

Homeless People and HIV

(updated January 2023)



Homeless People and HIV

This education packet is a curated compilation of resources about homeless people and HIV.

The contents of this packet are listed below:

- Housing and Health (HIV.gov)
- The Role of Housing in Ending the HIV Epidemic (CDC)
- Housing Is Health Care (National AIDS Housing Coalition)
- Homelessness and Health: What's the Connection? (National Health Care for the Homeless Council – NHCHC)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Housing and HIV-Related Health Care Outcomes (HRSA HIV/AIDS Bureau)
- PrEP for HIV Prevention: Considerations for Individuals Experiencing Homelessness (NHCHC)

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

Housing and Health

 hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/housing-and-health

Why Do People with HIV Need Stable Housing?

Stable housing is closely linked to successful HIV outcomes. With safe, decent, and affordable housing, people with HIV are better able to access medical care and supportive services, get on HIV treatment, take their HIV medication consistently, and see their health care provider regularly. In short: the more stable your living situation, the better you do in care.

Individuals with HIV who are homeless or lack stable housing, on the other hand, are more likely to delay HIV care and less likely to access care consistently or to adhere to their HIV treatment.

Throughout many communities, people with HIV risk losing their housing due to such factors as stigma and discrimination, increased medical costs and limited incomes or reduced ability to keep working due to HIV-related illnesses.

What Federal Housing Assistance Programs Are Available for People with HIV?

To help take care of the housing needs of low-income people living with HIV and their families, the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing manages the Housing Opportunities for Persons With AIDS (HOPWA) program. The HOPWA program is the only Federal program dedicated to addressing the housing needs of people living with HIV. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income people living with HIV and their families. (View grantee [eligibility](#) requirements.)

Many local HOPWA programs and projects provide short-term and long-term rental assistance, operate community residences, or provide other supportive housing facilities that have been created to address the needs of people with HIV.

Are People with HIV Eligible for Other HUD Programs?

In addition to the HOPWA program, people living with HIV are eligible for any HUD program for which they might otherwise qualify (such as by being low-income or homeless). Programs include public housing, the Section 8 Housing Choice Voucher Program, housing opportunities supported by Community Development Block Grants, the HOME Investment Partnerships Program, and the Continuum of Care Homeless Assistance Program.

Find Housing Assistance: If you are homeless, at risk of becoming homeless, or know someone who is, help is available. Use [HUD's Resource Locator](#) to find housing assistance programs near you.

Access Other Housing Information: Find [resources for homeless persons](#) , including, [youth](#) , [veterans](#) , and the [chronically homeless](#) , as well as [rental](#), [homebuyer](#), and [homeowner assistance](#).

This page was developed in collaboration with HUD's [Office of HIV/AIDS Housing](#).

ISSUE BRIEF

The Role of Housing in Ending the HIV Epidemic

Powerful HIV prevention and treatment tools help keep people healthy and prevent HIV transmission, but nonmedical factors, known as social determinants of health, also influence HIV-related health outcomes. Social determinants of health are the conditions in which people are born, grow, work, live, and age, and the broader set of forces and systems that shape conditions of daily life.¹ **Housing acts as a social determinant of health; research tells us that where someone lives influences their health and wellbeing, and that stable housing is associated with better health outcomes.**^{2,3}

1. How Housing Affects Health

Where someone lives—both in terms of the stability, affordability, and quality of housing, and the characteristics of their neighborhood—can have a profound impact on their health and wellbeing.



A lack of affordable housing options can limit a person's ability to maintain stable housing and access other services, including staying engaged in ongoing health care.⁴ An overall inadequate supply of affordable housing in the United States, paired with regulations that discourage the development of new housing, creates barriers to maintaining stable housing for many.

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Over the last five years, the average rent in the United States has increased 18%.⁵ Job and income losses related to the COVID-19 pandemic have increased challenges with housing affordability for millions of households, especially lower-income households and households of color.⁵ In 2020, 30% of households across the country were cost-burdened, meaning they were paying more than 30% of their incomes on housing.⁶ Fourteen percent of households were severely cost-burdened, paying more than 50% of their incomes on housing.⁶ The increase in unaffordable housing is linked to increasing rates of housing instability and homelessness. Some populations, especially Black/African American (hereafter referred to as Black), Hispanic/Latino, and other communities of color, as well as transgender communities, also face housing-related discrimination, further limiting their access to stable housing.^{7,8}

Stable housing is closely linked to successful HIV-related health outcomes. People experiencing homelessness or housing instability have higher rates of HIV and mental health disorders than people with stable housing.^{9,10} People experiencing homelessness or housing instability are also more likely to engage in activities associated with increased chances of HIV acquisition or transmission, including substance use, injection drug use, and having multiple sex partners—factors that can also contribute to higher rates of sexually transmitted infections (STIs) and hepatitis.^{11,12,13,14} People with HIV also experience greater risk for inadequate care and treatment due to unstable housing and housing loss. According to CDC data, in 2020, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing.¹⁵

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U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

2. What the Data Tell Us

Research shows that housing instability is a significant barrier to HIV care and is associated with higher rates of behaviors that may increase the chance of getting or transmitting HIV, such as substance use and condomless sex.^{4,10,11,16} People with HIV experiencing homelessness are also more likely to delay entering HIV care, have reduced access to regular HIV care, and poorer adherence to antiretroviral treatment.¹¹

HIV testing:

Data show that people experiencing homelessness or housing instability are less likely to report having tested for HIV in the past year¹⁷ or ever,¹⁸ to people with stable housing. One study found that gay and bisexual men experiencing homelessness are over 15 times more likely to delay HIV testing than those with stable housing.¹⁹ Having access to general medical services is associated with higher likelihood of HIV testing,²⁰ and recent access to any medical or dental services increases the likelihood of HIV testing among people experiencing homelessness.²¹ Meeting people where they are with the services they need can help overcome barriers posed by unstable housing and homelessness and support people to access and stay engaged in care.



PrEP use:

People with unstable housing face barriers to accessing HIV pre-exposure prophylaxis (PrEP), which reduces the risk of getting HIV from sex by about 99% when taken as prescribed.^{22,23,24} One study found that knowledge of PrEP was low among youth experiencing homelessness, especially in the U.S. Midwest and South; only 29% had any knowledge of PrEP and only 4% had talked with a provider about PrEP.²⁵



HIV treatment:

People experiencing homelessness are less likely to receive and adhere to antiretroviral therapy (ART), compared with people who have stable housing.^{11,26} In one study, Black gay and bisexual men who self-reported homelessness were more likely to report difficulty taking ART and of missing a dose in the past week, compared to those with stable housing.²⁷ Another study found that homelessness can affect ART adherence among people with HIV who inject drugs due to multiple factors, including lacking a place to store the medication and lack of privacy.²⁸



Viral suppression:

Taking HIV medication as prescribed can help people with HIV stay healthy, and get and stay virally suppressed, or have an [undetectable amount of HIV in their blood](#), means they will not transmit HIV to their sex partners. Research shows that housing instability and homelessness can create barriers to becoming and staying virally suppressed.^{12,29} Transitioning to more stable housing can help people stay engaged in HIV care and get and stay virally suppressed.³⁰



KEY TERMS:

Housing instability: an umbrella term that encompasses homelessness and other housing-related challenges people may experience, including affordability, safety, quality, over-crowding, moving frequently, living in transitional housing or extended stay hotels, couch surfing, eviction, loss of housing, or spending a bulk of household income on housing.^{31,32,33}

Homelessness: lacking a fixed, regular, and adequate nighttime residence, such as living in emergency shelters, transitional housing, or places not meant for habitation (e.g., on the street, in a car); or an individual or family who will imminently lose their primary nighttime residence (within 14 days) and has not identified subsequent housing; or unaccompanied youth younger than 25 years of age, or families with children who qualify under other federal statutes, who have not rented or owned housing in the last 60 days, have moved two or more times in the last 60 days, or who are likely to continue to be unstably housed because of disability or multiple barriers to employment; or an individual or family fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.³⁴

Cost burdened: households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50% of their income on housing.³⁵

Ending the HIV epidemic in the United States requires implementing integrated solutions that address the comprehensive health, social services, and housing needs of people with HIV and people who could benefit from HIV prevention so they can stay healthy and prevent HIV acquisition or transmission. CDC is actively working with other federal agencies, people with HIV, and other community leaders to implement strategies that increase access to affordable, high-quality housing and support national HIV prevention goals.

