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**PHILADELPHIA ELIGIBLE  
METROPOLITAN AREA**

**AIDS HOUSING NEEDS  
ASSESSMENT  
1997-2001**

***Housing Survey of  
People Living with  
HIV/AIDS in the  
Philadelphia EMA***

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# HOUSING SURVEY OF PEOPLE LIVING WITH HIV/AIDS

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## Survey Glossary of Terms

### HIV Status:

*Asymptomatic: No AIDS related symptoms.*

*Mildly Symptomatic: Only minor AIDS related illness, none of which are serious or disabling;*

*Severely Symptomatic: Serious or disabling AIDS related illness.*

*CD4 T-Cell Count: A blood cell count used by physicians and people living with HIV/AIDS to evaluate the ability of the immune system to protect the body from infection; used by the U.S. Centers for Disease Control to determine whether HIV disease has progressed to AIDS (a CD4 or T-Cell count of less than 200, along with the presence of HIV, defines an individual as "having AIDS").*

### Insurance:

*HealthPass: A Medicaid health insuring organization which provides managed health care services to Medical Assistance-eligible residents of South and West Philadelphia.*

*Fee for Service Medicaid: The traditional "freedom of choice" Medical Assistance coverage; "regular" Medicaid; "blue card" or "Access Card" Medicaid.*

*Medicaid HMO: A health maintenance organization which provides managed care services to Medicaid-eligible clients.*

### Sexual Orientation:

*Bisexual: A woman or man who is sexually attracted to and/or has sex with both women and men.*

**Gay Man:** *A man who is sexually attracted to and/or has sex with men only.*

**Heterosexual:** *A woman or man who is sexually attracted to and/or has sex with people of the opposite gender only.*

**Lesbian:** *A woman who is sexually attracted to and/or has sex with women only.*

**Transgendered:** *A person who has, or is undergoing, a transformation from male to female or from female to male, either physically or emotionally. This term incorporates a wide variety of expressions of sexual identity which do not easily fit into the categories above, including transvestites, cross-dressers, transsexuals, and others.*

**Other:**

**Extended Hospitalization:** *A hospitalization of two weeks or more.*

**Homeless:** *Living on the street, in a shelter, in an abandoned building, in a car, in a park, or in a location not intended for sleeping.*

**Housing Needy:** *Anyone who spends more than 50% of their monthly income on rent.*

**Low Income or Poor:** *Falling below federal income guidelines indicating minimum incomes required for survival..*

## Introduction

This section is comprised of an analysis of a 52-question survey of people living with HIV infection and AIDS in the nine counties of the EMA, developed by the Consultant Team, and conducted from December 1995 to March, 1995. The survey captures the current housing situation and future needs of 765 persons living with HIV and AIDS in the region through mail-ins, individual interviews, site visits and focus groups. While not a random sample, the survey reached about 4.7% of current projections on the number of people living with HIV/AIDS in the region.

The survey of people living with HIV/AIDS focused on issues believed by the Consultant Team to be relevant to their need for appropriate housing. Production of this section included review of survey instruments used for this purpose in other communities, as well as other Philadelphia area HIV/AIDS consumer surveys conducted in the past; the preparation of a written survey instrument; the identification of the population sample to be surveyed, taking into account the diverse behavioral, ethnic, cultural and geographical factors relevant to this needs assessment, as well as the need to include a representative sample of people living with HIV/AIDS at the various stages of disease process; the analysis of data collected from the survey; and the issuance of this report.

## Methodology

### *Survey Instrument Design*

Prior to the creation of the formal survey instrument, existing questionnaires and surveys were reviewed by members of the consultant team, members of the AIDS Housing Task Force, staff of OHCD and AACO, and people living with HIV/AIDS who have participated in comparable surveys in the past. This process was led by Dennis Culhane with the assistance of Kimberly Acquaviva and the other members of the consultant team. Among the prior surveys consulted in the preparation of this survey were those provided by AIDS Housing of Washington and OHCD; the survey instrument utilized by the Philadelphia AIDS Consortium Consumer Survey; organizational surveys on housing previously used by the Philadelphia AIDS Consortium Housing Task Force and the joint housing survey conducted by TPAC and the Circle of Care in 1994.

Among the consumer groups consulted in the creation of the survey instrument were PLWA/HIV interviewers who were employed by the Philadelphia AIDS Consortium to conduct its consumer survey in 1994; their experience in conducting a generalized survey based on a written survey instrument with over 1,100 people living with HIV

disease in the region was taken into account in developing the surveying and sampling strategies ultimately used in this survey.

The final draft of the survey instrument was submitted for review to representatives of the AIDS Housing Task Force, OHCD, OSHA, the South Jersey Council on AIDS and relevant county and regional housing authorities to provide them with the opportunity to suggest modifications which might make the document more useful to them in their own planning efforts.

The result of this process was the adoption of a 52-question survey that, on average, would take approximately 20 minutes to fill out or administer [See Appendix - Survey Instrument]. Areas covered by the questionnaire included demographic information, present housing status, preferred housing arrangements, and present health status. The questionnaire also sought the opinions of those surveyed on the relative importance of various factors to their living arrangements, such as location, availability of health or support services, transportation, etc.

### *Sampling Methodology*

Existing epidemiological projections in use in regional AIDS planning indicate that the epidemic of HIV infection is believed to be spreading more rapidly in different populations than has experienced diagnosed AIDS since AIDS became reportable in 1981. In other words, a simple analysis of the data of those already reported to have been diagnosed with AIDS does not provide an adequate picture of the nature of *current* HIV infection in the region; in fact, since it is believed that most people with HIV infection are not diagnosed with AIDS until between 8 and 12 years after infection, an analysis based solely on cumulative AIDS reported cases only define the epidemic as it was a decade ago, and does not take fully into account other available data which allows us to make meaningful projections about the current and future epidemic of HIV infection.

A consensus has developed that the current and future epidemic of new HIV infection is concentrated more heavily in communities of color (especially among sexual minority men, substance users, women and adolescents). There is also a clear consensus that the epidemic is spreading more rapidly among people with little or no incomes, who in many cases would require housing assistance regardless of their HIV status.

Our survey was also based on the assumption that our conclusions need to address the relative significance of the housing needs of the entire spectrum of those with HIV infection, not just those who are symptomatic with disease. For example, to the extent feasible, we attempted to identify not only those who have HIV-related housing needs (such as those with advanced symptoms or disability requiring housing subsidies or support services), but those who, because they are earlier on in the disease process, may require housing assistance but who may not require HIV-related services immediately associated with the provision of such housing.

While no concrete data is available to formally define the proportions of people at various stages of HIV disease, we relied on a consensus among members of the AIDS Housing Task Force, representatives from AACO and OHCD, and local AIDS epidemiologists, that our survey needed a roughly equal level of participation among those diagnosed formally with AIDS; those who are not diagnosed formally with AIDS but who have suffered significant symptoms related to their HIV diagnosis; and those who have been diagnosed as HIV-positive but showing no apparent symptoms of HIV disease as yet.

The survey drew a very representative sample of the entire population of people living with HIV/AIDS in the nine-county EMA, based on data collected through our epidemiological analysis and general projections on the demographic nature of the HIV/AIDS population in the region authorized by local health authorities. Because HIV infection prior to an AIDS diagnosis is not reportable in most of the region being surveyed, little formal data for projecting the size of the HIV+ (not diagnosed with AIDS) population was available.

Survey data was collected using several methods. Primarily, participants were obtained through the network of locally-based HIV/AIDS service providers in each of the nine counties, with special emphasis on those agencies serving populations which it was believed would have more difficulty being captured by the survey (e.g., low-income people of color in suburban areas, linguistic minorities, etc.).

Contact was made with these agencies by the interview teams, comprised primarily of people living with HIV/AIDS employed as interviewers, and by Philip LeFebvre, the former housing resource coordinator for the AIDS Activities Coordinating Office (AACO). Most interviewers were drawn from the ranks of those previously trained as interviewers for the TPAC Consumer Survey, and from the membership of We The People Living with AIDS/HIV of the Delaware Valley, Inc. Sixty people living with HIV/AIDS were trained as interviewers in a series of two-hour workshops. This training sought to assure that interviews would be conducted by individuals living with HIV/AIDS with similar ethnic, cultural, gender and behavioral backgrounds, to heighten the level of trust in the interview process and reliability of the data collected. In addition, over fifty other agencies were asked to solicit people living with HIV/AIDS as interviewers. Twenty interviewers, who were compensated for their services, conducted interviews totaling 150 interviewing hours.

Questionnaires were administered by the interview teams, in a variety of ways, including:

- one-to-one interviews, in the participant's home, at agency offices, etc.

- one-to-one interviews with recipients of MANNA home-delivered meals, with prior agreement from the participant to be obtained by MANNA through its volunteer deliverers at We The People;
- one-to-one interviews with residents of Mercy Human Services (formerly Betak) and One Day At A Time;
- mailings to lists of people living with HIV/AIDS in the region, including We The People's membership mailing list [approximately 3,000 people with HIV/AIDS and 1,500 providers and caregivers]; the ActionAIDS client mailing list (approximately 700 people); the list of individuals and families receiving AIDS-related rental assistance through the Tenants Rental Assistance Corporation; and client lists maintained by Family and Community Service of Delaware County and the AIDS Coalition of Southern New Jersey;
- through distribution of the written survey at support group meetings, other natural meeting places (congregate dinners, educational or social events, etc.), and special events (at which meals or other small incentives may be offered) at appropriate community sites, including:

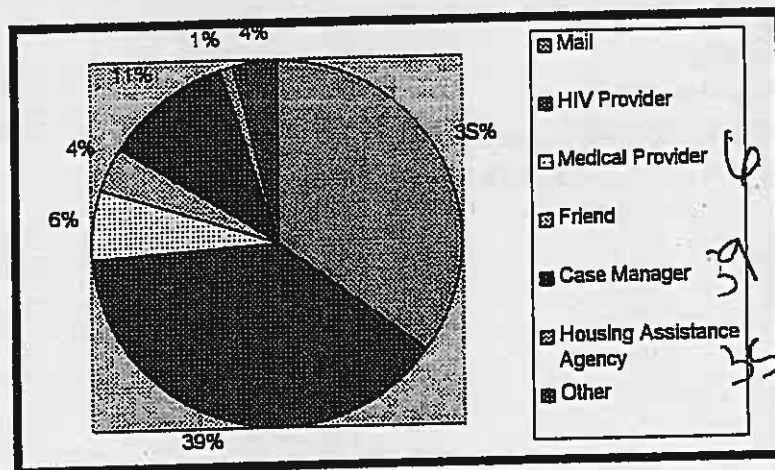
Abington Hospital  
 ActionAIDS  
 AI-Assist  
 AIDS Education Project  
 AIDS Information Network  
 Asociacion de Puertorriquenos Marcha  
~~Betak (now Mercy Human Services)~~ *key stone.*  
 BEBASHI  
 Bucks County AIDS Network  
 Calcutta House  
 Camden County Health and Human Services  
 Care Plus Clinic  
 CASSAH Program  
 Children's Hospital of Philadelphia Special Immunology Clinic  
 The COLOURS Organization  
 Community Living Room  
 Congreso de Latinos Unidos  
 Covenant House  
~~The Craig Foundation~~  
 Delaware County AIDS Network  
 Diagnostic and Rehabilitation Center  
 Eagleville Hospital  
 Ecumenical Information AIDS Resource Center  
 Emergency Services (New Jersey)  
 Esperanza Health Center



Fairmount Health Center  
 Family and Community Services of Bucks County  
 GALAEI  
 Gaudenzia People With Hope  
 Good Shepherd Center  
 Greater Philadelphia Health Action  
 Hahnemann Hospital's Women's Care Center  
 The Health Federation of Philadelphia  
 Health Center 3  
 Health Center 1  
 Health Center 4  
 Health Center 5  
 Health Center 6  
 Health Center 2  
 Health Center 9  
 Health Center 10  
 Jewish Family Services  
 My Brother's House  
 Office of the Health Commissioner  
 Office of Services to Homeless Adults  
 One Day at a Time  
 PACTS Program  
 Philadelphia Community Health Alternatives  
 Prevention Point Philadelphia  
 Prison Outreach Project  
 Project Hope  
 Proyecto Escalera  
 Quality Community Health Care, Inc.  
 Saint Christopher's Hospital  
 Southeast Health Center  
 South West Community Fact Center  
 Spectrum Health Services  
 Strawberry Mansion Health Center  
 Tenants Rental Assistance Corporation  
 Unity Fellowship Church  
 Unity, Inc.  
 Voyage House  
~~We The People's Life Center~~

A total of 818 surveys were returned; however, only 765 were useable. Of the 818 surveys returned: 4 had no indication of HIV status, 2 were unreadable, 1 was completed by a service provider, not a consumer, 13 were less than half completed, 16 were completed by HIV negative people, 9 were completed by someone who had filled the survey out before, and 8 were completed by people living outside the nine-county region.

