

Health Care for the Homeless

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Bibliography #11

HIV/AIDS Among People Who Are Homeless

March 2004

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Under contract to the Health Resources and Services Administration, Bureau of Primary Health Care

2003

American Public Health Association. **HIV returns.** Am Journal of Public Health 93(6): 849-1019, 2003.

In this issue, articles cover topics including HIV risk among 4300 MSM in 6 U.S. cities, culturally appropriate interventions targeting men who have sex with men (MSM), concurrent psychosocial problems, approaching HIV among young Black MSM, HIV risk among injecting women who have sex with women, and pinpointing HIV/AIDS hotspots in communities of color. Condom use, sexual behaviors and outcomes are also discussed (authors).

Bell D, Martinez J, Botwinick G, Shaw K, Walker L, Dodds S, Sell R, Johnson R, Friedman L, Sotheran J, Siciliano C. **Case finding for HIV positive youth: A special type of hidden population.** Journal of Adolescent Health 33(2): 10-22, 2003.

In this article, the authors describe the HIV case finding strategies used by the Special Projects of National Significance (SPNS), Adolescent HIV Outreach and Treatment programs, the populations of youth they were able to reach, and the populations of HIV-positive youth they were able to identify. Program specifications from five programs located in four major metropolitan centers were contrasted. Four of the programs also provided outcome data for HIV counseling and testing outcome numbers, demographic and risk profile data for youth who underwent HIV testing, and mode of infection of HIV-positive youth. The program outcomes were discussed in terms of similarities and differences in outreach methods, geographic settings, individual characteristics and youth subcultures. The article concludes that because HIV-positive adolescents will constitutionally remain a "hidden population," a great deal of time and effort will continue to need to go into the front end of outreach, counseling and testing. The authors state that specific guidance and recommendations for locating HIV-positive youth were provided to program designers for each type of outreach strategy (authors).

Bride B, Real E. **Project Assist: A modified therapeutic community for homeless women living with HIV/AIDS and chemical dependency.** Health and Social Work 28(2): 166-8, 2003.

This article describes a substance abuse treatment program for homeless women who abuse substances and are living with HIV/AIDS. A therapeutic community model was modified to meet the unique needs of this population, and incorporates a variety of HIV support and education services, and provides enhanced health services to address the multiple medical needs of this population. To date, limited treatment options have been available to address the unique issues of women who are homeless, chemically dependent, and HIV-positive (authors).

Herndon B, Asch S, Kilbourne A, Wang M, Lee M, Wenzel S, Andersen R, Gelberg L. **Prevalence and predictors of HIV testing among a probability sample of homeless women in Los Angeles county.** Public Health Report, 118(3): 261-269, 2003.

This article discusses the prevalence and predictors of HIV testing in a probability cluster sample of urban women who are homeless. The data was collected through one on one interviews with women who were homeless, and residing at shelters and soup kitchens in Los Angeles, California. The authors assert that data from their research shows that HIV testing in past year was most strongly associated with pregnancy, and having a regular source of care. Approximately twenty-five percent of women who are homeless, with indications for HIV testing had not been tested in the past year. The article concludes that the reported HIV seroprevalence of greater than one percent suggests that providers should offer and encourage HIV testing for

all homeless women in LA County (authors).

Klinkenberg R, Caslyn R, Morse G, Yonker R, McCudden S, Ketema F, Constantine N. **Prevalence of HIV, hepatitis B, and hepatitis C among homeless persons with co-occurring severe mental illness and substance use disorders.** *Comprehensive Psychiatry* 44(4): 293-302, 2003.

This study was undertaken to determine the prevalence of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) among homeless persons with co-occurring severe mental illness (SMI) and substance use disorders and to determine associated risk factors. As part of a longitudinal study of the effectiveness of integrated treatment for homeless persons with SMI and substance abuse or dependence, serological testing was performed to ascertain the prevalence of HIV, HBV, and HCV. At baseline, 6.2% of participants were HIV-positive. Nearly one third of participants had evidence of prior exposure to HBV, and 30% were antibody positive for HCV. About 44% of participants had a reactive test for either HBV or HCV. Having a reactive test was strongly associated with substance use, especially with a history of injection drug use. A significant threat exists to the health and well-being of homeless person with SMI due to high prevalence of blood-borne pathogens. Mental health providers need to play a proactive role in the identification of health-related needs and to assist with access to general health services for persons with SMI (authors).

Meyerson B, Chu B, Mills V. **State agency policy and program coordination in response to the co-occurrence of HIV, chemical dependency, and mental illness.** *Pub Health Rpts* 118(5): 408-414, 2003.

This study sought to establish a conservative and initial understanding of state HIV, substance abuse, and mental health agency coordination of policy and program in response to the co-occurrence of HIV, chemical dependency, and mental illness. Estimation of coordination was accomplished through the comparison of three surveys conducted among state substance abuse directors (1998), state AIDS directors (1999), and state mental health directors (2000). Data from 38 states were reviewed. According to the authors, the most frequently reported state agency activities included coordinating funding, engaging in integrative planning activities, and conducting staff cross-training. When compared for association with state characteristics, coordination among state agencies was found to be associated with Early Intervention Services (EIS) designation, higher rates of AIDS generally, higher rates of AIDS among African Americans, and higher rates of AIDS among Hispanic populations. Given the limitations of comparing three disparate surveys, we determined the estimate of interagency coordination to be conservative and preliminary. The authors conclude that while this study was useful as an initial step toward identifying state interagency policy and program coordination in response to the co-occurrence of HIV, chemical dependency, and mental illness, there were methodological challenges that should be addressed in future studies of state agency coordination. Several recommendations were advanced (authors).

Nguyen T, Whetten K. **Is anybody out there? Integrating HIV services in rural regions.** *Public Health Reports* 118(1): 3-9, 2003.

This article discusses the HIV epidemic's national change, and the disproportionate increase in HIV infection among people of color and among women, in the Southern states. According to the authors, due to the limited and disjointed health care and social service resources in rural Southern regions, already marginalized groups have difficulty in accessing appropriate care and services to address their HIV infection seamlessly and with continuity. The article states that in order to ameliorate the limitations in the health care infrastructure, the North Carolina Services Integration Project collaborated with North Carolina medical and social service providers and state agencies to create a sustainable and replicable model of integrated care for HIV-positive, geographically dispersed residents (authors).

Rothbard A, Metraux S, Blank M. **Cost of care for Medicaid recipients with serious mental illness and HIV infection or AIDS.** *Psychiatric Services* 54(9): 1240-1246, 2003.

This article discusses the economic feasibility of HIV prevention in community mental health settings. The authors examined the cost of care for four groups of adults who were eligible to receive Medicaid, and found that persons with comorbid serious mental illness and HIV infection or AIDS had the highest annual medical and behavioral health treatment expenditures, followed by persons with HIV infection or AIDS only. Annual expenditures for persons with serious mental illness were approximately \$5,800 while HIV infection expenditures were about \$1,800 annually. The authors conclude that given the high cost of treating persons with comorbid serious mental illness and HIV infections or AIDS, the integration of HIV prevention into ongoing case management for persons with serious mental illness who are at risk of infection may prove to be a cost-effective intervention strategy (authors).

Samet J, Freedberg K, Savetsky J, Sullivan L, Padmanabhan L, Stein M. **Discontinuation from HIV medical care: Squandering treatment opportunities.** *Journal of Health Care for the Poor and Underserved* 14(2): 244-255, 2003.

This study assesses HIV-infected patients' discontinuation of their primary care. One hundred ninety-eight consecutive outpatients were interviewed on initial HIV primary care presentation, assessed after six months about their discontinuation from primary care, and had characteristics associated with discontinuation determined. Black, white, and Hispanic men and women were studied - forty-seven percent were injection drug users, and sixty-nine percent with a yearly income of less than sixteen thousand dollars a year. According to the authors, primary care was not continued in twenty percent of the cases, and one-fifth of HIV-infected patients did not remain engaged in primary care after establishing this essential link to treatment. The authors hypothesize that those patients with a history of homelessness would be more likely not to maintain an established primary care relationship (authors).

Seaton R. **HIV/AIDS Stigma.** HRSA Care Action: August 1-8, 2003.

This newsletter describes the different types of stigmatization HIV/AIDS patients go through. The author examines the effects this stigmatization has on the general population, as well as the care system, and the patient themselves. The consequences of stigma, such as guilt, isolation, anxiety, or depression are examined. A focused look at the violence that often occurs as a result of HIV/AIDS stigmatization is also included. Legal and Policy interventions, as well as program and service interventions are discussed (author). Available From: Health Resources and Services Administration Clearinghouse, U.S. Department of Health and Human Services, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (888) ASK-HRSA, <http://hab.hrsa.gov/publications>.

Shelter Partnership, Inc. **A strategic plan for providing HIV/AIDS housing with supportive services in Los Angeles county. DRAFT.** Los Angeles, CA: Shelter Partnership, Inc., 2003.

This strategic plan is the product of a concerted effort by the HIV/AIDS community, providers and advocates, and local policymakers to better inform the distribution of housing, supportive services, and funding resources for persons living with HIV/AIDS (PLWH/A) in Los Angeles County. The plan describes the housing and supportive service needs of PLWH/A in Los Angeles County; prioritizes these housing and supportive service needs; and constructs a roadmap for the allocation of available resources, including HOPWA, to address these prioritized needs, through comprehensive planning and coordination. By highlighting the numerous public funding programs and systems of care that are available to supplement the relatively static funding provided through HOPWA, the authors present local policymakers with greater flexibility in addressing the prioritized housing and supportive service needs of PLWH/A (authors). Available From: Shelter Partnership, Inc., 523 West Sixth Street, Suite 616, Los Angeles, CA 90014, (213) 688-2188,

Tucker J, Wenzel S, Elliott M, Hambarsoomian K, Golinelli D. **Patterns and correlates of HIV testing among sheltered and low-income housed women in Los Angeles county.** *Journal of Acquired Immune Deficiency Syndrome* 34(4): 415-422, 2003.

This study investigated the prevalence, location, and correlates of HIV testing in a random sample of women drawn from shelters and low-income housing units in Los Angeles County. Most women had been tested for HIV, with the most common location being a clinic or physician's office. Sheltered women were more likely to have ever been tested and, among those tested, to have been tested in a treatment program, mobile van, hospital or emergency department, or jail. Multivariate analyses indicated that testing was more likely among women who were sampled from shelters, younger, living with a child, had a regular source of medical care, were drug or alcohol dependent in the past year, experienced sexual violence, and were at low risk for mental health problems. Few women reported lack of money, transportation, or access to testing facilities as primary barriers to being tested. Although our results suggest that most impoverished women in our study area did not experience significant impediments to HIV testing, programs to encourage testing among older women, stably housed women who lack a regular source of care, and women at high risk for mental health problems may be warranted.

Wechsberg W, Lam W, Zule W, Hall, G, Middlesteadt R, Edwards J. **Violence, homelessness, and HIV risk among crack-using African-American women.** *Substance Use and Misuse* 38(3-6): 669-700, 2003.

This study compares the characteristics of out-of-treatment, homeless, crack-using African American women with those who are not homeless to determine what risks and protective factors differentiate the two groups. From 1999-2001, 683 out-of-treatment, African American crack-using women were interviewed and serologically tested. Risk factors that were examined include adverse childhood experiences, psychological distress, physical health, violence and victimization, drug use, and risky sex behaviors. Protective factors that were examined include marital status, education, public assistance, and the responsibility of caring for children. According to the authors, the findings suggest that not only do these women overall report painful histories and currently stressful lives, but homeless women are more likely than women who are not homeless to have experienced child abuse and are more involved with drug use (authors).

2002

Blank MB, Mandell DS, Aiken L, Hadley TR. **Co-occurrence of HIV and serious mental illness among Medicaid recipients.** *Psychiatric Services* 53(7): 868-873, 2002.

The authors estimated the treated period prevalence of HIV infection in the Medicaid population and the rate of HIV infection among persons with serious mental illness in that population. This cross-sectional study used Medicaid claims data and welfare recipient files for persons aged 18 years or older for fiscal years 1994 through 1996 in Philadelphia. Claims data were merged with welfare recipient files to calculate the treated period prevalence of serious mental illness, defined as a schizophrenia spectrum disorder or a major affective disorder, and HIV infection in the Medicaid population and the odds of receiving a diagnosis of HIV infection among those who had a diagnosis of serious mental illness. The treated period prevalence of HIV infection was .6 percent among Medicaid recipients who did not have a diagnosis of a serious mental illness and 1.8 percent among those who did. After sex, age, race, and time on welfare during the study period were controlled for, patients with a schizophrenia spectrum disorder were 1.5 times as likely to have a diagnosis of HIV infection, and patients with a diagnosis of a major affective disorder were 3.8 times as likely. The rate of HIV infection is significantly elevated among persons with serious mental illness. Further studies are needed

to determine modes of transmission of HIV, special treatment needs, and effective strategies for reducing the risk of HIV infection (authors).

Buchanan, RJ. **Ryan White CARE Act and eligible metropolitan areas.** Health Care Finance Review 23(4): 149-157, 2002.

Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act provides emergency assistance to eligible metropolitan areas (EMAs) to provide a continuum of care and services to people living with HIV disease. This article presents the results of a 2000-2001 survey of the 51 Title I Planning Councils. EMAs are serving significant numbers of females, with black and Hispanic persons constituting a majority of people served in 33 EMAs. Among the difficult to serve are substance abusers, people with chronic mental illness, multi-diagnosed people, the homeless, black males who have sex with males, and Hispanic persons.

Centers for Disease Control and Prevention. **AIDS cases by state and metropolitan area of residence, 2000.** Centers for Disease Control and Prevention, 2002.

This report presents the number of new AIDS cases reported in 2000, the total number of cases existing through 2000, and estimates of AIDS prevalence (cases per 100,000 population) at the end of 2000 for each state and metropolitan statistical area (MSA), including California and Los Angeles. Data is presented by sex, race/ethnicity, and exposure category (authors)

Demmer C. **Impact of improved treatments on perceptions about HIV and safer sex among inner-city HIV-infected men and women.** Journal of Community Health 27(1): 63-73, 2002.

Protease inhibitor combination therapies have significantly improved the health of many people with HIV/AIDS. Prior studies, consisting mainly of gay men, have indicated that these treatments have prompted reduced concern about HIV and an increase in high-risk behavior. This study assessed the impact of HIV treatment advances on HIV-infected individuals living in inner-city areas. A convenience sample was used consisting largely of heterosexual African-Americans and Hispanics. Almost the entire sample had heard of the latest HIV treatments, and 75% were currently on protease inhibitor regimens. One-third of the sample reported that AIDS was a less serious threat nowadays and that being HIV-positive was not a big deal. Fifteen percent of respondents believed that protease inhibitor combination therapies reduced the risk of HIV transmission, and 10% believed that these treatments reduced need for safer sex practices. As in previous studies of other populations, a significant percentage of respondents practiced safer sex less often since new HIV treatments arrived. HIV prevention programs need to focus more attention on HIV-infected individuals in inner city areas. Interventions for these individuals need to address changing attitudes and behaviors stemming from HIV treatment advances (author).

Farber, EW., McDaniel, JS. **Clinical management of psychiatric disorders in patients with HIV disease.** Psychiatric Quarterly 73 (1): 5-16, 2002.

HIV disease presents considerable challenges that can affect adjustment and health-related behaviors. This article provides an overview of clinical considerations in the treatment of comorbid psychiatric disorders and problems in adjustment in HIV patients. First, the research literature is reviewed with respect to biomedical, intrapersonal, and psychosocial factors associated with HIV-related psychological adjustment and psychiatric complications. Next, a brief description is presented regarding prevalence and types of co-occurring psychiatric disorders seen in HIV patients. The article concludes with a discussion of clinical assessment and treatment considerations for psychiatric clinicians who work with HIV patients (authors).