2. What the Data Tell Us – continued

Some populations are disproportionately affected by both housing instability and HIV, highlighting persistent disparities in access to critical health and social services by race, ethnicity, age, and gender identity.

Black people make up over 40% of the population experiencing homelessness in the United States,³⁶ and 42% of new HIV diagnoses,³⁷ despite making up only 14% of the population.³⁸ Due to historical racial discrimination and residential segregation, some Black people live in communities with the highest [social vulnerability](#), in which a number of factors, including poverty, lack of transportation access, and crowded housing, increase vulnerability to negative health outcomes and make it harder to obtain HIV care services. Black adults who live in communities with high social vulnerability have increased chances of receiving an HIV diagnosis compared with Black adults in communities with the lowest social vulnerability.^{39,40} In 2019, 11% of Black people with HIV reported homelessness in the past year.¹⁶

Hispanic/Latino people make up just over 22% of the population experiencing homelessness in the United States,³⁶ and 27% of new HIV diagnoses,³⁷ despite making up only 19% of the population.⁴¹ Data show that over 8% of Hispanic/Latino people experience homelessness at some point during their lives.⁴² In 2020, 8% of Hispanic/Latino people with HIV reported homelessness in the past year.¹⁶

Young people with unstable housing experience up to 12 times greater risk of HIV infection than those with stable housing,^{43,44} and young people with HIV experience higher rates of homelessness than do people with HIV in other age groups. In 2019, youth (ages 13-24) and younger adults (ages 25-34) made up 57% of new HIV

diagnoses,⁴⁵ and 14% of people ages 18-24 and 16% of people ages 25-34 reported homelessness in the past year.¹⁶ While youth experiencing housing instability or homelessness have overall high rates of HIV testing (attributable in part to availability of HIV services at youth drop-in centers),^{46,47} research suggests that this population faces increased barriers to HIV prevention education and PrEP uptake, including perceived lack of risk and concerns about medication side effects and cost.⁴⁸

Transgender and gender non-conforming people are more likely to experience housing instability or homelessness than cisgender people.⁴⁹ From 2016 to 2019, the number of adult transgender people experiencing homelessness in the United States increased 88%.⁴⁹ One analysis of studies conducted between 2006 and 2017 found that 30% of transgender people reported unstable housing or homelessness.⁵⁰ Transgender people are also affected by HIV: in 2019, transgender people accounted for 2% of new HIV diagnoses in the United States and dependent areas, and HIV diagnoses among transgender people increased 7% between 2015 and 2019.⁴⁵ Transgender women are disproportionately affected by HIV, with prevalence estimated at 14%.⁵⁰



Structural interventions that address housing and HIV-related health needs in an integrated, comprehensive way can improve health outcomes for people with HIV and people who could benefit from HIV prevention.⁵¹

Among people without HIV, long-term supportive housing for people who need it can decrease the risk of getting HIV.⁵² For people with HIV, rental assistance programs can help increase access to stable housing, and support improved health outcomes for those experiencing homelessness and housing instability.⁵³

Studies have shown that **meeting people experiencing housing instability where they are with needed services can help improve HIV-related health outcomes.** For example, one study found that rapid HIV testing outside of traditional care settings, such as homeless shelters, increased testing uptake among people experiencing homelessness or housing instability.¹⁷ Accessible and flexible PrEP navigation services tailored to clients' needs, including street-based outreach, have also been shown effective in achieving PrEP initiation and adherence among people who use drugs and are experiencing homelessness that are comparable to rates among other populations.⁵⁴

Some studies have demonstrated that housing-focused interventions, such as those that provide rental assistance, permanent supportive housing, case management, and follow-up services, can be cost-effective strategies for HIV prevention.^{55,56} One study found that preventing only one HIV transmission for every 64 clients would make such interventions cost-effective.⁵⁷



3. How Federal Agencies are Addressing Housing and HIV

[The National HIV/AIDS Strategy](#) for 2022-2025 calls for a whole-of-society national response to accelerate efforts to end the HIV epidemic in the United States by 2030 and support people with and affected by HIV with the services they need to be healthy. The national strategy specifically calls for approaches that address housing and other social determinants of health alongside other co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities.⁵⁸ A [federal implementation plan](#) released in August 2022 outlines how collaborations within and across federal agencies can advance strategy goals and improve quality of life and health outcomes for people affected by HIV.

The federal [Ending the HIV Epidemic in the United States \(EHE\)](#) initiative, launched by the U.S. Department of Health and Human Services (HHS) in 2019, also supports innovative, community-driven solutions to help people access the HIV, healthcare, and social services they need to stay healthy. Through cross-agency collaboration, the initiative seeks to improve service coordination and eliminate social and structural barriers to prevention and care.

CDC:

Programs across CDC recognize the importance of addressing social determinants of health, including housing, to improve health outcomes. As part of its overarching goal to advance health equity, CDC is collaborating internally and externally with diverse partners to identify best practices for addressing housing and HIV.

CDC is charged with the mission of preventing HIV and improving HIV-related health outcomes, including by addressing social determinants of health. CDC's activities to address housing and HIV include:

Cross-CDC collaborations: Across CDC, programs and health equity leaders collaborate to share data and develop, assess, and implement interventions that address social and structural determinants of health, including housing, in line with CDC's priorities for reducing sexually transmitted diseases (STDs) [Strategic Plan 2022-2026](#) and [Community Approaches to Reducing Sexually Transmitted Diseases](#) initiative).

Community engagement: Meaningfully engaging with communities and partners is a vital part of CDC's process to develop programs and activities that address barriers to HIV and other health and social services. CDC prioritizes hearing from and collaborating with people with HIV through ongoing community listening sessions and building partnerships with organizations and other federal agencies focused on issues that intersect with HIV and affect health outcomes, including housing. CDC has hosted roundtables with regional leaders and town halls with community members to gain community insight into local HIV and housing efforts and how CDC can support those initiatives.

Program implementation: CDC supports state and local health departments and community-based organizations to implement evidence-based, high-impact programs to improve access to HIV and other health and social services. Through EHE, CDC funds 32 state and local health departments to implement locally tailored and integrated solutions to meet the unique needs of their communities. This funding also provides flexibilities for health departments to use funds to support housing. CDC also funds over 100 community-based organizations and their clinical partners to deliver comprehensive HIV services to communities disproportionately affected by HIV. CDC also supports the Housing Learning Collaborative, a virtual learning community to build capacity of EHE jurisdictions to develop and implement

innovative programs to respond to housing-related needs. CDC's HIV [Strategic Plan Supplement](#) for 2022-2025 includes a focus on status neutral and whole-person approaches to HIV prevention and care that address social and structural barriers that deter people from seeking the care they need.

HIV surveillance data: CDC's National HIV Surveillance System is the primary source for monitoring HIV trends in the United States. CDC funds and assists state and local health departments to collect the information and report de-identified data to CDC for analysis and dissemination. Based on this information, CDC can direct HIV prevention funding to communities where it is needed most. Additionally, the [Medical Monitoring Project](#), led by state, local, and territorial health departments in partnership with CDC, collects data on HIV care engagement and barriers to care, including housing instability and homelessness, among people with diagnosed HIV to help determine the health and social services people need to stay engaged in care.

Research: CDC conducts research and demonstration projects to build the evidence base for effective HIV prevention interventions. The [Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention](#) includes several housing-focused HIV prevention and care interventions. These include the [Enhanced Housing Placement Assistance](#) program for people with HIV experiencing homelessness; the [Shelter Plus Care](#) program in Ohio, which is regulated by the U.S. Department of Housing and Urban Development (HUD) and provides rental assistance and supportive services to people with HIV experiencing homelessness and their families; and the Health Resources and Services Administration (HRSA) [Homeless Initiative](#), which provides patient navigation services to people with HIV experiencing homelessness or housing instability.

