

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

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EXECUTIVE SUMMARY

This study was conducted 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. A quota sampling methodology was employed.

The primary goals of this needs assessment were to determine homeless persons’:

- Housing and mental health situation
- Sex and drug use behaviors, sexually transmitted disease history, including HIV risk reduction strategies
- Primary health concerns and access to health services
- Knowledge of HIV risk reduction strategies
- Perceived severity of, and susceptibility to, HIV/AIDS
- Perceptions of the barriers and facilitators of adopting HIV/AIDS risk-reduction behaviors
- Information seeking behaviors and preferences around health issues in general, and around HIV specifically

Selected Findings

- ❖ For 53% of respondents, this is the first time that they had been homeless; the remainder of participants had been homeless in the past. There was a great deal of variety in the length of time that the respondents reported being homeless ranging from 2 days to 23 years. Most reported that they became homeless when they lost their job and couldn’t afford to pay for housing.
- ❖ About 30% of the sample reported they were either currently, or had in the past, received mental health services. Sixteen percent of the sample reported being involved in some form of substance abuse treatment at the time of the interview.
- ❖ Most people in the survey mentioned homelessness as their primary concern. The second most frequently mentioned concern was finding employment, followed by concerns with their family (e.g., getting their family back together, being a good mother/father, etc.). Other concerns ranged from the specific (e.g., getting a drivers license) to the very general (e.g., “staying alive” and “getting my life together”). None of the respondents mentioned HIV/AIDS when asked the general question, “What are your biggest worries or problems?”

- ❖ When asked specifically about their primary health concerns, participants mentioned a wide variety of concerns. The top three concerns of participants were recorded by the interviewer. Only 2 of the participants list HIV/AIDS as a primary concern; for only one of these two people, was HIV their primary concern.
- ❖ Sixty percent of respondents reported going to the emergency room of a local hospital when they had concerns about their health. Participants also reported going to local clinics (33%), private doctors (20%), the hospital -non-emergency (15%), and health departments (13%).
- ❖ Most participants indicated that they had been tested for HIV in the year prior to the interview. All but 3 of the participants said this test indicated that they are HIV negative. Most were tested by hospitals, prisons, or health departments. The most common reason for testing was because the participant indicated they wanted to know their status. Other common reasons were because HIV testing was part of other STD screening process, a doctor recommended they test, or because it was required for prison or jail.
- ❖ Nearly three-quarters of respondents indicated being sexually active during the year prior to the survey. Just over half of these respondents identified a primary partner, but only 20% of these people reported they have been sexually active with that partner in the year prior to the survey. Over 24% of respondents reported being sexually inactive in the year prior to the survey.
- ❖ About 12% (n =11) of respondents indicated they had exchanged sex for money or drugs in the year prior to the interview. Five respondents indicated that in the year prior to the interview they had exchanged sex for money to buy access to basic needs such as food clothing or shelter. These 5 people had also exchanged sex for money or drugs.
- ❖ Forty-eight of the respondents reported regular alcohol use in the week prior to the interview. Others reported using crack, cocaine, and marijuana. None of the participants reported using painkillers. Only 5 respondents reported injecting drug use in the week prior to the interview.
- ❖ Many participants were able to list 2 strategies for reducing risk of HIV transmission. Over 70% mentioned condom use as a strategy. There were a number of inaccurate strategies identified by respondents including dating clean people, cleaning oneself with alcohol after sex, using condoms when kissing, and visually inspecting potential sex partners.
- ❖ About 20% of the respondents mentioned a private doctor as the most trusted source of information first, and 6% mentioned it second. The health department was also mentioned first by 20% of respondents as trustworthy. Other sources

mentioned by several participants were HIV positive people, family and friends, newspaper, hospitals, health care workers, and pastors.

Selected Conclusions and Recommendations for Prevention Programs

Sample participants did not report a large amount of sexual activity, with a quarter of participants reporting no sexual activity in the year prior to the survey. There also was not a large number of people reporting injected drug use. Participants also exhibited low perceived susceptibility to HIV and few perceived barriers to risk reduction; it may be the case that low perceived susceptibility is grounded in reality. That is, many of these participants do not report behaviors that put them at risk for HIV. Thus, it may be the case that this population has limited need for HIV prevention activities because they are not highly sexually active and few are IDUs.