Hinkin C, Castellon S, Durvasula R, Hardy D, Lam M, Mason K, Thrasher D, Goetz M, Stefaniak M. **Medication adherence among HIV-positive adults: Effects of cognitive dysfunction and regimen complexity.** *Neurology* 59(12): 1944-1950, 2002.

In this article, the authors state that although the use of highly active antiretroviral therapy in the treatment of HIV infection has led to considerable improvement in morbidity and mortality, unless the patients are adherent to their drug regimen, viral replication may ensue and drug resistance strains of the virus may emerge. The authors studied the extent to which neuropsychological compromise and medication regimen complexity are predictive of poor adherence in a convenience sample of 137 HIV-infected adults. Medication adherence was tracked through the use of electronic monitoring technology (MEMS caps). The article states that HIV-infected adults with significant neuropsychological compromise are at risk for poor medication adherence, particularly if they have been prescribed a complex dosing regimen, and that simpler dosing schedules for more cognitively impaired patients might improve adherence (authors).

Katz D, Dutcher G, Toigo T, Bates R, Temple F, Cadden C. **The AIDS Clinical Trials Information Service (ACTIS): A decade of providing clinical trials information.** *Public Health Reports* 117(2): 123-130, 2002.

This article describes the AIDS Clinical Trials Information Service (ACTIS) is a central resource for information about federally and privately funded HIV/AIDS clinical trials. Sponsored by four components of the United States Department of Health and Human Services, ACTIS has been a key part of the U.S. HIV/AIDS information and education services since 1989. ACTIS offers a toll-free telephone service, through which trained information specialists can provide callers with information about AIDS and clinical trials in English or Spanish, and a website that provides access to clinical trials databases and a variety of educational resources. The article states that future priorities include the development of new resources to target diverse and underserved populations. In addition, the authors suggest that research needs to be conducted on the use of telephone services versus web-based information exchange to ensure the broadest possible dissemination of up-to-date information on HIV infection and clinical trials (authors).

Kilbourne, AM, Herndon B, Andersen RM, Wenzel SL, Gelberg L. **Psychiatric symptoms, health services, and HIV risk factors among homeless women.** *Journal of Health Care for the Poor and Underserved* 13(1): 49-65, 2002.

The authors determined whether psychiatric symptoms and lack of health and/or social services contacts were associated with HIV risk behaviors among a probability sample of homeless women. Women were interviewed regarding socioeconomic indicators, psychiatric symptoms, health, and/or social services contacts, and past-year HIV risk behaviors. Overall, 8 percent of the women injected drugs, 64 percent engaged in unprotected sex, and 22 percent traded sex. Multiple logistic regression results revealed that substance abuse was positively associated with injection drug use and trading sex, women attending self-help meetings for substance abuse were also more likely to trade sex. Homeless women who are substance abusers are vulnerable to HIV risk behaviors. Risk reduction interventions for homeless women should be implemented through substance abuse and intensive case management programs (authors).

Koenig, LJ, Whitaker, DJ, Royce, RA, Wilson, TE, Callahan, MR, Fernandez, MI. **Violence during pregnancy among women with or at risk for HIV infection.** *American Journal of Public Health* 92(3): 367-370, 2002.

This study estimated the prevalence of violence during pregnancy in relation to HIV infection. Violence,

current partnerships, and HIV risk behaviors were assessed among 336 HIV-seropositive and 298 HIV-seronegative at-risk pregnant women. Overall, 8.9% of women experienced recent violence; 21.5% currently had abusive partners. Violence was experienced by women in all partnership categories (range=3.8% with nonabusive partners to 53.6% with physically abusive partners). Neither experiencing violence nor having an abusive partner differed by serostatus. Receiving an HIV diagnosis prenatally did not increase risk. Disclosure-related violence occurred but was rare. Many HIV-infected pregnant women experience violence, but it is not typically attributable to their serostatus. Prenatal services should incorporate screening and counseling for all women at risk of violence (authors).

Lazzarini Z, Klitzman R. **HIV and the law: Integrating law, policy, and social epidemiology.** *Journal of Law and Medical Ethics* 30(4): 533-547, 2002.

This article gives a brief overview of the epidemiology of HIV infection that is particularly relevant from the perspective of the role of law. The authors focus on both the more common analysis that concentrates on geographic, risk behavior, age, gender, and temporal distribution of disease, including incidence and prevalence data, as well as social epidemiology, specifically the relationships between HIV infection and social determinants such as socioeconomic status, education, race, social cohesion, and social capital. The authors consider how laws in the US could plausibly act as pathways by which deeper social determinants affect health, specifically HIV risk and resilience. The role of law in shaping those determinants themselves is also discussed. The article does not specifically address the role of law in HIV in the developing world, where the vast majority of the estimated 40 million people currently living with HIV reside (authors).

Levounis P, Galanter M, Dermatis H, Hamowy A., De Leon G. **Correlates of HIV transmission risk factors and considerations for interventions in homeless, chemically addicted and mentally ill patients.** *Journal of Addictive Diseases* 21(3): 61-72, 2002.

A study was conducted to ascertain correlates of HIV high risk behaviors and attitudes toward HIV. A questionnaire was administered to 103 men living in modified therapeutic community (TC) for men who are homeless, chemically addicted and mentally ill. The psychiatric diagnoses of the sample population included psychotic disorders, depressive disorders, and bipolar disorders. Forty-two percent reported that their primary substance of abuse was cocaine and another 40% named alcohol as the substance to which they were most addicted. Two logistic regression analyses were conducted, one with needle sharing as the outcome measure and one with endorsement of the need for lifestyle changes to reduce risk of HIV transmission. Cocaine users were 3.4 times more likely to have shared needles than the rest of the sample. Patients who had a history of sexually transmitted diseases were 17 times more likely to endorse the need for lifestyle changes. The level of HIV transmission knowledge was unrelated to HIV risk behaviors or attitudes (authors).

Lieb S, Brooks RG, Hopkins RS, Thompson D, Crockett LK, Liberti T, Jani AA, Nadler JP, Virkud VM, West KC, McLaughlin G. **Predicting death from HIV/AIDS: A case-control study from Florida public HIV/AIDS clinics.** *Acqui Immune Defic Syndr* 30(3): 351-358, July 2002.

BACKGROUND: After markedly decreasing for 3 years, HIV/AIDS mortality declined only slightly in 1999. **METHODS:** The authors conducted a case-control study in four Florida urban public health HIV clinics to evaluate modifiable factors associated with HIV/AIDS mortality in a non-research setting. Structured chart review was conducted for 120 case-patients who died in 1999 and for 240 randomly selected control-patients. Risk factors associated with death in univariate analysis were entered into three conceptually related, matched logistic regression models. **RESULTS:** In the final multivariate model, homeless, Medicaid insurance, having a documented adherence problem, injection drug use, non-specific liver failure, interrupted highly active antiretroviral therapy (HAART) secondary to side effects, and not receiving HAART were independent

predictors of mortality. **CONCLUSIONS:** In addition to medical and clinical indicators, several sociobehavioral-demographic factors remained important throughout the multivariate analysis. Improvement in care should include a focus on social circumstances of infected people. Special attention to the homeless, those with adherence problems, and those with liver disease is clearly indicated.

Linsk, NL, Mitchell, CG, Desportes, J, Cook, J, Razzano, L, Grey, D, Wolf, M. **Evaluating HIV mental health training: Changes in practice and knowledge for social workers and case managers.** *Health and Social Work* 27 (1): 67-70, 2002.

This article reports outcomes of an evaluation of an HIV training program entitled "Fundamentals of Mental Health and HIV/AIDS." The program was targeted to a broad array of health and mental health providers in inpatient and outpatient settings from 1996 through 1998. The article provides an overview of the curriculum and evaluation and identifies similarities and differences in service delivery patterns between the social workers and the case managers-counselors. Implications for social work practice, education, and training are also discussed (authors).

Liverpool J, McGhee M, Lollis C, Beckford M, Levine D. **Knowledge, attitudes, and behavior of homeless African-American adolescents: Implications for HIV/AIDS prevention.** *J Natl Med Assoc* 94(4): 257-263, 2002.

The purpose of this pilot study was to describe the knowledge of HIV/AIDS, attitudes about condom use, and the sexual behavior of African-American adolescents who reside in a children's emergency homeless shelter. The Attitudes Toward Condom Usage Questionnaire, the AIDS Knowledge and Attitude Survey, and a Perceived Risk of HIV/AIDS Scale were modified and administered to 37 African-American male and female adolescents who reside in an emergency shelter. HIV/AIDS knowledge and attitudes about condoms among these respondents were comparable to those of other adolescents described in the literature in that there was a strong knowledge of HIV/AIDS, although sexual behavior and attitudes toward condoms were not consistent with this knowledge. Significant differences between male and female respondents were only found on three items of the Attitudes Toward Condom Usage Questionnaire and on the Perceived Risk of HIV/AIDS Scale at the 0.05 level. The knowledge, attitudes, and sexual behavior of homeless, African-American adolescents should be examined to develop and implement appropriate programs to address the specific needs of this population. Further research should focus on this population and expand on this preliminary data.

Rosenblum, A, Nuttbrock, L, McQuiston, H, Magura, S, Joseph, H. **Medical outreach to homeless substance users in New York city: Preliminary results.** *Subst Use & Misuse* 37(8-10): 1269-1273, 2002.

The purpose of this study was to conduct a medical, drug user treatment and social needs assessment survey of homeless visitors to the medical van. The authors also conduct a process and outcome evaluation of the mobile medical outreach clinic with the addition of intensive case management (ICM) as an experimental enhancement. The article suggests that the incorporation of ICM provided an added benefit of engaging highly impaired individuals and helping them to acquire and maintain public assistance benefits. The authors assert that the mobile medical outreach appears to provide a good opportunity for identifying serious communicable diseases, HIV counseling, and primary care treatment (authors).

Updegraff, JA., Taylor, SE., Kemeny, ME., Wyatt, GE. **Positive and negative effects of HIV infection in women with low socioeconomic resources.** *Personality and Social Psychology Bulletin* 28(3): 382-394, 2002.

Predictions generated by cognitive adaptation theory and conservation of resources theory were tested with regard to positive and negative changes associated with HIV infection in an ethnically diverse, low socioeconomic status sample of 189 HIV-positive women. Women reported a significantly greater number of benefits than losses in their experiences with HIV infection. Changes in the domains of the self and life priorities were significantly positive, whereas changes in romantic/sexual relations and view of body were significantly negative. Women who reported more benefits were less likely to report depressive and anxious symptoms. Although health status and optimism significantly predicted depression, anxiety, and negative HIV-related changes, socioeconomic resources were the most significant predictors of HIV-related benefit finding. Implications of these results are discussed (authors).

2001

Bonuck KA; **Housing needs of persons with HIV and AIDS in New York State.** *J Health Soc Pol*, 13(2):61-73, 2001.

This study aims to understand the scope and magnitude of housing needs among persons with HIV/AIDS in New York State. Both housing providers and non-housing providers were identified through state-wide lists and regional resource guides. All identified housing providers and a random sample of identified non-housing providers, by region, were approached. Interviewers conducted telephone interviews with qualified representatives from each organization. All major providers of HIV/AIDS housing services and a random sample of other providers of HIV/AIDS housing services were interviewed. Data that were gathered included: agency profiles, client demographics, and clients' need for and use of housing services. One-third of housing agency clients were either homeless or living in a welfare hotel, while one-tenth of non-housing agency clients were living doubled-up, and half had problems paying for rent or utilities. The majority of clients required supportive services such as substance abuse treatment or mental health care. With the advent of protease inhibitor therapy, stable and adequate housing has become especially critical for persons with HIV/AIDS. However, public assistance "reforms" are likely to exacerbate their housing needs, and may ultimately compromise the potential benefits of treatment.

Clements-Nolle, K, Marx, R, Guzman, R, Katz, M. **HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention.** *American Journal of Public Health* 91(6): 915-921, June 2001.

This study described HIV prevalence, risk behaviors, health care use, and mental health status of male-to-female and female-to-male transgender persons and determined factors associated with HIV. We recruited transgender persons through targeted sampling, respondent-driven sampling, and agency referrals; 392 male-to-female and 123 female-to-male transgender persons were interviewed and tested for HIV. HIV prevalence among male-to-female transgender persons was 35%. African American race, a history of injection drug use, multiple sex partners, and low education were independently associated with HIV. Among female-to-male transgender persons, HIV prevalence and risk behaviors were much lower. Sixty-two percent of the male-to-female and 55% of the female-to-male transgender persons were depressed; 32% of each population had attempted suicide. High HIV prevalence suggests an urgent need for risk reduction interventions for male-to-female transgender persons. Recent contact with medical providers could provide an important link to needed

prevention, health, and social services (authors).

Culhane DP, Gollub EL. **Connections between AIDS and homelessness.** LDI Issue Brief (9): 1-4, 2001.

Although the links between health and environment are well known, interventions that target these associations in order to improve health are rare. Health and social service agencies often function independently of one another, maintaining separate, unlinked databases. For example, relationships among homelessness, AIDS, and tuberculosis have been noted, but services have not focused on the intersecting populations these conditions affect. This Issue Brief summarizes efforts to merge databases and provide policymakers with information to guide housing, social service, and health care resources. The investigators identify risk factors associated with AIDS among the homeless, and homelessness among people with AIDS.

Culhane DP, Gollub E, Kuhn R, Shpaner M. **The co-occurrence of AIDS and homelessness: Results from the integration of administrative databases for AIDS surveillance and public shelter utilization in Philadelphia.** *J Epidemiol Community Health*, 55(7):515-20, July 2001.

OBJECTIVE: Administrative databases from the City of Philadelphia that track public shelter utilization (n=44,337) and AIDS case reporting (n=7,749) were merged to identify rates and risk factors for co-occurring homelessness and HIV/AIDS. **DESIGN:** Analyses were used to identify risk factors associated with AIDS among the homeless, and homelessness among people with AIDS. **SETTING:** The City of Philadelphia, PA. **MAIN RESULTS:** People admitted to public shelters had a three year rate of subsequent AIDS diagnosis of 1.8 per 100 person years; nine times the rate for the general population of Philadelphia. Substance abuse history, male gender, and a history of serious mental disorder were significantly related to the risk for AIDS diagnosis among shelter users. Among people with AIDS, results show a three year rate of subsequent shelter admission of 6.9 per 100 person years, and a three year rate of subsequent shelter admission of 9%, three times the three year rate of shelter admission for the general population. Intravenous drug user history, no private insurance, black race, pulmonary or extra-pulmonary TB, and pneumocystis pneumonia were all related to the risk for shelter admission. **CONCLUSIONS:** Homelessness prevention programs should target people with HIV risk factors, and HIV prevention programs should be targeted to homeless persons, as these populations have significant intersection. Reasons and implications for this intersection are discussed.

Hilton BA, Thompson R, Moore-Dempsey L, Hutchinson K. **Urban outpost nursing: The nature of the nurses' work in the AIDS prevention street nurse program.** *Public Health Nurs*, 18(4):273-80, 2001.

The AIDS Prevention Street Nurse Program in Vancouver, Canada, focuses on HIV and sexually transmitted diseases (STD) prevention within a context of risk reduction and health promotion targeted at marginalized, hard to reach, high-risk populations. As part of a large evaluation project that included interviews with street nurses, clients, and other service providers together with document analysis of the nature of the street nurses' work and its fit within the provision of health care services were described. The street nurses' work reflected the following themes: reach the marginalized high-risk populations for HIV/STDs; building and maintaining trust, respect, and acceptance; doing HIV/AIDS and STD prevention, early detection, and treatment work; helping clients connect with and negotiate the health care system; and influencing the system and colleagues to be responsive. The findings and their implications for community health nursing practice are examined.