3. How Federal Agencies are Addressing Housing and HIV – continued

HUD:

The U.S. Department of Housing and Urban Development (HUD) recognizes quality, affordability, stability, and location of a home are important factors for health and well-being. **HUD administers a variety of housing assistance programs with a broad reach and ability to assist people with HIV**, very low-income families, the elderly and aging, persons with disabilities, and others in need of housing assistance.

HUD's Housing Opportunities for Persons With AIDS ([HOPWA](#)) Program is the only federal program dedicated to housing for people with HIV. HOPWA was established by the AIDS Housing Opportunity Act to address the housing needs of individuals with HIV and low incomes and their families. Through HOPWA, HUD's Office of HIV/AIDS Housing awards grants to local communities, states, and nonprofit organizations to provide rental housing assistance and supportive services for over 100,000 people with HIV and their families annually. HUD provides [technical assistance](#) to HOPWA grantees to strengthen their capacity and support communities to develop comprehensive housing strategies. Other HUD programs, including the Housing Choice Voucher, Continuum of Care, and Emergency Solutions Grants programs, also provide safe, stable housing that enables people to prioritize their health and participate in HIV prevention or care services. **HUD supports activities and initiatives that expand access to HIV housing and services, reduce stigma, and help people access and remain in medical care. For example:**

Cross-agency collaborations: In support of the National HIV/AIDS Strategy [federal implementation plan](#), HUD is working in partnership with CDC to address recent HIV outbreaks in the United States involving people experiencing unstable housing, and the complex and overlapping challenges they face, such as substance use and mental health disorders, injection drug use, food insecurity, and stigma. In October 2022, CDC, HUD, and HRSA presented on HIV outbreak responses at the U.S. Conference on HIV/AIDS (USCHA).

HOPWA funding: On December 1, 2021, HUD [awarded](#) over \$40 million to 20 communities to implement new projects that align with ending the HIV/AIDS epidemic initiatives and elevate housing as an effective structural intervention in ending the epidemic. Selected applicants received a three-year grant to fund housing assistance and supportive services for low-income people with HIV and their families, coordination and planning activities, and grants management and administration. Additionally, HOPWA funded 143 formula jurisdictions and 82 competitive permanent supportive housing grants in Fiscal Year 2022 with an allocation of \$450 million.

Demonstration projects: Since 2016, HUD's [Youth Homelessness Demonstration Project](#) (YHDP) supported communities across the United States to develop and implement a coordinated community approach to prevent youth homelessness. In 2022, CDC and HUD jointly presented a [webinar](#) on HUD programs focused on youth populations such as YHDP, [Foster Youth to Independence](#) and [Family Unification Program](#) can best connect young people to HIV education and services.

Research and knowledge sharing: In 2021, HUD [released research](#) on innovative state and local government strategies to remove regulatory barriers to affordable housing and increase housing supply, in order to support inclusive, equitable communities. To promote sharing of knowledge and best practices, HUD's Office of Fair Housing and Equal Opportunity (FHEO) holds a [Table Talks Series](#) to engage HUD grantees and other partners in discussions on fair housing policies.

3. How Federal Agencies are Addressing Housing and HIV – continued

HRSA:

The Health Resources and Services Administration's (HRSA) [Ryan White HIV/AIDS Program](#) (RWHAP) serves more than half of all people with diagnosed HIV in the United States, including more than 25,000 people experiencing housing instability.⁵⁹ RWHAP helps people with HIV with low incomes receive medical care, medications, and other essential support services to help them stay healthy and engaged in care. HRSA's Bureau of Primary Health Care (BPHC) supports community health centers to provide primary and preventive care.

HRSA supports innovative interventions, initiatives, and funding models that increase housing access and collaborates with other agencies to promote integration of HIV- and housing-related services. For example:

Cross-agency collaborations: CDC is collaborating with other federal agencies, including HRSA and HUD, to cultivate a practice of knowledge sharing and build upon existing efforts to advance health equity and improve HIV-related health outcomes. This includes identifying opportunities for braiding funds and developing inter-agency guidelines on what is allowable; streamlining and harmonizing Notice of Funding Opportunity reporting requirements across CDC and other agencies; and providing guidance and technical assistance to partners and grantees to maximize the effectiveness of housing and HIV-related interventions.

Funding for primary and preventive care: Through BPHC, HRSA's [Primary Care HIV Prevention \(PCHP\)](#) funding expands access to HIV prevention services, including testing, PrEP, and linkage to HIV care and treatment in EHE-funded jurisdictions. BPHC's [National Health Care for the Homeless Program](#) also supports community-based organizations to provide high-quality, accessible health care, including prevention services, to people experiencing homelessness.

Guidance:

- In 2016, HRSA issued [guidance](#) to RWHAP providers clarifying that Part C funding can support temporary housing services and reducing reporting requirements.
- When HUD's HOPWA program changed how it allocates funding in 2017, HRSA and HUD jointly [presented](#) at national conferences to increase understanding of how funding changes could impact RWHAP providers and provided technical assistance on leveraging other funding sources to support people with HIV experiencing housing instability.
- In 2017, HRSA and HUD released a [joint statement](#) to funded organizations encouraging the sharing of data across systems to better coordinate and integrate medical and housing services for people with HIV. In 2019, the agencies released a [toolkit](#) for service providers with best practices for sharing data and improving service coordination

Demonstration projects and research: HRSA's Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV treatment and care to respond to the emerging needs of RWHAP clients and promote the dissemination and replication of successful interventions. Housing-related SPNS projects include:

- [HRSA's Homeless Initiative](#) provides patient navigation services for people with HIV experiencing housing instability. A study of the initiative found that people who stabilized their housing were more likely to stay engaged in HIV care, be prescribed ART, and become virally suppressed³⁰
- [HIV, Housing & Employment Project](#) was launched in 2017 with support from the Minority HIV/AIDS Fund to support the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing, and employment services for people with HIV in racial and ethnic minority communities
- [Addressing HIV Care and Housing Coordination through Data Integration](#) was an initiative to support the electronic integration of housing and HIV care data and improved service delivery coordination between RWHAP and HOPWA
- [Supporting Replication \(SURE\) of Housing Interventions](#) was launched in 2022 to evaluate the implementation of housing-related interventions for people with HIV experiencing housing instability and from communities disproportionately affected by HIV, including LGBTQ+ people, youth and young adults (ages 13-24), and people who have been involved with the justice system

SPOTLIGHT: HIV and housing programs in EHE jurisdictions



- **Riverside, CA:** Riverside County's Housing Authority and local nonprofit TruEvolution launched Project Legacy to provide permanent supportive housing, health care, mental health support services, workforce development, and other wraparound services for LGBTQ+ people and people with HIV experiencing housing instability.⁶⁰
- **San Francisco, CA:** Through San Francisco's Ryan White HIV/AIDS Program-funded Ward 86 HIV clinic, the POP-UP Project enrolled clients experiencing homelessness or unstable housing and provided them with low-barrier primary care services, outreach via peer navigator, and integrated social work and case management services. A study of the project found high levels of care engagement among enrollees, despite overlapping challenges of unstable housing, substance use, and mental health conditions.⁶¹
- **Chicago, IL:** Chicago House provides housing support, medical case management, and other wraparound services, including linkage to PrEP and mental health services for people experiencing housing instability. Their clients are primarily people with HIV, people who could benefit from HIV prevention, LGBTQ+ and transgender people. Among 41 Housing for PrEP Users clients housed between October 2019 and September 2022, 80% were Black/African American and 20% were Hispanic/Latino; 93% were ages 18 to 35; and 98% identified as gay or bisexual. In addition, over 75% of clients were employed and increased their income while in the program, and 86% of clients who exited the program moved into permanent housing. Notably, 100% of clients remained HIV-negative while in the program. In 2021, 97% of people with HIV in Chicago House residences were linked to and retained in care, and 90% of people with HIV in Chicago House residences were virally suppressed.⁶²
- **Boston, MA:** In response to increasing rates of HIV transmission, Boston Health Care for the Homeless Program launched an innovative PrEP program for people experiencing homelessness who inject drugs that provides PrEP navigation services and street-based outreach tailored to client needs, without requiring abstinence from substance use. Of the clients linked to PrEP services, initial data show that 64% were prescribed PrEP and 85% of those prescribed PrEP picked up their prescription. Participants and providers identified program components that facilitated patient engagement, including community-driven PrEP education, accessible programming and same-day prescribing, intensive outreach and navigation, and trusting patient-provider relationships.^{54,63}
- **Kansas City, MO:** With support from RWHAP and HOPWA, the Kansas City health department launched KC Life 360, a client navigation initiative that coordinates housing and employment services for people with HIV from racial/ethnic minority communities who are experiencing housing instability. The program has improved housing stability and HIV-related health outcomes for participants, with 87% engaging in medical care and 86% becoming or staying virally suppressed.^{64,65}
- **Memphis, TN:** With support from the Memphis Ryan White Part A Program and Kellogg Health Scholars Program, a partnership was formed between the Shelby County Health Department, Operation Outreach (a federally qualified faith-based health center's mobile healthcare clinic), and a university to survey and provide voluntary on-site rapid HIV testing services to adults living in transitional housing in the Memphis area. Nearly 90% of survey respondents agreed to test for HIV, suggesting that providing testing services outside of traditional clinical settings is acceptable for this population.¹⁷

