

2010 Profile of HIV/AIDS in Michigan

Special Populations: Homeless Community

Data from HIV/AIDS and Health Related Needs Among Homeless Persons in Michigan

In January of 2006, a study was conducted by the Michigan Department of Community Health (MDCH) to determine the HIV prevention-related needs of homeless persons in the state of Michigan. The state has no previous needs assessment data from this population; therefore, the goal of this project was to determine if, where, and how to target HIV prevention-related services to this population. The study involved 98 structured interviews with people who self-reported as homeless. Participants included those accessing food banks and shelters in six communities around Michigan: Ann Arbor, Benton Harbor, Detroit, Flint, Grand Rapids, and Lansing.

Few sample participants reported sexual activity, with a quarter of participants reporting no sexual activity in the year prior to the survey. Similarly, few reported injecting drug use (five percent). Participants also exhibited low perceived susceptibility to HIV and few perceived barriers to risk reduction, possibly because low perceived susceptibility is grounded in participant's reality. That is, many of these participants do not report behaviors that put them at risk for HIV. This population seems to have limited need for HIV prevention activities because they are not highly sexually active and few are IDUs. However, about 12 percent reported engaging in "survival sex" in order to get access to things to meet their basic needs, drugs, or money. This minority might benefit from carefully targeted HIV prevention services that are sensitive to the challenges faced by this population. Despite this information, only one person identified homelessness as a barrier to taking steps to reduce risks for HIV.

Most participants in the sample did not see HIV/AIDS as a primary concern in their lives. Not surprisingly, it appears that the problems related to being homeless (i.e., access to food, clothes, and shelter) are the most salient issues to these participants along with other, more pressing health issues. Thus, getting participants access to adequate housing and health care (including dental care) should be a priority for providers. To the extent that HIV prevention staff can facilitate this process, this addresses an important need for members of this community. A number of people reported misconceptions about HIV risk reduction behaviors. It appears that among a small segment of this sample, knowledge of HIV transmission risk is very low.

Less than one-third of participants in the sample were either receiving mental health services at the time of the interview or had received such services in the past. Further, 16 percent of participants reported substance use. These issues present important challenges for HIV prevention and suggest members of this population are likely to face a number of issues that are more pressing than concerns about HIV. Addressing these issues should be a priority before initiation of prevention activities.

Many reported going to several places consistently, primarily hospitals (particularly emergency rooms) and shelters. Both of these places provide venues for recruitment of homeless persons into prevention activities. In general, it is known that private doctors and health departments are trusted sources of HIV information as are people with HIV, however homeless persons are not seeking services from these sources. This suggests that to reach the homeless population, further engagement with persons working in hospitals and shelters is critical, as these venues could provide an opportunity for engagement with this population.