Hsu LC, Vittinghoff E, Katz MH, Schwarcz SK. **Predictors of use of highly active antiretroviral therapy (HAART) among persons with AIDS in San Francisco, 1996-1999.** *J Acquir Immune Defic Syndr* 28(4): 345-350, Dec 2001.

Highly active antiretroviral therapy (HAART) has contributed to a decrease in AIDS-related morbidity and mortality. This study used population-based AIDS surveillance data to evaluate the prevalence and predictors of HAART use among persons with AIDS in San Francisco. Use of HAART among persons living with AIDS increased from 41% in 1996 to 72% in 1999. Fourteen percent of persons diagnosed with AIDS between 1996 and 1999 initiated HAART before their AIDS diagnosis. Use of HAART before an AIDS diagnosis increased from 5% in 1996 to 26% in 1999. In the multivariable analysis, African Americans, injection drug users, and those without insurance at the time of AIDS diagnosis were less likely to use HAART before AIDS diagnosis. Delayed initiation of HAART after AIDS was more likely to occur among African Americans, injection drug users, homeless persons, those with public insurance, and those with higher CD4 counts. Although the overall prevalence of HAART use was high, disparity in use of HAART existed by race and risk group, patient's insurance status, and facility of diagnosis. Barriers in use of treatment should be identified so all persons with AIDS can benefit from improved therapies.

Inciardi JA, Surratt HL. **Drug use, street crime, and sex-trading among cocaine-dependent women: Implications for public health and criminal justice policy.** *J Psychoactive Drugs* 33(4): 379-389, 2001.

The linkages between the sex-for-crack exchanges, prostitution, and rising rates of HIV and other sexually transmitted diseases among cocaine-dependent women have been well documented. As crack began to disappear from the headlines during the 1990s, however, it was assumed by many that crack had fallen on hard times in the street drug culture. Within this context, this article examines the extent to which crack has remained primary in the culture of cocaine-dependent women. Data are drawn from a study of 708 cocaine dependent women in Miami, Florida, during the years 1994 to 1996, and qualitative data gathered during 1998 and 1999 in the same field areas. Analyses focus on drug use, criminality and HIV/AIDS risk behaviors. Implications for policy alternatives in criminal justice and public health approaches for assisting this population are discussed.

Karon, JM, Fleming, PL, Steketee, RW, DeCock, KM. **HIV in the United States at the turn of the century: An epidemic in transition.** *American Journal of Public Health* 91:1060-1068, 2001.

The current status of and changes in the HIV epidemic in the United States are described. Methods: Surveillance data were used to evaluate time trends in AIDS diagnoses and deaths. Estimates of HIV incidence were derived from studies done during the 1990s; time trends in recent HIV incidence were inferred from HIV diagnoses and seroprevalence rates among young persons. Numbers of deaths and AIDS diagnosis decreased dramatically during 1996 and 1997 but stabilized or declined only slightly during 1998 and 1999. Proportional decreases were smallest among African American women, women in the South, and persons infected through heterosexual contact. HIV incidence has been roughly constant since 1992 in most populations with time trend data, remains highest among men who have sex with men and injection drug users, and typically is higher among African Americans than other racial/ethnic groups. Conclusions: The epidemic increasingly affects women, minorities, persons infected through heterosexual contact, and the poor. Renewed interest and investment in HIV and AIDS surveillance and surveillance of behaviors associated with HIV transmission are essential to direct resources for prevention to populations with greatest need and to evaluate intervention programs. (authors)

Keenan PA, Keenan JM. **Rapid hiv testing in urban outreach: A strategy for improving posttest counseling rates.** AIDS Educ Prev 13(6): 541-550, Dec 2001.

In 1998, 48% of persons who had HIV testing at publicly funded sites in the United States failed to return for test results and posttest counseling. Opportunities for timely HIV therapy were lost; valuable resources were wasted. This study tested the hypothesis that rapid HIV testing enables a high percentage of high-risk outreach clients to learn their serostatus. We did on-site counseling and rapid HIV testing at community-based organizations (e.g., chemical dependency programs, homeless shelters) in North Minneapolis. The project tested 735 persons. All but one (99.9%) learned their HIV serostatus. African Americans made up 79% of subjects. Rapid testing has a role to play in HIV outreach. It is useful in populations who are at high risk of HIV infection, who currently are not accessing HIV testing, and who have high failure to return rates. Future developments in rapid testing technology will make this testing option more convenient and cost-effective.

Martin, J, Sabugal, GM, Rubio, R., Sainz-Maza, M, Blanco, JM, Alonso, JL, Dominguez, J. **Outcomes of a health education intervention in a sample of patients infected by HIV, most of them injection drug users: Possibilities and limitations.** Aids Care 13(4): 467-473, 2001.

The authors studied the receptivity of a population of HIV-infected patients to the development of a group educational intervention in order to enhance the adherence to therapy. They designed a group educational activity conducted by family physicians and directed to patients with HIV infection treated with antiretrovirals for at least six months. A randomized trial was conducted that compared two interventions: an educational intervention plus individual counsel or the last option alone. We studied their clinical situation, adherence to therapy and familial support. 115 patients [66.9 % injection drug users (IDUs), 69.6% males] were offered the opportunity to be included in the trial, but 73.9 % refused. No group with four or more participants was formed. Fifty-nine percent refused to be included claiming personal reasons and 32.9% cited trouble in their jobs. There was a non-significant trend to accept in the case of women, patients with AIDS and non-adherent patients. This trend was significant in the group of women with AIDS and non-adherent women. It was concluded that HIV-infected patients, mainly IDUs, are not receptive to group educational programs. The design of future interventions must take into account the patient's characteristics.

Melchior LA, Huba GJ, Gallagher T, et al. **Unmet needs in groups of traditionally underserved individuals with HIV/AIDS: Empirical models.** Home Health Care Serv Q, 19(1-2):299-51, 2001.

Over the course of the HIV epidemic, the demographics of the populations of affected individuals have changed. Groups that traditionally have been underserved in systems of care have a number of unmet service needs. This article presents results based on data from 478 patients in five national demonstration projects that were funded to enroll individuals from traditionally underserved groups and to help them access services using different strategies. The participant in these programs had a high level of unmet need prior to enrolling in care. Data on client service needs were related to 17 indicators of traditionally underserved status including demographic characteristics and risk behaviors. Crack cocaine users with HIV/AIDS were more likely than other patient groups to have unmet service needs. Patients who were homeless or in precarious housing were also vulnerable. Results are discussed in terms of designing and evaluating innovative service models to close these service gaps.

Neaigus, A, Friedman, SR, Kottiri, BJ, Des Jarlais, DC. **HIV risk networks and HIV transmission among infecting drug users.** Evaluation and Program Planning 24(2): 2001.

The objective of this study was to demonstrate how injecting drug users' (IDUs) HIV risk networks affect their risk for infection with HIV and influence their HIV risk behaviors. Concepts utilized in a network approach were specified. These concepts included: (1) the distinction between risk networks (the people with or among whom IDUs--or others at risk of infection with HIV--engage in HIV risk behaviors) and social influence networks (the people who shape each others behavior), (2) the extent to which risk networks and social influence networks overlap, and (3) three levels of network analysis, I.e. the dyad, personal networks, and sociometric networks. The role of IDUs' risk networks in the transmission of HIV and their influence on promoting and preventing HIV risk behaviors were illustrated by reviewing studies of IDUs in New York City as well as other locations. Conclusions indicate that the network approach is a developing area in research on the relationship between injecting drug use and HIV risk. This approach provides a basis for deepening our understanding of this relationship and could increase our ability to prevent the further spread of HIV among IDUs as well as their sex partners (authors).

Southern California opens its first HIV/AIDS homeless shelter. AIDS Policy Law, 25(10):9, May 2001.

United States Department of Health and Human Services. **HIV/AIDS and minorities: A guide to federal programs.** United States Department of Health and Human Services, Office of HIV/AIDS Policy, 2001.

HIV/AIDS and Minorities: A Guide to Federal Programs is a directory of agencies within the Department of Health and Human Services (DHHS) that are involved in HIV/AIDS service provision and related activities, highlighting their minority-focused HIV/AIDS programs. These agencies include: the Office of Public Health and Science (OPHS); the Health Resources and Services Administration (HRSA); the Substance Abuse and Mental Health Services Administration (SAMHSA); the National Institutes of Health (NIH); the Indian Health Service (IHS); the Centers for Disease Control and Prevention (CDC); the Agency for Health Care, Research and Quality (AHRQ); the Food and Drug Administration (FDA); the Administration for Children and Families (ACF); the Administration on Aging (AOA); and the Health Care Financing Administration (HCFA). Also included in the Guide is information on the Veterans' Administration (VA), Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing, as well as several clearinghouses and services. These services include: CDC National Prevention Information Network (NPIN), the National STD and AIDS Hotlines, the AIDS Clinical Trials Information Service (ACTIS), the HIV/AIDS Treatment Information Service (ATIS), and the National Clearinghouse for Alcohol and Drug Information (NCADI). Finally, a quick reference list of Web pages and toll-free numbers for health information, as well as other useful information, is provided in the appendices (author).

U.S. Public Health Service, Infectious Diseases Society of America. **2001 USPHS/IDSA guidelines for the prevention of opportunistic infections in persons infected with human immunodeficiency virus.** Rockville, MD: AIDSinfo, 2001.

This report is oriented toward the prevention of specific opportunistic infections in HIV-infected persons in the United States and other industrialized countries. Recommendations for use of HAART, which is designed to prevent immunologic deterioration, to restore immune function and delay the need for many of the chemoprophylactic strategies described in this report, were originally published elsewhere and are updated

regularly. In 1995, the U.S. Public Health Service (USPHS) and the Infectious Diseases Society of America (IDSA) developed guidelines for preventing opportunistic infections (OIs) in persons infected with human immunodeficiency virus (HIV). These guidelines, written for health-care providers and patients, were revised in 1997 and again in 1999, and have been published often. Response to these guidelines suggests they have served as a valuable reference for HIV care providers. Because the 1995, 1997, and 1999 guidelines included ratings indicating the strength of each recommendation and the quality of supporting evidence, readers have been able to assess the relative importance of each recommendation (authors).

Zabos GP, Trinh C. **Bringing the mountain to Mohammed: a mobile dental team serving a community-based program for people with HIV/AIDS.** Am J Public Health, 91(8): 1187-9, August 2001.

In spite of the direct referral system and family-centered model of primary health care linking medical and dental care providers, most HIV-positive patients at the Columbia Presbyterian Medical Center received only emergency and episodic dental care between 1993 and 1998. To improve access to dental care for HIV/AIDS patients, a mobile program, called WE CARE was developed and collocated in community-based organizations serving HIV-infected people. WE CARE provided preventive, early intervention, and comprehensive oral health services to minorities, low-income women and children, homeless youths, gays and lesbians, transgender individuals, and victims of abuse. More efforts to collocate dental services with HIV/AIDS care at community-based organizations are urgently needed.

2000

Anderson, J (ed.). **A guide to the clinical care of women with HIV: 2000 preliminary edition.** HRSA Information Center, Phone: (888) 275-4772.

The target audience of this guide is clinicians, but the information may be relevant to others working in HIV/AIDS service delivery settings. This guide addresses the primary care needs unique to women with HIV infection. The growing number of women living with HIV/AIDS is a dominant feature of the evolving epidemic. Women are often diagnosed later and generally have poorer access to care and medications. In addition women tend to have higher viral loads and lower CD4 counts. Women living with HIV/AIDS also must contend with vulnerability related to reproductive issues, domestic violence, and meeting the care needs of children and other family members, many of whom are also HIV positive. This guide addresses these issues, along with prevention, medical care, psychosocial and cultural considerations, and end-of-life care for women. This guide is a preliminary edition, a work in progress, therefore the print quantities are limited. The HRSA Women's Health Web site will allow interested individuals to download chapters, the index and further resources. The Web site is: www.hrsa.gov/womenshealth.

Bamberger JD; Unick J; Klein P; Fraser M; Chesney M; Katz MH. **Helping the urban poor stay with antiretroviral HIV drug therapy.** Am J Pub Health, 90(5):699-701, May 2000.

Recent studies have documented dramatic decreases in opportunistic infections, hospitalizations, and mortality among HIV-infected persons, owing primarily to the advent of highly active antiretroviral medications. Unfortunately, not all segments of the population living with HIV benefit equally from treatment. In San Francisco, only about 30% of the HIV-infected urban poor take combination highly active antiretroviral medications, as compared with 88% of HIV-infected gay men. Practitioners who care for the

urban poor are reluctant to prescribe these medications, fearing inadequate or inconsistent adherence to the complicated medical regimen. Persons typically must take 2 to 15 pills at a time, 2 to 3 times a day. Some of the medications require refrigeration, which may not be available to the homeless poor. Most homeless persons do not have food available to them on a consistent schedule. Therefore, they may have difficulty adhering to instructions to take medications only on an empty stomach or with food. Lack of a safe place to store medications may be an issue for some. In addition, many urban poor live with drug, alcohol, or mental health problems, which can interfere with taking medications as prescribed. Inconsistent adherence to medication regimens has serious consequences. Patients do not benefit fully from treatments, and they will become resistant to the medications in their regimen as well as to other medications in the same classes as those in their regimen. Development of resistance has implications for the broader public health, because inadvertent transmission of multidrug-resistant strains of HIV has been demonstrated. Concern that the urban poor will not adhere to highly active antiretroviral medication regimens has led to debate on the role of clinicians and public health officials in determining who can comply with these regimens. Rather than define the characteristics that would predict adherence to these regimens, the San Francisco Department of Public Health created a program to support adherence among those who may have the greatest difficulty complying with complicated highly active antiretroviral medication regimens. The program, dubbed the Action Point Adherence Project, was conceived through a community planning process in preparation for a city-wide summit on HIV/AIDS that took place in January 1998. Action Point is funded by the city and the county of San Francisco. Now in its 10th month, the program continues to show promising evidence of improving clients' biological and social indicators.

Bradley-Springer, L, Benson, C, Grodesky, M, Humphreys, DW, Johnson, M, Johnson, S, Rigdon, M, Sweet, DE, Swindells, S, Thomas, E. **Human immunodeficiency virus infection: 2000 sourcebook for the healthcare clinician.** Mountain-Plains Regional AIDS Education and Training Center.

This guide was developed to provide information about HIV infection and AIDS for clinicians who work in today's health care system. It is anticipated that this sourcebook will be useful to many kinds of clinicians, including physicians, physician assistants, nurses, nurse practitioners, nurse midwives, pharmacists, dentists, dental hygienists, social workers, mental health counselors, case managers, and others. The sourcebook contains an outline of basic patient care in HIV infection, plus a list of resources that can be easily assessed in the local setting (authors).

Carey, MP, Braaten, LS, Maisto, SA, Gleason, JR, Forsyth, AD, Durant, LE, Jaworski, BC. **Using information, motivational enhancement, and skills training to reduce the risk of HIV infection for low-income urban women: A second randomized clinical trial.** Health Psychology 19(1): 1-10, 2000.