The following is a chart showing where respondents received their surveys:



Prior to each interview, a consent form was read and explained to each participant. Agencies participating in the solicitation of both interviewers and participants were also required to agree to a statement assuring that the participation or lack thereof by any client or staff member in the survey would not affect the delivery of services or employment status of that client or staff member in any fashion.

Generally, the sampling strategy attempted, to the extent feasible, sought to obtain feedback from the various populations in the region where high HIV risk behavior is believed to occur, based on available epidemiological data and surrogate data on risk behaviors, including but not limited to:

- injection drug users;
- men who have sex with men, especially men of color and linguistic minorities, and including White men who have sex with men;
- people of color generally, especially African-American and Latino people;
- transgendered people;
- women, especially women of color; women substance users; women of childbearing age; and their children;
- adolescents of all races and genders;
- residents of suburban and rural areas, including the defined demographic subgroups;
- uninsured and under-insured people;
- low-income, unemployed and homeless people;
- incarcerated people;
- migrant workers;
- sex industry workers;
- people with physical disabilities, both HIV-related and not;
- people with mental disabilities, both HIV-related and not;
- men and women over 50 years of age.

Geographical locations (such as rural areas of the EMA; low-income pockets in counties other than Philadelphia; specialized population concentrations [migrant workers; linguistic minorities]; different ethnic neighborhoods within urban counties, such as Philadelphia and Camden County; etc.) were also taken in account in designing the sampling objectives.

This sample size ultimately achieved included 765 participants, a sample which was determined, in light of available epidemiological data, to be of adequate size to produce statistically significant results.

### *Data Analysis*

Data generated through the survey process was analyzed by the Consultant team led by Dennis Culhane and Kimberly Acquaviva, utilizing computer software specifically designed for this purpose. The analysis included herein determined the inter-relationships between age, race, gender, income, location of residence, stage of illness, present housing status, etc. The use of descriptive statistics determined mean, median, mode, standard deviation and variants, while interpretive (summative) statistics were used to example sample data and make inferences about the population from which the sample is drawn. Univariate and multivariate analyses were conducted to obtain insight into the inter-relationship between variables.

Team members Ellen Alpert and David Fair, along with selected people living with HIV/AIDS from the interview team, reviewed the analyzed data with Culhane and Acquaviva to further interpret the data in light of the epidemiological data and data collected from other sources.

## Demographics of the Survey Sample

The following chart shows how the population surveyed compares to the population of people living with AIDS in the nine-county HOPWA region. The epidemiological profile is quite close to that of respondents in this survey.

Characteristics	All Respondents (N=765)	Epidemiological Profile (N=11436) <sup>1</sup>
<b>Gender</b>		
Male	76%	85%
Female	24%	15%
<b>Ethnicity</b>		
African-American	59%	54%
Caucasian	29%	36%
Latino	7%	10%
Other People of Color	5%	<1%
<b>Age Range:</b>		
21-30 years old	13%	19%
31-40 years old	50%	44%
41-50 years old	30%	25%
Over 50 years old	8%	10%

<sup>1</sup> Source: Philadelphia Department of Public Health. Please note: This number varies slightly from epidemiological data provided by the Departments of Health for Pennsylvania and New Jersey.

The following is a table showing the demographic breakdown of respondents by county within the EMA, which includes: Philadelphia, Buck, Chester, Delaware, Montgomery, Burlington, Camden, Gloucester and Salem).<sup>2</sup>

	<i>Phila</i> n=54	<i>Bucks</i> n=9	<i>Chester</i> n=13	<i>Dela</i> n=49	<i>Mont</i> n=15	<i>Burl</i> n=42	<i>Camden</i> n=29	<i>Glou</i> n=25	<i>Salem</i> n=6	<i>Total</i> n=729
<b>Gender:</b> Male	75%	56%	75%	67%	73%	67%	57%	72%	67%	73%
Female	25%	44%	25%	33%	27%	33%	43%	28%	33%	27%
<b>Ethnicity:</b>										
African-American	62%	0%	46%	55%	20%	31%	29%	16%	17%	54%
Caucasian	26%	89%	54%	39%	67%	50%	54%	64%	50%	33%
Latino/Latina	7%	11%	0%	0%	0%	10%	14%	20%	33%	7%
Other People of Color	6%	0%	0%	6%	13%	10%	4%	0%	0%	6%
<b>Sexual Orientation:</b>										
Homosexual (Gay or Lesbian)	46%	22%	8%	28%	40%	35%	38%	50%	0%	42%
Bisexual	10%	22%	46%	17%	13%	10%	10%	4%	0%	11%
Heterosexual	44%	56%	46%	55%	47%	55%	52%	46%	100%	46%
<b>Annual Income:</b>										
< \$6,000/yr	55%	33%	64%	58%	31%	31%	44%	32%	50%	52%
\$6-12,000/yr	28%	11%	18%	29%	23%	46%	28%	50%	50%	30%
\$12-18,000/yr	8%	0%	18%	11%	8%	10%	16%	0%	0%	8%
\$18-24,000/yr	4%	33%	0%	0%	15%	5%	4%	5%	0%	4%
> \$24,000/yr	6%	22%	0%	2%	23%	8%	8%	14%	0%	6%
<b>Partnership Status:</b>										
Single	62%	44%	54%	54%	47%	41%	45%	46%	17%	58%
Divorced/Separated	11%	0%	8%	8%	13%	14%	10%	13%	50%	12%
Partnered/Married to Other Gender	11%	33%	23%	13%	13%	24%	35%	17%	33%	14%
Partnered/Married to Same Gender	12%	22%	15%	19%	13%	17%	7%	21%	0%	13%
Widowed	4%	0%	0%	6%	13%	5%	3%	4%	0%	4%
<b>Age Range:</b>										
21-30 years old	11%	22%	15%	11%	20%	22%	28%	12%	0%	13%
31-40 years old	52%	56%	39%	41%	53%	29%	52%	56%	50%	50%
41-50 years old	30%	11%	31%	36%	27%	34%	17%	28%	33%	30%
>50 years old	7%	11%	15%	11%	0%	15%	3%	4%	17%	8%
<b>Mean Age:</b>	38.7	36.9	40.2	40	35.9	39.4	36.3	38.2	42.7	38.6

<sup>2</sup> In all tables, rates reflect only those respondents who completed requested information

**Gender:** Seventy-three percent (73%) of respondents are male, while twenty-seven percent (27%) are female. One-half of one percent is comprised of transgendered individuals.

**Ethnicity:** Over one-half (54%) of the respondents are African-American, a third (33%) are Latino/Latina. Other People of Color comprise the remaining six percent (6%)—the ethnic groups included under the title "Other People of Color" include: Native Americans, Pacific Islanders, Asians, and those individuals who identify as bi-racial/mixed race.

**Sexual Identity:** The majority of the sample (46%) is comprised of individuals who self-identify as heterosexual ("straight"). Homosexual ("gay") men constitute forty percent (40%) of the sample, while homosexual ("lesbian") women comprise two percent (2%) of the sample. The remaining eleven-percent (11%) of respondents self-identify as bisexual ("bi").<sup>3</sup>

**Income:** The majority of respondents are very poor, earning less than \$6,000 a year. Of the entire sample of respondents, eighty percent (82%) are earning less than \$12,000 a year. Fifty-two percent (52%) of respondents are earning less than \$6,000 a year. Only eighteen percent (18%) of respondents earn more than \$12,000 a year.<sup>4</sup> This income distribution may reflect higher poverty rates for the survey population than for the population of all people with HIV/AIDS, and may be an artifact of the service-based sampling methodology. However, it is consistent with anecdotal reports from consumer representatives and HIV/AIDS service providers of the increasing levels of poverty among people living with AIDS and HIV infection.

**Partnership Status:** Of the sample of 765 respondents, fifty-eight percent (58%) are single, fourteen percent (14%) are partnered or married to a person of the opposite gender, and thirteen percent (13%) are partnered or married to a person of the same gender. Divorced and legally separated individuals comprise twelve percent (12%) of the sample, while individuals whose committed partner is deceased make up the remaining four percent (4%) of the respondents.

**Age:** The majority of respondents are between the ages of 31 and 40. The average, or mean, age of respondents is 38.64, while the mode is forty-one (41). The median is

<sup>3</sup> In this survey, sexual orientation is defined in a different manner than is typical of most surveys. The question on sexual orientation is not asked to determine "risk behavior," but rather, to identify the percentages of respondents who characterized themselves as gay, lesbian, bisexual, or heterosexual based on their sexual behavior and sexual attractions. In the survey, sexual orientation is defined by both sexual attraction and sexual behavior, rather than by sexual behavior alone. Thus, the definition of a gay man in this survey is "a man who is sexually attracted to and/or has sex with men only." (Theoretically, a gay man is any man who is *primarily* sexually attracted to and/or *primarily* sexual with men; however, defining homosexuality in this manner might prompt individuals who are sexually attracted to or who engage in sexual behavior with both genders to categorize themselves as gay or lesbian rather than as bisexual. We are interested in learning how many of the respondents were bisexual, so the question was worded in such a way as to allow respondents to choose the category that best suits their concept of their own sexual orientation.

<sup>4</sup> Annual income refers to the amount of money respondents report earning monthly multiplied by 12. This is for individual income only and does not include income from the household as a whole.

thirty-eight (38), with a standard deviation of 7.7; the distribution of ages is therefore fairly normal. The ages of respondents range from eleven (11 ) years old to sixty-nine (69) years old.

### *Demographic Differences Between Counties*

There are several important differences between respondents from Philadelphia and respondents from the surrounding eight counties with regard to the demographics of the survey population.

