



# 4 Ways to Provide Housing and Healthcare to Homeless Persons Living with HIV/AIDS

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**CLARITY**  
HUMAN SERVICES



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# EXECUTIVE SUMMARY

HIV/AIDS and homelessness are deeply intertwined issues. People living with HIV/AIDS (PLWHA) are significantly more vulnerable to becoming and remaining homeless. Up to half of PLWHA<sup>[1]</sup> (a number that amounts to more than a half million people<sup>[2]</sup>) in the U.S. are at risk of becoming homeless. This is often due to high costs of health care and medications, as well as job loss resulting from workplace discrimination or frequent health-related absences.

In 2015, the US Department of Housing and Urban Development (HUD) reported that 1.7 percent (9,294 individuals)<sup>[3]</sup> of all homeless persons in the U.S. are living with HIV/AIDS, a third of which remain unsheltered. This doesn't account for the number of homeless persons who have HIV but remain undiagnosed (1 in 8 PLWHA are unaware of it).<sup>[4]</sup>

Because of the impact HIV/AIDS has on a person's immune system, the conditions of homelessness (e.g. exposure to extreme weather, nutritional deficiencies, crowded emergency shelters, and other lifestyle factors) and the illnesses and chronic diseases that often result are even more life-threatening to PLWHA.

Despite their disproportionately high risk for HIV infection and transmission, homeless and unstably housed people have limited access to

medical and social services. This delays the diagnosis of HIV and other related illnesses, hinders the resolution of behavioral disorders that interfere with HIV risk reduction and treatment, and accelerates progression to AIDS.<sup>[5]</sup>

This presents an urgent need.

*The purpose of this white paper is to discuss four ways to successfully connect people living with HIV/AIDS to housing and healthcare:*

- 1. Coordinate outreach efforts*
- 2. Break down barriers through relationship*
- 3. Secure housing for PLWHA*
- 4. Develop individualized, integrated plan of care*

*For each step, we'll take a look at the problem and solution, and offer several ideas for practical application within your community.*



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STEP #1

# COORDINATE OUTREACH EFFORTS

People with HIV/AIDS face multiple barriers to making that first contact for housing, healthcare, and/or other social services. Lack of transportation, motivation (often a result of mental illness), financial resources, and clear access points can make it difficult for PLWHA to get the help they need. Stigma surrounding HIV/AIDS only adds to the problem.

As a result, providers in both homeless services and HIV support services must really work together to design an outreach system that works for PLWHA. We've put together some ideas, seen below.

## Practical Ideas

**COORDINATE HIV TESTING IN OUTREACH AND COMMUNITY SETTINGS**, such as on the streets, in shelters, drop-in centers, and transitional or long-term housing.<sup>[6]</sup>

**TARGET GROUPS AT HIGHER RISK OF HIV INFECTION** such as women, ethnic minorities, youth, gay and bisexual men, and older people.<sup>[7]</sup> HIV risk factors are the same for everyone. However, some groups are more affected than others due to a variety of possible reasons, including stigma, income, education, and higher rates of existing HIV infections in particular communities.

**ENCOURAGE COMMUNITY SUPPORT** from religious leaders, faith communities, and other support groups to participate in outreach activities as appropriate. This may promote engagement among particular groups.

**USE RAPID HIV TESTING PROGRAMS** in these outreach settings.<sup>[8]</sup> The ability to provide same-day results increases opportunities for outreach workers to offer post-test counseling and link persons to the appropriate medical and support services.

**PROVIDE PRE-TEST COUNSELING.** Educate the patient about universal HIV testing but give them the option to decline testing. Ask if they have questions, and offer information about what the test means.

**ORGANIZE POST-TEST COUNSELING** once test results have been provided to a newly diagnosed person. If results are positive, make sure the client is engaged in care. Passive referrals such as providing names of local HIV service providers isn't nearly as effective as engaging the person with an active referral.<sup>[9]</sup> Service providers should work together to make the appointment for the person, and/or accompany them to their initial appointment. Any further client intake could also be conducted in this outreach setting to offer further follow-up with the person. Testing should also be offered to partners and children of HIV-positive persons.

