

Housing is **HIV Prevention and Health Care**

Findings from the

National Housing and HIV/AIDS Research Summit Series

Convened by the National AIDS Housing Coalition

in collaboration with

The Johns Hopkins Bloomberg School of Public Health

www.nationalaidshousing.org





Housing is HIV Prevention and Health Care

“Research without action is dusty books on a shelf...and action without research is simply a tantrum.”

—Shirlene Cooper, NYC AIDS Housing Network
Opening keynote, Housing & HIV/AIDS Research Summit III



Housing is HIV Prevention and Health Care

Introduction

Research and Public Policy

- Individual stories are important, but...
- To impact policy & funding decisions:
 - Science-based data on housing and HIV prevention and health outcomes is *IMPORTANT*
 - Science-based data on the cost-effectiveness of HIV/AIDS housing interventions is *ESSENTIAL*
- With evidence to back them, policy makers can secure the resources we need to serve people living with HIV/AIDS





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Introduction

NAHC Housing and HIV/AIDS Research Summit Series

- Increasing evidence directs attention to the role of housing - or lack of housing - for the continuing HIV epidemic and health disparities
- Since 2005 the summit series has provided a regular forum for presentation and discussion of research findings on the relationship of housing to HIV prevention and care
- Researchers, policy makers, providers and consumers work together to develop evidence-based public policy goals and strategies
- Summit III (March 2008) brought together 220 participants, representing 25 states, DC and Canada
- Summit series products include policy papers, an advocacy tool kit and a November 2007 special issue of the journal *AIDS & Behavior*





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Introduction

Key findings presented at Summits I - III

- 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
- Preliminary results from two major studies released at Summit III provide new evidence for housing as an effective and cost saving health care intervention for homeless/unstably housed persons with HIV & other chronic conditions
- Citations for the research findings in this presentation available at www.nationalaidshousing.org





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Introduction

Yet housing is the greatest unmet service need of PLWHA

- 1.2 million PLWHA in the United States—half (600,000) will need housing assistance at some point
- The Federal Housing Opportunities for Persons with AIDS (HOPWA) program serves only 70,500 households/year nationwide—91% with incomes of less than \$1000 a month (60% less than needed to afford housing at average Fair Market Rents)
- National research shows that rates of housing need remain high - as persons' needs are met, others develop housing problems
- A recent survey of PLWHA's in and around Tampa, Florida revealed that 84% could be considered unstably housed, as indicated by rent burden or other factors
- An ongoing study of US veterans living with HIV shows 32% have experienced homelessness, and 7% are currently homeless



Housing is HIV Prevention and Health Care

Introduction

Overview of this presentation

- What the research tells us about:
 - HIV and homelessness
 - Housing and HIV prevention
 - Housing and health care
- New evidence that housing based interventions work:
 - The Chicago Housing for Health Partnership (CHHP)
 - The HUD/CDC Housing and Health (H&H) Study
- Policy implications:
 - Housing: a sound public investment
 - Housing: an effective structural HIV prevention & health care intervention
- Transforming research into policy initiatives



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HIV and Homelessness

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HIV and Homelessness

Homelessness—a major risk factor for HIV infection

- 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
- 3% to 14% of all homeless persons are HIV positive (10 times the rate in the general population)
- Over time studies show that among persons at high risk for HIV infection due to injecting drug use or risky sex, those without a stable home are more likely than others to become infected





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HIV and Homelessness

HIV—a major risk factor for homelessness

- 17% 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
- Twice as many PLWHA are unstably housed, faced with housing problems or the threat of housing loss
- Rates of housing need remain high - as some persons get their housing needs met others develop housing problems





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HIV and Homelessness

Homelessness = poor health outcomes for PLWHA

- Homeless/unstably housed PLWHA are less likely to receive appropriate health care & experience higher rates of opportunistic infections, HCV and other co-morbidities
- All-cause death rate among homeless PLWHA five times the death rate for housed PLWHA
- Death rate due to HIV/AIDS seven to nine times the death rate due to HIV/AIDS among the general population



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Housing and HIV Prevention

Housing status predicts HIV risk

- Research shows a direct relationship between housing status and risk behaviors among extremely low income HIV+ persons with multiple behavioral issues
- Homeless or unstably housed persons were 2 to 6 times more likely to use hard drugs, share needles or exchange sex than stably housed persons with the same personal and service use characteristics
- Homeless youth were 4 to 5 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
- Homeless women were 2 to 4 times as likely to have multiple sex partners as housed indigent women - in part due to the effects of physical violence
- Harm reduction and other behavioral prevention interventions are much less effective for participants who lack stable housing