**Gender:** Philadelphia has a higher percentage of male respondents (%) than most of the other counties do.

**Sexual Identity:** Only Gloucester County has a higher percentage of gay and lesbian respondents than Philadelphia. While only ten percent (10%) of respondents from Philadelphia County self-identify as bisexual, forty-six percent (46%) of Chester County respondents, twenty-two percent (22%) of Bucks County respondents, and seventeen percent (17%) of Delaware County respondents self-identify as bisexual.

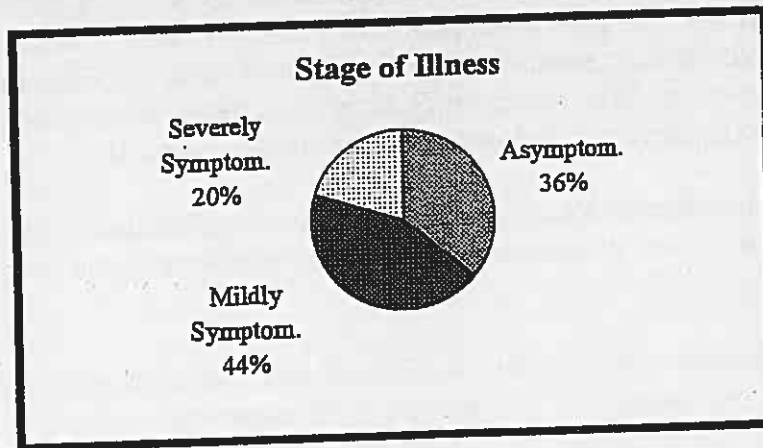
**Income:** Compared to Philadelphia County, Chester County and Delaware County are the only two counties with a higher percentage of respondents earning less than \$6,000 a year.

**Partnership Status:** While partnered or married Philadelphia respondents are about equally split between those partnered to a person of the other gender and those partnered to a person of the same gender, a higher percentage of respondents in Camden, Bucks, Chester, Burlington, and Salem Counties report being partnered to a person of the other gender as opposed to being partnered to a person of the same gender. Philadelphia has the highest percentage of single respondents.

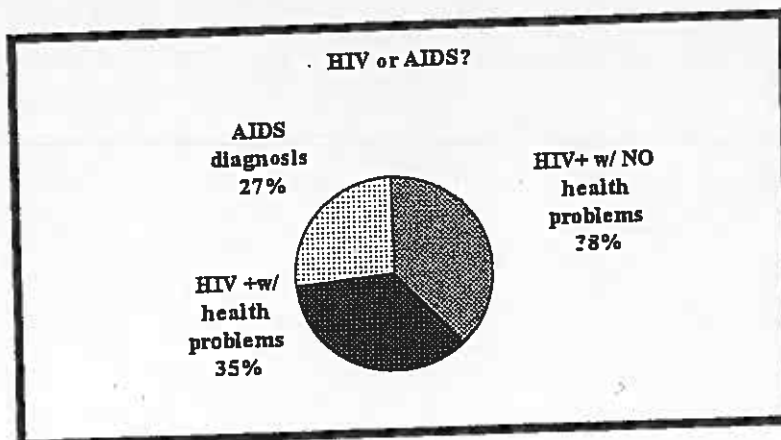
**Age:** Of the counties included in the survey, Montgomery County respondents reported the lowest mean age (35.9), while Salem County reported the highest (42.7).

## Health-Related Demographics of the Survey Sample

**Current Health Status:** In response to a question about "current health status," thirty-six percent (36%) of the sample indicate that they are "asymptomatic" (no AIDS related symptoms). Forty-four percent (44%) of the sample indicate they are "mildly symptomatic" (only minor AIDS related illness, none of which are serious or disabling). The remaining twenty percent (20%) report that they are "severely symptomatic" (serious or disabling AIDS related illness.)

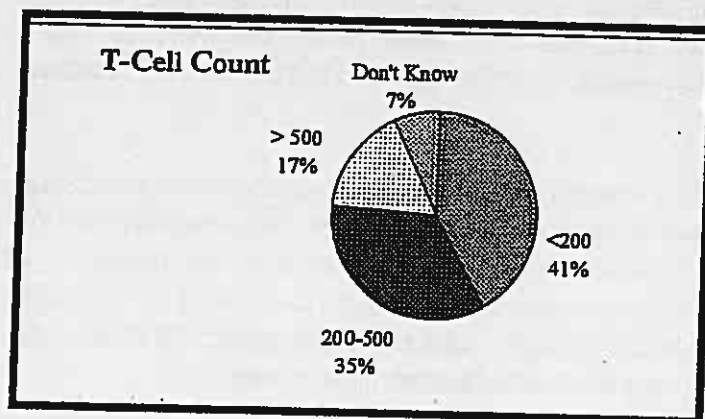


**HIV Status:** A second question was asked to determine "HIV status." In response to this question, thirty-eight percent (38%) of respondents indicate that they are "HIV positive with no physical/health problems." Thirty-five percent (35%) indicate that they are "HIV positive WITH physical/health problems. Twenty-seven percent (27%) indicate that they have an "AIDS diagnosis - I have been told I have AIDS."





**T-Cell Counts:** In contrast to the answers received in response to the question in "HIV status," a third question asked to determine the distribution of T-Cell/CD4 cell counts within the sample shows that there is a discrepancy between the percentage of respondents who indicate that they have an "AIDS diagnosis" and the percentage of respondents who meet the CDC criteria for an AIDS diagnosis. Forty-two percent (42%) of the respondents have a T-Cell/CD4 cell count less than 200. (Thirty-five percent (35%) have a count between 200 and 500, seventeen percent (17%) have a count greater than 500, and seven percent (7%) do not know their T-cell count).



The data on health status for the 765 respondents provides some insight into the different ways "illness" as it relates to HIV is defined.

- While only 27.3% of respondents indicate they have been diagnosed with AIDS, a surprising 41.8% of respondents meet the Centers for Disease Control's criteria for an AIDS diagnosis based on their CD4 count alone.

The discrepancy between the two figures could be attributed to several factors: reluctance on the part of people living with HIV to identify as a "person living with AIDS" just because their CD4 count drops below 200; reluctance on the part of physicians to tell a patient he/she has AIDS based solely on their CD4 count; lack of information on the part of the person living with HIV regarding what being told having a CD4 count below 200 "means," or, lack of information of the part of physicians regarding the CDC definition of AIDS.

It is impossible, based on this survey alone, to determine the cause of the discrepancy between the number of people who say they have AIDS and the number of people who meet the CDC criteria for having AIDS. This factor needs to be taken into account in designing housing programs for "people living with AIDS;" currently, most HIV/AIDS housing programs in the region determine eligibility on the basis of level of disability, according to Social Security Administration definitions, rather than CDC definitions of AIDS.

For the purposes of data analysis, the health status indicator used most often in this survey is stage of illness (also referred to as "current health status.") This was selected for several reasons. Because over ten percent (10%) of respondents of color did not know their T-cell count, using T-cell count as the primary indicator of health status of respondents would have disproportionately excluded People of Color in some cross-tabulations.

Also, the discrepancy between reported T-cell count and AIDS diagnoses among respondents made either of these measures unreliable as the sole indicator of health status. Because an individual can have a T-cell count below 200 and still be asymptomatic, and an individual could therefore have an AIDS diagnosis and be asymptomatic, stage of illness was selected as the best indicator of health status for the purposes of this study.

The question in the survey regarding stage of illness asks respondents to indicate whether they are asymptomatic, mildly symptomatic, or severely symptomatic. While respondents may not know their T-cell count and may not know if they have an AIDS diagnosis, respondents are assumed to know whether they have had no HIV/AIDS related symptoms, only minor HIV/AIDS related symptoms (none of which are serious or disabling), or serious and disabling HIV/AIDS related illness(es).

### **Ethnicity and Health Status:**

A higher percentage of African-American respondents than White respondents report that they are asymptomatic: forty-percent (40%) of African-American respondents and twenty-five percent (25%) of Caucasian respondents report being asymptomatic.

A higher percentage of White respondents than African-American respondents report being severely symptomatic: sixteen percent (16%) of African-American respondents and twenty-six percent (26%) of White respondents report being severely symptomatic.

The data on the health status of Latino/a respondents<sup>5</sup> reveal that the percentages are almost identical to those of African-American respondents: forty-one percent (41 %) of Latino/a respondents are asymptomatic, forty-three percent (43%) are mildly symptomatic, and sixteen percent (16%) are severely symptomatic.

<sup>5</sup>

Because there were only fifty-four (54) Latino/Latina respondents in the sample, any breakdown of the group of Latino/a respondents into smaller groups results in an N too small to be reliable. All results referring to sub-divisions of Latino/a respondents should be interpreted with caution: the n is often too small to be of note.

	Phila n=541	Bucks n=9	Chester n=13	Dela n=49	Mont n=15	Burl n=42	Camden n=29	Glou n=25	Salem n=6	Total n=729
Meets CDC definition of (T-Cell Count <200)	46%	56%	23%	43%	40%	48%	59%	20%	0%	44%
<b>Disease Progression:</b>										
Asymptomatic	35%	33%	62%	33%	39%	45%	27%	46%	33%	36%
Mildly Symptomatic	44%	33%	23%	57%	39%	48%	35%	38%	50%	44%
Severely Symptomatic	21%	33%	15%	11%	23%	8%	39%	17%	17%	20%
<b>Health Insurance:</b>										
Health Pass	22%	NA	NA	NA	NA	NA	NA	NA	NA	16%
Fee-for-Service Medicaid	21%	44%	67%	35%	27%	20%	21%	36%	40%	24%
Medicaid HMO	27%	22%	0%	35%	33%	20%	14%	4%	20%	25%
Medicare	12%	22%	0%	11%	7%	27%	17%	12%	20%	13%
Private Insurance (not HMO)	7%	11%	17%	11%	7%	17%	17%	8%	0%	8%
Private Insurance (HMO)	9%	11%	8%	7%	27%	10%	14%	20%	20%	10%
Veteran's Administration	2%	0%	8%	0%	0%	2%	0%	0%	0%	2%
Other Health Insurance	3%	0%	0%	2%	0%	7%	10%	12%	20%	4%
No Health insurance	9%	0%	8%	4%	7%	15%	24%	20%	0%	10%

Note: "NA" in cells in above chart signifies that Health Pass is not available in these counties.

### Primary Provider Type:

An analysis of the data on primary provider type by ethnicity reveals that the majority of African-American respondents are not receiving the same type of health care as the majority of White respondents. This could possibly explain the difference across ethnic groups regarding the percentage of respondents who do not know their T-cell count.

- While the majority of African-American respondents (50%) list a clinic as their primary provider, the majority of White respondents (70%) report that their primary provider is a private doctor.
- Seven percent (7%) of African-American respondents and less than one percent (1%) of White respondents report having no primary provider.

**Significant Findings of the  
Survey of People Living with  
HIV/AIDS**

***The overwhelming majority of  
respondents are very poor.***

Overall, the finding of our survey confirm the anecdotal information from consumers and HIV/AIDS service providers that an increasing proportion of people living with HIV/AIDS in the EMA are very low income.