4. The Path Forward

Continued collaboration with diverse partners can help sustain and advance strategies that consider housing alongside other comprehensive health and social service needs that are critical to ending the HIV epidemic. For instance:

Federal agencies can support inter- and intra-agency collaboration to support policies and programs that address housing and other social determinants of health within holistic HIV programming. For example, they can direct funding and other resources to health departments and other community-based partners implementing integrated services. Federal agencies can also continue to fund and conduct research to build the evidence base for housing-related HIV interventions, and garner support for housing interventions as an effective strategy for improving HIV-related outcomes and reducing long-term health care costs.

Policymakers and elected officials can advance policies that address social determinants of health and increase access to affordable housing, including for people with HIV. They can also invest resources in housing programs for people with HIV, including HOPWA and RWHAP, and invest in other supportive housing efforts for people without HIV who could benefit.

State and local health departments can ensure strong linkages between their infectious disease and housing programs to address housing needs as part of their comprehensive HIV programs. They can direct funding, where possible, toward innovative community-based organization programming that integrates HIV and other health and social services. They can also consider hiring patient navigators to help clients gain access to the services they need to stay healthy, including housing support.

Healthcare, community-based, and other service providers can meet people where they are with integrated HIV and other health and social services, including outside of traditional clinical settings, such as through telehealth, mobile units, STI clinics, syringe services programs (SSPs), and shelters. They can also implement integrated models of care that link people to the health and social services they need, including through patient navigator programs. They can also provide HIV prevention education specific to populations experiencing housing instability.

Community leaders can work to build federal, state, and local support for integrated service models for people with HIV and people who could benefit from HIV prevention. For example, they can speak about the benefits of integrating health and social services, like housing support, to address comprehensive, whole person needs. They can also speak about the importance of staying engaged in ongoing HIV and other care.

CDC will continue working with partners within and across agencies and communities to garner support for housing-related interventions as an effective HIV prevention strategy and ensure people can access the health and social services they need to stay healthy.

HOUSING AND HEALTH

 nationalaidshousing.org/housing-and-health

Housing is Health Care

The Social Determinants of Health

When people have access to all social determinants of health they are able to live healthy and safe lives. Access means we see positive healthy outcomes for Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, & Functional Limitations. For people living with HIV, Housing is one of the strongest predictors of their access to treatment, other health outcomes, and how long they will live.

Safe and Stable Housing is just the first step, but an important one, for persons living with HIV to gain access to and benefit from life-saving HIV treatments.



housing is the foundation
housing is healthcare

Housing is the Foundation

When people have access to all social determinants of health they are able to live healthy and safe lives. Access means we see positive health outcomes for Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, & Functional Limitations. For people living with HIV, Housing is one of the strongest predictors of their access to treatment, other health outcomes, and how long they will live. Safe and Stable Housing is just the first step, but an important one, for persons living with HIV to gain access to and benefit from life-saving HIV treatments.

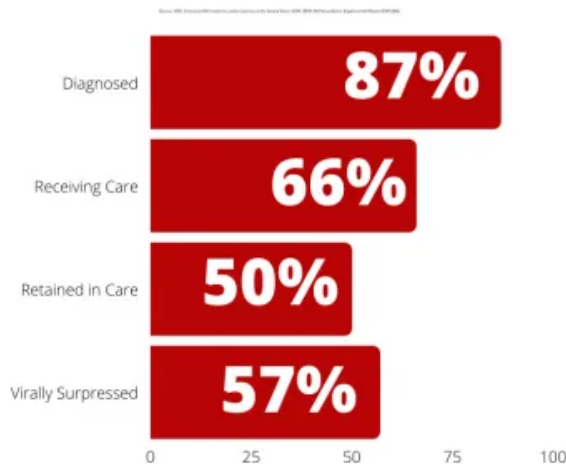
- People who are homeless or unstably housed who receive housing assistance are more likely to engage in medical care, reduce risk behaviors, and enjoy better health.
- A person living with HIV and taking antiretroviral therapy (ART) as prescribed can achieve and maintain an undetectable HIV viral load, which means they cannot transmit HIV.
- Experiencing homelessness or housing instability makes it more difficult to gain access to treatment and adhere to treatment.



In 2019, an estimated **1,189,700** PEOPLE had HIV.

For every 100 people with HIV

87 knew their HIV status.



Housing is Healthcare

People living with HIV must have safe, stable, appropriate housing in order to successfully access and benefit from life-saving HIV treatments.

Being stably housed is positively associated with:

- Effective antiretroviral therapy
- 20% more likely to be viral suppressed
- Lack of co-infection with hepatitis C or tuberculosis
- Reduced mortality

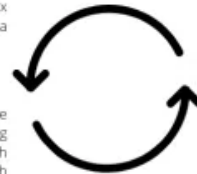
Homelessness and HIV: a cycle

Homelessness increases risk of HIV

People who are homeless or unstably housed have HIV infection rates as much as 16x higher than people who have a stable place to live

At least half of all people living with HIV/AIDS experience homelessness or housing instability

Daily survival needs, exposure to violence, coping mechanisms, mental health and risks associated with homelessness increase risk of HIV infection.



Stigma & discrimination against those living with HIV create barriers when trying to find and keep stable housing.

HIV infection increases the risk of homelessness

In Fiscal Year 2019

- Number of persons in the US living with HIV who will need some form of housing assistance during the course of their illness: estimated at **394,252**
- Number of households with HIV that currently lack stable housing and have an unmet need for housing assistance: estimated at **140,000**
- Number of households being served by the HOPWA (Housing Opportunities for Persons with AIDS) Program: **53,299** with housing assistance and an additional **56,346** receiving supportive services.

For direct links to CDC reports and other sources, please visit the NAHC website at:

www.nationalaidshousing.org

SNAPSHOTS

FROM ACROSS THE U.S.

Rates of New HIV Diagnoses in the US and Dependent Areas by Region, 2019*



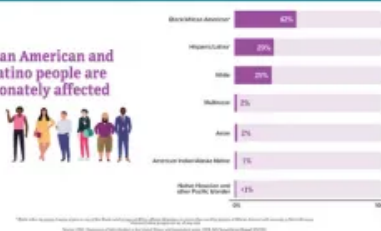
People with Diagnosed HIV in the US and Dependent Areas by Region of Residence, 2019*



The South has the highest number of people living with HIV, but if population size is taken into account, the Northeast has the highest rate of people living with HIV. (Rates are the number of cases of disease per 100,000 people. Rates allow number comparisons between groups of different sizes.)