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Housing and HIV Prevention

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 reduced 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 Health Outcomes





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Housing and Health Outcomes

Lack of stable housing = lack of treatment success

- 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 and Health Outcomes

Housing status predicts access and maintenance in health care

- Homeless/unstably housed PLWHA whose housing status improves over time are:
 - More likely to report HIV primary care visits, continuous care & care that meets clinical practice standards
 - More likely to return to care after drop out
 - More likely to be receiving HAART
- Increased housing stability is positively associated with:
 - Effective HAART (viral suppression)
 - Better HIV related health status (as indicated by viral load, CD4 count, lack of co-infection with HCV or TB)



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Housing Interventions Work





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Housing Interventions Work

Housing assistance works to create stability

- Reporting by the federal HOPWA program shows high levels of stability at low per-unit costs:
 - 89% of households receiving average annual rental assistance of \$3,750 remain stably housed after one year
 - 79% of residents of supportive housing stably housed at an average annual cost of \$9,000
- Increasing evidence that supportive housing enables chronically homeless persons to achieve and maintain stability despite serious medical & psychosocial issues



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Housing Interventions Work

New evidence that housing is an effective & cost-saving health care intervention

- Two large-scale, longitudinal studies examine the impact of housing on health care utilization & outcomes among homeless/unstably housed persons with HIV & other chronic medical conditions
 - The ***Chicago Housing for Health Partnership*** followed 407 chronically ill homeless persons over 18 months following discharge from hospitals
 - The ***Housing and Health (H&H) Study*** examined the impact of housing on HIV risk behaviors, medical care and treatment adherence among 630 HIV+ persons who were homeless or unstably housed at baseline
- Preliminary findings released at Summit III:
 - Link housing assistance to improved health outcomes
 - Show that public investment in housing not only improves health but saves taxpayer dollars





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Housing Interventions Work

CHHP Study: background & methods

- Innovative “housing first” program providing supportive housing for homeless persons with medical issues such as HIV/AIDS (34%), hypertension (33%), diabetes, cancer and other chronic illnesses
- 18 month random controlled trial (RCT) studied the number of hospital, emergency room & nursing home visits of participants in 2 groups:
 - Half who received CHHP supportive housing
 - Half who continued to rely on “usual care” - a piecemeal system of emergency shelters, family & recovery programs
- Information used to track health outcomes & assess health care costs
- Final results to be submitted for publication this fall





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Housing Interventions Work

CHHP preliminary results show housing saves lives & money

- Preliminary data indicate 70% of clients provided housing stably were housed at 18 months, compared to only 15% of the “usual care” group
- Housed participants stable despite high rates of mental illness (46%), substance use (86%) & other factors thought to affect ability to stay housed
- Housed group used half as many nursing home days as usual care counterparts & were nearly two times less likely to be hospitalized or use ER
- \$12,000 average annual cost of supportive housing & coordinated care
- Preliminary cost estimates show annual medical expenses for housed group may be at least \$900,000 less than usual care group, after subtracting the costs of housing intervention





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Housing Interventions Work

CHHP improves health among HIV+ participants

- A CHHP sub-study examined the impact of housing on disease progression among one-third (34%) of CHHP participants who were HIV+
- Like other study subjects, HIV+ participants were randomly assigned to permanent supportive housing or “usual care”
- At 12 months, housed HIV+ CHHP had significantly better health status:
 - 55% of housed were alive with “intact immunity”, compared to only 34% of HIV+ participants left to “usual care”
 - Housed HIV+ participants were twice as likely to have undetectable viral load (39%) as compared to who did not receive housing (19%)





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Housing Interventions Work

Housing & Health Study: background & methods

- Conducted by the Centers for Disease Control & Prevention and the HUD HOPWA program - in Baltimore, Chicago & Los Angeles
- 630 HIV+ participants were homeless (27%), doubled up (62%) other otherwise at risk of homelessness (11%) at baseline
- All received case management, help finding housing, referral to medical care and behavioral prevention interventions
- Half were randomly selected to receive an immediate HOPWA voucher
- Data on HIV risk and health indicators collected at baseline & at 3 follow up assessments over an 18-month period
- Analyses are ongoing with final results expected later this year