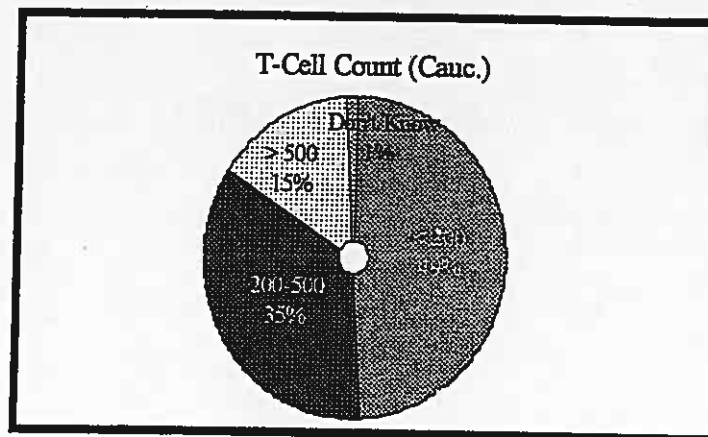
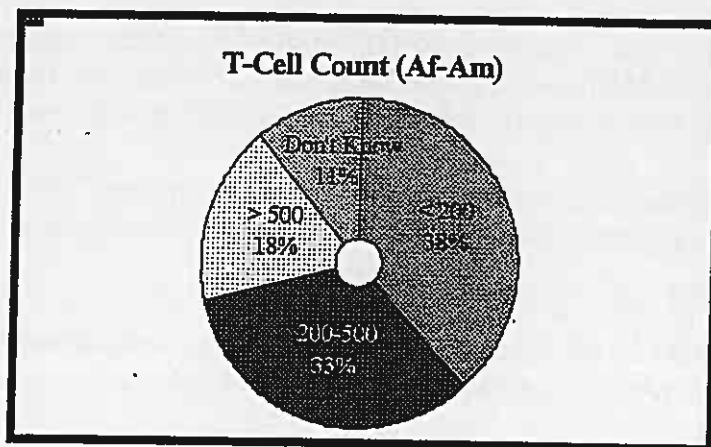
- Fifty-two percent (52%) of all respondents earn less than \$6,000 a year.
- In terms of individual income, a higher percentage of African-American respondents than White respondents report earning less than \$6,000 a year: While sixty-three percent (63%) of African-American respondents report earning less than \$6,000 a year, only twenty-seven percent (27%) of White respondents report the same income level. Twenty-five percent (25%) of White respondents and three percent (3%) of African-American respondents report earning more than \$18,000 a year. Among Latino/a respondents, fifty percent (50%) earn less than \$6,000 a year, and two percent (2%) earn more than \$18,000 a year.

There are statistically significant differences in annual income between respondents of different ethnicities at all stages of illness.

- Among asymptomatic respondents, African-Americans (70%) and Latinos/as (50%) had the highest reported percentage of respondents earning less than \$6,000 a year.
- Among whites, income appears to drop significantly as they move to the mildly symptomatic stage, but return to asymptomatic levels as their symptoms become more severe. The exception to this is among whites earning \$12,000 a year or more while asymptomatic; in this category, the percentage of respondents earning more than \$12,000 a year drops from forty-nine percent (49%) of asymptomatic respondents to twenty-eight percent (28%) of severely symptomatic respondents.
- African-American respondents appear to get less poor as they become sicker. Latino/a respondents appear to get poorer as they get sicker.
- Among respondents at all stages of illness, White respondents, on average, earn more money than respondents of Color (African-American, Latino/a, and other People of Color).

**T-Cell Count:** Almost half of respondents of Philadelphia meet the Centers for Disease Control's definition of AIDS (T-cell count of less than 200). Over half of the respondents in Camden County and Bucks County meet the CDC definition of AIDS.

- The data on T-cell counts of African-American and White respondents indicate that a larger percentage of White respondents have T-cell counts below 200.
- While fifty percent (50%) of White respondents report T-cell counts of 200 or below, only thirty-eight percent (38%) of African -American respondents report T-cell counts of 200 or below.
- A higher percentage of African-American respondents than White respondents did not know their T-cell count.
- White respondents were eleven (11 ) times more likely than African-American respondents to know their T-Cell count.



**Disease Progression:** In terms of disease progression, Camden County has the highest percentage of severely symptomatic respondents (39%) and Chester County has the highest percentage of asymptomatic respondents (62%).

**Health Insurance:**

- Of the entire sample, ten percent (10%) are uninsured, as compared to fifteen percent (15%) of all individuals nationwide. In terms of health insurance, Camden County has the highest percentage of uninsured respondents (24%), while only nine percent (9%) of Philadelphia County respondents have no health insurance.
- Respondents from Camden are almost three times more likely to be uninsured than Philadelphia respondents.
- Fee-for-Service Medicaid is most commonly used (in terms of percentages) in Bucks, Chester and Salem Counties; over forty percent (40%) of respondents in these counties have Fee-for-Service Medicaid.
- Medicaid HMO insurance is most widely used (in terms of percentages) in Philadelphia, Delaware, and Montgomery Counties; over twenty-five percent (25%) of respondents in these counties report having Medicaid HMO insurance.
- Respondents in Philadelphia County are twice as likely as Camden County respondents to be receiving Medicaid; Camden County respondents appear to be under-Medicaid insured.
- In terms of private insurance, respondents in Camden County are almost twice as likely as Philadelphia County respondents to have private insurance.

Annual Income	ASYMPTOMATIC (n=222)					MILDLY SYMPTOMATIC (n=279)					SEVERELY SYMPTOMATIC (n=134)					GRAND TOTAL (N=635)
	Af-Am	Cauc	Latino/a	Other	Total	Af-Am	Cauc	Latino/a	Other	Total	Af-Am	Cauc	Latino/a	Other	Total	
Less than \$6,000	70%	17%	50%	67%	55%	63%	40%	62%	70%	53%	62%	18%	71%	33%	41%	52%
\$6,000-\$12,000	19%	34%	35%	6%	23%	31%	28%	24%	20%	29%	29%	53%	29%	56%	42%	30%
More than \$12,000	12%	49%	15%	28%	23%	7%	32%	14%	10%	18%	9%	28%	0%	11%	17%	19%

***Gender is associated with differences in housing stability.***

- While thirty-nine percent (39%) of male respondents report ever having lived night-to-night with friends or family, fifty-two percent (52%) of female respondents report the same.
- Twenty-four percent (24%) of female respondents have relied upon night-to-night housing in the past year; twenty-percent (20%) of male respondents answered similarly.
- The most dramatic difference seems to be between men and women in terms of night-to-night living more than a year prior to the survey. While twenty-eight percent (28%) of female respondents report having lived night-to-night with friends or family more than twelve months ago, only nineteen percent (19%) of men answer similarly.
- Gender is also related to shelter use: a higher percentage of women respondents report past shelter use than men.
- While twenty-eight percent (28%) of male respondents report having lived in a shelter in the past (fourteen percent (14%) in the past year), thirty-nine percent (39%) of female respondents report similarly.
- In the past year, nineteen percent (19%) of female respondents and fourteen percent (14%) of male respondents stayed in a homeless shelter.
- In the past year, eleven percent (11%) of female respondents and twelve percent (12%) of male respondents spent the night in a place not intended for sleeping.
- Also during the past year, twenty-four percent (24%) of female respondents and twenty percent (20%) of male respondents lived night-to-night with friends or family.

- Female respondents are also more likely to have moved two or more times in the past year. Thirty-four percent (34%) of female respondents and twenty-six percent (26%) of male respondents report having moved two or more times in the past year. Thirteen percent (13%) of male respondents and seventeen percent (17%) of female respondents report having moved three or more times in the past year.
- There is a smaller percentage of females than males in the group of respondents indicating they receive some sort of housing assistance. Fifty-nine percent (59%) of housing assistance recipients are male, while the remaining forty-two percent (42%) are female.
- Data on the mean rent-to-income ratio of female respondents versus that of male respondents reveal that female respondents spend a slightly higher percentage of their income on rent than do male respondents. Female respondents report spending an average of forty-four percent (44%) of their income on rent, while male respondents report spending forty-two percent (42%) of their income on rent. The difference may be due to the fact that women, on average, earn less money than do men.
- Fifteen percent (15%) of female respondents (compared to twelve percent (12%) of male respondents) moved in the past year because of discrimination.

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***Ethnicity is also associated with varying  
levels of housing instability  
and shelter use.***

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- Seventy-three percent (73%) of respondents who report a past shelter stay are African-American; twelve percent (12%) are White. Seven percent (7%) of respondents reporting a past shelter stay are Latino/a, while the remaining eight percent (8%) of respondents are other People of Color.
- While forty-four percent (44%) of African-American respondents report a past shelter stay, eleven percent (11%) of White respondents do. Thirty-one percent (31%) of Latino/a respondents report a past shelter stay.
- In the past year, twenty-four percent (24%) of African-American respondents have stayed in a homeless shelter, fifteen percent (15%) have spent the night in a place not intended for sleeping, and twenty-six percent (26%) have lived night-to-night with friends or family.



- African-American respondents report twenty-four (24) times the rate of past year shelter use compared to the general population.<sup>6</sup>
- White respondents comprise the group within the sample least likely to respond that they would have to move if their monthly income decreased by one-hundred dollars (\$100) a month. Seventy percent (70%) of respondents belonging to the category "Other People of Color" say that they would have to move if their monthly income decreased by \$100. (The category "Other People of Color" includes Asians, Native Americans, Pacific Islanders, members of ethnic groups not listed, and respondents who self-identify as bi-racial/mixed race). Only forty-percent (40%) of White respondents indicate they would have to move if they experienced a \$100 decrease in monthly income. African-American respondents were approximately split in half between those who would have to move and those who would not. Latino/a respondents were slightly more likely to report that they would have to move than that they would *not* have to move.
- A larger percentage of African-American respondents than White respondents report having moved one or more times in the past year. Fifty-seven percent (57%) of African-American respondents report having moved one or more times in the past year, in contrast to only thirty-seven percent (37%) of White respondents. While seventeen percent (17%) of African-American respondents report having moved three or more times in the past year, only six percent (6%) of White respondents do. Nine percent (9%) of African-American respondents report four or more moves in the past year, in contrast to only three percent (3%) of White respondents.

There are differences between ethnicities in terms of the percentage of respondents who report having experienced various negative life events in the past year.

- A higher percentage of respondents of Color (African-American, Latino/a, and other People of Color) than White respondents were "made to move" by family, partner, or roommate in the past year. This is a significant difference.
- Also, a significantly higher percentage of Latino/a and African-American respondents (compared to White respondents) report a discharge from prison in the past year. (Seven percent (7%) of African-American respondents, nine percent (9%) of Latino/a respondents, and one percent (1%) of White respondents were discharged from prison in the past year.

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<sup>6</sup> Here, "general population" refers to the population of all individuals, regardless of ethnicity or HIV status.