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 access to adequate 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.

Importantly, about 12% of our sample 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 the services above, but might also benefit from carefully targeted HIV prevention services that are sensitive to the challenges faced by this population. Despite this information, only one person identified their homelessness as a barrier to them talking steps to reduce their risk for HIV.

A number of people in the study 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 and misinformation exists; something that could be corrected by HIV prevention interventions, specifically targeting knowledge, that are implemented in tandem with provision of other services for this population.

The large number of participants in our sample, who were either receiving mental health services at the time of the interview or had received such service in the past, presents an important challenge for HIV prevention. Further, a large number of people in our sample reported substance use. Thus, members of this population are likely to face a number of issues that are likely more pressing than concerns about HIV, and addressing these issues should be a priority before initiation of prevention activities.

Many of our participants reported going to several places consistently: hospitals (particularly emergency rooms) and shelters. Both of these places provide venues for recruitment of homeless persons into prevention activities. Private doctors, hospitals, and health departments are trusted sources of HIV information as are people with HIV.

This suggests that in order to reach the homeless population, further engagement with private providers and persons working in hospitals is critical. These venues provide an opportunity for engagement with this population.

INTRODUCTION

The state of Michigan has no recent, systematically collected data on the HIV prevention-related needs of homeless people in the state. The goal of this project was to provide recommendations regarding whether or not HIV prevention services are an important need for this population and if so, where and how to target services to this population. The primary goals of this needs assessment were to determine homeless persons':

- Housing and mental health issues
- Sex and drug use behaviors, sexually transmitted disease (STD) history, including HIV risk reduction strategies
- Primary health concerns and access to health services
- Knowledge of HIV risk reduction strategies
- Perceived severity of, and susceptibility to, HIV/AIDS
- Perceptions of the barriers and facilitators of adopting HIV/AIDS risk-reduction behaviors
- Information seeking behaviors and preferred sources of information

The needs assessment involved 98 structured interviews with people who self-reported as homeless. Participants included persons accessing food banks and shelters in six communities around Michigan: Ann Arbor, Benton Harbor, Detroit, Flint, Grand Rapids, and Lansing. A quota sampling methodology was employed. The data collection yielded both quantitative and qualitative data. The following sections describe the method of data collection, results of the data analysis, conclusions and implications.

METHOD

Sampling

The current study was designed to gather information from people who identified themselves as homeless in six communities in the state of Michigan. The six communities were chosen because they are urban centers, and epidemiological data indicates they have relatively high HIV prevalence rates as compared to other areas around the state. Further, urban centers typically have higher concentrations of homeless persons. A quota sample was employed with each city as the stratum. The sample size for each city was estimated based on the State's 2000 census data. Sampling occurred with the help of agency staff of shelters and food banks in each city in order to best access homeless persons without using filter questions, or obtrusive methods to screen participants.

Due to the sensitive nature of the contents of the interview questions, minimal identifying information was solicited; thus, it was necessary to take a number of steps to avoid duplication of data. First, sampling for each city was conducted within a one-week period and, while multiple interviewers were used, one of these interviewers was present for all the interviews. Indeed for most cities, all of the interviews were conducted

within a one-day period. The small sample size meant that the interviewer would be able to recall all participants within a given city.

In order to select the sample for the interviews, potential participants were approached in areas known to be frequented by homeless persons (emergency shelters, soup kitchens, etc.). Potential interview participants were then asked to go with the interviewer to an area within the facility where the interview could be completed. Determination for participant inclusion in the sample was made after the interviews and intercepts were completed. Only data obtained from those participants who self-reported that they either 1) “consider themselves homeless” or 2) reported having lived in a shelter, on the street, or in an empty or public building during the week prior to the interview.

Procedure

Interviews were conducted over a 2-month period in January and February of 2005. After verbally administering informed consent and requesting consent for tape recording the interviews, interviewers completed a structured interview with respondents. The interview protocol was designed based on behavioral theories of perceived risk, previous questionnaires targeting this population, and previous needs assessments conducted in the state. The interview protocol is included in Appendix A. All participants received \$20 cash compensation for their participation.