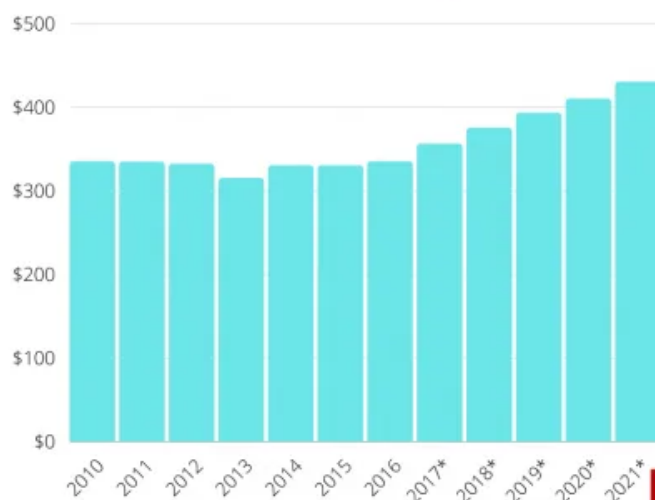
New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2019

Black/African American and Hispanic/Latino people are disproportionately affected by HIV.



HIV diagnoses by race and ethnicity, we see that Black/African American people are most affected by HIV. In 2019, Black/African American people accounted for 42% (15,340) of all new HIV diagnoses. Additionally, Hispanic/Latino people are also strongly affected. They accounted for 29% (10,502) of all new HIV diagnoses.

HOPWA Funding History in Millions



FY 2021 ASK: \$600 Million



394,252 persons living with HIV/AIDS are in need of housing assistance.



95% of HOPWA TBRA and PH have achieved housing stability.



In 2018-2019, for every dollar spent on HOPWA, \$2.79 was leveraged by grantee.

For direct links to CDC reports and other sources, please visit the NAHC website at:
www.nationalaidhousing.org

Lack of Stable Housing Equals Lack of Treatment Success

People with HIV/AIDS who are homeless or unstably housed:

- Are more likely to enter HIV care late
- Have lower CD4 counts and higher viral loads
- Are less likely to receive and adhere to antiretroviral therapy
- Are more likely to be hospitalized and use emergency rooms
- Experience higher rates of premature death

Housing status has more impact on health outcomes than demographics, drug and alcohol use, mental health status or receipt of social services.

Improved Housing is Linked to Better Access to Health Care and Better Health Outcomes

People with HIV/AIDS who have stable housing are much more likely to access health services, attend primary care visits, receive ongoing care and receive care that meets clinical practical standards.

Being stably housed is positively associated with:

- Effective antiretroviral therapy (HAART)
- Viral suppression
- Lack of co-infection with Hepatitis C or Tuberculosis
- Significant reductions in avoidable emergency and acute health care
- Reduced mortality

Homeless people with HIV in Chicago who received a housing placement were twice as likely to have an undetectable viral load 12 months later.

Housing Assistance is HIV Prevention

- **84%** The proportion of unstably housed people with HIV who received a voucher for rental assistance who were stably housed at 18 months.
- **80%** The reduction in mortality among homeless people with AIDS who received supportive housing.
- **57%** The reduction in hospitalizations for people with HIV after they were stably housed.

Homelessness can take many forms, with people living on the streets, in encampments or shelters, in transitional housing programs, or doubled up with family and friends. While the federal government reports 1.5 million people a year experience homelessness, other estimates find up to twice this number of people are actually without housing in any given year. The connection between housing and homelessness is generally intuitive, but the strong link between health and homelessness is often overlooked. This fact sheet outlines how health and homelessness are intertwined—and why housing is health care.

People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population.

Poor health is a major cause of homelessness

An injury or illness can start out as a health condition, but quickly lead to an employment problem due to missing too much time from work; exhausting sick leave; and/or not being able to maintain a regular schedule or perform work functions. This is especially true for physically demanding jobs such as construction, manufacturing, and other labor-intensive industries. The loss of employment due to poor health then becomes a vicious cycle: without funds to pay for health care (treatment, medications, surgery, etc.), one cannot heal to work again, and if one remains ill, it is difficult to regain employment. Without income from work, an injury or illness quickly becomes a housing problem. In these situations, any available savings are quickly exhausted, and relying on friends and family for assistance to help maintain rent/mortgage payments, food, medical care, and other basic needs can be short-lived. Once these personal safety nets are exhausted, there are usually very few options available to help with health care or housing. Ultimately, poor health can lead to unemployment, poverty, and homelessness.

Simply being without a home is a dangerous health condition.

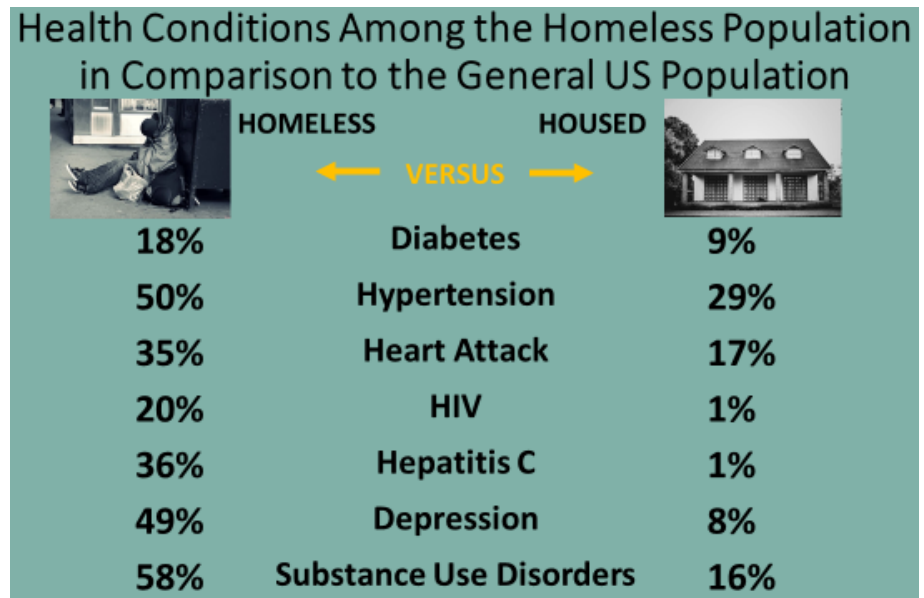
Homelessness creates new health problems and exacerbates existing ones

Living on the street or in crowded homeless shelters is extremely stressful and made worse by being exposed to communicable disease (e.g. TB, respiratory illnesses, flu, hepatitis, etc.), violence, malnutrition, and harmful weather exposure. Chronic health conditions such as high blood pressure, diabetes, and asthma become worse because there is no safe place to store medications properly. Maintaining a healthy diet is difficult in soup kitchens and shelters as the meals are usually high in salt, sugars, and starch (making for cheap, filling meals but lacking nutritional content). Behavioral health issues such as depression, alcoholism, or other substance use disorders can develop and/or are made worse in such difficult situations, especially if there is no solution in sight. Injuries that result from violence or accidents do not heal properly because bathing, keeping bandages clean, and getting proper rest and recuperation isn't possible on the street or in shelters. Minor issues such as cuts or common colds easily develop into -

larger problems such as infections or pneumonia. Numerous health conditions among people who are homeless are frequently a complex mix of serious physical, mental health, substance use, and social problems. Poor health, high stress, unhealthy and dangerous environments, and an inability to control food intake often result in frequent visits to emergency rooms and hospitalizations.

Recovery and healing are more difficult without housing

Stable housing not only provides privacy and safety, it is also a place to rest and recuperate from surgery, illness, and other ailments without worry about where to sleep and find a meal, or how to balance these needs with obtaining health care and social services. The best, most coordinated medical services are not very effective if the patient's health is continually compromised by street and shelter conditions. Even inpatient hospitalization or residential drug treatment and mental health care do not have lasting impacts if a client has to return to the streets or shelters upon discharge.



Source: Health Center Patient Survey (HCPS) 2009

While health care providers do all they can to mitigate the effects of the streets, no amount of health care can substitute for stable housing.

The Solution: Housing is Health Care

Housing and health care work best together and are essential to preventing and ending homelessness. Health care services are more effective when a patient is stably housed, and in turn, maintaining housing is more likely if proper health care services are delivered. While there are many factors that influence health, stable housing is a key “social determinant of health” that directly impacts health outcomes. While some need only short-term assistance to regain health and reconnect to employment and housing on their own, others may be so seriously ill and/or disabled they will need longer-term support services in order to maintain housing. Either way, housing is necessary to realize a healthier society. Communities that invest in affordable housing incur lower public costs, achieve better health outcomes, and work to prevent and end homelessness.