<b>NEGATIVE LIFE EVENTS: Past Year</b>	<b>African- American</b>	<b>Caucasian</b>	<b>Latino/ Latina</b>	<b>Other People of Color</b>
Lost Committed Partner	18%	22%	26%	28%
Lost Employment* (Kruskal-Wallis H=11.2638, DF=3, p = .0104)	24%	23%	26%	26%
Family/Partner/Roommate Made Them Move	13%	7%	19%	21%
Extended Hospitalization (2 weeks or more)** (Kruskal-Wallis H=15.8862, DF=3, p = .0012)	19%	14%	11%	19%
Discharged from Prison	7%	1%	9%	0%
Discharged from Residential Drug and Alcohol Treatment Center	12%	9%	15%	7%
Domestic Violence/Abuse	6%	6%	9%	9%
One or More Negative Life Event(s)	58%	53%	65%	70%
Two or More Negative Life Events	27%	22%	26%	26%
Three or More Negative Life Events	10%	5%	16%	11%
Four or More Negative Life Events	5%	0%	4%	2%

- African-Americans comprise the largest percentage of respondents receiving some form of housing assistance. Sixty-seven percent (67%) of respondents receiving housing assistance are African-American; twenty-one percent (21%) of respondents receiving housing assistance are White; six percent (6%) of respondents receiving housing assistance are Latino/a; and six percent (6%) of respondents receiving housing assistance are other People of Color.
- It appears that respondents with the highest need are receiving housing assistance; African-American respondents are disproportionately represented among those respondents experiencing housing crises.
- In terms of mean rent-to-income ratio, Latino/a respondents spend a higher percent of their individual income on rent than do White and African-American respondents. While White and African-American respondents spend approximately forty-three percent (43%) of their income on rent. Latino/a respondents spend approximately

sixty percent (60%)<sup>7</sup> and other People of Color spend approximately fifty percent (50%) of their income on rent.

- Sixteen percent (16%) of African-American respondents report that they moved in the past year because of discrimination of some type. (In contrast, six percent (6%) of White respondents moved in the past year because of discrimination.)
- Severely symptomatic respondents report more housing discrimination than asymptomatic respondents. Sixteen percent (16%) of severely symptomatic respondents (compared to eleven percent (11%) of asymptomatic respondents) moved in the past year because of discrimination.

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***Many respondents are living in  
unaffordable housing.***

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According to federal standards, "affordable housing" is housing that costs no more than 30% of an individual's income.

- Forty-four percent (44%) of respondents are living in unaffordable housing, according to this definition.
- Among all respondents, the average (mean) monthly rent is \$334.52. When monthly rent is examined by ethnicity, statistically significant difference are evident.
- White respondents spend almost 175% of what African-American respondents spend on rent each month.
- African-American respondents are four (4) times more likely than White respondents to be living in housing that cost them less than \$100 a month.
- White respondents are almost five (5) times more likely than African-American respondents to be paying more than \$500 a month in rent. Since rent is a proxy for housing and neighborhood quality, it appears that African-American respondents may be living in poorer neighborhoods and housing than White respondents.

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<sup>7</sup> The small number of Latino/Latina respondents makes this finding inconclusive.

Monthly Rent	Af-Am (n=285)	Cauc (n=197)	Latino/a (n=43)	Other People of Color (n=34)	TOTAL: All Respondents (N=559)
<\$100	12%	3%	19%	0%	9%
\$100-\$199	24%	10%	14%	24%	18%
\$200-\$299	25%	12%	26%	12%	20%
\$300-\$399	19%	20%	16%	21%	19%
\$400-\$499	13%	23%	12%	27%	17%
>\$500	7%	32%	14%	18%	17%
Average Rent	\$262.27	\$450.83	\$274.29	\$354.88	\$334.52

The trend over the course of illness appears to be that renting increases and home ownership decreases as respondents get sicker.

- Home ownership decreases by one-half over the course of illness for White respondents.

For the purposes of this survey, the "housing needy" are those respondents spending more than one-half their income on rent and receiving no housing assistance.

- Fifty-four percent (54%) of severely symptomatic African-American respondents, Forty-eight percent (48%) of severely symptomatic White respondents, Seventy-five percent (75%) of severely symptomatic Latino/a respondents, and Thirty-eight percent (38%) of severely symptomatic other respondents of Color are spending more than one-half their income on rent yet are receiving no housing assistance.

% of Income Spent on Rent	ASYMPTOMATIC (n=181)				MILDLY SYMPTOMATIC (n=216)				SEVERELY SYMPTOMATIC (n=105)			
	Af-Am	Cauc	Latino/a	Other	Af-Am	Cauc	Latino/a	Other	Af-Am	Cauc	Latino/a	Other
< 33%	38%	39%	7%	21%	23%	34%	24%	14%	26%	26%	25%	13%
33% - 49%	21%	32%	57%	21%	24%	17%	24%	0%	21%	26%	0%	50%
50% - 70%	23%	15%	36%	7%	28%	18%	18%	43%	21%	24%	25%	13%
> 70%	19%	15%	0%	50%	26%	31%	35%	43%	33%	24%	50%	25%

- Among severely symptomatic respondents, Latinos/Latinas are five (5) times more likely than African-Americans to be living with a friend or relative and Whites are six (6) times more likely than African-Americans to own their own home.
- It appears that Latino/Latina respondents at all stages of illness may be more closely connected to family supports than African-American respondents.

- Among respondents at all stages of illness, Whites are the least represented among those respondents living in assisted living of some type. Also, a higher percentage of asymptomatic African-American respondents than severely symptomatic respondents own their own home. The same is true of White, Latino/a, and other respondents of Color. Although it is not possible to draw conclusions regarding causal relationships, one possible explanation for the higher rates of home ownership among asymptomatic respondents may be that as individuals become sicker, they may be unable to continue living in an owned residence (either because of failing health or decreased income).

RESIDENCE	ASYMPTOMATIC (n=252)					MILDLY SYMPTOMATIC (n=316)**					SEVERELY SYMPTOMATIC (n=141)					GRAND TOTAL
	Af-Am	Cauc.	Latino/a	Other	Ttl.	Af-Am	Cauc.	Latino/a	Other	Ttl.	Af-Am	Cauc.	Latino/a	Other	Ttl.	
Rent	49%	50%	55%	40%	49%	44%	65%	57%	42%	53%	58%	64%	38%	60%	60%	53%
Own	10%	32%	9%	15%	16%	6%	16%	10%	0%	10%	3%	17%	0%	0%	9%	11%
At Friend/Relative's	10%	15%	20%	25%	14%	15%	15%	14%	25%	17%	7%	16%	38%	20%	14%	15%
Homeless	9%	0%	0%	3%	6%	6%	2%	0%	17%	4%	14%	2%	0%	0%	6%	9%
Assisted Living	18%	0%	15%	10%	12%	20%	1%	19%	17%	12%	12%	2%	0%	20%	11%	16%

Several differences exist between respondents who live in unaffordable housing but receive housing assistance, and those who live in unaffordable housing and receive no housing assistance.

- A larger percentage of respondents living in unaffordable housing and receiving no housing assistance report a shelter stay in the past year, living in a place not intended for sleeping in the past year, and living night-to-night with friends or family in the past year.
- However, a larger percentage of respondents living in unaffordable housing and receiving housing assistance report ever (excluding the past year) living in a shelter, living in a place not intended for sleeping, and living night-to-night with friends or family.
- Respondents living in unaffordable housing and not receiving housing assistance are twice as likely to report living in a homeless shelter in the past year, and almost twice as likely to report living in a place not intended for sleeping or living night-to-night with friends or family in the past year.

This survey did not request information from respondents regarding the sequencing of events, it is not known whether the receipt of housing assistance preceded the decreases in past year housing crises. However, it can be concluded that respondents living in unaffordable housing and receiving housing assistance had lower rates of past

year housing crises than respondents living in unaffordable housing and receiving no housing assistance.

<b>Characteristics:</b>	<b>Respondent Receiving Housing Assistance (n=138)</b>	<b>Housing Needy &gt;1/2 Inc. on rent w/no housing assistance (n=168)</b>	<b>Homeless (n=37)</b>
<b>Gender:</b>			
Female	41%	24%	21%
Male	57%	75%	76%
Transgendered	2%	2%	3%
<b>Sexual Orientation:</b>			
Gay Male	32%	39%	19%
Bisexual	11%	12%	24%
Heterosexual	53%	49%	57%
	(n=131)	(n=158)	(n=37)
<b>Ethnicity:</b>			
African-American	67%	55%	85%
Caucasian	21%	32%	8%
Latino/Latina	6%	7%	0%
Other People of Color	6%	5%	8%
	(n=140)	(n=167)	(n=35)
<b>Moves in Past Year:</b>			
No moves	49%	43%	9%
1 move	27%	24%	16%
2 moves	14%	15%	19%
3 moves	2%	12%	16%
4+ moves	8%	7%	41%
	(n=132)	(n=152)	(n=32)
<b>Living in Homeless Shelter</b>			
Past Year	14%	16%	76%
Ever (excl. past yr.)	21%	18%	11%
Never	65%	66%	14%
	(n=126)	(n=154)	(n=37)
<b>Living in Place Not Intended for Sleeping</b>			
Past Year	11%	11%	56%
Ever (excl. past yr)	23%	18%	24%
Never	67%	71%	21%
	(n=124)	(n=143)	(n=34)
<b>Living Night-to-Night with Friends or Family</b>			
Past Year	15%	28%	64%
Ever (excl. past yr)	27%	24%	19%
Never	59%	49%	17%
	(n=123)	(n=152)	(n=36)

***A significant number of respondents  
report evidence of housing instability in  
the past year.***

With reference to factors indicating housing instability among the survey respondents, a significant number reported housing moves in the past year.

- When asked for the number of times they moved in the past year, twenty-two percent (22%) of all respondents indicate that they have moved once in the year preceding the survey.
- Fifteen-percent (15%) of respondents moved twice in the year preceding the survey.
- A total of twenty-nine percent (29%) of respondents had moved two or more times in the past year.
- Fifty percent (50%) of respondents report that they have not moved in the past year.
- Among asymptomatic and mildly symptomatic respondents, the majority (over 50%) of African-American and Latino/a respondents have moved at least once in the past year.
- Eighteen percent (18%) of severely symptomatic African-American respondents have moved three or more times in the past year.

The connection between ethnicity and number of moves in the past year is statistically significant for asymptomatic and mildly symptomatic respondents. The table below show the breakdown of number of moves by stage of illness and ethnicity.

MOVES in the past year	ASYMPTOMATIC*					MILDLY SYMPTOMATIC**					SEVERELY SYMPTOMATIC					GRAND TOTAL
	AF-Am	Cauc	Latino/a	Other	Ttl	AF-Am	Cauc	Latino/a	Other	Ttl	AF-Am	Cauc	Latino/a	Other	Ttl	
No Moves	43%	63%	56%	47%	50%	44%	65%	30%	33%	51%	43%	61%	25%	33%	50%	50%
1 Move	19%	23%	13%	24%	19%	25%	17%	10%	25%	21%	29%	21%	38%	33%	26%	22%
2 Moves	22%	11%	13%	12%	17%	12%	12%	25%	17%	13%	11%	11%	25%	22%	13%	15%
3 Moves	9%	0%	13%	6%	7%	9%	3%	20%	8%	8%	5%	3%	13%	0%	4%	7%
4+ Moves	8%	4%	6%	12%	7%	10%	3%	15%	17%	8%	13%	3%	0%	11%	7%	7%

**Many respondents would have to move  
if their income dropped  
by \$100 per month.**

Overall, forty-three percent (43%) of respondents indicated that they would have to move if their monthly income decreased by \$100.

