



HIV & YOUTH HOMELESSNESS: HOUSING AS HEALTH CARE

February 2014

Overview

Homeless and unstably housed youth are particularly vulnerable to contracting HIV.¹ Facing the immediacy of basic needs and with few resources at their disposal, young people are often dependent on survival strategies that place them at increased risk such as substance abuse and survival sex – trading sex for food, money, or a place to sleep.² Without access to health care, moreover, these youth are often unaware of their HIV status or unable to adhere to strict antiviral drug treatment plans.³

Existing literature on the topic suggests that addressing housing instability for homeless youth would reduce the risks of contracting HIV by providing an environment to attend to health care needs, improve mental and physical health, and decrease engagement in HIV-risk behaviors.⁴ Additionally, stable housing positively impacts access to medical care, treatment, and continuity of care for people currently living with HIV/AIDS.⁵ Thus, an expansion of safe, affordable housing could lead to decreased HIV infection and improved health among this population of vulnerable young adults.

Despite increased understanding of the virus among the broader population, individuals living with HIV continue to face discrimination in housing and employment, as well as in access to health services and social and community programs.⁶ These realities have substantial implications for youth experiencing homelessness as perceived stigma is often linked to low self-esteem, suicidal ideation, and depression.⁷

SURVIVAL SEX & SUBSTANCE USE: STRATEGIES THAT HURT

Homeless youth are at substantially increased risk of contracting HIV compared to their stably-housed peers.⁸ Lacking routine access to food or shelter, and without viable economic opportunities, many homeless youth resort to “survival sex” in order to address their basic needs.⁹ As a result, homeless youth often engage not only in higher rates of sexual activity than stably-housed youth, but are also more likely to engage in high-risk sex behaviors such as unprotected sex.¹⁰

Homeless youth are also at higher risk for sexual exploitation (e.g. coercion into prostitution, pornography, or stripping) due to their housing status.¹¹ Victims of sexual exploitation often have a history of child abuse (including neglect and sexual and/or physical abuse) that may have led them to run away from home in order to escape their abusers, a cycle that often continues once they enter life on the street and are under the control of a pimp.¹²

Additionally, the criminalization of sex work contributes to stigma that may prevent young people from having honest conversations with health care providers about their sexual behavior, or from turning to the police if they are victims of sexual assault.¹³ These policies exacerbate the negative health outcomes that homeless youth face, and in fact may increase the risk of contracting HIV/AIDS.¹⁴ Policies that focus on the health and safety

of sex workers, on the other hand, can instead lead to positive health outcomes. For example, harm reduction strategies that specifically target sex workers can reduce the incidence HIV infection.¹⁵

Other factors that contribute to HIV risk include alcohol and substance use,¹⁶ increasing the possibility of HIV transmission through intravenous drug use and precipitating high-risk behaviors.¹⁷

Among youth who engage in injection drug use, many share syringes, substantially raising their risk of contracting HIV.¹⁸ A 2010 study conducted in Hollywood, California indicated that 12 percent of homeless youth self-reported injecting drugs in the past 30 days.¹⁹ The Center for Disease Control and Prevention (CDC) reports that injection drug users represent an estimated nine percent of all new HIV cases in the United States.²⁰

Many youth report using alcohol and other substances as a form of self-medication to cope with untreated mental health issues, describing them as tools to numb physical pain, hunger, and the reality of life on the streets.²¹ According to the Urban Institute, up to forty percent of homeless youth report problems with alcohol abuse and almost half report engaging in drug use.²² Substance use is often considered a survival strategy for youth living on the street as it helps them stay up through the night to prevent robbery or other forms of victimization.²³

Health Access

Among the many barriers facing homeless youth, health care is arguably one of the most overlooked and under-researched areas. Confronted with more immediate survival needs such as finding sufficient food and stable shelter, attaining medical care can pose significant challenges for homeless youth.²⁴

Research indicates that 60 percent of young people living with HIV are unaware of their HIV status.²⁵ This lack of awareness due to gaps in health care access means that homeless youth may unintentionally spread the virus to others.²⁶ Not only does not knowing one's status place

others at risk, if left untreated, HIV will progress by weakening the body's immune system, making one vulnerable to life-threatening complications from an infection or the flu, which can then develop into AIDS.²⁷

