

HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)

Housing Needs

Stable housing is critical to preventing the early onset of illness and maintaining the quality of life for individuals with HIV disease and their families. Without stable housing, many people with HIV disease die prematurely, having had little or no access to care services or promising new treatment protocols which could have improved and prolonged their lives. It is virtually impossible for people who do not have a stable place to live to access life-sustaining health care services and treatments.

Yet, at any given time, one-third to one-half of all Americans with AIDS are either homeless or in imminent danger of losing their homes. And 60 percent of all people living with HIV/AIDS will face a housing crisis at some point during their illness, because they face illegal discrimination or become unable to pay their rent or mortgage as a result of lost wages and medical expenses. And tragically, the epidemic is increasing disproportionately in low-income communities, where homelessness is often just a paycheck away and among the already-homeless. Past studies by the Centers for Disease Control and Prevention (CDC) found HIV infection rates of up to 21.4 percent in selected homeless populations; more recently, infection rates among the homeless in some urban areas have been estimated to be as high as 50 percent.

Housing Opportunities for People with AIDS

The Housing Opportunities for People with AIDS (HOPWA) program is the only federal housing program specifically designed to provide states and localities hardest hit by the AIDS epidemic with the resources to meet the local housing needs of people with AIDS. Ninety percent of HOPWA funds are distributed by HUD directly to these cities and states through a formula grant, and the local jurisdictions decide how best to use the funds to meet the locally-determined housing needs of people living with HIV/AIDS. HOPWA funds may be used to develop any of a broad range of housing and related services, from providing short-term supported housing or rental assistance for low income persons with HIV/AIDS to rehabilitating existing housing units, building new community residences, or coordinating home care services. Thus HOPWA funds enable communities hardest-hit by the AIDS epidemic to devise the most appropriate and effective strategies for meeting the housing needs of community members living with HIV/AIDS and their families.

HOPWA dollars have been shown to reduce community health care expenditures. An estimated 30 percent of people with HIV-disease in acute-care hospitals are there only because there is no other community-based residential alternative. An acute-care bed for an AIDS patient costs on average \$1,085 a day. The cost of providing housing and services in a HOPWA-funded residential facility is between one-tenth and one-twentieth of that amount. HOPWA dollars reduce the use of emergency health care services by an estimated \$47,000 per person per year.

In 1996, HUD estimated that for each additional \$1 million in HOPWA funding, an additional 269 individuals and families living with HIV and AIDS would have access to vital housing and housing-related services. The housing provided by HOPWA dollars not only reduces the economic costs of unnecessary hospitalizations and emergency health care usage, it improves the quality, duration, and productivity of life by enabling individuals living with HIV disease to access on-going health care

services and promising new drug therapies.

Investments for HOPWA

As the number of AIDS cases continues to increase, the number of jurisdictions eligible for HOPWA funding increases as well. For FY 2000, there are 101 eligible grantees for formula grants based on increases in caseload. It is estimated that an additional five to seven communities will become eligible for HOPWA in FY 2001. The ability of the HOPWA program to respond to the growing housing crisis in cities and states hard-hit by the AIDS epidemic has already been compromised by the fact that funding for HOPWA has never even come close to keeping pace with increases in need in communities across the country. Without a significant increase in FY '01 funding for HOPWA, jurisdictions across the country will continue to lose ground in the battle to meet the housing needs of people living with HIV/AIDS and their families.

HOPWA fills a need that has not and cannot be met by other federal housing programs. Drastic cutbacks in HUD's budget in recent years have increased the demands on the McKinney Homeless Assistance grants program and sharply limited access to other federal housing programs. Some programs, like Section 8, have waiting lists that are longer than the average lifespan of a person with AIDS. Other programs, like CDBG, fund a wide range of community and economic development activities far more politically popular on the local level than housing for people with AIDS. And people living with HIV/AIDS and their families continue to have difficulty accessing federal housing programs that serve people with disabilities generally, such as Section 811 or HOME, because of HUD's historic position that such funds cannot be used to "target" housing to meet the needs of people living with HIV/AIDS specifically.

As the AIDS epidemic continues to increase, especially in low-income communities where many are already homeless or at risk of homelessness, the need for housing increases. **It is essential for there to be funding if we are to reduce the terrible economic and human costs that result from the lack of stable housing for thousands of people living with HIV/AIDS and their families across this nation.**

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