those in need of housing assistance and services. It is critical that all of these interdependent programs receive full and appropriate funding levels in order to successfully serve all those in need.

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ⁱ Estimates of HIV Infections in the United States, Centers for Disease Control, August 2008.

ⁱⁱ Aidala, Al., Lee, G., Abramson, D., Messeri, P. & Siegler, A. (2007). "Housing need, housing assistance, and connection to medical care." *AIDS & Behavior*, 11(6)/Supp. 2:S101-S-115.

ⁱⁱⁱ HOPWA Update for 2008, January 2008, Office of HIV/AIDS Housing; <http://www.hud.gov/offices/cpd/aidshousing/programs/index.cfm>.

^{iv} Department of Transportation, and Housing and Urban Development and Related Agencies Appropriations Bill, 2010, H. Rept. 111-218 (July 22, 2009).

^v SOURCE for new cases: Kaiser Family Foundation HIV/AIDS Fact Sheets, CDC HIV/AIDS Surveillance Reports