



Supportive Housing for Alabamians with HIV/AIDS

HIV/AIDS in Alabama

The Southern United States is overburdened with HIV/AIDS. Although the 18 state region is home to only 36% of the country's total population, 40% of all Americans with AIDS reside in the South, and 52% of people living with HIV call the South home.¹

In Alabama, at the end of 2008, the total number of reported HIV/AIDS cases was 16,222. **In 2006 there were 936 new HIV cases reported, the highest annual total in the state's history;** 2007's total of 900 new cases was the second highest.² The recent rise in HIV incidence rates parallel those of the South as a whole and underscore Alabama's growing battle with HIV/AIDS.

Alabama's HIV/AIDS population is predominantly Black (63.58%) and male (74.5%)³, although in recent years infection rates among females have been rising at faster than national rates.

**More than
10,000
Alabamians are
living with
HIV/AIDS.**

Housing is a chief concern and a major need of those living with HIV/AIDS. The National Low Income Housing Coalition estimates that Alabama lacks over 44,000 affordable housing units. This

shocking number is evidence of the many Alabamians who struggle everyday to find and keep affordable, safe housing. Because persons with HIV/AIDS often battle both health problems and poverty, they face even greater struggles to find affordable housing in Alabama.

Fair Market Rents: Amplifying these housing difficulties are the state's high rent rates. The Fair Market Rents (FMR) for a one-bedroom apartment in Alabama is currently \$539 and \$627 for a two-bedroom. Working at the State minimum wage (\$7.25) an individual would have to work 73 hours a week, 52

weeks a year to afford the 2-bedroom at FMR. The sole source of income for many Alabamians with HIV/AIDS is SSI, which provides \$674 a month. **Housing is considered affordable if an individual pays 30% or less of its annual income. Any individual paying more than that is considered housing burdened. An individual is severely burdened if they spend more than 50%.** As the table below shows, there are no affordable housing options available to Alabamians receiving only SSI benefits.

	Efficiency/ Studio	1-Bedroom	2-Bedroom
FMRs	\$480	\$539	\$627
Housing Burden	75%	80%	93%

In 2007, AIDS Alabama interviewed 525 Alabamians living with HIV/AIDS. The study found that the average monthly earnings of all participants was \$938. 141 participants reported wage earning jobs with average earnings up to \$1298/month.⁴ Both of these numbers still fall well short of the income needed to afford either a modest one- or two- bedroom apartment at FMR.

Rural HIV/AIDS: Besides high FMRs, an issue that makes Alabama's affordable housing crisis distinct is the state's extensive rural geography. Apart from large metropolitan areas like Birmingham, which is home to one-third of Alabamians living with HIV/AIDS, the number of Alabama's rural cases of HIV/AIDS is growing considerably. This mirrors the overall trend in the South, as HIV spreads from cities to non-metropolitan areas. The isolation and poverty associated with rural areas present great obstacles to solving the housing problems of those living with HIV/AIDS. This, coupled with the relative scarcity of organizations with knowledge of or experience in providing special needs housing, exacerbates Alabama's need for housing for its HIV/AIDS population.

Homelessness:

Homelessness and HIV/AIDS are closely intertwined. The infection rate of HIV among the nation's homeless population is 3.4%, more than three times higher than the general population rate. The National Coalition for the Homeless estimates that one-third to one-half of all Americans with HIV are homeless or at imminent risk of homelessness.⁵

Multiple studies have shown that those with HIV/AIDS are at an increased risk of becoming homeless, likely due to the

economic stress caused by their declining health. In addition, those who are homeless have a greater risk of contracting HIV/AIDS because of the increased likelihood that they will engage in risky behaviors such as unprotected sex or the sharing of needles in exchange for money, food, or shelter.

Of the 525 respondents to the AIDS Alabama survey, 175 (33%) reported experiencing homelessness at least once in their lives. Of that 175, 105 (61%) reported chronic homelessness, which is defined by the U.S. Department of Housing and Urban Development (HUD) as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years." Although a majority of survey participants did not indicate an experience of homelessness, 37% reported a need for housing assistance, while the large majority (64%) noted a housing burden. In fact, 25% reported a severe housing burden.

**In Alabama
5,391 people are
homeless
each day;
3.8% are infected
with HIV.⁶**

Supportive Housing: A Solution

Many Alabamians living with HIV/AIDS struggle with poverty and are in need of ongoing care. Supportive housing is equipped to address both of these needs. Supportive housing combines safe, affordable housing with support services that cater to various special needs populations, enabling them to become healthier and more independent. Examples of supportive services for people with HIV/AIDS include health care services, case management, mental health and substance abuse treatment, and assistance finding employment. Some Alabamians with HIV/AIDS require supportive housing to improve their health and remain stably housed.

