

The National AIDS Housing Coalition

HOPWA 2006 Need

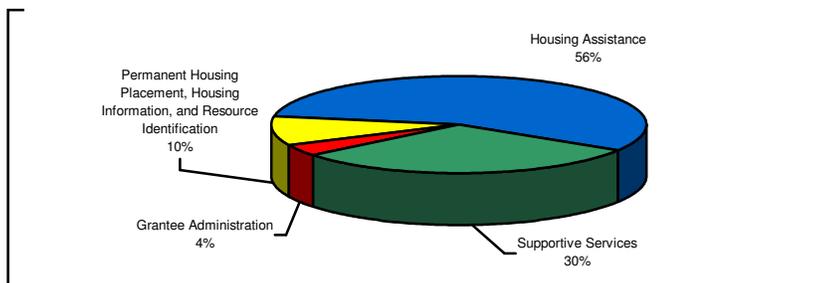
NAHC 2006 ACTUAL HOPWA Need

Estimated Number of People Living with HIV/AIDS	886,575
Number of People living with HIV/AIDS needing some form of housing assistance	50%
Number of Individuals Potentially Served	443,288
Average Annual Cost per Person Served (including Supportive Services and Rental Assistance)	\$6500
Total FY 2006 Actual Need	\$ 2,881,372,000

Since 1992 HOPWA (Housing Opportunities for Persons Living with AIDS) has provided a national safety net of housing and support services for people living with HIV/AIDS and their families. The Centers for Disease Control and Prevention (CDC) currently estimates that 800,000 to 900,000 are living in the United States with a diagnosis of HIV or AIDS

- HOPWA housing assistance **helps prevent homelessness and creates access to medical care and support services** for individuals and families affected by HIV and AIDS. AIDS Housing of Washington reported that one-third to one-half of those living with HIV/AIDS are homeless, incapable of affording their current housing, or at impending risk of homelessness.
- The FY 2005 HOPWA appropriation of \$282 million – a \$13 million cut from the FY2004 funding level -- must support the delivery of housing and related services in **122 jurisdictions eligible for formula allocations.**
- Last year, HOPWA funded **22 competitive grants** to aid more than **4,655** households affected by HIV/AIDS with assistance in the form of short-term and long-term rent, mortgage and utility payments, facility-based supportive housing and supportive services. 28 grants will be awarded this year.

Distribution of HOPWA Expenditures: Program Years 2000 – 2001 and 2001 – 2002



NAHC recommends an additional \$103 million in HOPWA 2006 funding for a total of \$385 million. This increase will be used to reduce waiting lists for HOPWA funded housing; expand the capacity of communities to develop new housing for poor individuals with HIV/AIDS and their families; provide rental assistance; and make a minimal level of supportive services available to keep people in their housing and fill gaps in comprehensive care available through other sources.

- **The need for stable and affordable housing is more urgent than ever** as more people are living longer with HIV/AIDS and housing costs increase. Improved drug therapies and medical care have dramatically reduced the number of AIDS deaths. According to the National Low Income Housing Coalition's *Out of Reach* study, the average 2004 national housing wage was \$15.37. A family must earn this hourly wage 40 hours per week to afford housing at the fair market rent. In Columbus, OH, for example, 94% of 272 survey respondents with HIV/AIDS had incomes below that level and were unable to afford a two-bedroom apartment at fair market rent.

- **HOPWA is the only federal housing program that funds comprehensive community-based HIV-specific housing programs,** assisting many communities establish strategic housing plans, better coordinate local and private efforts, fill gaps in local systems of care, and create new housing resources.

- **Safe, affordable housing is essential for people with HIV/AIDS to benefit from new treatments and adhere to life-sustaining medication regimens.** Studies show that homelessness causes great healthcare disruption and significantly reduces access to treatment options. Without stable housing, access to clean water, bathrooms, refrigeration and food, the ability to take medications on a routine schedule can be severely impaired. In a study of 577 HIV-positive adults in NYC, researchers found those receiving housing services more than twice as likely to remain in appropriate medical care as those not receiving housing services. (1) 71% of families eligible for federal low income housing assistance do not receive it, many languishing on waiting lists.

