WHO WE ARE: Youth Living with HIV in Metro Atlanta

We are young, zealous, and passionate individuals and with our efforts we will break and disband the veil of stigma and live openly as eleven of the 54,000+ Georgians who, at some point in life were diagnosed with HIV. We are comprised of a beautiful woman of trans experience and a host of bold, black, gay men. Although we are people with shared stories, our life experiences are not monolithic,
and we are not just people living with the virus; we are people passionate about using our unique perspectives to advocate for policy and practice change in the area of housing and homelessness. We recognize that structural changes must be addressed at the policy and practice level to ensure that Georgia sees an AIDS-free generation. We are a wellspring of knowledge, experiences, and solutions. This cohort and those to come will serve as a readily available resource to our elected officials in the hopes to correct the discrepancies in the policies which affect those living with and affected by HIV. Therefore, we echo the sentiments of HIV policy advisors who have come before us that none of the structural changes about us should happen without us.

HIV & HOMELESSNESS: WHAT OUR REGION’S LEADERS NEED TO KNOW

Metro Atlanta has high rates of homelessness and HIV, and these issues are linked. If we want to end our HIV epidemic, we must tackle homelessness, especially among youth.

HIV & HOMELESSNESS IN METRO ATLANTA
- Two-thirds of the 54,000+ Georgians living with HIV reside in Metro Atlanta, which ranks 5th out of all Metropolitan areas in its number of new HIV diagnoses (CDC[i]).
- It’s estimated that over 17,000 people living with HIV in Metro Atlanta will be unstably housed this year. That number is expected to grow (HOPWA Report, City of Atlanta[ii]).
- Metro Atlanta receives special federal funding from Housing and Urban Development (HUD) through its Housing Opportunities for People with HIV/AIDS (HOPWA) program, but it is insufficient to meet our unmet housing needs.
- HIV co-infection was a factor in the 2014 Tuberculosis outbreak at an Atlanta shelter. We will continue to be vulnerable to future TB outbreaks if we don’t address our HIV epidemic.
- The CDC estimates that the average lifetime cost of each new HIV infection is $379,668 (CDC[iii]).
HOMELESSNESS AND HIV RISK
● Homelessness places people at heightened risk for HIV, even when controlling for other factors like mental health, substance abuse and access to other services (C2AE [iv]).
● Homelessness is predictive of HIV risk behaviors, such as condomless sex and injection drug use.
● Proven HIV prevention strategies have been shown to be less effective with people who are unstably housed (NAHC [v]).

HOMELESSNESS AMONG PEOPLE LIVING WITH HIV
People living with HIV who are unstably housed are more likely than those stably housed to:
● Enter into HIV care late and delay treatment, making HIV infection harder to manage.
● Have compromised immune systems, leaving them vulnerable to other infections and cancers.
● Lack access to medication and be able to take it as prescribed.
● Be hospitalized and use the emergency room.
● Die from AIDS-related complications.

HOMELESSNESS & HIV AMONG LGBTQ YOUTH OF COLOR
● LGBTQ Youth of Color are disproportionately likely to experience homelessness and contract HIV during their lifetimes. This is no coincidence.
● While they likely represent less than 5% of the total population, the Atlanta Youth Count survey (GSU) found that 28% of homeless youth in Metro Atlanta were LGBTQ; of those youth, 62% were African-American or Black.
● HIV is increasing among young, Black, Gay/Bisexual men, but decreasing in their white counterparts, despite the same levels of risk behavior.
● By age 30, it is estimated that half of all Black, Gay/Bisexual men in Atlanta will contract HIV. Homelessness has emerged as a major determinant of that statistic (Emory, 2014).
● One-in-five transgender people will experience homelessness in their lifetimes.

HOUSING IS THE KEY TO ENDING HIV.
The facts are dire, but we have the tools in our toolkit to end the epidemic. It starts with addressing homelessness among people most at risk for and living with HIV. Research strongly suggests that:

HOUSING IS A COST-EFFECTIVE STRATEGY FOR HIV PREVENTION
When people are stably housed, they are:
- Less likely to engage in risk behaviors for HIV like unsafe sex and IV drug use.
- More likely to be receptive to HIV prevention programs and strategies
- More likely to be tested for HIV, linked to care if they test positive, and less likely to transmit the virus to others.

STABLE HOUSING IS HEALTHCARE FOR PEOPLE LIVING WITH HIV.
When people living with HIV are stably housed, they:
- Go to the doctor regularly and adhere to HIV treatment regimens
- Rely less on hospitals and emergency rooms for healthcare
- Are less likely to die prematurely from AIDS-related complications

**STABLE HOUSING LEADS TO MEASURABLE COMMUNITY HEALTH OUTCOMES**

- 84% of unstably housed people with HIV who received a voucher for rental assistance were stably housed at 18 months (National AIDS Housing Coalition [NAHC](http://www.nahc.org))
- Mortality among homeless people living with an AIDS diagnosis who received supportive housing was reduced by 80% ([NAHC](http://www.nahc.org))
- Hospitalizations among people with HIV are reduced by 57% after they were stably housed ([NAHC](http://www.nahc.org))
- Housing improves the mental and physical health of people living with HIV. ([NAHC](http://www.nahc.org))
- Housing decreases likelihood of death from AIDS-related complications. ([NAHC](http://www.nahc.org))
Homelessness is a risk factor for HIV among youth in Atlanta, and many people living with HIV experience homelessness. Youth at highest risk for HIV—namely, LGBTQ youth of color—are especially vulnerable to homelessness. Here’s what you can do about it:

**CITY OFFICIALS**

**Increase capacity for housing people living with HIV in Metro Atlanta.**
With HOPWA funding alone, there is never enough resources for all unstably housed people living with HIV in Metro Atlanta. The City of Atlanta must increase investment in housing resources specifically for those living with HIV. Our elected officials should dig deep, get creative and work collaboratively with other regional jurisdictions to find the resources to ensure ALL people living with HIV are stably housed.

**Increase shelter and emergency resources specifically for homeless youth in Metro Atlanta, and make sure they are safe and welcoming to LGBTQ youth.**
LGBTQ youth are at a heightened risk for discrimination and violence while staying in shelters, both from other residents and staff. Many shelters are ill equipped to accommodate same-gender couples and their families, and many struggle to safely house transgender clients. It is essential that our housing continuum of care (COC) provides training and resources to shelters toward implementation of our city-wide non-discrimination ordinance, which prohibits discrimination based on sexual orientation and gender identity.

**Decrease the bureaucratic paperwork burden placed upon housing applicants.**
Many young people begin applying for housing assistance but become mired in a complex maze of document requirements, paperwork, and multiple contacts at multiple agencies. This is an unrealistic process for a young person newly diagnosed with HIV who may be living on the streets without access to resources. Every effort should be made to ensure housing applications are simple and easy to follow, especially for youth in crisis situations.

**Improve HOPWA grant contracting and reimbursement processes for housing providers.** The City of Atlanta administers HOPWA funding from the federal government, which is then dispersed to local non-profit agencies that provide housing and wraparound services to people living with HIV. For years, HOPWA-funded housing agencies have reported extreme delays in contract execution and reimbursement from the City of Atlanta. In some cases, agencies are forced to turn away new clients because of lack of funds resulting from these delays.

**Improve monitoring and oversight of housing providers and provide technical assistance to ensure they meet standards of Housing First.**
Agencies that provide services to people living with HIV experiencing homelessness must be accountable to high standards of practice, and client grievance procedures must be adopted and publicly posted. In line with HUD guidelines, agencies should be practicing Housing First, and the City should provide training to prepare them to do so. Training on LGBTQ cultural competency and
HIV basics is essential. The City should also monitor for facility quality and cleanliness standards. We believe all of our providers have clients’ best interest in mind but that monitoring and technical assistance from the city provides an extra layer of accountability.

COUNTY OFFICIALS

County Boards of Health should collaborate with Metro Atlanta housing Continuum of Care entities to ensure information-sharing between the public health and housing/homeless service sectors. There are great siloes between entities that administer HIV service funding and those that administer housing funding. These siloes cause breakdowns in communication, referrals and information sharing across jurisdictions.

STATE ELECTED OFFICIALS

Learn about HIV and its social determinants from the experts.
Create study committees in the general assembly to examine HIV in Georgia, including its social determinants: homelessness, discrimination, access to healthcare, etc. and make sure the study committee includes people living with HIV in highly impacted districts both in Metro Atlanta and rural Georgia. Georgia is brimming with world-class HIV doctors and researchers who can provide the data and analyses you need to create a strategy.

Get to know how HIV and homelessness impact your district.
As a leader in your community, you're more than a lawmaker; you’re a changemaker. You have the ability to meet with HIV prevention and care workers in your district and talk directly to people living with HIV and their families, listening to the stories of those whose lives are impacted by HIV and homelessness. You can hold community town hall meetings and listening sessions to get a broad perspective of the effects of HIV on your community.

FOR NON-PROFIT AND OTHER COMMUNITY LEADERS

Housing service providers and HIV service providers alike must adopt a “Housing First” framework to ensure clients’ housing needs are prioritized regardless of their ability or “readiness” to engage in health care. Housing First requires the removal of all barriers to housing access. This is especially important for clients living with HIV who may not be able to access or prioritize HIV care without stable housing.

All staff working in housing or HIV service agencies must be trained twice per year on LGBTQ cultural awareness and competency.
To bolster policies banning discrimination based on sexual orientation and gender identity, staff should be trained at least once per year on cultural competency specific to LGBTQ residents. Given
their likelihood of encountering LGBT youth, homeless shelter staff should be prepared to house LGBTQ residents and ensure their safety and wellbeing while sheltered.

Questions, comments or suggestions about this document should be sent to WADA@GeorgiaEquality.org.

REFERENCES:


[ii] HOPWA strategic planning report, city of Atlanta, accessible online at https://www.atlantaga.gov/Home/ShowDocument?id=6105


[iv] Campaign to end AIDS Homelessness Fact Sheet accessible online at http://www.c2ea.org/files/toolkit/FactsheetPrevention_-Housing.pdf

[v] National AIDS Housing Coalition resource library, accessible online at http://nationalaidshousing.org/policy/