Learn more:

- National Health Care for the Homeless Council. [Social Determinants of Health: Predictors of Health among People without Homes.](#)
- Choucair, B. and Watts, B. [Rx For Health: A Place To Call Home.](#) *Health Affairs Blog*, August 2018.

VISIT OUR WEBSITE AT WWW.NHCHC.ORG

Housing Opportunities for Persons With AIDS (HOPWA)

 hud.gov/hudprograms/hopwa

Housing Opportunities for Persons With AIDS (HOPWA)

Provides formula allocations and competitively awarded grants to eligible states, cities, and nonprofit organizations to provide housing assistance and related supportive services to meet the housing needs of low-income persons and their families living with HIV/AIDS. These resources help clients maintain housing stability, avoid homelessness, and improve access to HIV/AIDS treatment and related care while placing a greater emphasis on permanent supportive housing.

Nature of Program: The HOPWA program was established by the AIDS Housing Opportunity Act and remains the only federal housing program solely dedicated to providing rental housing assistance for persons and their families living with HIV/AIDS. The program provides states and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons living with HIV/AIDS. HOPWA housing support enables these special-needs households to establish or maintain stable housing, reduce their risks of homelessness, and improve their access to healthcare and other support. Housing assistance provides the foundation from which these individuals and their families may participate in advances in HIV treatment and related care.

Although a large majority of HOPWA grant funding (90 percent) is allocated by formula based on the number of cases and highest incidence of AIDS, approximately 10 percent is awarded for the renewal of permanent supportive housing projects, demonstration projects for Special Projects of National Significance, and for non-formula areas. Applicants for formula awards are the eligible states and the most populous city in each eligible Metropolitan Statistical Area that qualifies and follows HUD's Consolidated Planning process. Eligible competitive grant applicants include states, units of general local government, and nonprofit organizations. HUD gives priority to the renewal of competitive projects that have provided permanent supportive housing for this special needs population. In addition, competitive grant funding is also available to provide additional funding for training, oversight, and technical assistance activities.

Grants may be used to provide a variety of forms of rental housing assistance, including emergency and transitional housing, shared housing arrangements, community residences, and single room occupancy dwellings (SROs). Appropriate supportive services are provided as part of any assisted housing. Eligible grant activities include housing information, resource identification, and permanent housing placement; acquisition, rehabilitation, conversion, lease, and repair of facilities to provide short-term shelter and services; new construction (for SROs and community residences only); project- or tenant-based rental

assistance, including assistance for shared housing arrangements; short-term rent, mortgage, and utility payments; operating costs; technical assistance for community residences; administrative expenses; and supportive services, including case management.

Eligible persons receiving HOPWA rental assistance or residing in rental housing assisted under this program must pay as rent, including utilities, the highest of 30 percent of the family's monthly adjusted income, 10 percent of the family's monthly income, or the applicable portion of the family's welfare payment that is designated for housing costs.

Applicant Eligibility: States, units of local governments, and nonprofit organizations.

Legal Authority: The AIDS Housing Opportunity Act, Subtitle D of Title VIII of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 12901 et seq.). Regulations are at 24 CFR part 574.

Administering Office: Assistant Secretary for Community Planning and Development, U.S. Department of Housing and Urban Development, Washington, DC 20410-7000.

Information Sources: Administering office. [On the Web](#)

Current Status: Active.

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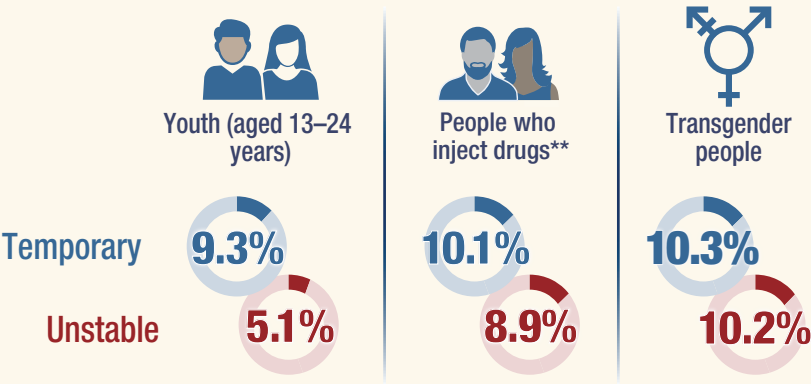
Information Sources: Administering office. [On the Web](#)

Current Status: Active.

Housing and HIV-Related Health Care Outcomes Among HRSA's Ryan White HIV/AIDS Program (RWHAP) Clients in 2020*

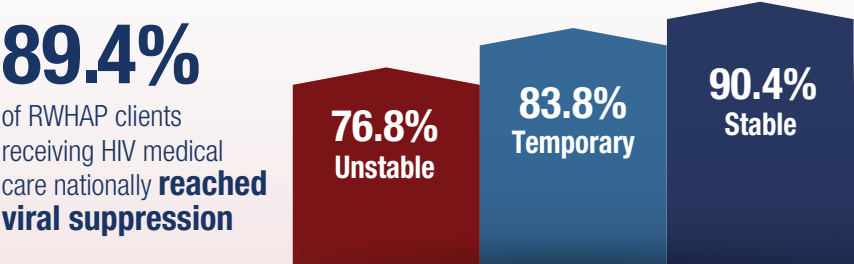


Several RWHAP priority populations experience disproportionately high rates of temporary or unstable housing.



**Clients who reported injection drug use as their HIV transmission category

HIV Viral Suppression Among RWHAP Clients By Housing Status



*Source: Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020.
Published December 2021.

Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

Considerations for Individuals Experiencing Homelessness

FACT SHEET
September 2019

Introduction

Over the last few decades, major advancements have been made in HIV treatment, testing, and prevention, including the introduction of Pre-Exposure Prophylaxis (PrEP) as a prevention option for individuals at risk of HIV infection. PrEP is a daily pill that consists of two anti-retroviral medications used in the treatment of HIV - enofovir and emtricitabine, and commercially packaged as Truvada or Descovy. When taken as prescribed, PrEP has been shown to reduce sexual transmission of HIV by 90% and reduce risk of transmission through use of injection drugs by 70%.¹ The efficacy of PrEP in HIV prevention has gained national attention and scaling up its use is part of the federal response to ending the HIV epidemic.²

Despite the progress made in developing and promoting prevention methods, HIV diagnoses in the US have remained steady since 2013, holding around 39,000 new infections annually.³ Recent estimates show that over 1.1 million Americans are living with HIV as of 2016, and approximately 15% of those individuals has not yet received a diagnosis.⁴ HIV infection and prevalence is not evenly distributed across all regions and subpopulations, with the southern United States accounting for 52% of new infections, and higher than average rates of HIV among gay and bisexual men, as well as African Americans and Latinos.⁵ PrEP provides an opportunity to stymie new HIV infections, however the individuals most at risk are often not the demographics that are currently using PrEP for HIV prevention.⁶ Understanding the population of who would benefit from PrEP is an essential starting point to prevent further infections and address disparities in access and use of prevention methods.

HIV & Homelessness

People experiencing homelessness are at an elevated risk of HIV infection, with studies showing that they face 3-9 times the risk of infection compared to their housed counterparts.⁷ One study also estimated that half of people living with HIV will experience homelessness or housing instability following diagnosis.⁸ In 2018, Health Care for the Homeless (HCH) providers served 15,113 individuals with HIV. This represented 1.50% of all patients served by HCH programs. In comparison, the overall percentage of people living with HIV seen by all Health Center Program Grantees was 0.68% in 2018.⁹

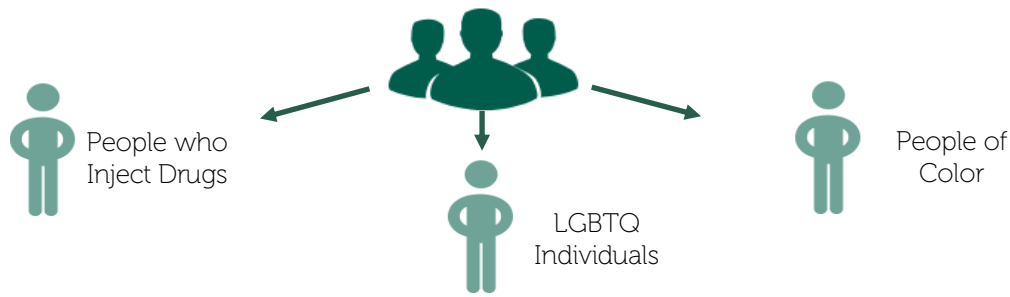
Considering the elevated rates and risks for individuals experiencing homelessness, and the consistent infection rate over the last several years, there is a renewed need to focus efforts on prevention of HIV infection in this population. Tying into broader national efforts to significantly reduce infection rates by 2030,¹⁰ HCH providers can further scale and implement prevention interventions in their communities, including the provision of PrEP.