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Housing Interventions Work

H&H preliminary results demonstrate housing = health

- Significant improvements in housing status in both “intervention” and “customary care” study arms at 18 months
 - 82% of voucher recipients stably housed - up from 4% at baseline
 - 52% of control group stably housed - up from 4% at baseline
- This “crossover” limits the statistical power to compare outcomes between the “intent to treat” study groups
- Significantly, though, as housing improved for the group as a whole, so did health outcomes, including:
 - 34% reduction in emergency room visits
 - 21% reduction in hospitalizations
 - 44% reduction in reported opportunistic infections
 - 40% reduction in sex trade
 - Significant improvement in mental health status





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Housing Interventions Work

H&H Study - Ongoing Analyses

- Additional analyses being conducted to better understand the association between obtaining housing & health outcomes
- Still to come:
 - Trend analyses of housing experiences over time
 - Evaluation of substance use and other important variables
 - Cost-utility analyses comparing housing to other health interventions
 - “As treated” comparisons based on actual receipt of housing
- For example, preliminary analyses show significant differences between housed participants & those reporting homelessness in:
 - ER visits (homeless more likely to use an ER)
 - HAART use (housed more likely to be on HAART)
 - Viral load (homeless more likely to be detectable at 18 months)
 - Mental health (homeless report worse overall and higher perceived stress)





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Housing Interventions Work

Low-demand “housing first” models work

- “Housing first” models like CHHP place persons with substance use and/or mental health issues directly into permanent housing without requiring sobriety
- Growing evidence shows that these programs achieve housing and service use outcomes comparable to traditional abstinence-only supportive housing
- Low-demand housing programs demonstrate that “housing readiness” is not a good predictor of outcomes





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Housing Is A Sound Public Investment





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Housing Interventions Work

Investments in housing reduce other public costs

- As CHHP shows, supportive housing for persons with HIV and other disabilities sharply reduces costly emergency & inpatient services
- Such savings have been found to offset up to 95% of the cost of supportive housing
- These cost-offset analyses support the provision of housing even before taking into account the costs of heightened HIV risk & treatment failure among homeless PLWHA





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Housing Interventions Work

Housing is a cost-effective HIV prevention intervention

- Preventing one new case of HIV infection in the U.S. saves \$300,000 in life-time medical costs
- Threshold analyses from the HUD/CDC study indicate that housing may be a cost-saving and cost-effective HIV prevention intervention
 - Annual costs of the H&H housing interventions were \$10,000 to \$14,000
 - Based on these costs:
 - Just 1 transmission per 19 clients must be averted for housing to be cost-saving
 - To be cost-effective, only 1 transmission per 69 clients must be averted
- Ongoing H&H cost analyses will examine the cost-utility of the housing intervention (cost per quality-adjusted life year saved) as compared to other widely accepted prevention and health care interventions



*Beyond a
“Risky Person”
Paradigm*





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Beyond a “Risky Person” Paradigm

Risky contexts vs. risky persons

- Research findings indicate that the condition of homelessness, and not simply traits of homeless individuals, influence risk behaviors and health service utilization
- HIV+ persons with housing problems are more likely to engage in sex & drug risk behaviors, are less likely to be engaged in appropriate medical care
- Overtime analyses show improvement in housing situation associated with reduction in HIV risk behaviors and positive change in medical outcomes
- Data show strong & consistent relationship between housing and HIV risk and health outcomes, regardless of other individual characteristics, health status, or service use variables





Housing is HIV Prevention and Health Care Beyond a “Risky Person” Paradigm

Housing—a structural HIV prevention & care intervention

- HIV research & practice emphasizing individual-focused factors are not sufficient
- To effectively address HIV risk & health care disparities requires attention to structural factors—environmental or contextual factors that influence ability to avoid risk, use resources, adhere to care
- Housing provides a strategic point of intervention





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*Transforming Research
into Policy Initiatives*





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Transforming Research into Policy Initiatives

Finding from rigorous research:

- “Credential” what we’ve known for years as HIV/AIDS housing consumers, providers and advocates;
- Provide critical support for the maintenance and expansion of existing HIV/AIDS housing resources; and
- Pave the way for new housing policies and practices consciously structured and studied as public health interventions