All interviews were audio taped and transcribed. The transcriptions were used to create a data set of quantitative data. Thus, the data collection yielded both quantitative and qualitative data. The qualitative data were reviewed for emergent themes by the research team. In the results section presented below, the participant’s interview number in parentheses will follow direct quotes from the interview participants. The quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS).

Participants

The initial sample consisted of 97 total participants. One participant, who indicated that they did not consider themselves homeless, and had not lived in a shelter or similar facility in the week prior to data collection, was excluded from the final analysis. The final sample consisted of 96 participants. The breakdown of number of interviews per city is presented in Table 1 below.

Table 1. Number of interviews in each city.

City in Which Interview was Conducted

		Frequency	Percent
Valid	Detroit	45	46.9
	Ann Arbor	10	10.4
	Grand Rapids	10	10.4
	Lansing	11	11.5
	Flint	10	10.4
	Benton Harbor	10	10.4
	Total	96	100.0

Participants were asked to self-report their sex and race/ethnicity. Participants, 71% of whom were male, were primarily Black or African American (76%), followed by White (22%), and several people who did not report (1%).

The average age was 43.20 (S= 11.86) with a range from 18 to 72 years of age. The highest level of education completed by participants is described in Table 2.

Table 2. Highest level of education completed by participant.

Highest Level of Education

		Frequency	Percent
Valid	Some Middle School	4	4.2
	Some High School	42	43.8
	High School Graduate	29	30.2
	Some College	14	14.6
	Associates Degree	4	4.2
	Bachelors Degree	1	1.0
	Total	94	97.9
Missing	System	2	2.1
Total		96	100.0

FINDINGS

Housing and Mental Health Issues

All participants included in the sample indicated that they were homeless at the time of the interview. Most of the respondents (96%) indicated that they were housed in a shelter or mission at the time of the interview.

Fifty-three percent of respondents reported that the homelessness they were experiencing at the time of the interview was the first time that they had been homeless; the remainder of participants had been homeless in the past. There was a great deal of variety in the length of time that the respondents reported being homeless, ranging from 2 days to 23 years, with an average of about 23 months. Most reported that they

became homeless when they lost their job and could not afford to pay for housing. Others reported being unable to afford housing because their family took all their money, they had to pay child support, or because they had substance use problems. Several indicated they became homeless because their landlord evicted them for some reason (altercation, damage to house), they were incarcerated and had nowhere to go when they were released from jail/prison, or moved to the city and had no place to live.

In order to determine where participants in our sample were seeking shelter, participants were asked the number of times in the 7 days prior to the interview that they had rested or slept in a number of places. Nearly all of respondents (96%) reported having slept or rested in a homeless shelter at least once in the 7 days prior to the interview; the average number of times participants had gone to a shelter was nearly 6 times during the week ($M = 5.93$, $SD = 2.21$). The next most frequent place people reported going to sleep or rest was someone else's home ($M = .77$, $SD = 1.72$), followed by staying in a rented room, on the street or in a park, in an empty building, and in a public building.

In terms of mental health issues, participants were asked whether or not they were accessing mental health services at the time of the interview. Most participants were not (88%); 18% of whom indicated they had received mental health services in the past. The remaining 12% indicated they were accessing services at the time of the interview. Participants reported a range of time in which they had been receiving mental health from 2 days to 7 years. Of those who indicated they no longer accessed mental health services but had in the past, the reasons for ending their treatment included: that they or someone believed they were "cured"/well, they started using substances and had to end their treatment, transportation issues, or they did not want to take the prescribed medicines.

Sex and Drug Use Behaviors, STD, HIV Testing History

Eighty-five percent of respondents reported that they had been tested for HIV. Of those who had been tested, most reported that test was negative (93%). Several indicated they are HIV positive ($n = 3$) or said that they did not learn the results of the test ($n = 2$); one person reported he did not remember the test result. Most participants reported having been tested for HIV either once (38%) or twice (33%) in the year prior to the interview.

Participants were asked where they received their most recent HIV test. The primary place was a hospital ($n = 34$). Other places mentioned included community organizations, shelters, private providers, parks, and in a van. Reasons that participants cited for testing for HIV are reported in Table 3; each participant could cite more than one reason for testing. Participants were also able to generate other reasons for testing. These included: pregnancy, fear of having become infected from toilet seats, parents requested test, required by substance rehabilitation facility, and others.