This randomized clinical trial evaluated an HIV-risk reduction (HIV-RR) intervention based on the information-motivation-behavioral skills model. At baseline, 102 women (M age=29 years; 88% African American) completed a survey regarding HIV-related knowledge, risk perceptions, behavioral intentions, and risk behavior. Participants were then assigned to either the HIV-RR intervention or a health-promotion control group. Post intervention and follow-up data indicated that women in the HIV-RR program enhanced their knowledge and strengthened their risk reduction intentions relative to controls. Moreover, HIV-RR women who expressed "imperfect" intentions also increased their condom use, talked more with partners about condom use and HIV testing, and were more likely to have refused unprotected sex. (authors).

Lee D; Ross MW; Mizwa M; Scott DP. **HIV risks in a homeless population.** Int J STD AIDS, 11(8):509-15, Aug 2000.

Homeless people are one of the most vulnerable with regard to HIV transmission. However, most research on this population has been carried out on samples from health clinics. We surveyed 390 homeless people in Houston at a day shelter with regard to their HIV/AIDS knowledge and risk behaviors. The sample was 76% African-American, 11% Euro-American, with small numbers of Latin-Americans, Native-Americans and Asian-Americans: half were born in Texas, and 92% were male. Data indicated that HIV/AIDS knowledge was higher in those who were at higher behavioral risk, although the direction of causality in these cross-sectional data cannot be inferred. African-Americans were at slightly higher risk. Compared with previous clinic samples, this sample was older and a higher number (one-third) slept the last night outside. Eighty per cent had had an HIV test. Condom use was low with both males and females most commonly not reporting using condoms although more than half had had sexual contact in the past month. Multivariate analysis indicated that ethnicity and HIV/AIDS knowledge were independent predictors of risk behavior. Lifetime risks included one-third who had injected drugs (and shared needles), and nearly 10% had had sex with someone they knew to be HIV-positive. Lack of future time perspective rather than level of knowledge may be a barrier to reducing HIV risks. Policy implications are discussed.

Lewis, JR, Boyle, DP, Lewis, LS, Evans, M. **Reducing AIDS and substance abuse risk factors among homeless, HIV-infected, drug-using persons.** Research on Social Work Practice 10(1): 15-33, 2000.

This article examines the impact of a comprehensive HIV education, housing supports, and 12-step recovery program in a day treatment program for homeless persons infected with HIV. Participants' knowledge of HIV and substance use behaviors was assessed for a group of new clients and for a group of clients enrolled for three months by questionnaire. Continuation of high-risk sexual and substance use behaviors was assessed using this approach. Success in maintaining housing and 12-step recovery was assessed using a retro-positive chart review on a separate group of past participants. Statistically significant positive changes in participants' knowledge of HIV and substance use and a decrease in self-reported high-risk behaviors were found. The chart review also indicated positive changes in housing stability and substance abuse recovery. (authors)

Logan TK, Leukefeld C. **HIV risk behavior among bisexual and heterosexual drug users.** J Psychoactive Drugs 32(3): 239-248, Jul-Sep 2000.

This study examined the sexual and drug use behaviors for bisexual and heterosexual drug users (n=11,435 males and n=5,636 females) who participated in the NIDA AIDS Cooperative Agreement study. Results of the study suggest that, for males, bisexuality was highly associated with being homeless, having ever been paid for sex, having five or more sex partners in the month preceding the interview, having an IV drug-using sexual partner in the month preceding the interview, using crack, and sharing injection equipment in the month preceding the interview. For females, bisexuality was associated with ever having been arrested, past substance abuse treatment, ever having been paid for sex, ever having paid for sex, having five or more sexual partners in the month preceding the interview, ever using cocaine, and sharing injection equipment in the month preceding the interview. Overall, results from this study indicate that both male and female bisexuals, when compared to heterosexuals, were at higher risk for HIV and were more likely to be HIV positive. One implication of these results is that a universal prevention message may not be as effective as targeting prevention messages specifically for bisexual males and females.

MacKellar, DA, Valleroy, LA, Hoffmann, JP, Glebatis, D, LaLota, M, McFarland, W, Westerholm, J, Jansenn, RS. **Gender differences in sexual behaviors and factors associated with nonuse of condoms among homeless and runaway youths.** *AIDS Education and Prevention* 12(6): 477-491, 2000.

This article evaluates gender-specific factors associated with nonuse of condoms among homeless and runaway youths (HRYs) and explores gender differences in background experiences, psychosocial functioning, and risk behaviors among HRYs from four U.S. metropolitan areas. Of 879 sexually active HRYs sampled, approximately 70% reported unprotected sexual intercourse during a six-month period, and nearly a quarter reported never using condoms in the same period. Among males and females, having only one sex partner in the previous six months had the strongest association with nonuse of condoms. Among males, nonuse was also associated with having ever caused pregnancy, frequent marijuana use, prior physical victimization, and low self-control and sociability. Among females, nonuse was associated with knowledge of HIV status, prior sexual victimization, low social support, and infrequent marijuana use. These findings highlight the ongoing need for HIV prevention services for HRYs. Implications for the scope and content of these services are discussed (authors).

Nyamathi AM; Stein JA; Swanson JM. **Personal, cognitive, behavioral, and demographic predictors of HIV testing and STDs in homeless women.** *J Behav Med*, 23(2):123-47, April 2000.

Using a multiracial sample of 621 homeless women, we tested a latent variable causal model of personal, cognitive, behavioral, and demographic predictors of two coping mediators and the outcome variables of HIV testing and return for test results and a recent STD infection. HIV testing and return were predicted by more social support, greater AIDS knowledge, greater perceived risk for AIDS, and more problem-focused coping strategies. Recent STDs were predicted by more AIDS knowledge, emotion-focused coping strategies, and risky sexual behavior and one measured variable, crack cocaine use. Emotion-focused coping strategies were predicted by drug use, less self-esteem, more social support, and greater perceived risk for AIDS. Hispanics reported less emotion-focused coping strategies than African-Americans. Predictors of problem-focused coping strategies included less drug use, more self-esteem, more social support, more AIDS knowledge, and less risky sexual behavior. African-Americans reported less problem-focused coping strategies than Latinas. Indirect effects on the outcomes mediated through coping styles are also reported. Theoretical and practical implications of results for community outreach are discussed.

Shor-Posner G, Lecusay R, Miguez-Burbano MJ, Quesada J, Rodriguez A, Ruiz P, O'Mellan S, Campa A, Rincon H, Wilkie F, Page JB, Baum MK. **Quality of life measures in the Miami HIV-1 infected drug abusers cohort: Relationship to gender and disease status.** *J Subst Abuse* 11(4): 395-404, 2000.

PURPOSE: This study examined activity, daily living, health, support, and outlook in HIV+ drug users. **METHODS:** Using the physician-administered Spitzer Index, the study assessed 75 HIV-1 seropositive men and women enrolled in the Miami HIV-1 Infected Drug Abusers Study (MIDAS). **RESULTS:** Total composite scores were significantly lower in the HIV-1 infected women than the men. Significant gender differences were observed in activity assessment, independent of disease status, with women six times as likely to have lower activity scores. Most women in this category were homeless or marginally housed, compared to 11 percent of the men. Additionally, women with low activity scores had less social support than women with high activity scores. Compared to non-AIDS participants, AIDS patients were more likely to have lower scores in health and poorer outlook. **IMPLICATIONS:** These findings reveal specific deficits in areas of psychosocial capacity, particularly in HIV-1 infected women who abuse drugs, that may need to be strengthened in order to enhance function and adherence to treatment, as well as well-being.

Smith MY, Rapkin BD, Winkel G, Springer C, Chhabra R, Feldman IS. **Housing status and health care service utilization among low-income persons with HIV/AIDS.** J Gen Intern Med, 15(10):731-8, 2000.

OBJECTIVE: To examine the impact of housing status on health service utilization patterns in low-income HIV-infected adults. DESIGN: A survey of 1,445 HIV-infected Medicaid recipients in New York State between April 1996 and March 1997. MAIN RESULTS: Six percent of study participants were homeless, 24.5% were “doubled up,” and 69.5% were stably housed. Compared with the stably housed, doubled-up and homeless participants were less likely to be seeing a physician regularly, and if see a physician, they were likely to have been doing so for a significantly shorter time. The homeless were also less likely than either stably housed or doubled-up individuals to see the same physician or group of physicians at each ambulatory visit. In addition, a higher proportion of the homeless had made one or more hospital visits over the prior three months than the nonhomeless. Doubled-up participants were found to make more emergency room visits the homeless were less likely to be taking prophylaxis for pneumonia, and both the doubled-up and the homeless were shown to use slightly more outpatient care than the stably housed. CONCLUSION: Our study documents differences in health care utilization patterns across stably housed, doubled-up, and homeless HIV-infected persons after controlling for health insurance coverage. These differences, especially those pertaining to outpatient services, suggest that the unstably housed may be receiving less adequate health care than stably housed, and hence may be more likely to experience adverse clinical outcomes.

Sohler N; Colson PW; Meyer-Bahlburg HFL; Susser E. **Reliability of self-reports about sexual risk behavior for HIV among homeless men with severe mental illness.** Psych Serv, 51(6):814-6, 2000.

The reliability of self-reports of sexual behaviors related to HIV transmission was examined in a study of homeless men with severe mental illness. Thirty-nine patients of a New York City shelter psychiatric program were interviewed about their sexual behaviors in the past six months. The same interview was administered twice, with a one-two-week interval between interviews. Test-retest reliability was assessed using kappa and intra-class correlation coefficients. Reliability was lower for condom use. The authors conclude that reliable self-reports about sexual behavior can be obtained from homeless men with severe mental illness.

Song JY, Safaeian M, Strathdee SA, Vlahov D, Celentano DD. **The prevalence of homelessness among injection drug users with and without HIV infection.** J Urban Health, 77(4):678-87, Dec 2000.

Cross-sectional investigations of homelessness have many potential biases. Drawing from 2,452 individuals enrolled in a longitudinal cohort study of Baltimore, MD, residents recruited in 1988-1989 with a history of injection drug use were analyzed to identify the extent and determinants of homelessness. Proportions having ever experienced homelessness were compared across subgroups of injections drug users (IDUs) who were HIV-negative, HIV-positive, and HIV-seroconverting. In the cohort, 1,144 (46.7%) participants experienced homelessness during the course of the study. There were differences in prevalence of homelessness by serostatus: 42.4% (n=621) of participants who remained HIV negative were homeless, while 50.6% (n=346) of HIV-infected individuals and 58.9% (n=178) of those who seroconverted during the study were ever homeless. Participants who consistently denied active injection drug use during follow-up were unlikely to experience homelessness (19%). Independent predictors of homelessness were male sex, HIV seroprevalence, and HIV seroconversion. Following participants over time captures more experience of homelessness than cross-sectional studies and more accurately identifies risk characteristics. Our data suggest that homelessness is a significant problem among IDUs, especially those with HIV/AIDS.

Stein JA; Nyamathi A. **Gender differences in behavioral and psychosocial predictors of HIV testing and return for test results in a high-risk population.** AIDS Care, 12(3):343-56, June 2000.

We assessed gender differences in psychosocial and behavioral predictors of HIV testing and returning for results in a high-risk sample of 1,049 predominately minority, impoverished, homeless and/or drug-abusing women (n=621) and men (n=428). Predictors included injection drug use, self-esteem, social support, AIDS knowledge, poor access to health services, perceived risk for AIDS, sexual risk behavior and the mediators of positive and negative coping styles. Significant predictors of test and return for women included injection drug use, greater social support, more AIDS knowledge, a higher perceived risk for AIDS and a positive coping style. Significant predictors for the men included injection drug use, greater AIDS knowledge, a higher perceived risk for AIDS and a positive coping style. Although greater social support was not significant for the men, the significant predictors of HIV testing and return were generally similar for the men and women. However, the men evaluated their risk of AIDS significantly lower than the women, although they reported more sexual risk behaviors and equally risky injection drug use behaviors. Results suggest that interventions designed to increase AIDS knowledge, to raise the perception of risk and to promote a positive coping style are effective in encouraging more HIV testing for men and women. Raising perceptions of what constitutes personal risk behaviors may need special emphasis when delivering prevention programs to men.

Turner B J; Newschaffer CJ; Cocroft J; Fanning TR; Marcus S; Hauck WW. **Improved birth outcomes among HIV-infected women with enhanced medicaid prenatal care.** Amer J Pub Health, 90(1):85-91, 2000.

OBJECTIVES: This study evaluated the impact of enhanced prenatal care on the birth outcomes of HIV-infected women. **METHODS:** Medicaid claims files linked to vital statistics were analyzed for 1723 HIV-infected women delivering a live-born singleton from January 1993 to October 1995. Prenatal care program visits were indicated by rate codes. The program's effect on preterm birth (< 37 weeks) and low birthweight (less than 2500g) were assessed. **RESULTS:** Of the women included in the study, 75.3% participated in the prenatal care program - 0.58 for preterm birth and 0.37 for low-birth weight deliveries in women without a usual source of prenatal care. Women with a usual source had lower odds of low-birthweight deliveries if they had more than 9 program visits. The effect of program participation persisted in sensitivity analyses that adjusted for an unmeasured confounder. **CONCLUSIONS:** A statewide prenatal care Medicaid program demonstrates significant reductions in risk or adverse birth outcomes for HIV-infected women.

Woods ER; Samples CL; Melchiono MW; Keenan PM; Fox DJ; Chase LH; Burns MA; Price VA; Paradise J; O'Brien R; Claytor Jr RA; Brooke R; Goodman E. **The Boston HAPPENS Program: Needs and use of services by HIV-positive compared to at-risk youth, including gender differences.** Eval Prog Plann, 23:187-98, 2000.

The Boston HAPPENS (HIV Adolescent Provider and Peer Education Network for Services) Program is a linked services network of care for HIV-positive, homeless, and at risk youth in Metropolitan Boston funded by the Special Projects of National Significance Program. This report studies the needs and use of services by HIV-positive youth compared with negative and untested at-risk youth, including gender differences. HIV-positive youth are accessing coordinated care and there are gender differences in the needs for services. Health policies should facilitate development/evaluation of comprehensive, youth-specific health services.

1999

Adams M. **HIV and homeless shelters: Policy and practice.** New York, NY: American Civil Liberties Union, 1999.

This report discusses the connection between HIV and homelessness. Rather than existing independent of each other, they are inextricably interwoven. The report discusses the links that bind prevention, care, and discrimination. It also gives a primer on HIV and homeless shelters, discusses what the law requires, and how to make shelters safer spaces for HIV prevention and care. AVAILABLE FROM: American Civil Liberties Union, http://www.aclu.org/issues/gay/hiv_homeless.html.

CDC AIDS Community Demonstration Projects Research Group. **Community-level HIV intervention in 5 cities: Final outcome data from the CDC AIDS Community Demonstration Projects.** Am J Pub Health, 89(3):336-45, March 1999.

OBJECTIVES: This study evaluated a theory-based community-level intervention to promote progress toward consistent condom and bleach use among selected populations at increased risk for HIV infection in five US cities. **METHODS:** Role-model stories were distributed, along with condoms and bleach, by community members who encouraged behavior change among injection drug users, their female sex partners, sex workers, non-gay-identified men who have sex with men, high-risk youth, and residents in areas with high sexually transmitted disease rates. Over a three-year period, cross sectional interviews (n=15,205) were conducted in 10 intervention and comparison community pairs. Outcomes were measured on a stage-of-change scale. Observed condom carrying and intervention exposure were also measured. **RESULTS:** At the community level, movement toward consistent condom use with main and nonmain partners, as well as increased condom carrying, was greater in intervention than in comparison communities. At the individual level, respondents recently exposed to the intervention were more likely to carry condoms and to have higher stage-of-change scores for condom and bleach use. **CONCLUSIONS:** The intervention led to significant community-wide progress toward consistent HIV risk reduction.

