



HIV/AIDS HOUSING TRENDS



Annual Report 2002

DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT • POLICY DEVELOPMENT & RESEARCH DIVISION • CITY OF BOSTON • THOMAS M. MENINO, MAYOR

The Number of People Living with HIV or AIDS Continues to Increase

This annual version of *Trends* focuses on the housing needs of those with HIV and AIDS. To understand this need, there must be an examination of the number of cases, the demographics of those cases, and the currently available housing opportunities.

According to the latest data from the center for disease control¹, a total of 14,645 cumulative cases of AIDS have been diagnosed in the Boston metropolitan statistical area² by the end of June 2001. Of these, an estimated 6,181³, or 42%, are living. While the number of new cases of AIDS continues to grow, both the number of new cases diagnosed each year and the annual rate of new cases identified each year has dropped, from 20.8 cases pre 100,000 population in 1999/2000 to 11.8 cases per 100,000 population in 2000/2001.

More importantly, a combination of earlier diagnosis, the availability of new medications and improved access to health care services have resulted in substantially increased longevity for persons with AIDS. This longevity has resulted in a reduced need for hospice type housing and care, but the number of AIDS cases continues to grow, continuing a need for responding to the housing needs of those with HIV/AIDS.

CHART 1: Rate of New AIDS

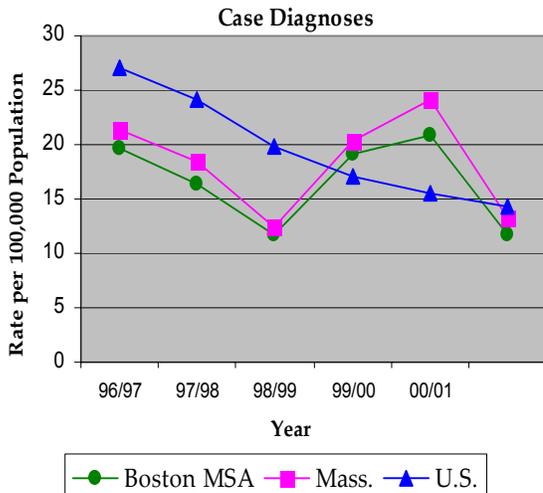


TABLE 1: AIDS Cases, Greater Boston

Area	July 1999- June 2000		July 2000- June 2001		Cumulative Cases			Persons Living W/ AIDS
	New Cases	Cases per 100,000 Population	New Cases	Cases per 100,000 Population	Adults/ Adolescents	Children < 13 yrs	Total	
City of Boston							4,954 ⁴	2,256 ⁵
Boston PMSA ²							8,888	4,047
Boston MSA ²	1,226	20.8	715	11.8	14,462	183	14,645	6,181 ⁶
Massachusetts	1,487	24.1	838	13.2	16,455	207	16,662	7,587
USA	42,923	15.5	40,894	14.3	784,032	8,994	793,026	317,652

HIV/AIDS Housing Trends is an annual report published by the Policy Development & Research Division of the City of Boston Department of Neighborhood Development. For more information about this publication, call Tim Davis at (617) 635-0269 or e-mail tdavis.dnd@ci.boston.ma.us

¹Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2002; 13 (no. 1).

²The Boston PMSA (primary metropolitan statistical area) includes much of eastern Massachusetts, but does not include the areas around Lawrence, Lowell, Brockton and Worcester. These cities and their surrounding towns are included in the Boston MSA (metropolitan statistical area).

³Persons living with AIDS data as of end of 1999. Source: centers for disease control and prevention. HIV/AIDS surveillance supplemental report, 2001; 7 (no. 1).

⁴City of Boston and Boston PMSA cumulative case data extrapolated from living case data.

⁵City and state living case data is as of January 1, 2002. Source: Massachusetts Department of Public Health AIDS Surveillance Unit.

⁶Boston MSA living AIDS case data is as of the end of 1999. Source: centers for disease control.



HIV/AIDS DEMOGRAPHICS



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To determine the type and quantity of housing that is needed, a closer examination of the demographics in terms of race/ethnicity, mode of transmission and place of residence is needed.

TABLE 2: City of Boston Living HIV/AIDS Cases By Race/Ethnicity, January 2002

	Population (2000)	HIV Cases	AIDS Cases	HIV/AIDS Rate Per 100,000 Population
White, non-Hispanic	291,561	780	894	574
Black, non-Hispanic	140,305	563	980	1,100
Hispanic	85,089	265	376	753
Boston Total	589,141	1,623	2,256	658

Race/Ethnicity

Blacks and Hispanics have a higher rate of HIV/AIDS than do whites. In Boston, per 100,000 population, 574 Whites are affected, while 1,100 Blacks and 753 Hispanics are affected. 56% of all cases of HIV/AIDS in Boston are Blacks or Hispanics, compared to the fact that these groups make up 38% of the total population. This is significantly different than statewide figures, as Blacks and Hispanics make up 50% of HIV/AIDS cases but only 12% of the total Massachusetts population.