- **HIV/AIDS disproportionately affects the poor and women of color.** 91% of HOPWA clients have family incomes less than \$1,000 per month. Between 1986 and 2001, women's share of annual new AIDS cases in the U.S. more than tripled and AIDS is the leading cause of death among African-American women aged 24-34.

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AIDS housing need has reached crisis proportions throughout the country, including in rural America. A sample of only ten NAHC members, for example, reports cumulative HOPWA waitlists in excess of 7,600 people. However, in many areas – CT, CO and MO, for example – waitlists are not maintained because housing is simply not available. Where waitlists are maintained a large proportion of people are homeless, unstably housed or have histories of homelessness. Studies confirm that a large percentage of those living with HIV/AIDS believe they were at risk of homelessness.(2) Jurisdictions from VT to HI report waiting lists.

For example:

- **In CT**, 80% of those seeking housing assistance are denied due to lack of space.
- **In AL**, 40% of nearly 500 HOPWA-assisted individuals are raising children and have median incomes of \$7,950 annually, largely derived from SSI.
- **The St. Louis 5-Year Consolidated Plan** identifies a gap of 522 units of permanent housing needed for persons with AIDS.
- **In Boston**, the 1,055 people are on the HOPWA waiting list would need to earn \$25.83 to afford housing.
- **In San Francisco**, 45% of the 2,500 waiting are homeless, unstably housed or have histories of homelessness.
- **In NY State**, outside of the New York City EMSA, 6,210 tenant-based rental subsidies will be needed by the end of 2007 to supplement 637 now in use.

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HIV/AIDS, Homelessness and Healthcare

Housing is healthcare. Stable, affordable housing offers the best opportunity for persons living with HIV/AIDS to access drug therapies and treatments and supportive services that will enhance the quality of life for themselves and their families. When people are housed, they can access and adhere to drug treatments and therapies and require fewer hospitalizations and less emergency room care.

Medical Care	Homeless (n = 822)	Stable Housing (n = 1227)
HIV PRIMARY CARE		
Does not have comprehensive care	61%	39%
No outpatient visits past 6 – 12 months	20%	6%
HIV MEDICATIONS		
No HIV medications	45%	16%
Inappropriate Mono therapy	17%	12%
Combination Therapy	38%	72%
NO MEDICAL INSURANCE	34%	20%

Source: *Housing is Healthcare for Persons Living with HIV* by Angela Aidala, Joyce Moon Howard, Maria Caban and Jay Cross, Columbia University School of Public Health. (2003).

Recent studies have found strong links between stable housing and medical care options and HIV transmission risks. Research conducted at the Columbia University, Mailman School of Public Health over the past 15 years documents that people living with HIV/AIDS who receive stable housing are four times more likely to enter into medical care. Homeless people living with HIV/AIDS who received a combination of stable housing and social case management were nine times more likely to enter into and stay in medical care, including adherence to HIV/AIDS treatments.(3)

HOPWA Funding 2001-2005 (in millions \$)				
Fiscal Year	Formula Allocations	Competitive Grants	Technical Assistance	Total
2001	229.4	23.5	2.6	257.4
2002	247.9	27.5	2.0	277.4
2003	259.3	28.8	2.0	290.1
2004	263.1	29.2	2.5	294.7
2005	251.3	27.9	2.5	281.7

Source: *HOPWA Appropriations*. Available online: <http://www.hud.gov/offices/cpd/aidshousing/budget/index.cfm>; H. Rep. 108-792, Making Appropriations for Foreign Operations, Export Financing and Related Programs for Fiscal Year Ending Sept. 30, 2005, and for other purposes. Conf. Rep. to accompany H.R. 4818 (Nov. 20, 2004); P.L. 108-477 (Dec. 8, 2004)

1. Messeri, Abramson, Aidala, Lee & Lee, *The impact of ancillary HIV services on engagement in medical care in New York City*, AIDS CARE (2002) Vol. 14, Supp. 1, pp. S15-29, p. S25.
2. AIDS Housing of Washington, *Homelessness & HIV/AIDS*, Fall 2000
3. Columbia University School of Public Health and Bailey House, *Housing, Health and Wellness Study*, 2000