Clatts MC; Davis WR. **A demographic and behavioral profile of homeless youth in New York City: Implications for AIDS outreach and prevention.** Med Anth Q, 13(3):365-74, 1999.

In this article, the authors construct a demographic and behavioral profile of the homeless youth population in New York City, particularly as behavioral patterns relate to risk associated with HIV infection. Structured survey interviews were conducted with 929 street youths between the ages of 12 and 23. Data show that street youths are involved in multiple high-risk behaviors, including chronic, high-risk drug abuse, as well as high-risk sexual behavior. The authors conclude that existing resources for prevention services targeted to this population are woefully inadequate relative to the scope of the population and the complexity of these youths' needs. The authors state that there is a urgent need to expand and integrate street outreach, shelter, drug treatment, and primary health services, and to do so within a unified service-delivery model.

Dematteo D; Major C; Block B; Coates R; Fearon M; Goldberg E; King SM; Millson M; O'Shaughnessy, M; Read SE. **Toronto street youth and HIV/AIDS: prevalence, demographics, and risks.** J Adol Health, 25(5):358-66, 1999.

The purposes of this study were: to identify HIV prevalence in Toronto street youth through paired blood and saliva specimens; to identify the HIV risk and prevention behaviors of street involved youth; and to identify demographic or other factors that may contribute to the risk of street youth becoming infected with HIV/AIDS in the future. This was a cross-sectional convenience study of street-involved youth aged 14-25 years. Fifteen of 695 (2.2%) youth tested positive for HIV infection. All were male, ranging in age from 18 to 25 years. Same and opposite sex, intravenous (IV) drug use, prostitution, and incarceration were risk factors associated with positive HIV test results. The rate of HIV infection was seven times greater for the group 20 years of age and older (20-25) compared to the younger group aged 14-19 years. The proportion testing positive for HIV from small cities, towns, and rural communities in Ontario was 40%; yet, they represented 23% of the study population. Unprotected (same and opposite) sex, IV drug use, prostitution and incarceration were linked to their HIV infections. The high level of mobility identified by street youth challenges governments, communities, and public health officials to develop appropriate prevention strategies and to carefully monitor the spread of HIV infection in this vulnerable population.

Ennet, ST; Friedman SL; Bailey SL. **HIV risk behaviors associated with homeless characteristics in youth.** J Adol Health, 25(5):344-53, 1999.

The purpose of this study was to examine characteristics of youth homelessness associated with engaging in risk behaviors for human immunodeficiency virus (HIV). The sample included 288 currently homeless or runaway Washington, DC, youth aged 14-21 years. Measures were self-reported homelessness characteristics, unsafe sexual behavior, injection drug use, and background characteristics. Both male (n=140) and female (n=148) participants reported high rates of unsafe sexual behavior, but low rates of injection drug use. HIV risk was significantly associated in bivariate analyses with severity of homelessness circumstances, the duration of homelessness, and specific reasons for being homeless. In addition, sexual victimization and older age were associated with increased HIV risk. In multivariable models, a smaller set of these homelessness characteristics remained significant independent correlates and explained a substantial amount of the variation in the HIV risk indices for both males and females. The results contribute to greater theoretical understanding of the characteristics of homelessness associated with increased risk of HIV infection within this vulnerable population of youth. The associations between homelessness characteristics and HIV risk suggest the need for HIV prevention efforts to focus directly on ameliorating the homelessness circumstances of youth.

Frontline Forum. **HIV medical update: For the counseling professional.** Frontline Forum: What's Next in HIV Treatment?, May 14, 1999.

This publication is based on highlights presented during the 1999 program series, Frontline Forum: What's Next in HIV Treatment? Held in Flushing, New York on March 20, 1999 and in Tampa, Florida on May 14, 1999. These educational symposia were intended for social workers, mental health clinicians, counselors, nurses, physician assistants, correctional healthcare professionals, and others on the front line who serve and treat HIV-infected clients. The information provided summarizes the latest findings, standards of care, and therapeutic approaches to HIV to give counselors the tools they and their clients need for optimal management of HIV disease. AVAILABLE FROM: Frontline Editor, World Health Communications, Inc., 41 Madison Avenue, 40th Floor, New York, NY 10010.

Shapiro MF; Morton SC; McCaffrey DF; Senterfitt JW; Fleishman JA; Perlman JF; Athey LA; Keesey JW; Goldman DP; Berry SH; Bozzette SA. **Variations in the care of HIV-infected adults in the United States: Results from the HIV cost and services utilization study.** JAMA, 281(24):2305-15, June 23-30, 1999.

Context: Studies of selected populations suggest that not all persons infected with human immunodeficiency virus (HIV) receive adequate care. Objective: To examine variations in the care received by a national sample representative of the adult US population infected with HIV. Design: Cohort study that consisted of 3 interviews from January 1996 to January 1998 conducted by the HIV Cost and Services Utilization Consortium. Patients and Setting: Multistage probability sample of 2864 respondents, who represent the 231400 persons at least 18 years old, with known HIV infection receiving medical care in the 48 contiguous United States in early 1996 in facilities other than emergency departments, the military, or prisons. The first follow-up consisted of 2466 respondents and the second had 2267. Main Outcome Measures: Service utilization and medication utilization. Results: Inadequate HIV care was commonly reported at the time of interviews conducted from early 1996 to early 1997 but declined to varying degrees by late 1997. Twenty-three percent of patients initially and 15% of patients subsequently had emergency department visits that did not lead to hospitalization, 30% initially and 26% subsequently of those who had CD4 cell counts below 0.20×10^6 to the 9th power/L did not receive P carinii pneumonia prophylaxis and 41% initially and 15% subsequently of those who had CD4 cell counts below 0.50×10^6 to the ninth power/L did not receive antiretroviral therapy. Inferior patterns of care were seen for many of these measures in blacks and Latinos compared with whites, the uninsured and Medicaid-insured compared with the privately insured, women compared with men, and other risk and/or exposure groups compared with men who had sex with men even after CD4 cell count adjustment. Even by early 1998, fewer blacks, women, and uninsured and Medicaid-insured persons had started taking antiretroviral medication. Conclusions: Access to care improved from 1996 to 1998 but remained suboptimal. Blacks, Latinos, women, the uninsured, and Medicaid-insured all had less desirable patterns of care. Strategies to ensure optimal care for patients with HIV requires identifying the causes of deficiency and addressing these important shortcomings in care. AVAILABLE FROM: JAMA, June 23/30, 1999-Vol. 281, No. 24, Pages 2305-2315.

Shelter Partnership, Inc. **A report on housing for persons living with HIV/AIDS in the city and county of Los Angeles.** Los Angeles, CA: Shelter Partnership, Inc., 1999.

This report was commissioned by the City of Los Angeles to examine the housing and social service needs of persons living HIV/AIDS in the County of Los Angeles. The report includes information on a number of topics, including: characteristics of persons living with HIV/AIDS; accessing housing; housing availability; housing preferences; available supportive services; developing HIV/AIDS housing; operating HIV/AIDS housing programs; impact of protease inhibitors on housing; subpopulations of persons living with HIV/AIDS; policy questions; and findings and recommendation. AVAILABLE FROM: Shelter Partnership, Inc., 523 West Sixth Street, Suite 616, Los Angeles, CA 90014, (213) 688-2188.

Shultz JM; Greer PJ; Lalota M; Garcia LM; Valverde E; Collazo R; Waters M; McCoy CB. **HIV seroprevalence and risk behaviors among clients attending a clinic for the homeless in Miami/Dade County, Florida, 1990-1996.** Pop Res Pol Rev, 18(4):357-72, 1999.

To examine dynamic seroprevalence in Miami's homeless clients in relation to demographics and risk behaviors over six years, the authors analyzed data from a serosurvey of clients attending the principal clinic serving Miami's homeless. Data were from 3,797 medical encounters with homeless persons who received routine serologic testing and a risk behavior survey. Overall HIV seroprevalence was 15.9% and infection

rates for men and women did not differ. Seroprevalence for blacks (19.9%) was significantly higher than for Hispanics (9.1%) or whites (8.3%). Significant increases in seroprevalence were found for clients disclosing high-risk behaviors: male-to-male sex, drug injection, receiving or giving money/drugs for sex, and sexual contact with a drug injector or HIV-infected partner. Seroprevalence declined over six years from 23.2 to 7.2%. The proportion of clients reporting high-risk behavior decreased sharply. Elevated HIV seroprevalence in Miami's homeless clients was strongly associated with high-risk behaviors.

Song, J. **HIV/AIDS and homelessness: recommendation for clinical practice and public policy.** Nashville, TN: National Health Care for the Homeless Council, 1999.

This report explores HIV/AIDS and homelessness together. Each condition complicates the other and lives hang in the balance as health care providers and their patients try to sort through the complications and assure critical services. This document is intended for clinicians and other service providers, policy makers, and advocates. It contains information that should help all of these parties to better understand and address a variety of issues faced by persons living with HIV. The document explores current practices of clinicians who provide HIV care to homeless patients, including factors they should take into account when prescribing highly active antiretroviral therapy (HAART). It also identifies deterrents to HIV/AIDS prevention and optimal care for homeless individuals, and suggests directions for further discussion among clinicians and policymakers to help overcome these barriers. AVAILABLE FROM: National Health Care for the Homeless Council, Health Care for the Homeless Clinicians' Network, P.O. Box 60427, Nashville, TN, 37206-0427, COST: \$10.00.

Weinreb L; Goldberg R; Lessard D; Perloff J; Bassuk E. **HIV-risk practices among homeless and low-income housed mothers.** J Fam Pract, 48(11):859-67, Nov 1999.

BACKGROUND: Knowledge of human immunodeficiency virus (HIV) and its risk behaviors have not been systematically studied in homeless mothers. The identification of the factors associated with HIV-risk practices will guide interventions for low-income housed and homeless women. **METHODS:** We interviewed 220 homeless and 216 low-income housed mothers living in Worcester, Massachusetts, to gather information on demographic, psychosocial, and HIV-risk practice characteristics. We used standardized instruments and questions drawn from national surveys. The primary study outcome was high HIV-risk behavior. **RESULTS:** Although homeless mothers were more likely than low-income housed mothers to report first sexual contact at an early age, multiple partners during the last 6 months, and a history of intravenous drug use, homelessness was not associated with high HIV-risk practices. Both homeless and low-income housed mothers demonstrated misconceptions about HIV transmission through casual contact. Among high-risk women, approximately 75% perceived themselves as having low or no risk for contracting HIV. A history of childhood victimization, adult partner violence, or both placed women at a significantly increased likelihood of high HIV-risk practices. African American race, knowledge about HIV, and self-perception of risk were also significantly associated with high-risk practices. **CONCLUSIONS:** Homeless mothers are a subgroup of poor women at high risk for HIV and should be targeted for preventive interventions. In addition, there are potentially modifiable factors associated with HIV-risk practices in both low-income housed and homeless mothers that should be directly addressed.

1998

AIDS Housing of Washington. **Financing AIDS housing**. Seattle, WA: AIDS Housing of Washington, 1998.

This comprehensive guide provides sources of funding and technical assistance to develop and operate supportive housing for people living with HIV/AIDS, including all federal programs such as those of the U.S. Dept. of Housing and Urban Development, as well as other available AIDS housing finance tools. Written as a reference tool for use during the planning and development phase of AIDS housing projects, the book includes information about funding sources arranged by agency; national, state and local contact information; application instructions; selection criteria; detailed program descriptions; and tips from AIDS housing developers. AVAILABLE FROM: AIDS Housing of Washington, 2025 First Avenue, Suite 420, Seattle, WA 98121. (COST: \$10.00)

Bangsberg D; Robertson M; Charlebois E; Tulsy J; Hecht FM; Bamberger J; Moss AR. **Protease inhibitors (PI) in the HIV+ homeless and marginally housed (H/M): Good adherence but rarely prescribed**. Int Conf AIDS, 12:603 (abstract no. 389/32406), 1998.

OBJECTIVES: Combination therapy with PIs is sometimes withheld from poor or marginalized populations because of concerns about adherence to therapy. We report on the prevalence of PI use and adherence to PI therapy in the REACH cohort, a prospective cohort of HIV-positive H/M persons. DESIGN: Prospective cohort study. METHODS: We recruited a representative cohort of 154 HIV-positive persons from lunch lines, shelters and hotels charging < 400/mo in San Francisco. We characterized antiRetroviral (ARV) use as (a) combination therapy with a PI and 2 reverse transcriptase inhibitors, (b) RTI therapy alone and (c) no therapy. Adherence was measured by self-report of doses missed. We validated self-reported adherence by drug plasma levels. RESULTS: 87% of eligible subjects agreed to be followed. Cohort retention was 82% at one year. At baseline, 7% were on PI/RTI therapy and 25% on RTIs alone. There was no increase in baseline use PIs over time. Among those in the cohort, PI use increased to 30% at one year of followup. The median drug exposure was 4.5 months. Prevalence of each PI was: nelfinavir-43%, indinavir-37%, saquinavir-17%, nelfinavir/saquinavir-2% and ritonavir-0%. Of these, 20 subjects had > 6 months of PI exposure. Street and shelter dwellers were less likely to receive PIs at baseline than hotel dwellers and women less likely than men. There was marginally less PI use at baseline in injection drug users (IDU) compared to non users. Eighty percent of subjects on PI therapy report missing less than 2 doses per week. 88% of adherent subjects had detectable drug in their plasma. CONCLUSIONS: (1) Baseline access to PIs in the H/M population was poor compared to levels of 50-70% reported in standard clinical settings. PI use was increased by being followed in the REACH cohort; (2) H/M persons prescribed PIs report relatively good adherence, validated by plasma drug levels; and (3) Access to PIs should be expanded in the homeless and marginally housed.

Bangsberg D; Zolopa AR; Charlebois E; Hecht FM; Holodniy M; Merigan TC; Moss AR. **Protease inhibitors (PI) are associated with viral load suppression in HIV+ homeless and marginally housed (H/M) adults**. Int Conf AIDS, 12:600 (abstract no. 32390), 1998.

OBJECTIVE: Combination therapy with PIs is sometimes withheld from poor or marginalized populations because of concerns about adherence to therapy. We examined the extent of viral load reduction associated with adherent and nonadherent PI use in the H/M. DESIGN: Prospective cohort study. METHODS: We

recruited a representative cohort of 154 HIV-positive persons from lunch lines, shelters and hotels charging < 400/mo. We characterized antiretroviral (ARV) use as (a) PI and 2 reverse transcriptase inhibitors, (b) RTI therapy alone and (c) no ARV therapy. Viral load was measured with the Roche Amplicor assay. Adherence was measured on the day of viral load determination by number of self-reported missed doses in the prior week. Drug plasma levels were consistent with self reported adherence. **RESULTS:** The cohort is 61% nonwhite; 40% are current injection drug users. 58% live in low income hotels, 35% in streets and shelters. Mean viral loads in the PI/RTI, RTI and No ARV groups were 2.7, 3.9, and 4.3 copies/ml respectively. 30%, 16% and 6% of subjects in the respective three groups had undetectable viral RNA. Viral suppression was confined to the adherent subjects. **TABULAR DATA, SEE ABSTRACTS VOLUME. CONCLUSIONS:** 1) PI therapy in HIV+ homeless and marginally housed people is associated with viral load suppression; 2) Viral load suppression was confined to those reporting good adherence; and 3) Viral load among the non-adherent did not differ from that among those on no ARV therapy.

Bangsberg DR; Zolopa AR; Charlebois E; Tulsy J; Hecht FM; Robertson M; Chesney M; Holodniy M; Merigan TC; Moss AR. **HIV-infected homeless and marginally housed (H/M) patients adhere to and receive early virologic benefit from protease inhibitors (PI).** 5th Conf Retrovir Oppor Infect, 107 (abstract no. 152), Feb 1-5, 1998.