- Severely symptomatic respondents are more likely than other respondents to report that such a decrease in income would force them to move. It appears that, as respondents become more ill, they are more likely to have their housing stability adversely affected by a decrease in income.
- Seventy percent (70%) of respondents belonging to the category "Other People of Color" say that they would have to move if their monthly income decreased by \$100. (The category "Other People of Color" includes Asians, Native Americans, Pacific Islanders, members of ethnic groups not listed, and respondents who self-identify as bi-racial/mixed race).
- White respondents comprise the group within the sample least likely to respond that they would have to move if their monthly income decreased by one-hundred dollars (\$100) a month. Only forty-percent (40%) of White respondents indicate they would have to move if they experienced a \$100 decrease in monthly income. African-American respondents were approximately split in half between those who would have to move and those who would not. Latino/a respondents were slightly more likely to report that they would have to move than that they would not have to move.

Would Have to Move If Their Monthly Income Decreased by \$100	ASYMPTOMATIC **(n=236)					MILDLY SYMPTOMATIC (n=285)					SEVERELY SYMPTOMATIC (n=127)					GRAND TOTAL N=648
	Af-Am	Cauc.	Latino/ a	Othe r	Ttl.	Af	Cauc	Latino/ a	Othe r	Ttl.	Af-	Cauc.	Latino /a	Oth er	Ttl.	
	44%	19%	50%	63%	40%	46%	35%	58%	60%	43%	44%	50%	38%	56%	47%	43%



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***Survey data indicates a much higher incidence of homelessness in the survey population than in the general population.***

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A high percentage of respondents are homeless, when compared to general population.<sup>8</sup> On any given day in Philadelphia, three-tenths of one percent are homeless; five percent (5%) of all respondents in this sample are homeless. ***Therefore, respondents are seventeen (17) times more likely than individuals in the general population to be currently homeless.***

- Of the total sample, thirty-one percent (31%) have "lived in a homeless shelter" at some point during their lives including sixteen percent (16%) who have lived in a shelter within the twelve months preceding the survey.
- Among severely symptomatic respondents, African-Americans are seven (7) times more likely to be homeless than are Whites and are six (6) times more likely to be living in assisted living.
- Twenty-seven percent (27%) of respondents report having ever lived "in a car, abandoned building, park, or other place not intended for sleeping including twelve percent (12%) who report living in such a place within the twelve months preceding the survey.
- Forty-two percent (42%) of the sample report having lived "night-to-night with friends or family" during their lifetime, including twenty-one percent (21 %) who report living night-to-night with friends or family in the twelve months preceding the survey.
- A higher percentage of heterosexual ("straight") men than gay men report having a past shelter stay; while forty-five percent (45%) of heterosexual male respondents report a past shelter stay, only seventeen percent (17%) of gay men of gay men do.

There are differing rates of homelessness among respondents at different stages of illness.

- Among asymptomatic respondents, in the past year fourteen percent (14%) have stayed in a homeless shelter, ten percent (10%) have spent the night in a place not

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<sup>8</sup> "General population" denotes the population of all individuals, regardless of HIV status.

intended for sleeping, and twenty-percent (20%) have lived night to night with friends or family.

- Among mildly symptomatic respondents, in the past year nineteen percent (19%) have stayed in a homeless shelter, thirteen percent (13%) have spent the night in a place not intended for sleeping, and twenty-four percent (24%) have lived night-to-night with friends or family.
- Among severely symptomatic respondents, in the past year fourteen percent (14%) have stayed in a homeless shelter, sixteen percent (16%) have spent the night in a place not intended for sleeping, and twenty percent (20%) have lived night-to-night with friends or family.

While asymptomatic and severely symptomatic respondents share similar rates of past year shelter use and night-to-night living with friends or family, mildly symptomatic respondents report higher rates of both types of housing crises.<sup>9</sup> One possible explanation for this is the fact that mildly symptomatic respondents may be sick enough to have their housing stability adversely affected by their health, but not sick enough to receive HIV/AIDS related benefits that might stabilize their housing situation.

There are marked differences also between ethnicities in terms of homelessness.

- While twenty-four percent (24%) of African-American respondents report a shelter stay in the past year, only four percent (4%) of White respondents do.
- In the past year, African-American respondents are six (6) times as likely as White respondents to have been in a shelter, three (3) times as likely as White respondents to have spent the night in a place not intended for sleeping, and twice as likely to have lived night-to-night with friends or family. Data for Latino/Latina respondents and other respondents of color also show higher rates of homelessness than among White respondents.<sup>10</sup>

<sup>9</sup> It should be noted that, while asymptomatic and severely symptomatic respondents report similar rates of past shelter use, both groups experienced fourteen (14) times the annual rate of homelessness reported by the general population.

<sup>10</sup> There are too few observations from Latino/Latina respondents to calculate the rates of increased risk.

***Drug and alcohol use is a significant factor affecting housing choices among people living with HIV/AIDS, and is associated with higher incidence of shelter use.***

Respondents were asked, "Over the past year, which of the following substances have you used 'in excess' on a regular basis? (This means have you used any of these substances every day or almost every day to the point where your behavior is affected [you feel drunk or high])." Respondents were asked to check all that applied. The following table shows the reported drug and alcohol use among respondents; the percentages listed indicate the percentage of respondents who reportedly used the substance "in excess."

Clearly, drug and alcohol use is an issue that affects a large number of respondents.

- One-half (49%) of all respondents report using at least one of the substances listed "in excess."
- Respondents of Color at all stages of illness report higher rates of cocaine and crack use than do White respondents.

n=243						n=306						n=137						N=686					
ASYMPTOMATIC						MILDLY SYMPTOMATIC						SEVERELY SYMPTOMATIC						GRAN TOTAL					
Substance:	Af-Am	Cauc.	Latino/a	Other	Total	Af-Am	Cauc.	Latino/a	Other	Total	Af-Am	Cauc.	Latino/a	Other	Total								
Alcohol	40%	29%	26%	42%	36%	37%	24%	40%	25%	32%	38%	10%	33%	30%	25%								
Crack	24%	4%	16%	32%	18%	29%	8%	20%	25%	21%	28%	7%	17%	30%	16%								
Cocaine	26%	11%	11%	37%	22%	22%	12%	25%	17%	18%	26%	7%	17%	30%	18%								
Marijuana	20%	27%	5%	32%	21%	21%	12%	15%	17%	17%	26%	18%	50%	10%	23%								
Heroin	10%	0%	0%	11%	7%	12%	5%	20%	0%	10%	12%	5%	50%	10%	10%								
Other Drugs	7%	5%	5%	11%	7%	2%	10%	10%	8%	6%	5%	8%	17%	20%	8%								
None	45%	54%	63%	32%	47%	48%	62%	45%	58%	54%	43%	63%	33%	60%	53%								
1 or more	55%	41%	37%	68%	51%	51%	38%	55%	42%	46%	59%	37%	67%	40%	48%								
2 or more	33%	20%	16%	37%	29%	34%	18%	25%	25%	28%	34%	8%	67%	30%	28%								
3 or more	20%	8%	11%	32%	17%	22%	9%	25%	8%	17%	23%	7%	50%	30%	17%								
4 or more	11%	5%	0%	21%	10%	11%	4%	15%	8%	9%	12%	2%	0%	20%	8%								
5 or more	5%	0%	0%	5%	3%	3%	2%	5%	8%	3%	3%	2%	0%	10%	3%								

Substance use is associated with higher rates of homelessness. The more substances a respondent uses (uses "in excess" to the point of intoxication almost every day), the greater the likelihood the respondent has experienced homelessness in the past year.

- In the past year, respondents using one or more substances are three (3) times as likely as respondents not using any substances to have been in a homeless shelter, four (4) times as likely to have spent the night in a place not intended for sleeping (street living), and almost three (3) times as likely to have lived night-to-night with friends or family.
- Among respondents, as the number of substances used increased, the rates of homelessness increase.
- In the past year, respondents using four or more substances are five (5) times as likely as non-substances using respondents to have been in a homeless shelter, seven (7) times as likely to have spent the night in a place not intended for sleeping (street living), and four (4) times as likely to have lived night-to-night with friends or family.

	<b>Shelter Stay- Past Year</b>	<b>Street Living- Past Year</b>	<b>Night-to-Night w/ Friends or Family- Past Year</b>
<b>Respondents NOT Using Any Substances (n=341)</b>	8%	5%	12%
<b>Respondents Using One or More Substance(s) (n=318)</b>	25%	19%	33%
<b>Respondents Using Two or More Substances (n=183)</b>	34%	28%	44%
<b>Respondents Using Three or More Substances (n=113)</b>	37%	32%	48%
<b>Respondents Using Four or More Substances (n=58)</b>	42%	36%	47%
<b>Respondents Using Five or More Substances (n=22)</b>	46%	27%	41%

Substance use is also associated with increased numbers of negative life events in the past year.

- Respondents using four (4) or more substances report almost three (3) times<sup>11</sup> the rate of experiencing two(2) or more negative life events compared to non-substance using respondents, six and a half (6 /12) times the rate of experiencing three (3) or more negative life events, and ten (10) times the rate of experiencing four (4) or more negative life events.

<b>Number of Negative Life Events In the Past Year:</b>	<b>1+</b>	<b>2+</b>	<b>3+</b>	<b>4+</b>	<b>5+</b>
<b>Respondents NOT Using Any Substances (n=371)</b>	47%	17%	4%	1%	0%
<b>Respondents Using One or More Substance(s) (n=358)</b>	69%	32%	13%	4%	1%
<b>Respondents Using Two or More Substances (n=203)</b>	70%	39%	19%	6%	1%
<b>Respondents Using Three or More Substances (n=126)</b>	73%	48%	27%	8%	2%
<b>Respondents Using Four or More Substances (n=62)</b>	79%	48%	26%	10%	3%
<b>Respondents Using Five or More Substances (n=22)</b>	77%	46%	23%	5%	0%

***As HIV-related symptoms increase, so  
do mental and physical disabilities  
which may affect housing choices.***

The majority of respondents of all ethnicities and at all stages of illness report having had mental health problems in the past.

- Of the 765 respondents, seventy percent (69%) report having ever had mental health problems (depression, anxiety, psychosis, etc.).
- Of the 765 respondents, forty-four percent (43%) of respondents report that their mental health problems occurred after their diagnosis as HIV positive.
- Both men and women report that a higher percentage of their mental health problems occur after their HIV diagnosis, rather than before.

<sup>11</sup> The exact number is 2.824.

- Equal percentages of male and female respondents report having ever had mental health problems; sixty-nine percent (69%) of male respondents and sixty-nine percent (69%) of female respondents report having had mental health problems during their lifetime.
- A slightly higher percentage of women than men report having mental health problems before their HIV diagnosis. Twenty-eight percent (28%) of female respondents and twenty-five percent (25%) of male respondents report pre-diagnosis mental health problems.
- A slightly higher percentage of men (45%) than women (41%) report post-diagnosis mental health problems.

The following table shows the breakdown of disabilities and mental health problems by stage of illness and ethnicity. The table shows the percentage of asymptomatic respondents who report a particular disability compared with the percentage of mildly and severely symptomatic respondents who report the same disability.

