Differences in Risk Behaviors, Care Utilization, and Comorbidities in Homeless Persons Based on HIV Status

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*This cross-sectional pilot project measured differences by HIV status in chronic health conditions, primary care and emergency department use, and high-risk behaviors of homeless persons through self-report. Using selective random sampling, 244 individuals were recruited from a homeless shelter. The reported HIV prevalence was 6.56% (*n = *16), with the odds of HIV higher in persons reporting crack cocaine use. HIV-infected persons were more likely to report a source of regular medical care and less likely to use the emergency department than uninfected persons. Validation of findings through exploration of HIV and health care access in homeless persons is needed to confirm that HIV-infected homeless persons are more likely to have primary care. Distinctions between primary care and specialty HIV care also need to be explored in this context. If findings are consistent, providers who care for the homeless could learn more effective ways to engage homeless patients.*

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Homeless persons often have limited access to health care and are not frequent users of preventive services (Milloy et al., 2012). Health disparities between homeless and stably housed persons have been well documented (Hwang et al., 2011; Mares & Rosenheck, 2011; Stringhini et al., 2010). Lack of care utilization and increased prevalence of chronic health conditions has been shown to result in advanced disease states due to late presentation for care (Nakonezny & Ojeda, 2005; Reid, Vittinghoff, & Kushel, 2008; Stein, Andersen, Koegel, & Gelberg, 2000). Persons experiencing housing instability who also have long-term illnesses such as HIV are at increased risk for negative health outcomes compared to stably housed persons with the same health conditions (Baggett, O'Connell, Singer, & Rigotti, 2010; Kertesz, Hwang, Irwin, Ritchey, & Lagory, 2009; Larimer et al., 2009).

In response, the U.S. government has initiated programs to provide health care and housing options for persons who have a low income and are more likely to be homeless. Health Care for the Homeless provides funding to qualified health centers to focus on care for homeless persons in an outpatient setting (National Alliance to End Homelessness, 2010). Separately, the Ryan White Treatment Modernization

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Act provides health care to persons living with HIV (PLWH) who are under-/uninsured and who have a low income. To mitigate potential housing loss for HIV-infected persons, the U.S. Department of Housing and Urban Development (HUD) implemented the Housing Opportunities for Persons with AIDS program. Stable housing has been demonstrated to improve the health of PLWH and reduce days of hospitalization (Buchanan, Doblin, Sai, & Garcia, 2006; Buchanan, Kee, Sadowski, & Garcia, 2009). Many studies with HIV-infected persons have measured the frequency and occurrence of homelessness, yet by comparison, few published studies have studied the prevalence and/or incidence of HIV and its impacts (Buchanan et al., 2006; Cameron, Lloyd, Turner, & Macdonald, 2009; Fogg & Mawn, 2010; Gordon et al., 2006; Kidder, Wolitski, Campsmith, & Nakamura, 2007; Kidder, Wolitski, Royal, et al., 2007; Parker, 2010; Weiser et al., 2009; Wolitski et al., 2009).

While a number of studies, including studies of PLWH, have demonstrated the relationships between health insurance, housing, and health outcomes, there are no published articles comparing these outcomes in the homeless population by HIV status. The objective of this pilot project was to measure observed differences in identification of regular medical care, chronic comorbidities, and high-risk behaviors by HIV status so that an understanding of health care engagement and overall health of the homeless might be better understood. Based on the findings of this project, if there are statistically significant findings on care connection between HIV-infected and uninfected persons, additional research could be conducted to determine potential causes of the differences to better enhance homeless health care systems overall. This area is important for exploration as PLWH who are homeless have more opportunities for free health care and housing, including networks funded by the Housing Opportunities for Persons with AIDS program, the Ryan White Treatment Modernization Act, and Health Care for the Homeless mechanisms. Comparing two groups within the homeless population, the HIV infected and the HIV uninfected, might help to determine if differences in chronic health conditions, health care, housing, and risk behaviors have practical and policy implications. Practical implications might include the ability to determine program engagement of the target population. Policy implications would stem from this and could be used on local as well as national levels.

Methods

Instrument

A structured interview guide was developed using three previously validated instruments. Two of the instruments were developed through a Health Resources and Services Administration Special Projects of National Significance Cooperative Agreement (Huba & Melchior, 1997). A demographic data collection form was adapted from the Special Projects of National Significance Module 1 form to collect demographic and risk behavior information. The demographic information included gender, birth date, race and ethnicity, marital status, sexual orientation, parity and current pregnancy, primary language, income and source, employment, education, housing status, and categorical occurrences of homelessness. Homelessness categories were commonly used groupings in HUD-mandated homeless management information systems. These included homeless occurrences: first time; 1 to 2 times; 1 time in past 3 years; 2 times in past 3 years; 3 times in past 3 years; or duration of 1 year or more. Study staff indicated the number of homelessness occurrences and the time duration; a "chronically homeless" designation was assigned at data analysis to avoid confusion. Chronic homelessness was defined by HUD as an unaccompanied person with a disabling condition who had experienced four occurrences of homelessness in the previous 3 years or who had been homeless for 1 or more years (National Alliance to End Homelessness, 2010).

High-risk behavior information for 15 different behaviors could also be recorded on the form. Twelve of these behaviors are known to directly link to HIV transmission and potential exposure. These included: heroin use, other illicit drug use, needle sharing, sex work, sex with an injection drug user, sex with an HIV-infected person, inferred alcohol problem, crack use, injection drug use, criminal justice system involvement, unprotected sex with women, and unprotected sex with men. The available categorical responses included: *today, last 24 hours*; *last*