Health Benefits:

Among the greatest concerns for people with HIV/AIDS is their physical and mental health. Supportive housing projects from around the nation report major health improvements for many of their clients, including those with HIV/AIDS. Stably housed clients are 2-6 times less likely than those who are homeless to engage in risky activities such as drug abuse and unprotected sex. When enrolled in supportive housing, people with HIV/AIDS are also 4 times more likely to enter into medical care than those who lack housing assistance. Along these same lines, the all-cause death rate for supportively housed persons with HIV/AIDS is only 1-2 per 100 compared with 5.8-8 per 100 for infected homeless people.⁷

Cost Effectiveness:

The growing body of supportive housing literature consistently reports that supportive housing programs save money. A New York Study determined that providing supportive housing rather than an array of emergency services led to an annual average savings of \$16,202 per resident. These savings were enough to offset 95% of the programs development and maintenance costs.⁸ The savings were largely attributed to the **shift in client modes of care from expensive inpatient and emergency services to less expensive outpatient and preventive services.** Because many Alabamians with HIV/AIDS are either uninsured or underinsured their use of inpatient and emergency services is a public cost.

The following table compares the per day costs of housing one client in supportive housing versus alternatives in Atlanta⁹:

Costs of Atlanta Supportive Housing vs. Alternatives (per day)	
Supportive Housing	\$32.88
County Jails	\$53.07
State Prisons	\$47.49
Medical Hospitals	\$1,637.00

Solutions and Model Projects

HUD's Housing Opportunities for Persons with AIDS (HOPWA) is the only federal program that directly addresses the housing needs of Alabamians with AIDS. HOPWA monies provide numerous

housing options across the state including rental assistance and supportive services.

At the local level, one initiative of Collaborative Solutions, Inc. is the Rural Supportive Housing Initiative of Alabama (RSHIA), which works in partnership with a Peer Network of local AIDS Service Organizations to enhance their capacity to provide supportive housing to their clients. The RSHIA seeks to develop 10 new units of permanent supportive housing and rehabilitate 12 units of supportive housing for use by this special needs population in Alabama.

Organization Highlight: Health Services Center (HSC), located in Anniston, is an AIDS Service Organization serving 14 counties in the north and eastern parts of the state. It opened its doors in 1987 as a primary medical clinic and continues to provide medical and case management care to its clients. Recognizing its clients had a variety of housing needs, HSC began offering housing in 2002 by creating a duplex apartment, the “House of Care,” which provided

end-of-life care for people living with AIDS who needed close observation by their physician. Since that time, HSC has expanded its housing program and now includes an emergency shelter (for those at immediate risk of homelessness), short-term rent, mortgage, and utility assistance (STRMU), and permanent housing through its long-term voucher program. A participant in RSHIA, HSC plans to continue expanding its housing resources by increasing its number of permanent supportive housing units and offering minor repairs to its clients living in substandard housing.

Current Need

With the efforts of organizations like HSC and AIDS Alabama, the number of supportive housing units dedicated solely to persons with HIV/AIDS in the state has grown to 401. Although much is being done to solve the housing problems of Alabamians with HIV/AIDS, it is important to keep in mind there are over 10,000 persons living with HIV/AIDS in the state, many of whom are in desperate need of supportive housing.

References and Further Reading

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- ³ Kaiser Family Foundation, *Alabama State Health Facts*, <http://www.statehealthfacts.org/profileglance.jsp?rgn=2>
- ⁴ *AIDS Alabama 2007 Needs Assessment Survey*
- ⁵ National Coalition for the Homeless, *HIV/AIDS and Homelessness Fact Sheet*, <http://www.nationalhomeless.org/factsheets/HIV.pdf>
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- ⁹ The Lewin Group, *Costs of Serving Homeless Individuals in Nine Cities*, http://documents.csh.org/documents/ke/csh_lewin2004.PDF

Collaborative Solutions, Inc. (CSI)

CSI is a nonprofit organization that works in partnership for the empowerment of human service organizations and communities in order to positively impact special needs populations in the Southeast. CSI provides capacity development, strategic planning, HOPWA and McKinney homeless technical assistance, leadership training and development, and continuum of care planning. If you want to learn more about what CSI does and how to access our services, please visit our Website at: <http://www.collaborative-solutions.net/>.

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