STEP #2

# BREAK DOWN BARRIERS THROUGH RELATIONSHIP



One of the biggest challenges faced by people living with HIV/AIDS is the negative and discriminatory attitudes toward them because of their condition. Consequently, most PLWHA have experienced a tremendous amount of hurt and trauma, adding to the barriers of seeking and receiving help from service providers.

The therapeutic relationship between provider and client—built on trust and confidentiality—can break down barriers in addressing the needs of PLWHA.<sup>[10]</sup> Below are a few ideas for cultivating this type of relationship.

## Practical Ideas

### LISTEN TO CLIENTS IN A NONJUDGMENTAL WAY

Both provider and client enter the relationship with their unique cultural perspectives. This often results in conflicting values and beliefs regarding reproductive issues, sexuality, substance use, mental illness, family, religion, and other factors often involved in the cases of PLWHA.<sup>[11]</sup> Providers must seek to understand their own feelings about these issues, and any concerns that arise should be addressed by seeking insight from more experienced providers.

### PROTECT CLIENT CONFIDENTIALITY

The fear of unauthorized or inadvertent disclosure of a client's diagnosis often hinders PLWHA from accessing necessary information and services for their condition. The Housing Opportunities for Persons with AIDS (HOPWA) program provides a comprehensive [Confidentiality User Guide](#) on

best practices for protecting client confidentiality. Taking care to collect and document all essential client information and files (e.g. consent forms) is also necessary for client safety, especially when coordinating with multiple service providers within a community.

### **PROVIDE SPECIAL CARE FOR SPECIFIC POPULATIONS**

Particular groups of PLWHA will have different concerns and needs. For example, women will need social support and counseling as many will have a history of abuse and can be harder to reach than men. Sexual minorities need a safe, nondiscriminatory environment, as well as education about clean needle exchange when using injected hormones. Immigrants need to be assured of access to health care and services, regardless of their immigration status; they also need assurance that they won't be reported by HIV service providers to immigration officials for deportation.<sup>[12]</sup>

# SECURE HOUSING

Homeless persons living with HIV/AIDS are at greater risk of contracting dangerous and sometimes life-threatening infections as they stay in crowded shelters or wander the streets. Homelessness also impairs the ability of PLWHA to adhere to their treatment plan, as the lack of stable housing limits access to resources needed to obtain and properly store medications.<sup>[13]</sup> Other factors such as substance abuse disorders, mental illness, and unstable sexual relationships among homeless PLWHA also contribute to the progression of HIV/AIDS.

There is a strong correlation between improved housing status and better healthcare outcomes for people living with HIV/AIDS. Receipt of housing assistance has an independent, direct impact on improved health outcomes among people living with HIV/AIDS, including receipt of early, continuous, and clinically appropriate care.<sup>[14]</sup> Ideas for providing housing assistance to PLWHA are listed below.



## Practical Ideas

### ASSESS THE SITUATION

Understand the unique needs of your client's case and evaluate the availability of affordable housing already available in the community.

### KNOW YOUR CLIENT'S RIGHTS

Individuals with disabilities, including HIV/AIDS, are protected from discrimination by the Fair Housing Act and Section 504. This means that it is illegal to deny housing, access to housing, or housing-related services to PLWHA because of their condition.<sup>[15]</sup>

"The first step to better health is a roof over your head."

—HOPWA housing resident, Chicago

### EMPLOY THE HOUSING FIRST MODEL

Drug abuse and addiction are inextricably linked with HIV/AIDS, and people living with HIV/AIDS may be more likely than the general population to develop mental disorders.<sup>[16]</sup> The Housing First model places persons with either of these issues into permanent housing without requiring sobriety or treatment first.