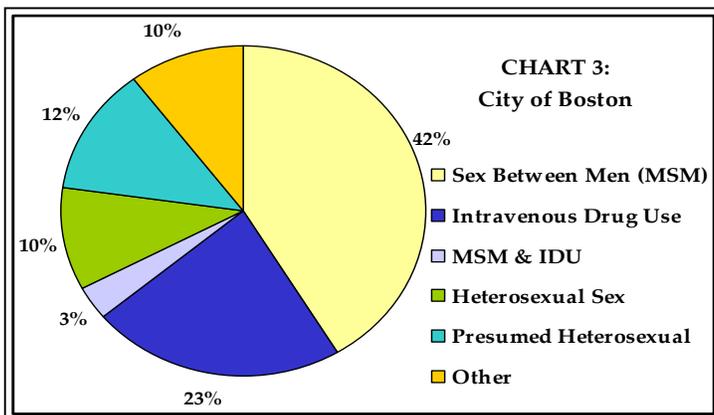
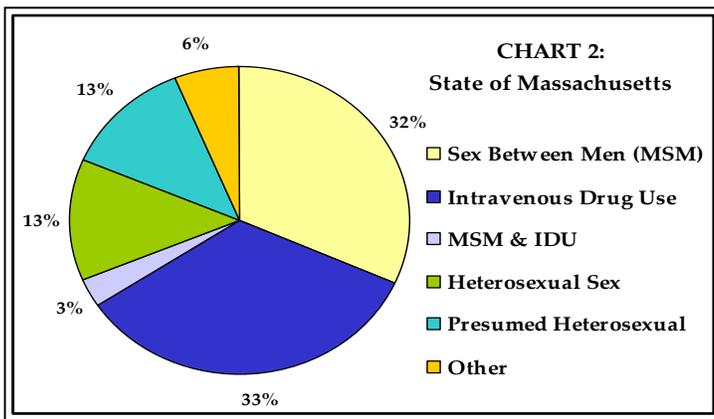
In addition while 53% of HIV cases among Whites have converted to AIDS, 64% of HIV cases occurring among Blacks have converted to AIDS. As Blacks tend to be of lower income, there may be a connection between access to adequate health care and this conversion rate.

Source: AIDS Surveillance Unit and 2000 U.S. Census

Mode of Exposure

For the last decade, there has been a trend away from exposure by sex between men (MSM) towards exposure through intravenous drug use (IDU). Statewide, a roughly equal number of cases were exposed in this manner (32% and 33%, respectively). In Boston, this pattern is substantially different, as 42% of all cases can be attributed to sex between men. This difference can be attributed to the high concentration of gay men living in Boston.

AIDS service providers have responded to the increase in exposure through IDU by creating new and more extensive outreach in communities of color and amongst intravenous (IV) drug users. These efforts have included proven methods of HIV/AIDS prevention through both education and needle exchange programs. There is a greater need for services focused on preventing IV drug use, as well as additional supportive services for persons with AIDS with substance abuse problems and additional linguistically targeted outreach, prevention and supportive services programs for Hispanics.