Social Networking

Social networks provide an effective avenue to communicate preventative interventions and influence HIV-risk behaviors.⁴⁶ A recent study found that 96 percent of youths experiencing homelessness have weekly access to the Internet, and nearly half have daily access.⁴⁷ There are a number of advantages to utilizing social media as an intervention method. It is an inexpensive system of communicating with a large number of homeless youth simultaneously.⁴⁸ It is also an effective way of reaching out to LGBT homeless youth and youth of color who may feel apprehensive about seeking support face-to-face as a result of previous discrimination they have experienced due to their minority status.⁴⁹ Research indicates that online social networks can be a key resource for raising awareness about behaviors that potentially place youth at an increased risk of contracting HIV.⁵⁰

Housing as Health Care

The most common unmet service need for HIV-positive individuals is housing.²⁸ Sixty percent of all persons living with HIV/AIDS report homelessness or housing instability at some point throughout the course of their lives.²⁹ A lack of access to safe and stable housing has also been linked with poverty, inequality, and HIV infection among homeless youth and other marginalized populations.³⁰

According to the CDC, stable housing increases access to medical care as well as adherence to antiretroviral therapy, medication which is used to reduce replication of the virus in HIV-positive persons.³¹ Adherence to drug treatment plans has been shown to be extremely effective at reducing levels of the virus in the bloodstream to undetectable levels leading to improved health outcomes and life expectancy.³² However, youth experiencing homelessness lack access to the resources and the supports needed to ensure adherence to treatment;³³ these obstacles in turn lead homeless youth to

utilize emergency departments and ambulatory care settings for their health care needs.³⁴

Providing stable housing would reduce the risks of contracting HIV,³⁵ while also providing an avenue for the youth to address other barriers and challenges that may have led to becoming homeless, including family conflict, untreated mental illnesses, and substance abuse. According to the National AIDS Housing Coalition, housing positively impacts access to medical care, treatment, and continuity of care for people with HIV.³⁶

Who Is At Risk?

- ❖ **Homeless youth:** Available data suggests that they are at disproportionate risk for HIV in comparison to their stably-housed peers.³⁷ In one study conducted in a New York shelter for runaway and homeless adolescents, over five percent of participants tested positive for HIV, compared with less than one percent in the general youth population.³⁸
- ❖ **Young people:** According to the CDC, youth ages 13 to 29 account for 39 percent of all new HIV infections in the United States, while they make up only 21 percent of the nation's population.³⁹
- ❖ **African-American Youth:** Rates of HIV infection are also disproportionately high among youth of color. According to the CDC, infection rates are three times higher among young black males than Hispanic peers, and seven times higher than young white men. Additionally, African American women and girls between the ages of 13 and 24 account for 60 percent of all HIV infections among women.⁴⁰ Although the literature suggests many explanations as to why this population is overrepresented in HIV-infection rates, researchers emphasize the lack of culturally appropriate and relevant services as an important gap in health care and other services.⁴¹
- ❖ **LGBT youth:** Research shows that HIV also disproportionately affects homeless youth who identify as lesbian, gay, bisexual, and transgender (LGBT).⁴² According to the CDC, men who have sex with men represent about 4 percent of the male population in the United States, yet account for 78 percent of new HIV infections among males.⁴³ In 2009, the number of new HIV infections was highest among young African American men who have sex with men.⁴⁴ For LGBT youth who report feeling unsafe at housing programs that lack a culture of inclusivity,⁴⁵ some youth may be discouraged from accessing available services, including health care.

POLICY RECOMMENDATIONS

- ✓ Increase access to health insurance and other health services through targeted outreach and by ensuring that medi-cal eligibility workers are trained to enroll homeless youth, including those who may be unaccompanied.
- ✓ Increase the availability of health care treatment programs specifically aimed at youth through neighborhood health centers, social media outreach, and mobile service programs.⁵¹
- ✓ Continue to develop culturally competent services, particularly for homeless youth that may face higher risks for contracting HIV including sexually exploited youth, LGBT youth, and youth of color.
- ✓ Coordinate treatment and provide supportive services with housing to help youth succeed in maintaining housing, and allow lengths of stay long enough for them to achieve goals that will enable them to be independently housed.
- ✓ Move beyond individual-level HIV prevention strategies to structural and environmental interventions, including legal reforms, that facilitate HIV prevention in a way that addresses economic disparities and housing instability among youth.

The California Homeless Youth Project would like to thank the many contributors to this paper, including Brynn Walzer, Ellie May, Martha Gonzales, and Jessica Lin.

(Endnotes)

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This project is supported by generous funding from The California Wellness Foundation.