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A National Housing Trust Fund Will Benefit Low Income People with HIV/AIDS

For many low income people coping with the debilitating and impoverishing effects of HIV/AIDS, finding safe and decent housing that will improve their health outcomes is a challenge. Ninety-one percent of clients served by the Housing Opportunities for Persons With AIDS (HOPWA) program have incomes less than \$1,000 per month and many subsist on far lower monthly Supplement Security Income (SSI) disability payments as their primary or exclusive source of income.¹ Assessments among AIDS patients routinely identify housing as a top need following medication. Current research documents the irrefutable connection of stable housing for people with HIV/AIDS to positive individual and community health outcomes.

BASICS: The National Housing Trust Fund Campaign proposes federal legislation that would create a dedicated source of funding for the production, preservation and rehabilitation of 1.5 million affordable housing units in 10 years. At least 75% of the funds will be for housing for households that are extremely low income, earning less than 30% of an area's median income.

- Increasing the availability of affordable housing will decrease homelessness, a major risk factor for HIV. The prevalence of HIV/AIDS is 3 to 9 times higher among persons who are homeless or unstably housed compared with persons with stable and adequate housing.²
- Trust Fund units can aid in HIV prevention and thus lead to positive community health outcomes. Lack of stable housing is associated with high rates of drug and sex risk behaviors.³ Most importantly, new research shows that change in housing status is strongly associated with risk behavior change, suggesting that housing is a structural factor that has an independent causal role in HIV infection.⁴
- The availability of more affordable housing units will provide stability to enable individuals with HIV/AIDS to attend to their health. Lack of housing has been found consistently to be associated with remaining outside of medical care and with lack of access to treatment options for persons living with HIV, while improved housing status has been shown to significantly impact access to health care, including Antiretroviral Treatment (ART).⁵ In fact, individuals who were unstably housed or had other housing problems and who received housing assistance were 2.5 times more likely to retain appropriate medical care as those who did not receive the assistance.⁶

Endorsing Organizations Include:

- National AIDS Housing Coalition
 - AIDS Action
 - AIDS Alabama
 - Minnesota AIDS Project
 - Cascade AIDS Project
 - AIDS Services Dallas
 - San Francisco AIDS Foundation
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- Connecticut AIDS Residence Coalition
- National Alliance of State and Territorial AIDS Directors
- Florida Black AIDS Network
- AIDS Foundation of Chicago
- AIDS Ministry of Illinois
- Iowa Center for AIDS Resources and Education (ICARE)
- Maine AIDS Alliance
- AIDS Interfaith Residential Services
- AIDS Housing Corporation
- AIDS Services Coalition
- Southern New Hampshire HIV/AIDS Task Force
- Minority Task Force on AIDS
- Columbus AIDS Task Force
- South Arkansas Fights AIDS
- AIDS Housing of Washington
- Pierce County AIDS Foundation
- United Communities AIDS Network

For more information, visit www.nhtf.org or call 202-662-1530.

¹US Department of Housing and Urban Development, Housing Opportunities for Persons With AIDS fact sheet 2007.

²Aidala, A. Inequality and HIV: The role of housing. Psychology and AIDS Exchange, American Psychological Association, in press. Culhane, D.P., Gollub, E., Kuhn, R., and Shpaner, M. (2001). The co-occurrence of AIDS and homelessness: Results from the integration of administrative data for AIDS surveillance and public shelter utilization in Philadelphia. *Journal of Epidemiology and Community Health*, 55(7): 515-520.

³Aidala, A., Cross, J.E., Stall, R., Harre, D., and Sumartojo, E. Housing as a Structural Intervention to Reduce Risk Behaviors Among HIV Positive People. Paper presented at the CDC Prevention 2003 Conference, Atlanta, GA. Sethi AK, Celentano DD, Gange SJ, Gallant JE, Vlahov D, Farzadegan H. High-risk behavior and potential transmission of drug-resistant HIV among injection drug users. *Journal of AIDS*, 2004.

⁴Aidala et al., 2005

⁵Aidala, A., NAHC Research Summit Presentation, 2005. Riley, E., "Health Disparities Among the HIV+ Homeless and Marginally Housed," NAHC Research Summit, 2005. Aidala, A., NAHC Research Summit Presentation, 2005.

⁶Aidala, A., NAHC Research Summit Presentation, 2005. Messeri, P., Abramson, D., Aidala, A., Lee, F., and Lee, G. (2002). The impact of ancillary HIV services on engagement in medical care in New York City. *AIDS Care*, 14 (Supplement 1): S15-S30.