



National Coalition for the Homeless

2201 P. St. NW • Washington, DC 20037

Phone: (202) 462-4822 • Fax: (202) 462-4823

Email: info@nationalhomeless.org | Website: <http://www.nationalhomeless.org>

HIV/AIDS and Homelessness

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Lack of affordable housing is a critical problem facing a growing number of people living with Acquired Immunodeficiency Syndrome (AIDS) and other illnesses caused by the Human Immunodeficiency Virus (HIV). People with HIV/AIDS may lose their jobs because of discrimination or because of the fatigue and periodic hospitalization caused by HIV-related illnesses. They may also find their incomes drained by the costs of health care.

Tragically, individuals with HIV/AIDS may die before they are able to receive housing assistance. Efforts to build HIV/AIDS housing often encounter chronic funding shortfalls, bureaucratic indifference, and the stigma and fear of AIDS. Projects to create HIV/AIDS housing may fail because of local opposition by neighborhood or community groups.

PREVALENCE

- Studies indicate that the prevalence of HIV among homeless people is between 3%-20%, with some subgroups having much higher burdens of disease.
- 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 (Zerger, 2003).
- An estimated 3.5 million people are homeless in the United States every year (NCH, 2005).
- People living with HIV/AIDS are at higher risk of becoming homeless. A Los Angeles study found that 50% of domiciled people living with HIV/AIDS felt they were at risk of becoming homeless, while a Philadelphia study found that 44% of persons living with HIV/AIDS were unable to afford their housing, a risk factor for homelessness (Song, 1999).
- Of nearly 12,000 people living with HIV/AIDS surveyed by AIDS Housing of Washington, 40% report having been homeless at least once in the past (AHW, 2003).

- The homeless population has a median rate of HIV prevalence at least three times higher—3.4% versus 1%—than the general population. Even higher rates (8.5 to 62%) have been found in various subpopulations (Song, 2003).
- A 1995 survey of homeless adults found that 69% were at risk for HIV infection from unprotected sex with multiple partners, injection drug use (IDU), sex with IDU partners, or exchanging unprotected sex for money or drugs (Adams, 2003).
- Homeless women and adolescents are particularly at risk (Adams, 2003). Single homeless women are more likely to be victims of domestic violence and sexual abuse, both of which have been linked to HIV infection (Song, 2003). Homeless adolescents are at risk due to higher rates of sexual abuse and exploitation. It has been estimated that 70 to 85% of homeless adolescents abuse substances (Adams, 2003).
- Homeless women have special barriers to health care. Homeless mothers, in particular, have been found to subordinate their own health care needs for the needs of their children (Song, 2003).
- Many homeless adolescents find that exchanging sex for food, clothing, and shelter is their only chance of survival on the streets. In turn, homeless youth are at a greater risk of contracting AIDS or HIV-related illnesses. HIV prevalence studies anonymously performed in four cities found a median HIV-positive rate of 2.3% for homeless persons under age 25 (Robertson, 1996).

ISSUES

To address the special considerations and challenges that primary care providers may face in caring for homeless individuals with HIV, the [Health Care for the Homeless Clinicians' Network](#) is undertaking a project focusing on HIV and homelessness. The following information is taken from the Network's September 1999 newsletter, [Healing Hands](#).

HIV infection exacerbated by homelessness deserves special attention for the following reasons:

High morbidity and mortality: HIV-infected homeless persons are believed to be sicker than their domiciled counterparts. For example, they tend to have higher rates and more advanced forms of TB, and higher incidence of other illnesses such as Bartonella. Another study has demonstrated that more homeless people die of AIDS than other HIV-infected populations.

Barriers to care: Homeless people with HIV may face many barriers to optimal care. Injection drug use and lack of insurance, common among homeless people, have been shown to negatively affect health care utilization, level of medical care, and health status.

Challenges to adherence: Adherence to complex medical regimens may be more difficult if one does not have stable housing or access to basic subsistence needs such as food. As it is believed that decreased adherence is the single best predictor of protease inhibitor failure and the primary cause of medication resistance, this problem has grave personal and public health implications.

POLICY RECOMMENDATIONS

Homeless persons with HIV/AIDS need safe, affordable housing and supportive, appropriate health care. Emergency housing grants should be available for persons with HIV-related illnesses who are in danger of losing their homes, and housing assistance should be available for those already on the streets. Federal assistance must be provided through adequate funding of targeted housing and health programs, and through the enforcement of anti-discrimination laws.

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