

## Human Rights **Update**

# HIV/AIDS AND HOMELESSNESS

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NASW **HIV/AIDS**  
**SPECTRUM PROJECT**

Convergent sources suggest that as many as 600,000 families are homeless annually in the United States. Approximately 1.6 million persons used an emergency shelter or a transitional housing program during the 12-month period, with cities reporting an average of 12 percent increase of homelessness since 2007. (HUD, 2009; SAMHSA, 2005). 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 (NASW, 2009b).

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. Studies indicate that the prevalence of HIV among homeless people is as high as 20%, with some 'subgroups' having much higher burdens of disease (National Coalition for the Homeless, 2007).

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 (NCH, 2010). **For more information on stigma visit: [www.socialworkers.org/practice/hiv\\_aids/siteInfo/facts.asp](http://www.socialworkers.org/practice/hiv_aids/siteInfo/facts.asp).**

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, 2009).

### Housing and Persons Living With HIV/AIDS

In general, people who are homeless have higher rates of chronic diseases than people who are housed, due in part to the effects of lifestyle factors (such as drug, alcohol, or tobacco use), exposure to extreme weather, nutritional deficiencies, and being victimized by violence (NCH, 2007).

Compelling research findings demonstrate the significance of housing as an intervention to address public and individual health priorities, including disease prevention, health care access and effectiveness, and cost containment. This is especially true of HIV and related conditions. Models of care that include housing status as a key component offer great power, enabling new and more effective approaches to HIV prevention and treatment (The National AIDS Housing Coalition 2005).

Social workers need to be actively involved side by side with people who are homeless in national, state, and local coalitions to network with and create advocacy groups; and to encourage state and local communities to use mainstream programs in building a continuum of care that integrates housing, income maintenance, and supportive services. (NASW, 2009).

There is a shortage of both short-term and long-term affordable housing available throughout the United States. Of the more than one million people who are currently living with HIV in the United States, approximately one-third to one-half are either homeless, unable to afford their housing, or at imminent risk of homelessness (National Coalition for the Homeless, 2009). HIV/AIDS and homelessness are intricately related. The costs of health care and medications for people living with HIV/AIDS (PLWHA) are often too high for people to keep up with. In addition, PLWHA are in danger of losing their jobs due to discrimination or as a result of frequent health-related absences.

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

- 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 HIV/AIDS transmission; for example, many people who are homeless are at risk because of the prevalence of high risk behaviors including injection drug use, unsafe sex, and ‘survival sex’ (i.e., the exchange of sex for food, shelter, or money) (St. Lawrence, J., Brasfield, T., 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 abuse substances. This same study found a high 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, 2003). In a recent study of at-risk youth, 13 percent identified as a sexual minority and 11.3 percent reported survival sex work in the past six months. Sexual minority youth (gay, lesbian, bisexual, and transgender youth) were at significantly greater risk for survival sex work, and were more likely to report inconsistent condom use with clients and reported a greater number of clients in the past 6 months. The study concluded that in addition to increase in sex, sexual minority youth demonstrate elevated HIV risk behavior, and that harm reduction and HIV prevention programs for sexual minority youth who have ‘survival sex’ are urgently required (Marshall, B., et. al., 2010). For more information on adolescents and young adults and HIV/AIDS, visit: [www.socialworkers.org/practice/hiv\\_aids/hiv\\_factsheet.asp](http://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, 2003).

Additionally, lack of basic needs such as food, clothing and shelter—necessary to care for a person living with HIV/AIDS—can be major barriers to care. 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, 2003). 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. Increasingly, this pattern affects families and people who have never before experienced extreme poverty (NHCHC, 2010).

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, 2003). Stable housing increases access to health care, promotes successful adherence to complex HIV medications, and must be viewed as a cornerstone to HIV/AIDS treatments. Receipt of housing assistance also has a direct impact on improved medical care, regardless of demographics, drug use, health and mental health status, or receipt of other services (ONAP, 2010).

### 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 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. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services (HUD, 2010).
- 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)

The Ryan White Program works with cities, states, and local community-based organizations to provide HIV-related services to more than half a million people

each year. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Ryan White fills gaps in care not covered by these other sources. (Health Resource and Services Administration, 2010).

- ADAPs, funded through the Ryan White Care Act, Part B, 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, 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, 2010).
- 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. Resources include:

- The Centers for Disease Control and Prevention (CDC) operates a National Prevention Information Network (NPIN). This CDC database includes prevention, treatment, and housing resources for the persons living with HIV/AIDS: [www.cdcnpin.org/](http://www.cdcnpin.org/)
- 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/aids\\_ss.asp](http://www.socialworkers.org/practice/hiv_aids/aids_ss.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. For risk-assessment information, please go to:

[www.socialworkers.org/practice/hiv\\_aids/transmission%20and%20early%20intervention%20overview.pdf](http://www.socialworkers.org/practice/hiv_aids/transmission%20and%20early%20intervention%20overview.pdf)

- 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 (NASW, 2009a).

### Promote multi-component HIV efforts

Discuss the process of needle or syringe exchange or the cleaning and sterilizing of needles, as well as safer sex practices.

- This intervention combines needle and syringe exchange with any one or more of the following services: outreach, health education in risk reduction, condom distribution, bleach distribution coupled with education on needle disinfection, and referrals to substance abuse treatment and other health and social services (National Academy of Sciences, 2006).
- Help clients and consumers understand the co-occurrence of HIV/AIDS and other STIs (including Hepatitis C).
- 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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