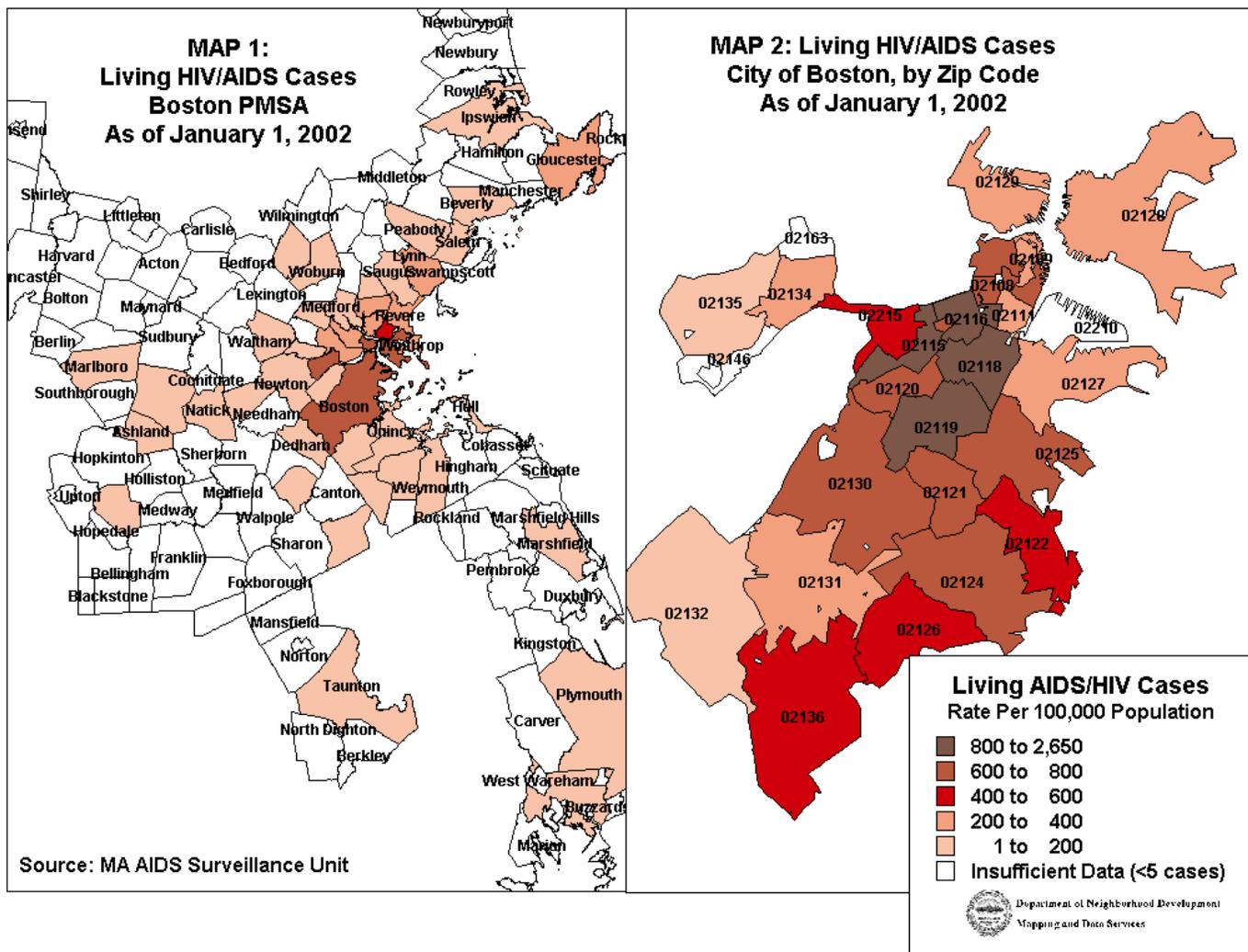
HIV/AIDS CASES



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Geographic Distribution of HIV/AIDS Cases



The Boston PMSA consists of 129 cities and towns. Most of the living AIDS/HIV cases in the Boston PMSA are concentrated in the cities and towns that have at least 100 cases of persons living with AIDS/HIV. Boston alone accounts for 3,879 or 58% of the cases and the top 10 cities and towns together account for 82% of all of the cases in the Boston PMSA.

This map shows the concentration of living HIV/AIDS cases within the Boston Primary Metropolitan Statistical Area (PMSA). The City of Boston administers Federal funding from the Housing Opportunities for Persons With AIDS (HOPWA) program for these towns and cities.



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Geographic Distribution of AIDS Units

Of the 455 dedicated units available for those living with HIV/AIDS, 80% are located in the City of Boston. Only six other cities and towns (Cambridge, Framingham, Lynn, Peabody, Quincy and Topsfield) have such facilities. This fact alone reveals the need to increase the availability of HIV/AIDS units across the greater Boston area.

Another way to look at the need is to examine how many affordable units are available to any given person with HIV/AIDS. Many clients do not need specialized housing, but do need low-income, affordable housing. In this respect, and examination of the how many affordable units are available per HIV/AIDS cases gives an indication as to where they will find it easiest to find such a unit.

Map 3 reveals that finding an affordable unit in Boston is extremely difficult, and is also difficult in towns and cities such as Taunton, Gloucester, Randolph, Waltham, Somerville, Everett and other towns.

Number and Type of AIDS Housing Units

With the addition of about 715 new cases of AIDS per year in the Boston MSA and the increasing longevity of PWAs, the need for additional supportive housing beyond the current stock of approximately 683 units (455 dedicated units and 252 rental

vouchers) will continue to grow. But this housing will need to meet the changing needs of this population. Single-room occupancy units (32% of the units), which were important when a higher level of day-to-day assistance was needed with those with AIDS, are less important today. More housing is needed to address the needs of long-term cases of HIV/AIDS and specifically for those who need to address the disease and other problems, especially drug addiction. This need may be best met by permanent rental housing coordinated with a variety of services. Currently, rental assistance vouchers account for 37% of the units made available to those with AIDS. These vouchers create a greater level of choice in terms of where the client can live, and community based HIV/AIDS agencies have been able to meet the service needs despite the disconnection between housing and services.

At this point in the epidemic, there is still a need for some specialized housing facilities, primarily for those who have been diagnosed not only with HIV/AIDS but also with other problems such as drug addiction. This segment of the population aside, the overarching need is for an overall increase in affordable housing. Simply increasing the number of housing units is not sufficient. Many clients face difficulties in accessing affordable housing, either due to a drug history record, a lack of security deposit money, or both.

