

HIV/AIDS AND HOMELESSNESS

HIV/AIDS disease progression is affected by both medical and psycho-social factors. Many persons who are homeless are perceived to lack access to resources and supports needed to ensure adherence to antiretroviral therapy. Adherence success includes working with each client to develop strategies to help the client define a personalized medication regimen that will fit his or her ability to access and schedule medications. Adherence can be facilitated through collaboration with other health and mental health care providers, non-clinical service providers, and community members who are in regular contact with clients and family members (Tomaszewski, 2002).

It is estimated that, on any given night, 750,000 Americans will be without shelter, and approximately three million Americans will be homeless at some time in the year (Goodwill Industries, 2001; Urban Institute, 2000). A number of factors place people at risk for homelessness, including alcohol and drug abuse; low education; sexual exploitation; mental illness or developmental disabilities; and HIV/AIDS (National Association of Social Workers [NASW], 2003).

Many domiciled individuals and families are faced with the threat of homelessness once they or someone in their family becomes infected with HIV/AIDS. This leads to an inability to meet basic needs such as food, clothing, and shelter places a burden on individuals who are living with HIV/AIDS, especially in regard to health care access, health maintenance, and adherence to medication regimens.

Additionally, the socially and culturally based stigma and discrimination experienced by persons living with HIV/AIDS is exacerbated by co-factors of substance abuse, mental illness, and homelessness. This stigma can create barriers to prevention, education, client disclosure, and the ability to access medical and mental health services (National Coalition for the Homeless, 2001). For more information on stigma visit: www.socialworkers.org/practice/hiv_aids/AIDS_Day2002.pdf

Housing and Persons Living With HIV/AIDS

There is a shortage of both short-term and long-term housing available throughout the United States. Of the 400,000 to 600,000 individuals currently estimated to be living with AIDS in the United States, approximately one-third to one-half are either homeless, unable to afford their housing, or at imminent risk of homelessness (AIDS Housing of

Washington, 2000). A national study found that 36 percent of people with AIDS have been homeless since learning that they had HIV or AIDS (Robbins & Nelson, 1996). Clearly, there is a lack of affordable housing for persons living with HIV/AIDS and their families.

Factors That Increase the Risk of Homelessness for Persons Living with HIV/AIDS

Research has found that almost 50 percent of persons living with HIV/AIDS are expected to need housing assistance of some kind during their lifetimes (Robbins & Nelson, 1996).

Factors that place a person living with HIV/AIDS at risk for homelessness include:

- Job loss due to discrimination or fatigue
- History of mental illness
- Periodic hospitalization
- Costs of health care
- Substance abuse and addictions
- Domestic violence
- Lack of affordable housing

There are other risk factors that are generally understood to be associated with the spread of HIV/AIDS. Many people who are homeless are especially at risk because of the prevalence of high risk behaviors including: injection drug use, unsafe sex, and *survival sex*—the exchange of sex for food, shelter, or money (St. Lawrence and Brasfield, 1995).

Adolescents and Young Adults

HIV prevalence studies performed in four cities found a median HIV-positive rate of 2.3 percent for homeless persons under age 25. Adolescents and young adults who are homeless are increasingly at risk for HIV/AIDS and substance use. One study of adolescents who are homeless found that 75 to 85 percent of them abuse substances. This same study found a high

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incidence of unsafe sex, a history of sexual abuse, and current sexual abuse. Additionally, adolescents and young adults without homes are at risk of HIV/AIDS and other STDs due to engaging in survival sex, which can also lead to prostitution (AIDS Housing of Washington, 2000). For more information on adolescents and young adults and HIV/AIDS, visit: www.socialworkers.org/practice/hiv_aids/hiv_factsheet.asp

Persons Living With HIV/AIDS and Access to Health Care

Individuals who are homeless experience inadequate transportation; lack of comprehensive and/or culturally appropriate services; lack of awareness of services and resources; and poor provider attitudes. For example, a Health Care for the Homeless survey found that many individuals are excluded from primary care, specialty care, respite care, and case management because they are homeless (AIDS Housing of Washington, 2000). Additionally, basic needs such as food, clothing and shelter—necessary to care for a person infected with HIV/AIDS—can be major barriers to care. A 1999 study found that a third of people living with HIV in the United States went without medical care, or postponed it at least once in a six-month period due to the need to pay for food, clothing, or housing. Most individuals who are without housing also lack health care insurance (AIDS Housing of Washington, 2000). Women who are homeless have unique barriers to health care, particularly mothers who have been found to subordinate their own health care needs to the needs of their children (Centers for Disease Control and Prevention [CDC] 2001).