<i>Disability</i>	<i>ASYMPTOMATIC n=196</i>	<i>MILDLY SYMPTOMATIC n=263</i>	<i>SEVERELY SYMPTOMATIC n=123</i>	<i>TOTAL: N=582</i>
Blindness: Became blind before HIV	4%	2%	0%	2%
Became blind after HIV	8%	8%	19%	10%
Total % blind	12%	10%	19%	12%
Deafness: Became deaf before HIV	3%	4%	5%	4%
Became deaf after HIV	5%	8%	13%	8%
Total % deaf	8%	12%	18%	12%
Mental Health Problems:				
Developed before HIV dx	26%	26%	27%	26%
Developed after HIV dx	32%	48%	53%	43%
Total % ever having m.h.p.	58%	74%	80%	69%
Mobility Problem Requiring Use of Wheelchair:				
Developed before HIV dx	5%	2%	2%	3%
Developed after HIV dx	3%	5%	20%	8%
Total % ever having mobility problem requiring wheelchair	8%	7%	22%	11%
Mobility Problem Requiring Use of Cane or Walker:				
Developed before HIV dx	6%	4%	4%	5%
Developed after HIV dx	4%	14%	42%	17%
Total % ever having mobility problem requiring cane/walker	10%	18%	46%	22%
Number of Disabilities:				
Developed before HIV: None	76%	74%	75%	75%
One	19%	23%	22%	21%
Two	4%	2%	2%	3%
Three	1%	1%	1%	1%
Four	0%	0%	1%	0%
Developed after HIV: None	74%	54%	39%	59%
One	21%	36%	29%	28%
Two	4%	7%	22%	8%
Three	1%	3%	7%	3%
Four	1%	0%	3%	1%
Five	0%	1%	1%	1%

As would be expected, the incidence of disability increases as respondents become more symptomatic. Severely symptomatic respondents report a higher percentage of blindness, deafness, mobility problems, and mental health problems than do asymptomatic respondents.

- after diagnosis with HIV, nineteen percent (19%) of severely symptomatic respondents became blind
- fourteen percent (14%) became deaf
- fifty-three percent (53%) developed mental health problems

- twenty-one percent (21 %) developed mobility problems requiring the use of a wheelchair, and
- forty-two percent (42%) developed mobility problems requiring the use of a cane or walker.

***Negative life events, such as unemployment, divorce or death of a partner, incarceration, etc., impact on housing stability.***

During the course of a year, many events may take place in an individual's life that increased the risk of housing instability (like divorce, death of a partner, or loss of employment ). While it is not possible to draw conclusions solely from this survey regarding causal factors of housing instability, generalizations can be made about the sample as a whole.

- A significantly higher percentage of severely symptomatic respondents than asymptomatic respondents report losing employment in the past year.
- Not surprisingly, a significantly higher percentage of severely symptomatic than asymptomatic respondents report an extended hospitalization in the past year.
- Among respondents at all stages of illness, between six and seven percent (6-7%) have experienced domestic violence/use in the past year.
- Between four percent (4%) and six percent (6%) of respondents were discharged from prison in the past year.

NEGATIVE LIFE EVENTS:	ASYMPTOMATIC	MILDLY SYMPTOMATIC	SEVERELY SYMPTOMATIC
Past Year			
Lost Committed Partner	19%	21%	21%
Lost Employment* (Kruskal-Wallis H=8.5995, DF=2, p = .0136)	24%	20%	33%
Family/Partner/Roommate Made Them Move	12%	12%	11%
Extended Hospitalization (2 weeks or more)** (Kruskal-Wallis H=37.4529, DF=2, p=.0000)	10%	15%	33%
Discharged from Prison	6%	5%	4%
chart continues on next page			



Discharged from Residential Drug and Alcohol Treatment Center	13%	11%	8%
Domestic Violence/Abuse	6%	7%	6%

***Existing housing assistance programs are benefiting those respondents at greatest risk of housing instability, but there is significant unmet need.***

Compared to the housing needy (those spending more than one-half their income on rent and receiving no housing assistance), respondents receiving housing assistance report higher rates of past shelter use and street living (excluding the past year).

- The housing needy respondents report higher rates of past year shelter use and night-to-night living with friends or family. However, those receiving housing assistance report higher rates of lifetime shelter use and street living.
- Housing assistance appears to reduce rates of homelessness and night-to-night living with friends or family.
- Housing needy respondents are also twice as likely as respondents receiving housing assistance to have moved three or more times in the past year. Thus, it appears that housing assistance increases housing stability and reduces homelessness.

A significant number of respondents are presently on waiting lists for a variety of housing programs, as indicated by the table below.

- Twenty-two percent (22%) of all respondents are currently on waiting lists for housing assistance.
- The average waiting time is nineteen (19) months. The shortest waiting time reported is one month; the longest waiting time reported is 120 months. The latter waits were for Section 8 and public housing.

<b><i>Waiting List</i></b>	<b><i>% of Respondents Currently on List</i></b>	<b><i># of Respondents Current on List</i></b>
Mercy Human Services	1%	9
Calcutta House	<1%	1
Section 8/Public Housing	8%	60
AIDS Housing Voucher	5%	35
Other Hsg. Asst. List	4%	27
On More Than One List	2%	15

Of the 765 respondents, 18% are in some kind of subsidized living arrangement:

- 4% receive a Section 8 voucher for the apartment of their choice
- 2% receive a Section 8 voucher that is connected to their specific apartment
- 3% receive an AIDS-specific housing voucher for the house/apartment of their choice
- 1% live in public housing for families that is managed by a housing authority
- 8% are living in some other type of subsidized housing

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***Most respondents receive HIV/AIDS  
case management services.***

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Seventy percent (70%) of respondents indicate they currently receive HIV/AIDS case management services. The remaining thirty percent (30%) are receiving no HIV/AIDS case management services.

- Respondents who are sicker appear to be better connected to case management services. While sixty percent (60%) of asymptomatic respondents receive case management services, eighty percent (80%) of severely symptomatic respondents do.
- Despite epidemiological evidence that there is a higher incidence of HIV/AIDS in the African-American community, approximately the same percentage of African-American and White respondents receive HIV/AIDS case management services,<sup>12</sup> while a smaller percent of Latino/Latina respondents and other Respondents of Color do.<sup>13</sup>

<sup>12</sup> Seventy-three percent (73%) of African-American respondents and seventy-two percent of White respondents currently receive HIV/AIDS case management services.

<sup>13</sup> Fifty-five percent (55%) of Latino/a respondents and sixty-four percent (64%) of other Respondents of Color currently receive HIV/AIDS case management services.

- A slighter higher percentage of female respondents receive HIV/AIDS case management services (seventy-six percent (76%) of women compared to sixty-nine percent (69%) of men).

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***Individuals' needs for support services change over the course of their illness.***

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- Forty-five percent (45%) of asymptomatic respondents and sixty-one percent (61%) of severely symptomatic respondents report needing homemaker services in order to remain independent. (Homemaker services include help with shopping, laundry, and transportation.)
- Thirty-two percent (32%) of asymptomatic respondents and fifty-three percent (53%) of severely symptomatic respondents report needing skilled nursing services in order to remain independent. (Skilled nursing services include catheter care, IV infusions, and wound care.)

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***Housing instability is associated with increased hospitalization.***

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- A higher percentage of severely symptomatic respondents than asymptomatic respondents report an HIV-related hospitalization in the twelve (12) months preceding the survey.
- Sixty-one percent (61%) of severely symptomatic respondents report an HIV-related hospitalization in the past year, while only eight percent (8%) of asymptomatic respondents do.
- Of the severely symptomatic respondents reporting an HIV-related hospital stay in the past year, the average (mean) number of days spent in the hospital was twenty-eight (28). The minimum number of days was one (1); the maximum number of days was one hundred and eighty (180).

Housing instability is associated with increased number of days spent in the hospital in the past year. Homeless respondents spent almost twice the average (mean) number of days in the hospital compared to respondents receiving housing assistance.

	<i>Receive Housing Assistance</i> (n=27)	<i>DO NOT Receive Housing Assistance</i> (n=164)	<i>Housing Needy</i> <sup>14</sup> (n=191)	<i>Homeless</i> (n=11)
<i>Average (Mean) Days Spent In Hospital in Past Year</i>	21.65	35.36	33.77	38.18

Disease progression and disability also affect employment and experience of discrimination.

- Forty-two percent (42%) of severely symptomatic respondents became disabled and lost employment in the past year, while only six percent (6%) of asymptomatic respondents reported a loss of employment.
- Severely symptomatic respondents report more housing discrimination than asymptomatic respondents. Sixteen percent (16%) of severely symptomatic respondents (compared to eleven percent (11%) of asymptomatic respondents) moved in the past year because of discrimination.

<sup>14</sup> "Housing Needy" are those respondents spending more than one-half their income on rent and receiving no housing assistance.

## Housing Preferences

### *Housing Preferences: Current*

The majority of respondents, when asked their housing preference considering their current health, would prefer to live either alone or with their partner/spouse, family, or friends. The following table shows respondents housing preferences by ethnicity and stage of illness:

Housing Preference:	ASYMPTOM. n=243					MILDLY SYMPTOM. (n=297)					SEVERELY SYMPTOM. (n=132)					GRAND TOTAL
Current Health Status	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	(N=672)
I'd like to live alone	65%	43%	44%	37%	56%	63%	45%	42%	46%	54%	45%	35%	50%	40%	40%	52%
I'd like to live with others (family, friend(s), partner)	24%	48%	50%	42%	33%	27%	48%	53%	46%	37%	34%	53%	50%	30%	43%	37%
I'd like to live in a shared house or apartment with people who have HIV/AIDS	6%	9%	6%	5%	6%	5%	5%	5%	9%	5%	7%	8%	0%	0%	7%	6%
I'd like to live in a housing program with on-site supportive services	5%	0%	0%	16%	4%	3%	3%	0%	0%	3%	7%	2%	0%	10%	5%	4%
I'd like to live in a skilled nursing facility	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	5%	0%	0%	20%	4%	1%
I'd like to live in a residential hospice	1%	0%	0%	0%	0%	1%	0%	0%	0%	1%	2%	2%	0%	0%	2%	1%

- A higher percentage of African-American respondents than White and Latino/Latina respondents prefer to live alone, while a higher percentage of White and Latino/Latina respondents prefer to live with family, friends, or partners. This is consistent with results obtained from the question on "worst housing option" in which a higher percentage of African-Americans than Whites listed living with family as the worst possible housing option for them. This may be related to homelessness risk if African-Americans do not perceive living with their family as a viable housing option.

### *Housing Preference: New Residence:*

While the application of accepted formal statistical standards to data indicating preferences of survey respondents among factors considered in choosing a new residence yields no statistically significant results, several observations can be made regarding the following table.

- The majority of respondents say that living close to public transportation, friends and family, or medical facilities and HIV/AIDS service providers is the most important factor in choosing a new residence.
- Higher percentages of severely symptomatic respondents than asymptomatic respondents indicate that living close to their doctor, clinic, hospital, or AIDS service organization is the most important factor in choosing a new place of residence.
- Living close to friends and/or family was chosen by between fourteen percent (14%) and fifty-seven percent (57%) of respondents. (Percentages varied between stages of illness and ethnicities).