Table 3. Reasons for testing the last time participants were tested for HIV.

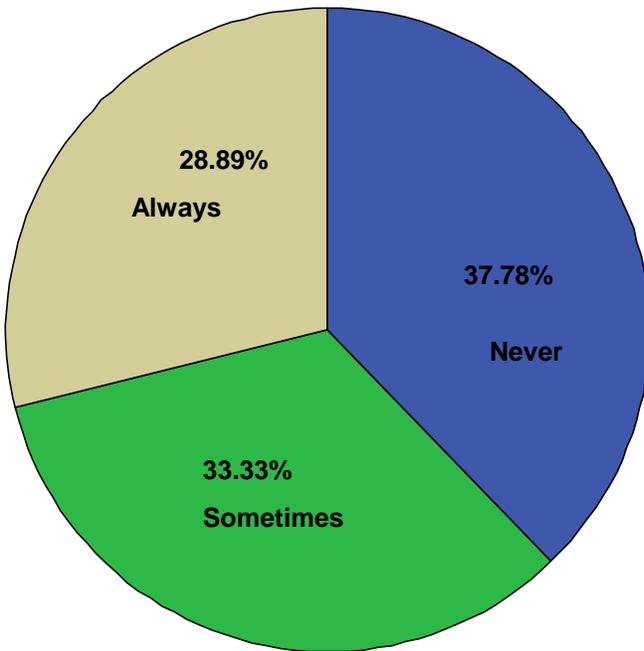
Reason for Testing	Number Reporting
I wanted to know where I stood	57
I thought I was exposed to HIV through sex	10
Testing was part of an STD screening or medical check-up	14
I was worried about transmitting HIV to others	5
I thought I was exposed to HIV through drug use	4
A doctor told me I should test	10
My sex partner told me I should test	4
Someone other than my partner or doctor told me to test	1
My sex partner told me he/she was HIV positive	0
Testing was required for insurance	2
Testing was required for jail/prison	10
I had a health problem I thought might be related to HIV	4

In terms of other sexually transmitted diseases (STDs), 7 participants indicated that they had been diagnosed with a STD other than HIV in the year prior to the interview. These participants reported diagnosis of Chlamydia (n = 2), gonorrhea (n = 1), Hepatitis B (n = 2), Hepatitis C (n = 3), Herpes (n =1), or syphilis (n =2) with some participants being dual-diagnosed.

Over three-quarters (77%) of respondents indicated being sexually active during the year prior to the survey. One quarter (23%) reported that they were not sexually active during the year prior to the survey. Most participants reported as behaviorally heterosexual (73%) and 4% of respondents reported as behaviorally bisexual.

Just over half (52%) of respondents identified a person who they consider a primary partner. Only about 20% of those who reported having a primary partner indicated they were sexually active with that partner. Participants were asked: "When you have sex with this partner, how often do you use a condom?" The responses were fairly evenly split across response categories, as is evidenced in Figure 1 below. Participants were asked the HIV status of their primary partner. Only one person reported their partner as HIV positive. The remainder indicated the partner as HIV negative (n = 37) or that they do not know their partner's status (n = 5).

Figure 1. Responses to question about how frequently participants wear a condom when they have sex with their primary partner.



Participants were asked to report the number of sex partners they had sex with in the year prior to the survey other than their primary partner. About 74% of participants indicated they did not have any sex partners outside their main partner. Of the twelve people who reported that they have sex partners other than a main partner, the number of other partners ranged from 1-10 with most reporting 1 or 2; most people reported that they “sometimes” (n =7) used a condom with these other partners, with the remainder reporting “never” (n = 3) or always (n = 2). None of the respondents indicated that they knew one of their partners was HIV positive. Seven did not know the HIV status of the other partners.

About 12% (n =11) of respondents indicated they had exchanged sex for money or drugs in the year prior to the interview. When asked about the frequency of this behavior in a typical month, the number of times having engaged in this behavior ranged from 1-20, with 2 being the most frequently reported number. Five respondents indicated that in the year prior to the interview they had exchanged sex for money to buy access to basic needs such as food, clothing, or shelter. Two respondents indicated they had done this once, one respondent said they had done this twice, one indicated 5 times and another 10 times.