Subpopulations & Risk

It is widely known that when it comes to HIV infection rates there are disparities between various subpopulations. The same is known in relation to the demographics of people experiencing homelessness. In many cases, there is an overlap in the populations at an elevated risk for both HIV

infection and homelessness. This includes racial disparities, LGBTQ individuals – especially youth, and people who inject drugs. It is also important to note that the socioeconomic status of individuals within various subpopulations can elevate risk of HIV infection as individuals turn to survival behaviors that may expose them to the virus.¹¹ The intersectionality of risk factors can be daunting to the individuals in these subpopulations and the providers working to serve them. Understanding what these intersections may be can help to address consumers holistic needs, giving providers the background to know what other vulnerabilities exist for those they are working with.

Figure 1: Intersecting Subpopulations at elevated risk of HIV and Homelessness



People who Inject Drugs

People who inject drugs (PWID) are one key subpopulation that is at elevated risk for both HIV infection and potential homelessness. The Centers for Disease Control and Prevention (CDC) estimates PWID or those who inject drugs and are men who have sex with men account for one in ten new HIV diagnoses in the United States.¹² Sharing needles, syringes, and other equipment (works) puts individuals at a high risk of infection if they had previously been used by a person living with HIV, which can survive on a used needle for approximately 42 days.¹³ Studies also show that in some cities, 40% of people who inject drugs report sharing syringes.¹⁴ PWID are also more likely to engage in other risky behaviors while under the influence, especially engaging in unsafe sex practices.^{15,16} One contributing factor to the high rates of HIV transmission among PWID is that many individuals do not know their own HIV status and unknowingly pass it on to those they share works with.¹⁷

It is well known that people experiencing homelessness have higher rates of substance use conditions than those who are housed.¹⁸ Research has shown that there is an association between episodes of homelessness and injection drug use, with one study of people who currently or formerly inject drugs finding that 38% of participants reported at least one incidence of homelessness, and 50% of those individuals reported more than one experience of homelessness.¹⁹ The researchers also found that homelessness was associated with relapse among participants who had stopped injecting drugs.²⁰ Recognizing the intersection between PWID, homelessness, and HIV is essential when working with individuals who fall into this subpopulation to implement strategies that address the complex needs of those who are at risk of HIV infection.

Sexual Orientation & Gender Identity

There are documented disparities in HIV infection rates for people who identify as a sexual or gender minority, specifically men who have sex with men (MSM) and individuals who are transgender. In 2017, MSM accounted for 66% of all HIV diagnoses, with MSM who also use injection drugs experiencing a compounding risk.²¹ Studies have also shown disparities in HIV infection rates for black MSM compared with white MSM, likely due to access to care.²² Risk factors associated with unprotected sex and unknown HIV status have contributed to continued high rates of HIV among MSM.

For individuals who are transgender, a recent survey of the literature found that an estimated 14% of transgender women are HIV positive, with significantly higher rates for transgender women of color.²³ This significant disparity is in part because transgender individuals may not feel safe accessing health care services, especially if they have had negative experiences in the past. Lack of culturally appropriate care can delay HIV diagnosis and provision of prevention interventions.

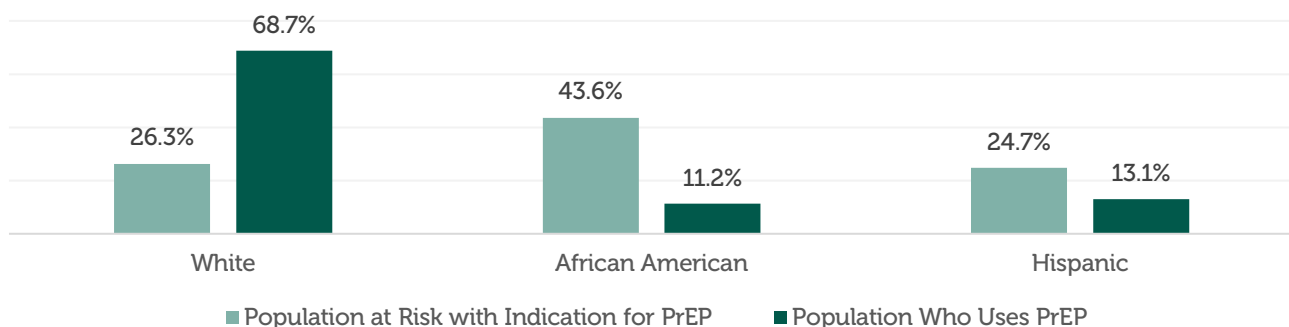
Studies have also shown that a disproportionate number of LGBTQ people experience homelessness, especially among youth. While the overall number of LGBTQ people experiencing homelessness is not known, organizations that serve youth experiencing homelessness report that an estimated 30 – 45% of youth they serve are LGBTQ.²⁴ Often, youth run away from home or are forced out due to a lack of support from their family regarding their gender identity or sexual orientation. Once homeless, youth are also likely to engage in survival sex or be victims of sexual abuse, which puts them at a higher risk of HIV infection and other STIs. Transgender youth experiencing homelessness are at an even higher risk of HIV infection as they often face higher rates of both physical and sexual victimization.²⁵

Racial and Ethnic Disparities

As with many health conditions across the United States, there are significant racial and ethnic disparities in HIV infection rates. In 2014, the CDC found that African Americans accounted for 45% of new HIV diagnoses.²⁶ Similarly, Hispanics/Latinos accounted for 23% of new HIV diagnoses in 2014, though they account for 17% of the overall population.²⁷ HIV diagnosis rates were also higher for American Indians and Alaska Natives, who had an infection rate of 18.3 and 5.1 per 100,000 for males and females respectively (compared to 12.6 and 1.7 for white males and females).²⁸ These disparities are in part caused by disparities in access and linkage to appropriate care, as evidenced by the disconnect between those who are at risk of HIV with indications for PrEP and those who acquired and filled prescriptions for PrEP as shown in the chart below (Chart 1).²⁹

Chart 1. Disparities in PrEP by Race and Ethnicity – Indication vs. Prescription, 2014 - 2016

Source: Ya-lin A. Huang, "HIV Preexposure Prophylaxis, by Race and Ethnicity – United States, 2014–2016," *MMWR. Morbidity and Mortality Weekly Report* 67 (2018), <https://doi.org/10.15585/mmwr.mm6741a3>.³⁰