BACKGROUND: There is intense interest in the benefits and dangers of providing PI therapy to the H/M arising from the contradiction between the imperative to treat and the risk of producing resistant HIV. **METHODS:** A representative cohort of 132 HIV-infected H/M subjects has been sampled from shelters, free food lines and low income SRO hotels (less than \$14/night). Subjects are interviewed quarterly on antiretroviral (ARV) use and adherence. Plasma HIV viral load (Roche Amplicor) and ARV resistance mutations are obtained quarterly. **RESULTS:** Cohort retention is 95% at 9 months. 23% of the cohort have received reverse transcriptase inhibitor (RTI) therapy only and 22% have received PI+RTI therapy. 80% of subjects report taking greater than 90% of prescribed doses. RP-HPLC drug levels are consistent with self reported adherence. At a median of 2.5 months of ARV therapy, 31% (PI/RTI), 14% (RTI), 6% (NoARV) of subjects had undetectable viral load (less than 400 copies). Mean viral load in PI/RTI group was 1.6 and RTI group was 0.5 logs less than those on no therapy. Most of the viral load difference was seen in those reporting greater than 90% adherence. Protease mutations were seen in 1/9 PI/RTI exposed subjects. Reverse transcriptase mutations were detected in 3/16 RTI exposed subjects. No PI and I RTI mutations were seen in 15 ARV naive subjects. Additional virologic results will be presented. **CONCLUSION:** H/M subjects on ARV therapy report good adherence, receive virologic benefit and have low rates of resistance with early therapy. The duration of benefit and wildtype virus require further study.

Clatts MC; Davis WR; Sotheran JL; Atillasoy A. **Correlates and distribution of HIV risk behaviors among homeless youths in New York City: Implications for prevention and policy.** Child Welf, 77(2):195-207, March 1998.

Homeless youths are at high risk for poor health outcomes, including repeated exposure to STDs and high rates of unplanned pregnancies, untreated TB, HIV infection, and accelerated immune dysfunction associated with AIDS. This article examines the nature and distribution of HIV-risk behavior in a broad, street-based sample of homeless and runaway youths in New York City (n=929). Although street youths in general are shown at high risk, the highest risks nest within older age segments of the male street youth population. Paradoxically, these youths are least likely to be in contact with prevention services. The data demonstrate the need to reconsider the use of chronological age as a determinant for service eligibility and to reconfigure funding streams so as to more effectively and consistently target older and more vulnerable youths.

D'Amico J; Chase J (eds). **A difficult balance: Harm-reduction housing for people with AIDS**. Los Angeles, Southern California Institute of Architecture, 1998.

Since the advent of more potent drugs to combat AIDS, the needs of people with AIDS has changed and the needs of those people with AIDS who are least likely to maintain the demanding medical regime have greatly increased. For example, people without homes and jobs are less likely to get and to take the medicine. This book examines how organizations can provide not just housing, but a package of services and housing that addresses the problems and totality of the residents. Topics include: (1) demographics of AIDS; (2) people with AIDS housing; (3) housing categories; (4) multi-diagnosed people with AIDS; (5) the concept of harm-reduction; (6) programming assumptions; (7) everyday life in harm-reduction housing; (8) AIDS housing mediation; and (9) architect/designer interests. AVAILABLE FROM: Southern California Institute of Architecture, 5454 Beethoven Street, Los Angeles, CA 90066. (310) 574-1123.

Des Jarlais D; Perlis T; Friedman S; Deren S; et al. **Declining seroprevalence in a very large HIV epidemic: Injecting drug users in New York City, 1991 to 1996**. Am J Pub Health, 88(12):1801-6, 1998.

OBJECTIVES: This study assessed recent trends in HIV seroprevalence among injecting drug users in New York City. METHODS: We analyzed temporal trends in HIV seroprevalence from 1991 through 1996 in five studies of injecting drug users recruited from a detoxification program, a methadone maintenance program, research storefronts in the Lower East Side and Harlem areas, and a citywide network of sexually transmitted disease clinics. A total of 11,334 serum samples were tested. RESULTS: From 1991 through 1996, HIV seroprevalence declined substantially among subjects in all five studies: from 53% to 36% in the detoxification program, from 45% to 29% in the methadone program, 44% to 22% at the Lower East Side storefront, from 48% to 21% at the Harlem storefront, and from 30% to 21% in the sexually transmitted disease clinics. CONCLUSIONS: The reductions in HIV seroprevalence seen among injecting drug users in New York City from 1991 through 1996 indicate a new phase in this large HIV epidemic. Potential explanatory factors include the loss of HIV-seropositive individuals through disability and death and lower rates of risk behavior leading to low HIV incidence.

Ensign J; Gittelsohn J. **Health and access to care: Perspectives of homeless youth in Baltimore City, U.S.A.** Soc Sci Med, 47(12):2087-99, Dec 1998.

Homeless youth suffer from high rates of health problems, yet little is known about their perceptions of or context for their own health issues. In this study, a combination of qualitative techniques from participatory rural appraisal and rapid assessment procedures was used to investigate the perceptions of health needs of shelter-based youth in Baltimore, MD in the U.S.A. The most common youth-identified health problems included STDs, HIV/AIDS, pregnancy, depression, drug use and injuries. These correlate well with more objective health status data for the same youth. The youth spoke of environmental safety threats of violence and victimization by adults, as well as racism and sexism in their lives. Youth reported that trusted adult figures such as grandmothers are important sources of health advice. Many homeless youth from less than ideal family situations remain in contact with and continue to seek advice from parents and other family members. Health interventions with urban street youth need to acknowledge the primacy of the social context for these youth, as well as the reality of violence as a daily health threat.

Gentry D; Howze T; Lehrman SE. **The partnership for empowerment: Redesigning a community-based AIDS case management program to achieve planned care outcomes.** Int Conf AIDS, 12:732 (abstract no. 34237), 1998.

ISSUES: Issues of re-engineering for an HIV/AIDS case management system are discussed. Major topics covered include needs assessment, development of an explicit model for a particular community, implementing changes, and evaluation considerations. PROJECT: This project is a partnership between a local public health department, a school of public health, and the HIV/AIDS community to build a strong centralized case management program--a program to ensure coordination across the continuum of care for PLWH/A. During an assessment phase, an HIV/AIDS case management taxonomy was developed that facilitates both describing an existing program and developing a new program. The assessment phase also included a consideration of case management needs for specific populations, such as women and children, the homeless, substance abusers, minority populations. During the development phase, work groups made up of case managers, clients, and other service providers developed a specific program by focusing on the following areas: 1) mission, purpose, goals and objectives, and the general design of an explicit system utilizing the case management taxonomy; 2) client acuity and levels of care; 3) information and referral, resource inventory, and system advocacy; and 4) accountability issues and standards of care. Implementation tasks included a new Policies and Procedures Manual, a new Staff Development Manual, and implementation of a system for Quality Assurance and Evaluation. RESULTS: A new comprehensive HIV/AIDS case management system, The Partnership for Empowerment, was developed and implemented for St. Louis, Missouri, US It has been well received by the community (clients), case managers, and other service providers. It is client-centered and based on empowering PLWH/A to take the lead in managing their disease and their lives. The program has been nominated for a 1998 US Conference of Mayors Innovations Award. LESSONS LEARNED: These include: 1) programs should be based on community needs assessments; 2) balancing the desire for community-based services with the need for standards across the program is a challenge; 3) program development efforts should include community involvement; and finally, 4) operationalized, measurable process and outcome indicators for quality assurance and evaluation should be part of the initial program design and should be tied to specific program objectives.

Goldfinger SM; Susser E; Roche BA; Berkman A. **HIV, homelessness, and serious mental illness: Implications for policy and practice.** Rockville, MD: Center for Mental Health Services, 1998.

This paper provides an overview of available epidemiological data, reviews the literature on the interface between HIV/AIDS, homelessness, and mental illness, and explores what is known about sexuality and high-risk behaviors in this population. It examines risk reduction programs that have been developed and implemented with homeless people who have serious mental illnesses. Finally, it makes recommendations for appropriate public policy and future research directions.

Harper G; Miller MS; Butler C. **Context affects homeless/runaway youths' HIV sexual risk.** Int Conf AIDS, 12:445 (abstract no. 23517), 1998.

ISSUE: Homeless/runaway youths are the subpopulation of adolescents with the highest rates of HIV infection throughout many parts of the world. Current HIV prevention efforts for these youths tend to view sexuality as a homogenous construct and fail to address the array of contextual influences that impact sexual risk behavior. PROJECT: In order to develop ecologically sensitive HIV prevention interventions, a more qualitative understanding of the intricate web of contextual factors surrounding the sexual behavior of homeless/runaway youths is needed. To this end, individual semi-structured qualitative interviews were

conducted with 60 youths (ages 14 to 21) recruited from two different community-based organizations serving homeless/runaway youths. Participants were asked to describe in detail two sexual scenarios that occurred within the previous year, one in which a condom was used for penetrative anal or vaginal intercourse, and one in which a condom was not used for such activity. **RESULTS:** The following themes emerged from these interviews regarding contextual factors that impact condom use: a) General interpersonal and sexual communication; b) Cognitive and behavioral impulsivity in the context of sexual arousal, condom accessibility, and novelty; c) Illusions regarding the nature of their relationship and their partners' sexual behaviors; d) Beliefs regarding HIV (e.g., treatability illusions, anticipation of a cure, HIV testing limitations); e) Risk appraisal based on reputation, appearance, and sexual rituals; and f) Personal reputation management around the meaning of condom use. These themes varied across gender, sexual orientation, and relationship type (e.g., primary vs. causal/anonymous sexual partner). **LESSONS LEARNED:** To address the complex set of influences on HIV sexual risk, it is recommended that future interventions with homeless/runaway youths include program components that: improve affective/interpersonal communication and impulse control; explore the impact of relationship type on personal risk; dispel myths regarding HIV testing and treatment; encourage non-penetrative sexual behaviors; increase the ability to accurately and reliably appraise sexual risk; and buffer against negative peer perceptions of condom users.

Lin YG; Melchiono MW; Huba GJ; Woods ER. **Evaluation of a linked service model of care for HIV-positive, homeless, and at-risk youths.** *Aids Patient Care STDS*, 12(10):787-96, Oct 1998.

Two instruments were used to evaluate an agency's type and availability of services for IV-positive and at-risk adolescents, and to assess opinions concerning healthcare referral patterns. These instruments were administered to representatives of 22 agencies from 10 categories of healthcare services. Nonmetric multidimensional scaling was used to model ratings of interagency knowledge, referral patterns, and general satisfaction with services. We found that no agencies offered youth services for inpatient adolescent-specific mental health treatment or short-term residential drug treatment; however, few offered long-term residential substance abuse detoxification services (5%), outpatient drug maintenance (5%), HIV-specific inpatient services (9%), intensive day treatment for substance abusers (9%), HIV home care (14%), HIV hospice care (14%), inpatient medical services (14%), short-term shelters (14%), long-term housing (18%), HIV-specific clinical trials (18%), and dental services (23%). Barriers to expanding care included lack of funding, transportation, and lack of awareness among youths about services. A multidimensional scaling analysis identified a tight service cluster of two community health centers and the largest public hospital serving poor communities of color, as well as a relatively tight cluster of three service agencies located on the Boston Common serving homeless youths. A third service cluster consisted of two university-affiliated medical centers and one community health center. In conclusion, we found that many critical services for HIV-positive youths are relatively scarce. Multidimensional scaling provides a visual presentation of the relationships of network sites. This evaluation of services indicates a need for increased, accessible youth-oriented HIV services and suggests that linkages across the three distinct clusters of service providers should be solidified. These methodologies can be used to develop a generic model describing the stages of linkage formation in HIV care service networks.

Malow R; McPherson S; Klimas N; et al. **Adherence to complex combination antiretroviral therapies by HIV-positive drug abusers.** *Psych Serv*, 49(8):1021-2, Aug 1998.

An important current issue in the efficacy of the new combination antiretroviral therapies for treating HIV-positive individuals is the ability of recovering drug abusers who are HIV-positive and living in poverty to adhere to these new complex and demanding regimens. Less than excellent adherence can have serious consequences, not only for the individual but for the community as well, due to the transmission of drug-

resistant HIV by nonadherent persons and the increased virulence of the mutated strains. This article reviews two preliminary adherence studies, conducted in 1997: (1) designed to understand barriers to adherence and (2) examined the effects of a brief intervention to enhance adherence. These studies may guide efforts to develop a brief intervention to enhance adherence to combination antiretroviral therapies among predominantly poor drug-abusing men.

Marston J; Hellinger JA; Hamilton GA; Jackson-Pope L; Epstein A; Cohen CJ. **A cross sectional evaluation of participants entering innovative model programs to improve medication adherence to highly active antiretroviral therapy.** Int Conf AIDS, 12:1085-6 (abstract no. 60465), 1998.

ISSUES: Recognizing the crucial importance of medication adherence for durable HIV suppression with highly active antiretroviral therapy (HAART), CRI of New England in partnership with the Massachusetts Dept. of Public Health has initiated a statewide effort to develop innovative model programs to improve adherence to HAART. PROJECT: At each of the 15 diverse community based sites, we will evaluate a standardized adherence survey to characterize how HIV+ individuals take medications and identify the frequency and importance of numerous potential obstacles to medication adherence. The survey will describe the participant demographics, descriptors of medication adherence and personal obstacles before and after the unique adherence intervention implemented by each site. Participating sites will include primary care centers, as well as homeless shelters, drug treatment and AIDS service organizations, visiting nurse and nurse practitioner teams and home care programs, a peer drop-in center and a multi service center for offenders and ex-offenders. We will describe planned efforts including technical assistance conferences utilizing HIV clinicians and adherence experts and peer educator training. Adherence/compliance materials have been distributed to all providers. Initial survey results will be analyzed in 3/98. LESSONS LEARNED: Cross sectional analyses of site and participant demographics, identified obstacles to adherence according to participant demographics will be presented. We will summarize categories of interventions by population served.

Martinez TE; Gleghorn A; Marx R; Clements K; Bowman M; Katz MH. **Psychosocial histories, social environment, and HIV risk behaviors of injection and noninjection drug using homeless youths.** J Psychoac Drug, 30(1):1-10, 1998.

This article examines a study on the prevalence of HIV high-risk sexual and drug use behavior in a population of homeless youth. The authors recruited 186 homeless, runaway, and street youth in three northern California cities using systematic street-based sampling methods, and assessed psychosocial histories, currently daily activities, and sexual and drug-related risk behaviors using qualitative and quantitative techniques. Youths reported high lifetime rates of injection drug use (45%), recent drug and alcohol abuse (100%), and current homelessness (84%). Injection drug using youths were more likely than noninjection drug using youth to report traumatic psychosocial histories, including parental substance use and forced institutionalization, use of alcohol and other noninjection drugs, a history of survival sex, and the use of squats or abandoned buildings as shelter. The authors state that these findings underscore the need for multifaceted service and prevention programs to address the varied needs of these high-risk youth.

Montoya ID; Bell DC; Richard AJ; Goodpastor WA; Carlson J. **Barriers to social services for HIV-infected urban migrants.** AIDS Educ Prev, 10(4):366-79, Aug 1998.

Anecdotal accounts suggest that residency requirements often lead to denial of services at a time when HIV positive migrants are most in need of these services. However, this suspicion has never been empirically

tested. Using needs assessment data collected for Harris County, Texas, this article examines eligibility and knowledge barriers faced by HIV positive recent migrators into Harris County. Results indicated that migration into the county was a significant predictor of failure to receive government-administered basic services such as food services but was not a significant predictor of failure to receive community based organization (CBO)-administered "specialized" services targeted specifically to HIV positive individuals. Results also indicated that migration was associated with knowledge barriers for all types of services.