When asked about their drug use, most of the respondents indicated they had not used injected drugs in the week prior to the interview. Only 5 of the participants reported injecting drugs during that time, and all participants were able to list a cite to access new needles. Other participants reported using other substances. The number of times used in the week prior to the interview is in Table 4. None of the participants reported using painkillers. About 16% of the sample (n =12) reported being involved in some form of substance abuse treatment at the time of the interview.

Table 4. Substances used in the week prior to the interview.

Number of Times Used Each Substance In Week Prior to Interview

	Number of People who Used	Minimum Number of Times	Maximum Number of Times	Mean	Std. Deviation
Alcohol	48	0	70	4.04	8.968
Crack	17	0	35	1.42	5.453
Cocaine	6	0	7	.29	1.247
Marijuana	15	0	35	1.82	6.285

Primary Concerns and Access to Health Services

Most people in the survey mentioned homelessness as their primary concern, specifically as it related to meeting basic needs (e.g., food, clothing). As one man said “(I am) trying to find a place to stay and something to eat...I lost my job and I couldn’t make it out there” (Grand Rapids #76). The second most frequently mentioned concern was finding employment, followed by concerns with their family (e.g., getting their family back together, being a good mother/father, etc.). Other concerns ranged from the specific (e.g., getting a drivers license) to the very general (e.g., “staying alive” and “getting my life together”). None of the respondents mentioned HIV/AIDS when asked the general question, “What are your biggest worries or problems?”

When asked specifically about their primary health concerns, participants mentioned a wide variety of concerns. The top three concerns of participants were recorded by the interviewer. Only 2 of the participants list HIV/AIDS as a primary concern; for only one of these two people, was HIV their primary concern. The health concerns mentioned most frequently by participants were: diabetes, having problems with their teeth, high blood pressure, and having or being concerned about getting cancer.

Sixty percent of respondents reported going to the emergency room of a local hospital when they had concerns about their health. Participants also reported going to local clinics (33%), private doctors (20%), the hospital -non-emergency (15%), and health departments (13%).

Knowledge of HIV Risk Reduction Strategies

Participants were asked an open-ended question, “What are two things you know of that would help protect you from HIV/AIDS?” All participants were able to list two risk reduction strategies, some of which were inaccurate. The most commonly listed accurate strategy was “use condoms,” listed first by 44% of respondents and second by 29% of respondents. The next most frequently listed option was “abstain from sex,” listed first by 17% of respondents and second by 11% of respondents. The remainder of responses that could be considered risk reduction strategies included monogamy, not

sharing or using needles, ending substance use, avoiding people who have HIV, not having sex with commercial sex workers, making sure blood is safe, doing a background check on potential partners, and others. Responses mentioned by participants that are less likely to reduce one’s risk for HIV/AIDS included: cleaning oneself with alcohol, checking potential partners by sight or smell, not going with “dirty partners”, “going to the clinic for cream”, and “watching who I am kissing and wear a condom on my mouth,” among other responses. These data indicate there are still misconceptions about how HIV is transmitted and how it can be prevented among members of this population.

Perceived Severity of and Susceptibility to HIV/AIDS

A series of questions asked participants about their perceptions of the severity of, and susceptibility to, HIV/AIDS. The responses to these questions are in Table 5. These items were measured with a 5 point scale in which higher numbers indicate greater agreement with the item and lower numbers indicate less agreement. These data indicate that the homeless people sampled in this study generally have low perceived susceptibility to HIV with scores on these items around the midpoint on the scale. The participants had fairly high perceptions of the severity of HIV; that is that HIV is something they are worried about. Participants also indicated agreement with the item indicating that they take steps to reduce their risk for HIV. Women reported greater perceived severity of HIV/AIDS than men, but men and women had similar mean scores on the other items.

Table 5. Perceived severity of, and susceptibility to, HIV.