### APPLY FOR HOPWA HOUSING ASSISTANCE

The Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and related supportive services for low-income PLWHA and their families who are unstably housed, or are at risk of or are currently experiencing homelessness. [Learn more about the assistance HOPWA provides here.](#)

## STEP #4

# DEVELOP INDIVIDUALIZED, INTEGRATED PLAN OF CARE

While housing is the important first step to a person's well-being and stability, it is rarely the only need that must be addressed. For people living with HIV/AIDS, access to comprehensive healthcare is crucial, in addition to other solutions such as substance abuse counseling, mental health care, and other supportive services.

Each person's case is different, and every need must be met. Coordination of service providers and the integration of these services—all with a holistic, individualized, and client-centered approach—are key to effectively helping PLWHA.<sup>[17]</sup> Tips to do this are provided below.

## Practical Ideas

### CONSIDER THE CLIENT'S BACKGROUND

Every client has different cultural and religious backgrounds, and is impacted by varying attitudes of their family, friends, community, and cultural group toward HIV/AIDS. When designing the plan of care for a client, it's important to take these into consideration so providers can develop an approach that accommodates the client's belief and value system, as well as their social environment.<sup>[18]</sup>

### EMPOWER THE CLIENT TO BE AN ACTIVE PARTICIPANT IN THEIR OWN PLAN OF CARE

Reinforce the client's understanding of their own plan of care and treatment repeatedly, and make sure they have a voice in decisions concerning the plan.<sup>[19]</sup> Walk alongside them as they recognize and address their own barriers in keeping up with the plan, and work with them to set realistic,

measurable goals. Help them apply for programs that provide assistance in health and social services, such as HOPWA, SSI/SSDI, Medicaid, SNAP, etc.

### IDENTIFY NEEDS AND GAPS IN SERVICES AVAILABLE

Social workers are key informants in determining the range of services needed for clients. National Association of Social Workers (NASW) encourages social workers to ensure their PLWHA clients are represented by knowing how their community documents needs and gaps in services. One example NASW provides is to learn the annual date of the Point-in-Time Count used to tally the total number of people who are homeless within their community, including those with HIV/AIDS.

### ENGAGE SERVICE PROVIDERS IN THE COMMUNITY

Seek participation from local HIV support service providers, treatment advocates, peer navigators, addiction/mental health counselors, medical providers, and others. Make sure all professionals interacting with the client understand their roles in order to establish long-term, consistent contact with the client.<sup>[20]</sup>

### DEFINE A CLEAR ENTRY POINT

In accordance with the Coordinated Entry process, there should be a defined entry point into the system of care. As a result, instead of being directed from one provider or shelter to another, homeless persons with HIV/AIDS can receive immediate, streamlined access to services no matter which 'door' they enter.

### INTEGRATE HOUSING AND HIV CARE DATA SYSTEMS

There's often a disconnect between HIV care data systems and housing data systems. Enhanced communication and data-sharing agreements (such as shared access to case notes and client information) enable service providers to share indicators that could be used to track the performance and evaluation of housing, care, and health outcomes. Integrating these data systems would streamline coordination between service providers, leading to improved housing and health outcomes for PLWHA. The city of Anchorage is one great example of this data-sharing initiative, which you can [read about here](#).

### BE THOROUGH IN DOCUMENTATION

As you coordinate with other service providers, careful documentation of all service delivery and all direct communication between providers is necessary in order to optimize coordination of care.<sup>[21]</sup>

# CONCLUSION

The strong ties between HIV/AIDS and homelessness present a challenge. We're encouraged when we see that housing status is one of the strongest predictors of health outcomes for people living with HIV/AIDS.<sup>[22]</sup> It's just a matter of getting all PLWHA housed and connected to the healthcare and supportive services they need.

When outreach efforts are coordinated to diagnose and properly follow-up with PLWHA, a relationship is established with the client as they enter the system of care. As best practices are followed to break down the barriers in understanding a client's needs, securing these solutions becomes attainable. Once housing is acquired for the client, service providers are able to come together to care for all other medical and social needs the client may have.

As communities work together to help homeless persons with HIV/AIDS, we can see every PLWHA housed and on their way to better health, stability, and well-being.

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