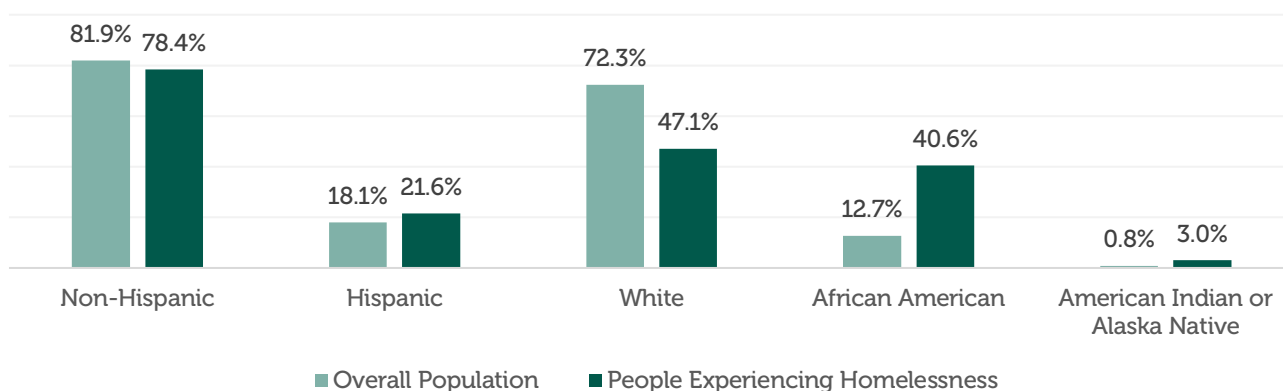


Racial and ethnic disparities also persist among people experiencing homelessness. In 2017, the US Census Bureau estimated that the United States population was 72.3% White, 12.7% African American, and 0.8% American Indian or Alaska Native, as well as 81.9% Non-Hispanic and 18.1% Hispanic.³¹ By comparison, the US Department of Housing and Urban Development estimated that in 2017 the homeless population in the United States was 47.1% White, 40.6% African American, 3.0% American Indian or Alaska Native, and 21.6% Hispanic, as shown in the chart below (Chart 2).^{32,33} Systemic racism has informed practices over decades and has contributed to the overrepresentation of people of color experiencing poverty and homelessness in the United States. Further, many evidence-based practices

are not evaluated for their efficacy among various racial and ethnic groups, making it necessary to adapt interventions for the population served. Providers should also consider whether their consumers match the demographics of the community they are serving to identify gaps in outreach or engagement practices that can be addressed to ensure that people of color have equitable access to health care services.

Chart 2. Racial and Ethnic Disparities in Homelessness by Percent of Population, 2017

Source: "Addressing Health Equity through Health and Housing Partnerships," CSH³⁴



Promising Practices & Considerations in Care

Health Care for the Homeless (HCH) programs are well positioned to provide PrEP and other HIV prevention interventions to individuals at risk of HIV infection. The HCH model of care incorporates an interdisciplinary care team model to best serve vulnerable individuals, which translates directly to testing, prevention, and connection to HIV treatment. Integrating behavioral health, primary care, and social services can help to address the underlying issues that may be leading to risky behavior and can supplement health education to reduce risk of infection. The team can also include community health workers and peers support workers, who have been shown to be an effective bridge to HIV prevention services, as well as testing and treatment, in part through the reduction of stigma around HIV.³⁵

Outreach efforts are an essential component of connecting individuals experiencing homelessness to PrEP. As HCH providers know, meeting people where they physically are is an important first step towards engaging them in care as it offers an opportunity to build trust with providers and learn about the available resources. In some communities, street outreach includes point of care testing for HIV and screening for risk factors.³⁸ This also affords an opportunity to provide health education on PrEP and other prevention options, and providers can prescribe PrEP to those with a high risk of HIV infection. Health education is an especially important component of outreach efforts, as individuals may not know what PrEP is and that it is available to them.³⁹

Other Prevention Strategies³⁶

While PrEP is highly effective, it may not be the best fit for every individual served. Other prevention strategies can be considered and include:

- Diagnosis and treatment of other sexually transmitted infections
- Health education including condom use
- HIV testing & connection to treatment to reducing viral load of those with HIV can prevent transmission
- Needle exchange and other harm reduction Programs
- Access to substance use treatment³⁷

As individuals presenting at the health center may have multiple co-morbidities, it is easy to see how PrEP could be passed-up in favor of addressing immediate needs. Some HCHs have found it beneficial to have a designated PrEP coordinator to ensure that it does not fall through the cracks. A PrEP coordinator may work to build relationships with consumers, review individual risks, and work with providers to get the consumer a prescription for PrEP. Having one person dedicated to this process makes sure that someone is actively addressing the prevention needs of the population they serve rather than asking every provider to add this task to their list. When capacity limits the health center's ability to designate one individual to this task, they could also conduct an all staff training to ensure everyone is comfortable discussing PrEP with consumers and review their workflow to identify a natural place to incorporate risk screening and prescription of PrEP to reduce provider burden while also ensuring that consumers have access to PrEP and other prevention interventions.

The social determinants of health (SDOH) are also an important consideration for individuals experiencing homelessness and at risk of HIV infection. Determining the individual's barriers to accessing the health center, pharmacy, and complying with medication recommendations is an important first step towards addressing these needs. Discussions with the consumer and screening tools, like PRAPARE,⁴⁰ can help to identify these barriers and be a starting place to address them. For example, transportation is often an issue for individuals with limited income. Providing bus passes or ride sharing options can help to engage individuals in care and follow-up on treatment. Similarly, folks may not be able to afford PrEP. Recognizing this barrier is important and can be addressed through financial assistance programs.⁴¹ Often social needs, like housing and food security take immediate precedence for people experiencing homelessness. Working with them to address these issues while initiating PrEP and other medical treatment can help to build trust and improve overall quality of life.

Recommendations

Build on the HCH Model of Care

Use the integrated care team model to address the holistic needs of the individual while working to connect them to PrEP. Incorporating community health workers and peer support builds a robust prevention program that is supportive and responsive to consumer needs.

Designated Provider or Updated Workflow

Identifying a provider that may be a community health worker or peer if appropriate, to ensure that PrEP is discussed with those who may be eligible and at risk for HIV infection, is an effective way to ensure that it does not fall through the cracks. When this is not possible, health centers can consider where conversations about PrEP fall best into their current workflow.

Partner with Ryan White Programs

Ryan White Programs focus on testing and treatment of HIV across the country. Working with these partners can help to create a smooth system across the HIV care continuum⁴² for those who are HIV positive and can provide additional access to prevention resources and other community partners.

Learn from Medication Management Strategies

Once an individual is connected to PrEP, medication management is key. Learning what works for people experiencing homelessness in other cases can help to inform health center strategies around PrEP. Some examples include using pill boxes for individuals who have multiple medications to keep track of. If medication is lost, stolen, or there is a lack of storage options, the health center can work with the pharmacy to provide a shorter duration of medication with more frequent follow-ups, meaning less

medication is lost or needs to be transported. It is important to consider the individual consumer when working through what will work best with their needs.

Culturally and Linguistically Appropriate Care

Providing services that are responsive and sensitive to the people served, including those in the community who are not engaged in care, is important to ensure continued connection to health care services. This includes having staff that represent the community, tailoring interventions to best meet their needs, and providing a safe and affirming environment for transgender and gender non-conforming individuals.

Address Social Determinants of Health

The social determinants of health, including housing, transportation, income, and food security all impact an individual's ability to comply with medical recommendations. When possible, health centers can screen and work towards addressing these needs, which can help to ensure that consumers have access to PrEP and other medical services.

Combine PrEP with other HIV Prevention Efforts

PrEP is most effective in combination with other HIV prevention methods including condom use to prevent other STIs. Including education on safe sex practices and harm reduction strategies around syringe use is important to reduce overall risk, especially for individuals who may have difficulty with medication management.

Staff and Community Education

It may be that some health center staff are not aware of PrEP as an HIV prevention option. Ensuring that staff have up to date information will allow them to have a greater level of comfort discussing PrEP as an option for individuals at high risk for HIV. Similarly, the broader community may not be aware of PrEP or the need for HIV prevention. Providing community education can engage new partners and stakeholders and can help to reduce stigma surrounding HIV and PrEP.

Conclusion

Connecting individuals who are at high risk of HIV infection to PrEP is a major step towards ending the HIV epidemic in the United States. HCHs are well positioned to address the disparities in HIV prevention as many of the subpopulations at risk overlap with those experiencing homelessness. Using the unique skills, care model, and values that HCH providers bring to the field will allow them to engage individuals at high risk of HIV infection in prevention activities, including initiation of PrEP where appropriate.

Resources

- [Alliance Health Project PrEP Navigation Protocols by UCSF Capacity Building Assistance Partnership](#)
- [PrEP Financial Assistance Programs](#)
- [Ending the HIV Epidemic: A Plan for America](#)
- [PrEP Basics by the Centers for Disease Control and Prevention](#)

Suggested Citation for this Fact Sheet: National Health Care for the Homeless Council. (September 2019.) Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: Considerations for Individuals Experiencing Homelessness (Author: Lauryn Berner, Project Manager, NHCHC) Available at: www.nhchc.org/hivprep