Means and Standard Deviations for Severity and Susceptibility Items

	Mean	Std. Deviation
It is likely I could get HIV/AIDS given my behaviors.	2.60	1.716
I feel vulnerable to HIV/AIDS.	2.86	1.711
I know I am at risk for HIV/AIDS.	3.06	1.755
HIV/AIDS is something I worry about.	3.81	1.613
HIV/AIDS is frightening to me.	4.53	1.023
There are things I do to protect myself from HIV/AIDS.	4.60	.892

Perceptions of the Barriers and Facilitators of Adopting HIV/AIDS Risk-Reduction Behaviors

Participants were asked if there were things make it difficult to take steps to reduce their risk for HIV/AIDS. Eleven percent indicated that there are things that prevent them from taking steps to reduce their risk for HIV, but 88% indicated there are not. One person said he was not sure/did not know. Of those who listed barriers, those barriers included drug or alcohol use, prostitution, being in the “heat of the moment” and promiscuity. One person said that their homelessness impacted their ability to take steps to reduce their risk.

Information Seeking and Preferred Sources of Health Information

Participants were asked the places that they had gone in the year prior to the survey to get information about HIV. The places most frequently chosen by respondents are in Table 6.

Table 6. Places participants reported going for HIV information in the year prior to the survey.

Source	Percentage (n)
Health Department	49% (46)
Hospitals	44% (42)
TV	36% (34)
Community Organizations	26% (25)
Substance Tx Center	25% (23)
Friends	23% (22)
Family	20% (19)
Religious or Spiritual Group	19% (18)
School	11% (11)
Mental Health Provider	10% (9)
Needle Exchange Program	10% (9)
I have not gone anywhere for Information about HIV.	10% (9)
Internet	6% (6)

Participants were asked an open-ended question about who they would trust most for information about HIV. The interviewer recorded the first two sources mentioned by the participants. About 20% of the respondents mentioned a private doctor as the most trusted source of information first, and 6% mentioned it second. The health department was also mentioned first by 20% of respondents as trustworthy. Other sources mentioned by several participants were HIV positive people, family and friends, newspaper, hospitals, health care workers, and pastors.

CONCLUSIONS AND RECOMMENDATIONS FOR PREVENTION PROGRAMS

Sample participants did not report a large amount of sexual activity, with a quarter of participants reporting no sexual activity in the year prior to the survey. There also was

not a large number of people reporting injected drug use. Participants also exhibited low perceived susceptibility to HIV and few perceived barriers to risk reduction; it may be the case that low perceived susceptibility is grounded in reality. That is, many of these participants do not report behaviors that put them at risk for HIV. Thus, it may be the case that this population has limited need for HIV prevention activities because they are not highly sexually active and few are IDUs.

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 access to adequate 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.

Importantly, about 12% of our sample 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 the services above, but might also benefit from carefully targeted HIV prevention services that are sensitive to the challenges faced by this population. Despite this information, only one person identified their homelessness as a barrier to them talking steps to reduce their risk for HIV.

A number of people in the study 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 and misinformation exists; something that could be corrected by HIV prevention interventions, specifically targeting knowledge, that are implemented in tandem with provision of other services for this population.

The large number of participants in our sample who were either receiving mental health services at the time of the interview, or had received such service in the past presents an important challenge for HIV prevention. Further, a large number of people in our sample reported substance use. Thus, members of this population are likely to face a number of issues that are likely more salient than concerns about HIV, and solving these issues should be a priority before initiation of prevention activities.

Many of our participants reported going to several places consistently: hospitals (particularly emergency rooms) and shelters. Both of these places provide venues for recruitment of homeless persons into prevention activities. Private doctors, hospitals, and health departments are trusted sources of HIV information as are people with HIV. This suggests that in order to reach the homeless population, further engagement with private providers and persons working in hospitals is critical. These venues provide an opportunity for engagement with this population.

Appendix A

Homeless Persons Needs Assessment Questionnaire

Thanks for agreeing to talk with me. First, I want to ask you a little bit about yourself.

1. Where do you currently live? _____

2. Do you consider yourself to be homeless?

Yes No Don't know Refused

[INTERVIEWER: IF NOT PARTICIPANT DOES NOT CONSIDER HIM/HERSELF HOMELESS, SKIP QUESTIONS 3-5, THEN FINISH SURVEY THROUGH DEMOGRAPHICS (QUESTION 9) AND END INTERACTION]

3. a. Is this the first time you have been without a home?

Yes No

b. (This time...) how long have you been with out a permanent home?

