

HIV/AIDS - INVESTING IN HOUSING IS GOOD POLICY

Affordable housing must be available for all persons with HIV.

Investing in affordable housing for people with HIV is sound economic and social policy...

Providing accessible, adequate, affordable housing for people with HIV benefits everyone. A growing body of evidence suggests when people with HIV have stable housing, they are more likely to adhere to treatment regimes, have a better quality of life, and generally experience better health outcomes. Unstable housing is associated with greater HIV risk, inadequate health care, and more reliance on emergency health care services.

Providing people with adequate housing improves their health outcomes and reduces the likelihood that they will transmit or acquire HIV. As each new infection carries a significant cost to public health, reducing reliance on emergency medical services and preventing new HIV infections makes good economic and social sense.

STABLE HOUSING HELPS PEOPLE WITH HIV ACCESS ONGOING CARE AND REDUCES USE OF COSTLY ACUTE CARE SERVICES

- ▶ According to a recent study funded by the US Centers for Disease Control (CDC), housing status is one of the strongest predictors of treatment access and health outcomes for people with HIV.¹
- ▶ Ongoing evaluations of supportive housing programs for persons with HIV/AIDS and other special needs show that the stability created by appropriate housing sharply reduces utilization of costly emergency and inpatient health care services.²
- ▶ People who are unstably housed experience worse overall physical health, have lower CD4 counts and higher viral loads, and are less likely to receive and adhere to antiretroviral therapy.¹
- ▶ Stable housing improves continuity of HIV care as well as ART participation, adherence and success.⁴

INVESTING IN HOUSING AND HEALTH IS COST EFFECTIVE

- ▶ It is estimated that the economic cost of new HIV infections is \$4,031,500,000, or \$1.3 million per person.⁵
- ▶ Preliminary findings from the Housing & Health Study conducted by HUD and the CDC in the US indicate that HIV/AIDS housing is both **cost-effective** (service costs divided by medical cost saved plus a value for each quality-adjusted life year saved when an infection is prevented) and **cost-saving** (service costs divided by life-time medical cost savings when a transmission is prevented).⁶

“Health care savings realized by preventing HIV infections and reducing use of crisis care can offset all or part of the cost of housing, making housing assistance a cost-effective HIV prevention and care intervention. In fact, public action to address the unmet housing needs of persons living with HIV/AIDS costs far less than inaction.”⁷



HOUSING IS THE GREATEST UNMET NEED OF PEOPLE LIVING WITH HIV

TOWARD A NATIONAL HIV/AIDS HOUSING POLICY IN CANADA

WHY IS HOUSING IMPORTANT?

Housing is a key determinant of health – for everyone, including people with HIV. By improving housing, it is possible to improve health outcomes which, in turn, has a positive social and economic impact. Healthier citizens contribute more to their communities and “cost” less. It makes sense to provide people with the basic necessities of life – such as housing – that allow them to thrive.

WHAT'S NEEDED?

A DATA-DRIVEN HIV HOUSING POLICY AGENDA

Research findings support four key imperatives for a sound HIV housing policy:

- ▶ Affordable housing must be available for all persons with HIV
- ▶ Housing assistance must be a priority for HIV prevention
- ▶ Stable, appropriate housing must be an essential component of HIV health care
- ▶ Data must be collected to inform housing policy

Surprisingly, **Canada is the only G8 country that does not have a national housing strategy.** This must change. We need a strong national housing strategy, as well as provincial and local strategies, that reinforce that housing is health and housing is health care.

For people with HIV in Canada, Housing IS Health
The Positive Spaces Healthy Places Study observed over 600 participants in a longitudinal study in the Province of Ontario...

50%

Nearly half of people with HIV experience housing instability, which adversely affects their health.⁸ This costs us all.

40%

Only 40% of people with HIV have access to rent-geared-to-income housing, and 40% reported having trouble meeting monthly costs.⁸

25%

One in four people with HIV moved at least once in the first year of the study, and one in four was at risk of losing their housing because of cost.⁸

65K

65,000 Canadians are living with HIV in Canada in 2008. The number of new HIV infections is increasing.

1. Kidder, D.P., et al. (2007). Health status, health care use, medication use, and medication adherence in homeless and housed people living with HIV/AIDS. *American Journal of Public Health*.

2. Bendixen, A., AIDS Foundation of Chicago. The Relationship of Housing Status and Health Care Access: Results from the Chicago Housing for Health Partnership. Paper presented at the Housing and HIV/AIDS Research Summit, October, 2006; Wilkins, C., Corporation for Supportive Housing. Housing Status and Health Care Access. Paper presented at the Housing and HIV/AIDS Research Summit, October, 2006.

3. Riley ED., et al (2005). Antiretroviral therapy, Hepatitis C, and AIDS mortality among San Francisco's homeless and marginally housed. *Journal of Acquired Immune Deficiency Syndromes*. 38(2): 191-5; Waldrop-Valverde D., et al (2005). Homelessness and psychological distress as contributors to antiretroviral nonadherence in HIV-positive injecting drug users. *AIDS Patient Care Stds*. 19(5): 326-34.

5. Kingston-Riechers J. The Economic Cost of HIV/AIDS in Canada, [Internet]. 2011 [cited 2011 Dec 6]; Available from: [http://www.cdn aids.ca/files.nsf/pages/economiccostofhiv-aidsincanada/\\$file/Economic Cost of HIV/AIDS in Canada.pdf](http://www.cdn aids.ca/files.nsf/pages/economiccostofhiv-aidsincanada/$file/Economic%20Cost%20of%20HIV-AIDS%20in%20Canada.pdf).

6. Holtgrave, D., Johns Hopkins Bloomberg School of Public Health. Examining the Cost Effectiveness of Housing as an HIV Prevention and Health Care Intervention. Paper presented at the Housing and HIV/AIDS Research Summit, October 2006; Holtgrave, D.R., Pinkerton, S.D., and Merson, M. (2002). Estimating the cost of unmet HIV-prevention needs in the United States. *American Journal of Preventive Medicine*, 23(1): 7-12.

7. Shubert, V., et al. (2011), North American Housing and HIV/AIDS Research Summit – 2011 Policy Paper

8. Rourke SB., et al. Housing characteristics and their influence on health-related quality of life in persons living with HIV in Ontario, Canada. *AIDS and Behaviour* (under review).