<i>If Respondents Had To Move, What is Most Imp About New Residence?</i>	<i>ASYMPTOMATIC (n=223)</i>					<i>MILDLY SYMPTOMATIC (n=274)</i>					<i>SEVERELY SYMPTOMATIC (n=121)</i>					<i>GRAND TOTAL (N=618)</i>
	<i>Af</i>	<i>Cac</i>	<i>Latino/a</i>	<i>Other</i>	<i>TL</i>	<i>Af</i>	<i>Cac</i>	<i>Latino/a</i>	<i>Other</i>	<i>TL</i>	<i>Af</i>	<i>Cac</i>	<i>Latino/a</i>	<i>Other</i>	<i>TL</i>	
Living close to child care or day care	3%	0%	0%	0%	2%	4%	1%	0%	0%	2%	0%	0%	0%	0%	0%	2%
Living close to public transportation	35%	19%	31%	24%	30%	24%	13%	12%	10%	19%	28%	13%	0%	29%	19%	23%
Living close to friends or family	33%	54%	50%	29%	39%	31%	47%	47%	40%	38%	22%	45%	57%	14%	34%	38%
Living close to doctor, clinic, hospital, or AIDS service organization	23%	20%	19%	24%	22%	33%	34%	24%	50%	34%	49%	41%	43%	29%	44%	32%
Living close to shopping areas	2%	7%	0%	18%	3%	4%	5%	12%	0%	4%	0%	2%	0%	29%	3%	4%
Living close to a drug treatment center	4%	0%	0%	6%	3%	5%	0%	6%	0%	3%	2%	0%	0%	0%	1%	2%

### ***Housing Preference: If Health Declines:***

The following is a table showing respondents' housing preference by ethnicity and stage of illness; respondents were asked for projected preferences - where they would like to live if/when they became sicker from HIV/AIDS. There is no statistically significant connection between housing preference and ethnicity within either of the three subgroups of respondents (grouped by stage of illness.)

- Most respondents would like to live with family, friends, or partner if their health declines. More than a fourth (28%) of respondents would like to live alone if their health were to decline. Few respondents indicated a preference for designated

AIDS housing (11%) or for a housing program with on-site supportive services (10%).

Housing Preference: If Respondent Gets Sicker From HIV/AIDS	ASYMPTOMATIC (n=317)					MILDLY SYMPTOMATIC (n=290)					SEVERELY SYMPTOMATIC (n=133)					GRAND TOTAL (N=664)
	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	
I'd like to live alone	28%	21%	37%	6%	26%	37%	24%	20%	27%	31%	28%	17%	25%	38%	23%	28%
I'd like to live with others (partner/spouse, parents, family, friends)	40%	54%	53%	61%	46%	32%	51%	55%	27%	40%	38%	49%	13%	38%	41%	43%
I'd like to live in a shared house/apartment with people who have HIV/AIDS	11%	14%	5%	17%	12%	12%	6%	10%	27%	10%	9%	12%	13%	0%	10%	11%
I'd like to live in a housing program with on-site supportive services	9%	9%	0%	17%	8%	12%	14%	0%	0%	12%	16%	7%	25%	0%	11%	10%
I'd like to live in a skilled nursing facility	6%	0%	3%	0%	4%	2%	3%	3%	9%	3%	2%	3%	13%	25%	5%	4%
I'd like to live in a residential hospice	6%	2%	0%	0%	4%	5%	4%	10%	9%	5%	9%	12%	13%	0%	10%	5%

### *If Respondent Had to Move: Most Important Aspect of New Home:*

For a significant percentage of all respondents, living in a safe neighborhood is of primary importance. A large percentage of respondents are concerned with living in clean and sober housing as well.

It is important to note, however, that while only a minority of respondents report that living in a residence where drug and alcohol use is allowed and tolerated is the most important factor in choosing housing, approximately half of all respondents report using alcohol or drugs (every day or almost every day) to the point where their behavior is affected. So, while a minority of respondents prioritize the ability to use alcohol and/or drugs in a new residence, almost half of all respondents do so currently.

If Respondents Had To Move, What Is Most Impl. About New Home?	ASYMPTOMATIC (n=318)					MILDLY SYMPTOMATIC (n=311)					SEVERELY SYMPTOMATIC (n=132)					GRAND TOTAL N=641
	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	
Living with people of my same cultural group	9%	11%	24%	10%	10%	6%	12%	5%	10%	8%	13%	10%	29%	11%	12%	10%
Living in a safe neighborhood	56%	67%	41%	71%	59%	50%	68%	58%	70%	58%	46%	72%	29%	33%	56%	58%
Living in a building where drug and alcohol use is allowed and tolerated	2%	9%	0%	5%	4%	1%	0%	0%	0%	0%	4%	2%	0%	0%	2%	2%
Living in a handicapped-accessible building	1%	2%	0%	5%	2%	4%	1%	0%	0%	1%	7%	0%	43%	11%	6%	3%
Living in "clean and sober" housing	11%	12%	15%	5%	25%	19%	20%	17%	20%	31%	10%	17%	0%	44%	24%	27%

### *Worst Type of Living Arrangement:*

Respondents were asked what the worst type of living arrangement for them would be, given their HIV status. There are statistically significant differences within the subgroup of asymptomatic respondents.

- A higher percentage of asymptomatic Latinos/Latinas than asymptomatic respondents of other ethnicities report that living alone would be the worst type of living arrangement.
- A higher percentage of asymptomatic African-American respondents than asymptomatic White respondents of other ethnicities report that living with parents or family would be the worst type of living arrangement.
- A higher percentage of asymptomatic White respondents than asymptomatic respondents of other ethnicities report that living in a skilled nursing facility or residential hospice would be the worst type of living arrangement.

Worst Type of Living Arrangement, Given Your HIV Status	ASYMPTOMATIC (n=329)					MILDLY SYMPTOMATIC (n=280)					SEVERELY SYMPTOMATIC (n=115)					GRAND TOTAL (n=644)
	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	Af-Am	Cauc	Latino/a	Other	Ttl	
Living alone	27%	28%	63%	41%	31%	32%	23%	32%	46%	10%	32%	40%	10%	30%	18%	32%
Living with my partner/spouse	4%	5%	11%	0%	4%	4%	1%	0%	0%	2%	2%	1%	0%	13%	3%	3%
Living with parents or family	24%	12%	5%	6%	18%	18%	17%	21%	27%	18%	21%	13%	25%	25%	18%	18%
Living with friends	9%	0%	0%	6%	6%	6%	1%	11%	0%	4%	7%	3%	0%	0%	4%	5%
Living in a shared house/apt. with other people who have HIV/AIDS	12%	7%	0%	18%	10%	8%	19%	5%	0%	11%	18%	16%	13%	0%	16%	12%
Living in a skilled nursing facility	16%	24%	11%	18%	18%	16%	20%	11%	27%	18%	9%	11%	13%	0%	10%	16%
Living in a residential hospice	9%	24%	11%	12%	13%	18%	18%	21%	0%	17%	11%	14%	0%	13%	12%	15%

### ***Treatment and Housing Issues:***

A variety of treatment-related issues affect housing choices as well, according to survey respondents.

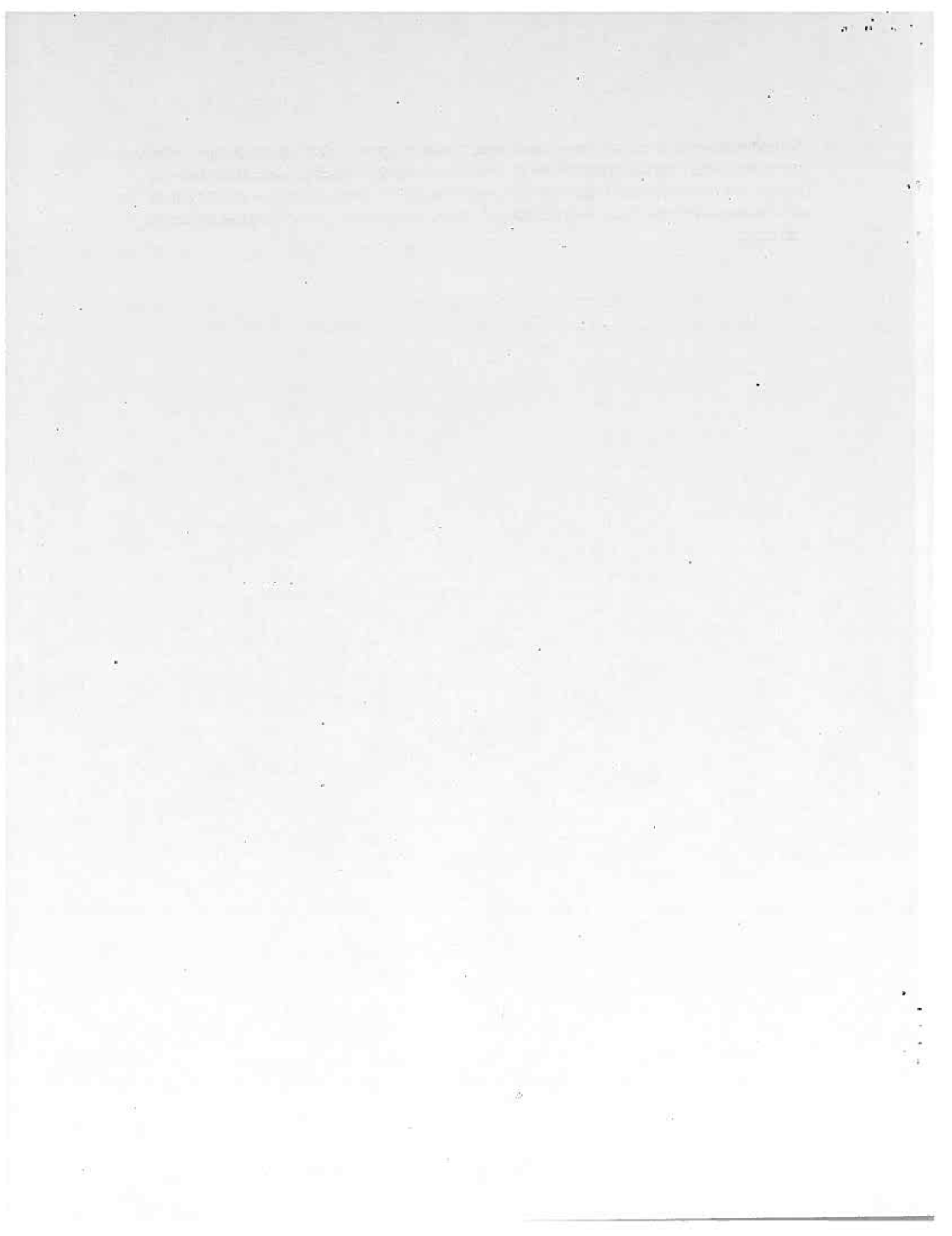
- Of the 765 respondents, 133 individuals (18% of the total sample) indicate that they feel they need residential drug and/or alcohol treatment.
- Of the respondents who say they need residential drug and alcohol treatment, ninety percent (90%)<sup>15</sup> would accept housing even if drug and alcohol treatment were required, and ninety-four percent (94%)<sup>16</sup> would accept clean and sober housing.

<sup>15</sup> n=118, N=133

<sup>16</sup> n=122, N=133



- Of respondents who say they need residential drug and alcohol treatment, thirty-six percent (36%) indicate that finding "clean and sober" housing would be their top priority in finding a new home if they were forced to move. Eighty-percent (80%) of all respondents say they would accept "clean and sober" (drug and alcohol-free) housing.



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