[INTERVIEWER-MAKE IT CLEAR YOU ARE ASKING ABOUT THIS TIME]

_____ Actual # days _____ # _____ months _____ # _____ years

4. How did you become homeless (this time)?

5. Over the last week (7 Days) how many times did you sleep or rest?

a. In a shelter for homeless people? _____ Times

b. In a rented room? _____ Times

c. On the street or in a park? _____ Times

d. In someone else's home? _____ Times

e. In an empty building? _____ Times

f. In a library, bus station or other public building? _____ Times

6. What is your age? _____ Years

7. Your biological sex: Male Female Transgendered

8. Your racial/ethnic background:

African-American

Arab/Middle Eastern

Asian/Pacific Islander
Native American Indian
Other _____

Hispanic/Latino
White

9. What is the highest level of education you completed?

- Some middle school
- Some high school, did not graduate
- High school graduate
- Some college, did not graduate
- Associates degree (2 year college degree)
- Bachelors degree (4 year college degree)
- Some Graduate school
- Graduate degree/Completed Graduate school

10. What are your biggest worries or problems? *[INTERVIEWER please list below]*

Probe: What other problems?

a. _____

b. _____

c. _____

11. What about health worries or problems? What are your biggest health worries or problems? *[INTERVIEWER please list below]*

a. _____

b. _____

c. _____

12. Where do you go when you have problems with your health?

- Community-Based Organization
- Local Health Clinic (not health department, not in shelter)
- Health Department
- Hospital Emergency Services/Room
- Hospital (not Emergency Room)
- Mental Health Provider
- Private Doctor
- Shelter that has clinician/medical care
- Substance Abuse Treatment Center/Facility
- Other *[INTERVIEWER please list]* _____

13. In the past year, was there ever a time that you were refused services because you were homeless?

Yes No Don't know

We would now like to ask you about a specific health issue: HIV/AIDS.
The first questions ask about your feelings about HIV/AIDS.

For the next few items, please tell me whether you agree or disagree or have no opinion.

IF AGREE: Do you agree strongly... or moderately?

IF DISAGREE: Do you agree strongly... or moderately?

	Strongly Disagree	Moderately Disagree	No Opinion	Moderately Agree	Strongly Agree
14. HIV/AIDS is frightening to me.	SD	D	N	A	SA
15. HIV/AIDS is something that I worry about.	SD	D	N	A	SA
16. I feel like I am vulnerable to HIV/AIDS.	SD	D	N	A	SA
17. I know I am at risk for HIV/AIDS.	SD	D	N	A	SA
18. It is likely I could get HIV/AIDS given my behaviors.	SD	D	N	A	SA
19. There are things I do to protect myself from HIV/AIDS.	SD	D	N	A	SA

20a. What are two things you know of that would help protect you from HIV/AIDS?

[INTERVIEWER please list below]

1. _____

2. _____

20b. Are there things that make it hard for you to do things to protect yourself from HIV/AIDS?

Yes No Don't know

(INTERVIEWER: If respond "Don't Know" or "No" go to question 21)

20c. What are the things that make it hard for you to protect yourself from HIV/AIDS? *[INTERVIEWER please list below]*

1. _____

2. _____

21. Where have you gone in the past year get information about HIV/AIDS?
[INTERVIEWER check all that apply]

- Church/Religious or Spiritual Group
- Community Organizations
- Family (e.g. parents, siblings, significant other)
- Friends
- Health Department
- Hospital
- Internet Sites or Chatrooms
- Mental Health Provider
- Needle Exchange Program
- School
- Substance Abuse Treatment Center
- Television
- Other _____

I have not gotten any information about HIV/AIDS in the past year

22. Who would you trust most to give you information about HIV/AIDS? [INTERVIEWER please list below]

a. _____

b. _____

We would like to ask you some personal questions about your sexual behaviors. We understand that these questions are sensitive, but they are important to help us bring services to people. You do not have to answer any questions that make you uncomfortable.

23. With whom have you had oral, anal, or vaginal sex in the last year? [INTERVIEWER check one box]

Men only

Women only

Mostly men, some women

Mostly women, some men

Not sexually active in the last year

24a. Do you currently have a person you consider a main or steady sexual partner(s) (girlfriend, boyfriend, husband, wife, etc.)?

Yes

No

[INTERVIEWER: If NO Skip to question 13]

b. Are you sexually active with your main partner?

Yes

No

c. When you have sex with this person, how often do you use a condom?