Overall, a Boston study found that people living with AIDS who are homeless had three times more difficulty accessing care than those with stable housing (AIDS Housing of Washington, 2000). Stable housing increases access to health care, promotes successful adherence to complex HIV/AIDS medications, and must be viewed as a cornerstone to HIV/AIDS treatment (U.S. Department of Housing and Urban Development [HUD] 2003).

WHAT CAN SOCIAL WORKERS DO TO HELP?

Social workers must be aware of the challenges created by the dual issues of homelessness and living with HIV/AIDS. While these service needs are complex, here are a few suggestions for social work practitioners:

Linking clients to resources

- Learn about community resources, agencies and organizations, and funding sources that work with and on behalf of individuals who are homeless and their families, including persons living with HIV/AIDS.

Emergency, short-term, and long-term housing options

- The Housing Opportunities for Persons Living with AIDS Program (HOPWA) provides housing assistance and supportive services for low-income persons with HIV/AIDS and their families. This assistance is designed to help eligible persons retain or gain access to appropriate housing where they can maintain complex medication regimens and address HIV/AIDS related problems (HUD, 2001)
- Local domestic violence programs, AIDS services organizations, shelters, and programs that serve runaway youth are partners to helping persons living with HIV/AIDS who are homeless or at-risk for homelessness.

AIDS Drug Assistance Programs (ADAPs)

- ADAPs, funded through the Ryan White Care Act, Title II, provide a formula for grants to states and other eligible areas to improve the quality, availability, and organization of HIV health care and support services (Health Resource and Services Administration, 2001; National Alliance of State and Territorial AIDS Directors [NASTAD] 2003).
- ADAPs provide HIV/AIDS specific medications to low income individuals with HIV who have limited or no coverage from private insurance or Medicaid, in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, the Northern Mariana Islands, the Marshall Islands, and Guam.

Continuum of Care programs

- Continuum of Care (CoC) funding was initiated by the U.S. Department of Housing and Urban Development to encourage communities to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and prevent a return to homelessness. Components of a CoC process include outreach and assessment, emergency shelter, transitional housing with supportive services, and permanent housing (Community Connections, 2003).
- Social workers are key informants in defining the range of services required by clients at-risk or currently homeless. Ensure that your client population is represented and counted by knowing how your community documents needs and gaps in services. For example, learn the annual date of the required “point in time” survey or meeting that is used to tally the total number of people who are homeless in a specific community.

Other federal programs and resources

Many programs available to assist older adults and families living in poverty are available for a person without a permanent home (Johnson, 1995). Resources include:

- The Centers for Disease Control and Prevention (CDC) operates a National AIDS Clearinghouse. This CDC

database includes prevention, treatment, and housing resources for the HIV/AIDS population: www.cdc.gov

- The Social Security Administration oversees Social Security Disability Insurance (SSDI) and Social Security Insurance (SSI). Find out if your clients are qualified: www.socialworkers.org/practice/hiv_aids/default.asp

Client and consumer assessment, education, and intervention

Work with clients to educate them about their risk for HIV/AIDS, including assessing all clients for substance abuse histories and mental health status. In addition to helping clients find safe shelter and affordable housing, it is important to educate clients about the increased health risks (e.g., exposure to infectious diseases) associated with living with HIV/AIDS.

- Review general harm reduction strategies with clients, including substance abuse treatment, needle exchange programs, safe injection education, reducing substance abuse, and the provision of condoms (Song, 1999).
- Discuss the process of needle exchange or the cleaning and sterilizing of needles, as well as safer sex practices.
- Help clients and consumers understand the co-occurrence of HIV/AIDS and other STIs.
- Learn about HIV disease progression and medication options, and help clients to understand the importance of adhering to medication regimens.

ADVOCACY

Social workers are key players in ensuring access to services, including adequate and accessible funding for these services.

The following federal programs specifically address HIV/AIDS and/or homelessness: Health Resource Services Administration (HRSA) administers the Ryan White Care Act; the Department of Housing and Urban Development (HUD) administers Housing Opportunities for People Living With AIDS (HOPWA) and the McKinney-Vento Homelessness Assistance Grants Programs. The Substance Abuse, Mental Health Services Administration (SAMHSA) administers a range of programs addressing the mental health and addiction issues of person living with and affected by HIV/AIDS.

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RESOURCES

National Association of Social Workers. Poverty & Social Justice Specialty Practice Section. Available at www.socialworkers.org/sections


Social work speaks (6th Edition). National Association of Social Workers. Available online at www.naswpress.org

National Association of Social Workers. *HIV/AIDS Spectrum: Mental health training and education of social workers project*. Available at www.socialworkers.org/practice/hiv_aids/spectrum

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