New York Times. **Drug addicts with HIV are missing AIDS drug.** Albany, NY, Times-Union: 1998.

Many drug addicts infected with HIV are missing the benefits of powerful new AIDS drugs because of widespread suspicion on the street that the drugs reduce the calming effect of methadone. There is no concrete scientific evidence that these AIDS drugs, protease inhibitors, interfere with methadone, but the perception that they do adds another obstacle to treatment for a group that is difficult to track and has historically been underrepresented in clinical trials to test new drugs.

Nyamathi A; Flaskerud J; Keenan C; Leake B. **Effectiveness of a specialized vs. traditional AIDS education program attended by homeless and drug-addicted women alone or with supportive persons.** AIDS Educ Prev, 10(5):433-46, 1998.

This article examined the impact of including a supportive person on the outcomes of two culturally sensitive AIDS education programs, an education-only (traditional) program and a program combining education with self-esteem and coping enhancement (specialized). Research participants included 241 homeless women who were randomly assigned by residence (drug treatment program or shelter) to one of four treatment groups. The outcomes measures at baseline, six, and 12 months were risk behaviors, cognitive factors, and psychological functioning. Results demonstrated significant improvements at both six and 12 months for the entire sample in all outcome variables except active coping. Women in the specialized program improved more on AIDS knowledge and reduction in non-injection drug use than did those in the traditional program, but their active coping scores declined. Participation of a supportive person did not appear to have any effect on outcome.

Putnam M; Landes D; Lieberman B; Chamberlain D. **Rural AIDS housing: Issues and opportunities.** Seattle, WA: AIDS Housing of Washington, 1998.

This report addresses HIV/AIDS housing and services from a non-metropolitan perspective. It targets small communities and the local organizations that are working to meet the housing needs of people living with HIV/AIDS. The report's focus was shaped by a collaboration of rural HIV/AIDS services and housing experts from throughout the country. It includes an extensive listing of government contacts for each state; a survey of the state of HIV/AIDS and housing in the rural U.S., including the results of consumer needs assessments in Kentucky and Washington; an examination of the unique barriers to the provision of housing and supportive services to rural residents; case studies of successful rural housing and services programs; an extensive bibliography and glossary; links to other resources; and profiles of the reality of living with HIV/AIDS in rural and non-metropolitan parts of the U.S. AVAILABLE FROM: AIDS Housing of Washington, 2025 First Avenue, Suite 420, Seattle, WA 98121, Phone: (206) 448-5242; Fax: (206) 441-9485. (COST: \$10.00)

Rahav M; Nuttbrock L; Rivera JJ; Link BG. **HIV infection risks among homeless, mentally ill, chemical misusing men.** *Subst Use Misuse*, 33(6):1407-26, 1998.

This article identifies the specific role that each of three conditions afflicting homeless, mentally ill, chemically misusing (HMICM) men plays in exposing these men to the risk of HIV infection. Three hundred and fifteen HMICM men (33 of whom were HIV positive) were interviewed on intravenous drug use (IVDU) and sex practices. Two scales of risky IVDU and sex conducts were constructed and analyzed in relation to HIV status. Strong correlations were found between IVDU practices and HIV seropositivity, and between risky sex conduct and HIV seropositivity. Serious depression was the strongest predictor of risky IVDU practices. Prolonged homelessness was the condition most associated with risky sex conduct. The authors conclude that HMICM men are at high risk for HIV infection, stemming predominantly from two conditions: depression, leading to risky IVDU practices, and homelessness, leading to risky sexual conduct.

Sakai J; Kim M; Shore J; Hepfer M. **The risk of purified protein derivative positivity in homeless men with psychotic symptoms.** *South Med J*, 91(4):345-8, April 1998.

BACKGROUND: Homeless people with mental illness have relatively high rates of human immunodeficiency virus, comorbid antisocial personality disorder, and may be homeless more frequently and for greater lengths of time. All of these factors may increase the risk of tuberculosis. **METHODS:** Our study was done to ascertain if homeless men with psychotic disorders are at an increased risk for tuberculosis infection. One hundred fifty homeless men were interviewed and given purified protein derivatives (PPDs) at a downtown shelter in New Orleans, Louisiana, during a 3-month period. **RESULTS:** The findings show a strong relationship between psychotic disorders and positive PPDs, with a relative risk of 4.48. **CONCLUSIONS:** Homelessness and mental illness present barriers to seeking and completing treatment for medical illnesses such as tuberculosis. Use of services may be low even when available; therefore, homeless men with psychotic disorders may be serving as a reservoir for tuberculosis.

Smereck GA; Hockman EM. **Prevalence of HIV infection and HIV risk behaviors associated with living place: On-the-street homeless drug users as a special target population for public health intervention.** *Am J Drug Alcohol Abuse*, 24(2):299-319, May 1998.

The study described here examined the prevalence of HIV infection as a function of place of residence and high-risk behaviors in six subpopulations of out-of-treatment drug injectors and crack cocaine users who participated in the National Institute on Drug Abuse (NIDA) Cooperative Agreement project. The subpopulations were blacks, Hispanics, and non-Hispanic whites sampled separately by gender. The research asked three questions: (a) Is the HIV infection rate higher among the on-the-street homeless than among those in other places of residence? (b) Do high-risk drug-related behaviors differ by housing status? and (c) What are the joint effects of high-risk drug-related behaviors and housing status on the probability of HIV infection? Overall, on-the-street homeless had a significantly higher HIV+ rate (19.0%) than the study population as a whole (11.2%). Rates differed by gender and race, with exceptionally high HIV+ rates for on-the-street homeless Hispanic males (29%) and females (32%) and for on-the-street homeless black females (38%). Having used drug works previously used by a HIV-infected person was a strong predictor of HIV+ status, as was frequency of drug injections and crack use. Having multiple sex partners was also a significant risk behavior. Findings argue against considering on-the-street homelessness as equivalent to shelter dwelling or aggregated homelessness for purposes of the AIDS epidemic. On-the-street homeless drug users were at strong risk for acquisition and transmission of HIV infection and therefore in need of targeted-racially relevant, ethnically relevant, and gender-relevant-public health interventions to help prevent the spread of AIDS.

Society for Adolescent Medicine. **Special projects of national significance program: Ten models of adolescent HIV care.** *J Adolesc Health, Supplement*, 23(2):Aug 1998.

This special supplement is the result of a collaboration on the part of 10 Federally-funded adolescent care providers to individually and collectively demonstrate innovative models of care for youth infected or at high risk for infection with HIV/AIDS. Through a partnership between the Federal government and leading evaluation and HIV research experts, project leaders have sought not only to better understand the needs of youth affected by HIV disease, but also to test models of care and treatment to improve their clinical, medical, and psychological health outcomes, and to increase the collective knowledge about HIV disease in adolescent populations in the U. S. This publication presents an overview and conclusions from the program, as well as reporting on each of the 10 programs. AVAILABLE FROM: Society for Adolescent Medicine, 1961 Copper Oaks Circle, Blue Springs, MO 64015. (816) 224-8010.

Somlai AM; Kelly JA; Wagstaff DA; Whitson DP. **Patterns, predictors, and situational contexts of HIV risk behaviors among homeless men and women.** *Soc Work*, 43(1):7-20, Jan 1998.

The study discussed in this article investigated psychosocial, relationship, and situational factors associated with HIV risk in a sample of 152 inner-city homeless men and women. Although men at risk of AIDS often had multiple sexual partners, women reported fewer different partners but more frequent unprotected intercourse with them. Different factors were associated with HIV risk level among men and women. In men, high-risk patterns were associated with negative attitudes toward condom use, low levels of intentions to use condoms, high perceived risk of AIDS, and low perceived self-efficacy for avoiding risk. Women at high risk of HIV infection had greater life dissatisfaction; were less optimistic and held more fatalistic views about the future; held more negative condom attitudes; perceived themselves to be at risk; and frequently used alcohol, marijuana, and crack cocaine. HIV prevention efforts tailored to the different risk circumstances of men and women are urgently needed in social services programs for homeless people.

Stoff D. **HIV infection in people with severe mental illness.** *NAMI Advocate*: 25-26, Oct-Nov 1998.

Persons living with a severe mental illness have an HIV infection rate that is 13 to 76 times greater than those in the general population. This article, in a question/answer format, looks at risky behavior, prevention, and the health care system as these issues relate to this vulnerable population.

Susser E; Valencia E; Berkman A; Sohler N; Conover S; Torres J; Betne P; Felix A; Miller S. **Human immunodeficiency virus sexual risk reduction in homeless men with mental illness.** *Arch Gen Psych*, 55(3):266-72, March 1998.

BACKGROUND: The spread of human immunodeficiency virus infection to impaired groups has intensified the challenge for its prevention; control of the epidemic now requires behavioral change among persons with limited ability to sustain attention and learn. In this randomized clinical trial, we tested an intervention to reduce sexual risk behaviors among homeless men with severe mental illness. **METHODS:** Men were recruited from a psychiatric program in a homeless shelter. Of 116 eligible men, 97 participated. Most were African American and had a chronic psychotic disorder and a comorbid substance use disorder. Participants were assigned to a 15-session experimental group intervention or to a 2-session control intervention and observed for 18 months. The 59 participants sexually active before the trial were the main target of the intervention. Sexual risk behavior was the primary outcome. **RESULTS:** Among the 59 sexually active men, follow-up data were obtained on 59 for the initial 6-month follow-up and on 56 for the remainder of the

18-month follow-up. The mean score on a sexual risk index for the experimental group was 3 times lower than for the control group during the initial 6-month follow-up and 2 times lower during the remainder of the 18-month follow-up. **CONCLUSIONS:** This intervention successfully reduced sexual risk behaviors of homeless men with mental illness. The effect diminished over 18 months but did not disappear. Similar approaches may be effective in other impaired high-risk groups.

Tenner AD; Trevithick LA; Wagner V; Burch R. **Seattle YouthCare's prevention, intervention, and education program: A model of care for HIV-positive, homeless, and at-risk youth.** *J Adolesc Health*, 23(2S):96-106, 1998.

YouthCare's project for homeless and runaway youth who are HIV-positive or at high risk for becoming HIV-positive is one of 10 supported by the Special Projects of National Significance. The five major elements of the model include: 1) youth-specific HIV antibody test counseling; 2) outreach; 3) intensive case management for HIV-positive youth; 4) prevention services for youth at high risk for HIV infection; and 5) peer involvement. Quantitative evaluation aided in identifying youth served by the project and the sites at which services should be provided. Preliminary results from qualitative evaluations have stressed the importance of teamwork in designing clinical interventions and providing support to direct-service staff. This article's conclusion stresses that case management for this population, even though time and resource intensive, is effective, and that services need to be flexible and tailored to each client's needs.

Woods ER; Samples CL; Melchiono MW; Keenan PM; Fox DJ; Chase LH; Tierney S; Price VA; Paradise JE; O'Brien RF; Mansfield CJ; Brooke RA; Allen D; Goodman E. **The Boston HAPPENS Program: a model of health care for HIV-positive, homeless, and at-risk youth.** *J Adol Health*, 23(2S):37-48, 1998.

This article describes the Boston HAPPENS (HIV Adolescent Provider and Peer Education Network for Services) Program. Boston HAPPENS provides a citywide network of culturally and developmentally appropriate adolescent-specific care, including: 1) outreach and risk-education counseling through professional and adult-supervised peer staff; 2) access to appropriate HIV counseling and testing support services; 3) life management counseling; 4) health status screening and services needs assessment; 5) client-focused, comprehensive, multidisciplinary care and support; 6) follow-up and outreach to ensure continuing care; and 7) integrated care and communication among providers in the metropolitan Boston area. This innovative network of care offers a continuum from street outreach to referral and HIV specialty care that crosses institutional barriers.

1997

Bangsberg D; Tulskey JP; Hecht FM; Moss AR. **Protease inhibitors in the homeless.** *JAMA*, 278(1):63-5, July 2, 1997. Comment in: *JAMA*, 278(15):1235-6, Oct 15, 1997.

Berk RA; Nanda JP. **Prediction of the healthcare needs of persons with HIV/AIDS from preliminary health assessment information.** *AIDS Care*, 9(2):143-60, 1997.

The authors present evidence on the utility of standard health assessment information (i.e., health status, behavioral, and sociodemographic characteristics) collected by nurses for predicting the psychosocial and physiological health care needs of persons with HIV/AIDS in four clinical settings. A cross-sectional

descriptive design using 386 patients tested the predictive accuracy of 10 predictors against eight criterion variables. Multiple correlation and regression analyses produced employment status and income level as statistically significant predictors of several types of psychosocial needs. Only one equation with employment, medical diagnosis, and income predicting Health Behaviors/Social Support was clinically significant.

Conviser R. **Evaluating how housing contributes to health for people with HIV.** *Innovations*, 13-18, Winter 1997.

This article looks at the links between housing and health and a collaborative initiative to combine housing and support services through projects funded under the Special Projects of National Significance (SPNS) Program and the Housing Opportunities for People with AIDS (HOPWA). Various levels of evaluation are described. The author contends the successes of these collaborative programs will help other communities design a comprehensive continuum of care that responds to the needs of all people living with HIV.

Cousineau MR. **Health status of and access to health services by residents of urban encampments in Los Angeles.** *J Health Care Poor Underserv*, 8:70-82, Feb 1997.

This paper reports findings from a survey of 134 homeless people living in 42 urban encampments in central Los Angeles. These data, of concern to public health officials, include the physical conditions in the camps, the health status of residents, their use of drugs and alcohol, and their access to and use of health care services such as substance abuse treatment. Many encampment residents report poor health status; over 30% report chronic illnesses, and 40% report a substance abuse problem. Although outreach efforts have had success in bringing HIV and tuberculosis screening services to encampments, residents report significant barriers to using primary health care and drug and alcohol treatment services. Public hospitals and clinics remain the major source of primary medical care for homeless people living in encampments. Outreach and case management continue to be critical components of improved access to health care for homeless people.

Ferri R.; Fontaine M; Gallego S; et al (eds). **HIV Frontline.** *World Health CME*, 26: Jan-Feb 1997.

This is a newsletter for professionals who counsel people with HIV. It is supported through an unrestricted educational grant from GlaxoWellcome. Topics include (1) access to care, (2) new prognosis - a mental health perspective, (3) opportunistic infections, and (4) news briefs. AVAILABLE FROM: HIV Frontline, World Health CME, 41 Madison Ave., New York, NY 10010-2202.

Goicoechea-Balbona A. **Culturally specific health care model for ensuring health care use by rural, ethnically diverse families affected by HIV/AIDS.** *Health Soc Work*, 22(3):172-80, 1997.

This article describes the culturally specific health care model (CSHCM). The CSHCM can guide health social workers in assessing and intervening with rural, ethnically diverse families. Such families require specialized and regular health care, but generally face many barriers in obtaining that care. The model relies on a culturally specific description of the target community, a culturally sensitive approach to assessment and intervention, the use of key indigenous providers, and interdisciplinary collaboration among providers. The author describes the use of the CSHCM as an emergency intervention with eight hard-to-reach families with HIV/AIDS in a rural region with an unusually high prevalence of HIV/AIDS.

Hoff RA; Beam-Goulet J; Rosenheck RA. **Mental disorder as a risk factor for human immunodeficiency virus infection in a sample of veterans.** J Nerv Ment Dis, 185(9):556-60, Sept 1997.