Never

Sometimes

Always

d. Is your main partner HIV positive?

Yes No Don't know
25a. In the last year, have you had any other sexual partners (outside of a main partner)?

Yes No
[INTERVIEWER: If "No" Skip to question 26]

b. How many sex partners do you have (other than your main partner?)

c. When you have sex with this person/these people, how often do you use a condom?

Never Sometimes Always

d. Are any of these partners HIV positive?

Yes No Don't know

26. In the last year, have you exchanged sex for drugs or money to buy drugs?

Yes No

a. If yes, about how often in a typical month do you exchange sex for drugs or money to buy drugs? _____

b. In the last year, have you exchanged sex for money to buy or for access to food, shelter or other basic needs?

Yes No

c. If yes, about how often in a typical month do you exchange sex for money to buy or access to shelter, food, or other basic needs? _____

27. In the last year, has a doctor or nurse told you that you have any type of sexually transmitted disease?

Yes No Not Sure

28. Which of the following have you been diagnosed with in the last year?

Chlamydia Gonorrhea Hepatitis B Hepatitis C
Herpes or HPV Syphilis Other (please list) _____

29. Have you ever been tested for HIV?

Yes No [INTERVIEWER: If responds "No" skip to question 32]

[INTERVIEWER: If respondent said "Yes" to question 29:]

30a. How many times in the last year have you been tested for HIV?

30b. When were you last tested for HIV?

_____ (month and year)

30c. The last time you tested, where were you tested? _____

30d. The last time you were tested, what was the result?

Positive	Negative
Didn't find out results	Don't Remember/Don't know

31. Why did you test for HIV the last time you tested?
(INTERVIEWER check all that apply)

- I wanted to know where I stood
- I thought I was exposed to HIV through sex
- Testing was part of an STD screening or medical check-up
- I was worried about transmitting HIV to others
- I thought I was exposed to HIV through drug use
- A doctor told me I should test
- My sex partner told me I should test
- Someone other than my partner or doctor told me to test
- My sex partner told me he/she was HIV positive
- Testing was required for insurance
- Testing was required for jail/prison
- I had a health problem I thought might be related to HIV
- Other (please list) _____

32. In the last year, have you used injected drugs?
Yes No [INTERVIEWER: If responds "No" skip to question 36]

If YES:

33. When was the last time you used? _____
(if days, put 0 hours, if weeks or months calculate days (e.g., 3 months =90 days))

If they have not used in the last week skip to question 36.

If used in the LAST WEEK (7 Days):

34. In the last week, which of the following have you injected: heroin, coke, amphetamines, or speedballs? (check all that apply)

Heroin Alone	How many times in the last week? _____
Cocaine Alone	How many times in the last week _____
Amphetamines	How many times in the last week? _____
Speedballs	How many times in the last week? _____
None of the above in the last week	

35. a. Is there any place you go to get new needles?

Yes No

If yes, Where? _____

35b. In the last week when you injected, how often did you use clean or new needles?

Always Most of the Time Sometimes Never

36. What other substances have you used in the last week?

Alcohol How many times in the last week? _____

Crack How many times in the last week? _____

Coke (not injected) How many times in the last week? _____

Marijuana How many times in the last week? _____

Painkillers (e.g. vicodin, morphine –list here) _____

How many times in the last week? _____

Other (please list here) _____

How many times in the last week? _____

Other (please list here) _____

How many times in the last week? _____

[INTERVIEWER: ASK 37 ONLY IF THEY REPORT SUBSTANCE USE, IF NO SUBSTANCE USE IS REPORTED, SKIP TO QUESTION 38]

37a. Are you currently in treatment for substance use?

Yes No

37b. If yes, where? _____

37c. If no, how hard or easy do you think it would be for you to get treatment for substance use? (from 1 means Easy to 5 means Very Hard)

1 Very Easy	2 Somewhat Easy	3 Neither Easy or Hard	4 Somewhat Hard	5 Very Hard
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38. Are you currently receiving any mental health services?

Yes No

[IF YES]

a. If yes, where? _____

b. If yes, about how long have you been receiving treatment? _____

[IF NO]

c. If no, have you ever received mental health services?

Yes No

d. When? _____ (years or months ago)

e. Why did you stop receiving services?

Thank you for your help, we appreciate your time and honesty.