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Transforming Research into Policy Initiatives

Summit series goal: Advocacy for HIV housing assistance:

- As a basic human right
- As a necessary component of systems of care to enable PLWHA to manage their disease
- As an exciting new mechanism to end the AIDS crisis by preventing new infections





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Transforming Research into Policy Initiatives

Summit outcome: A re-visioned housing & HIV/AIDS policy agenda

- **Make subsidized, affordable housing available** to all low-income people living with HIV/AIDS (including supportive housing for those who need it)
- **Make housing assistance a top prevention priority**, since housing is a powerful HIV prevention strategy
- **Incorporate housing as a critical element of HIV health care**
- **Collect & analyze data** to assess the impact and effectiveness of housing as an independent structural HIV prevention and healthcare intervention





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Transforming Research into Policy Initiatives

NAHC action strategies

- **Shift the HIV/AIDS paradigm** to include structural risk factors such as homelessness and unstable housing
- **Promote structural interventions** that include housing as a key component of HIV prevention and health care, including “housing first” low demand housing models
- **Continue research** to deepen our understanding of the link between housing and health





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Transforming Research into Policy Initiatives

NAHC Policy Tool Kit

<http://www.nationalaidshousing.org/policytoolkit.htm>

- Housing and HIV/AIDS Research Summit **policy papers**
- Summit **briefing books**
- Issue **fact sheets**
- Annotated **PowerPoint** presentation of key research findings
- Sample **letter** to an elected or appointed official
- Data-based **talking points** on frequently asked questions





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Transforming Research into Policy Initiatives

Take action nationally!

- Demand full funding of HOPWA and other affordable housing programs that serve PLWHA & disabled persons
- Ask Congress to acknowledge the critical interconnection of housing & HIV prevention & health care
- Urge Congress to enact the National Housing Trust Fund as a dedicated source of funding for low-income housing
- Call for full funding of the Second Chance Act, to address barriers to housing for persons leaving prison and jail
- Support homeless reauthorization legislation that increases permanent housing options for people with HIV/AIDS



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Transforming Research into Policy Initiatives

Influencing housing policy: national advocacy

- Summit research findings were cited on the floor of Congress during the debate that led to \$300 million in FY2008 HOPWA funding - a \$14 million increase, the largest in the program's history
- NAHC mobilized AIDS housing supporters at the grassroots level to achieve the HOPWA funding increase through sign-on letters to the Appropriations Committees urging adoption of NAHC's FY 2009 funding recommendation
 - 68 House co-signers
 - 35 Senate co-signers



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Transforming Research into Policy Initiatives

Influencing housing policy: national advocacy

- In 2006 NAHC used Summit findings to mobilize a successful congressional and grassroots campaign to derail a proposed regulatory change to the Ryan White Care Act emergency and transitional housing policy which would have imposed a life-time 24 month cap on the use of Ryan White dollars for housing



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Transforming Research into Policy Initiatives

Take action locally!

- Stay informed—study the research
- Gather data—document local need & housing program results
- Spread the word—share research findings & local data with national, state and local policy makers
- Support evidence-based planning—make sure that local housing & health planning processes are informed by the facts
- Fund HIV/AIDS housing supports—as an effective and cost-saving HIV prevention and health care intervention



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Transforming Research into Policy Initiatives

Influencing housing policy: local advocacy

- NAHC member Del Norte in Denver, Colorado used Summit research findings:
 - To convince the City Council, considering approval for its Juan Diego project, that homeless persons living with HIV/AIDS are more likely to thrive, remain healthy and even become employable with permanent housing
 - In applying to the state housing finance authority for tax credit funding
 - In an application to the state department of housing for grant funding



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Transforming Research into Policy Initiatives

Influencing housing policy: state advocacy

- New York NAHC board members and a researcher from the Columbia School of Public Health used Summit data to influence public policy in NYS and NYC. As a result of Summit findings, NYS now requires HIV prevention grantees to collect data on the housing status of clients at intake and the NYC Department of Health has added housing services as a fundable prevention service.



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Stay Connected!

- Summit III Policy Paper & Tool Kit updates coming in May 2008
- To get copies, learn more about the Summit Series, and get involved in advocacy efforts visit: www.nationalaidshousing.org
- ***Stay tuned!*** Summit IV is tentatively scheduled for 2009.



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