People who suffer from mental disorders are at increased risk for becoming infected with HIV. There have been no studies that show whether particular psychiatric disorders present an increased risk for HIV infection in samples of nonpatients. This article uses data from the 1992 National Survey of Veterans to determine if veterans with posttraumatic stress disorder (PTSD), or with other mental or emotional problems, are at increased risk for HIV infection. The results indicate that the combination of PTSD and substance abuse increased the risk of HIV infection by almost 12 times over those without either. This is evidence of a particular psychiatric disorder increasing risk for HIV. Although cross-sectional, these data allow some conjecture about the timing of the onset of PTSD in relation to HIV infection. These results present powerful evidence that mentally ill persons such as those with PTSD, who may be underserved for health services including AIDS prevention efforts, should be targeted as an at-risk group.

Lyman A. **Prescribing protease inhibitors for the homeless.** JAMA, 278(15):1235-6, Oct 15, 1997.

Lyons C. **HIV drug adherence: Special situations.** J Assoc Nurses AIDS Care, 8 Suppl:29-36, 1997.

Among the highly diverse population of persons living with HIV/AIDS are individuals with particularly challenging life circumstances that can be called "special situations." Substance abuse and homelessness are examples of special situations that require additional consideration when attempting to determine the appropriateness of prescribing complex antiretroviral regimens. When individual cases are examined in the context of relevant models of care and the principles of those models applied, such clinical decisions can be made with the patient. Withholding protease inhibitors from an entire population group, it is argued, is the epitome of practicing bad medicine.

Martin E; McDaniels C; Crespo J; Lanier D. **Delivering health information services and technologies to urban community health centers: The Chicago AIDS Outreach Project.** Bull Med Libr Assoc, 85(4):356-61, Oct 1997.

Health professionals cannot address public health issues effectively unless they have immediate access to current biomedical information. This paper reports on one mode of access, the Chicago AIDS Outreach Project, which was supported by the National Library of Medicine through outreach awards in 1995 and 1996. The three-year project is an effort to link the programs and services of the University of Illinois at Chicago Library of the Health Sciences and the Midwest AIDS Training and Education Center with the clinic services of community-based organizations in Chicago. The project was designed to provide electronic access to AIDS-related information for AIDS patients, the affected community, and their care givers. The project also provided Internet access and training and continued access to library resources. The successful initiative suggests a working model for outreach to health professionals in an urban setting.

Montoya ID; Richard AJ; Bell DC; Atkinson JS. **An analysis of unmet need for HIV services: The Houston Study.** *J Health Care Poor Underserv*, 8(4):446-60, Nov 1997.

HIV/AIDS is indicative of general institutional neglect that disproportionately affects minorities, poor, and underserved populations. Among women and minorities, HIV infection is associated with preexisting economic distress. Moreover, socioeconomic resources, gender, and race/ethnicity may determine access to medical and nonmedical services that affect disease progression. An analysis of data collected for the Ryan White Care Act needs assessment in Houston, Texas, was performed to assess the effects of socioeconomic and demographic factors on unmet needs for existing medical, social, and counseling services, adjusting for the effects of illness and substance abuse. Results indicated that lower income and Hispanic ethnicity were associated with the unmet need for medical services. Higher income was positively associated and African American ethnicity was negatively associated with the unmet need for social services. Also, higher income and private insurance were negatively associated with counseling services. The authors suggest that these latter findings may result from program eligibility requirements and respondents' hierarchy of needs, respectively.

Nyamathi A; Flaskerud J; Leake B. **HIV-risk behaviors and mental health characteristics among homeless or drug-recovering women and their closest sources of social support.** *Nurs Res*, 46(3):133-7, May 1997.

This article describes risky drug and sexual behavior and mental health characteristics in a sample of 240 homeless or drug-recovering women and their most immediate sources of social support. Both groups reported a great deal of recent noninjection drug use (56% and 52%, respectively) and lesser, though similar amounts of recent injection drug use (12% and 14%, respectively). More than one third of both groups reported a history of sexually transmitted disease and sexual activity with multiple partners. Fifty-one percent of the women and 31% of their support sources had Center for Epidemiological Studies Depression Scale (CES-D) scores of 27 or greater, suggesting a high level of depressive disorders in both samples. Similarly, 76% of the women and 59% of their support sources had psychological well-being scores below a standard clinical cutoff point. This suggests that homeless and impoverished women turn to individuals who are themselves at high risk for emotional distress and risky behaviors as their main sources of support.

Pfeifer RW; Oliver J.A. **Study of HIV seroprevalence in a group of homeless youth in Hollywood, California.** *J Adol Health*, 20:339-42, 1997.

The objective of this descriptive-exploratory study was to examine the HIV seroprevalence rate among a sample of homeless youth in Hollywood, Calif. A total of 96 respondents (age 14-24) were administered a questionnaire and had their blood drawn to test for the presence of HIV antibodies, during nightly street outreach activities conducted by Covenant House California. The HIV seroprevalence rate was 11.5% for the sample. Chi-square analysis showed strong correlation between HIV status and sexual risk behavior, but not for HIV status and drug-related risk behavior.

Susser E; Colson P; Jandorf L; Berkman A; Lavelle J; Fennig S; Waniek C; Bromet E. **HIV infection among young adults with psychiatric disorders.** *American Journal of Psychiatry*, 154(6): 864-866, June 1997.

OBJECTIVE: The authors examined HIV infection among young adults with newly diagnosed psychotic disorders. **METHOD:** the study was based on a research cohort of 320 first-admission patients aged 20-39

years in a semi-rural/suburban county. Research assessments and medical records were systematically reviewed for information about HIV status. **RESULTS:** Despite the fact that few patients were tested for HIV, 12 (3.8%) of the 320 patients had a known HIV infection. In all 12 cases, the HIV infection was contracted before the onset of psychosis. AIDS was the leading cause of mortality in the 320 patients. **CONCLUSIONS:** The HIV epidemic may be having an important effect on the etiology and the course of psychotic disorders.

Takahashi LM. **The socio-spatial stigmatization of homelessness and HIV/AIDS: Toward an explanation of the NIMBY syndrome.** *Social Science and Medicine* 45(6): 903-914, 1997.

A central element of community response to controversial human service facilities is the socio-spatial construction of stigma. This paper develops a conceptual framework for understanding the constitution and role of stigma in community rejection of human services, particularly those associated with homelessness and HIV/AIDS. Three facets of stigma concerning homelessness and HIV/AIDS (non-productivity, dangerousness, and personal culpability) are offered as a way of understanding the rising tide of community rejection toward human service facilities.

U.S. General Accounting Office. **HUD's program for persons with AIDS.** Washington, DC: US General Accounting Office, March 1997.

This report addresses (1) what the rationale is for having a housing program within HUD specifically for people with AIDS, (2) what kinds of activities are being funded through the program, (3) whom the program is serving, (4) how the program is coordinated with the Dept. of Health and Human Services' (HHS) Ryan White AIDS assistance programs, and (5) how HUD headquarters oversees program administration and monitoring. In addition, background information on the how the program works is provided. **AVAILABLE FROM:** U.S. General Accounting Office, PO Box 60615, Gaithersberg, MD 20884-6015. Phone: (202) 512-6000. Fax: (301) 258-4066.

Zanis D; Cohn E; Meyers K; and Cnaan R. **HIV risks among homeless men differentiated by cocaine use and psychiatric distress.** *Addictive Behaviors*, 22(2): 287-292, 1997.

This study examined the relationship among cocaine use, psychiatric distress, and HIV risk behaviors of homeless men. A 3x2 ANOVA was computed to determine overall mean HIV risk behavior, with the first factor representing three levels of psychiatric distress (low, moderate, and high) and the second factor representing use or non use of cocaine. Overall, homeless men who used cocaine had significantly higher HIV risk scores than did noncocaine users. Among the homeless men who used cocaine, those men who reported high psychiatric distress had significantly higher HIV risk scores than did noncocaine users and cocaine users with low psychiatric distress. Moreover, these scores predominantly represented three high risk sexual behaviors: lack of condom use, multiple sex partners, and participation in commercial sex. Outreach efforts that target both substance use and especially high risk sexual practices are urged for this population.

1996

AIDS Action Foundation **Medicaid reform and managed care: implications for people with HIV and the organizations that serve them.** Washington, DC: AIDS Action Foundation, November 1996.

The purpose of this document is to summarize information about the current Medicaid program, reform proposals, waivers, managed care, and the implications for people living with HIV. It is intended to give Ryan White funded programs and other community-based organizations serving people with HIV/AIDS the information needed to understand these changes, plan for their impact, and convey their concerns to the state and federal agencies that are responsible for implementing them. Information is included at the end of each section to help HIV/AIDS service providers, consumers, and advocates get involved in the process.

Buchanan RJ. **Medicaid eligibility policies for people with AIDS.** Soc Work Health Care, 23:15-41, 1996.

Although Medicaid is the primary payer for health services provided to people with AIDS, Medicaid eligibility policies can be restrictive. This study presents Medicaid eligibility policies in each state for people with AIDS or HIV infection, including the categorical and medically needy classifications. The study documents that medically needy coverage is an important route to Medicaid coverage for people with AIDS. Because of the importance of this medically needy coverage, extending presumptive disability to any person with HIV and allowing them to spend down would provide a health financing safety net for people infected with HIV.

Checkley GE; Thompson SC; Crofts N; Mijch AM; Judd FK. **HIV in the mentally ill.** Aust N Z J Psychiatry, 30(2):184-94, April 1996.

OBJECTIVE: To review the published literature in relation to prevalence of HIV infection and risk behaviors for HIV among the mentally ill to assist in the development of appropriate strategies for public health policy, surveillance and clinical management of HIV and HIV risk in these groups. **METHOD:** A search of published literature was carried out using 'Medline' in association with following up appropriate papers cited in the references of journals identified. **RESULTS:** The North American literature shows an increased risk of HIV infection in psychiatric patients receiving treatment in both inpatient or community settings. HIV infection is associated with a number of risk behaviors, particularly male homosexual sex and injecting drug use, and being the sexual partner of a person with a history of these. Impulsivity, high levels of sexual activity during acute exacerbations of psychiatric illness, poor skills at negotiating safe sex, homelessness and drug abuse are all risk behaviors common among those affected by some mental illnesses. The mentally ill also have a comparatively poorer knowledge of HIV/AIDS. A dearth of published Australian data addresses the question of HIV seroprevalence or risk in the mentally ill. Although there has been development and implementation of HIV risk-reduction programs overseas, the development and evaluation of any programs in Australia has not been published. **CONCLUSIONS:** Arguably, Australia has developed a comprehensive program of national surveillance for HIV infection and has been relatively successful in its response to the HIV epidemic, with the high rates of infection in the early to mid-1980's substantially reduced to around 600 new diagnoses per year. However, while risk behaviors that exposed those infected with the virus are recorded, underlying conditions which predispose them to these behaviors are not. Nevertheless, HIV infection occurs amongst mentally ill and intellectually disabled people in Australia. Examination of the North American experience

reveals opportunities to prevent a high rate of HIV infection in those with mental illness in Australia. Such a program would require adequate risk behavior assessment, appropriate diagnostic testing and management, and development of specific educational interventions which are properly evaluated to ensure their effectiveness.

Court overturns ruling on housing of homeless with HIV. AIDS Policy Law, 11:9, September 6, 1996.

The New York Court of Appeals struck down a lower court finding that New York City's shelter program for the homeless with HIV failed to promise minimum protection against tuberculosis (TB). A class action led by Kenneth Mixon claimed that people who do not fit the Federal definition of AIDS are placed in a segregated, dormitory-like area of city shelters. They share common eating and bathroom facilities. The Supreme Court's Appellate Division concluded that this arrangement was improper because it failed to protect people with HIV against the danger of contracting TB. The Court of Appeals unanimously reversed the decision.

Farmer P; Connors M; Simmons J. (eds). **Women, poverty and AIDS.** Monroe, ME: Common Courage Press, 1996.

This book's contributors argue that poverty as a factor in the global HIV epidemic is pervasive, neglected, and urgent. They offer a compelling presentation of people, programs, and ideas, and assert that AIDS in women is an inescapable event in lives devalued by the forces of poverty, racism, and sexism. AVAILABLE FROM: Common Courage Press, P.O. Box 702, Red Barn Road, Monroe, ME 04951. Phone: (207) 525-0900. Fax: (207) 525-3068. COST: \$19.95

Holmberg SD. **The estimated prevalence and incidence of HIV in 96 large US metropolitan areas.** American Journal of Public Health 85(5):642-654, 1996.

This article describes a study that sought to estimate the size and direction of the HIV virus epidemic in US metropolitan statistical areas with populations greater than 500,000. Findings indicate that roughly half of all estimated new infections are occurring among injection drug users, most of them in northeastern cities, while the prevalence of HIV infection remains highest among gay and bisexual men. Relatively high prevalences of HIV in at-risk heterosexual persons in several cities indicate the potential for an increase in transmission among them. This review and synthesis outline the comparative epidemiology of HIV in major US cities and identify populations for interventions.

Johnson TP; Aschkenasy JR; Herbers MR; Gillenwater SA. **Self-reported risk factors for AIDS among homeless youth.** AIDS Educ Prev, 8(4):308-22, August 1996.

This study assessed HIV risk behaviors in a sample of homeless youth in a large urban area and examined factors associated with these behaviors. Self-reported behaviors were assessed via interviews with 196 homeless youth in Chicago in all 10 urban shelters serving this group and in five street locations. Overall, 83.7% reported at least one of these risk factors: multiple sex partners; high-risk partners; inconsistent condom use; history of sexually transmitted disease; anal sex; prostitution; and/or intravenous drug use. An index of these behaviors was associated with being male, having unmet personal needs, being interviewed in street locations, and having a history of sexual abuse. Findings suggest that strategies that may decrease risk behaviors among homeless youth include the elimination of their need to rely on illicit activities for income,

provision of basic needs, education regarding existing services, increased outreach efforts, and early identification of and protection from childhood sexual abuse.

Kalichman S; Carey M. **Human Immunodeficiency Virus (HIV) risk among the seriously mentally ill.** *Clinical Psychology: Science and Practice* 3(2): 130-143, Spring 1996.

Seriously mentally ill adults are at high risk for human immunodeficiency virus (HIV) infection. The authors review the empirical literature that documents this elevated risk in psychiatric patients and identify factors that have been associated with enhanced risk. This review indicates five characteristics related to HIV risk in psychiatric populations: (1) psychopathology severity and symptomatology; (2) substance abuse proximal to sexual behavior; (3) misinformation about HIV transmission; (4) perceptions of invulnerability; and (5) situational, lifestyle factors. Understanding these characteristics can lead to improved HIV prevention intervention models. However, the studies have been limited by unreliable psychiatric diagnoses and sampling constraints. The article concludes with suggestions for research, practice, and prevention based on findings in the empirical literature and theories of HIV risk

Nyamathi A; Flaskerud J; Leake B; Chen S. **Impoverished women at risk for AIDS. Social support variables.** *J Psychosoc Nurs Ment Health Serv*, 34(11):31-9, November 1996.

Among impoverished and homeless individuals, little is known about the impact of social support, defined as emotional, informational, and tangible help that may have health-sustaining and stress-reducing functions. A lack of positive social support, unemployment, and the prevalence of poor physical health and psychological distress may contribute to the extreme vulnerability of indigent populations. Information is needed about the social support network of homeless and impoverished women related to personal and behavioral variables, particularly illegal drug use and risky sexual activity, and mental health status.

Paris NM; East RT; Toomey KE. **HIV seroprevalence among Atlanta's homeless.** *J Health Care Poor Underserved*, 7(2):83-93, May 1996.

Shlay JC; Blackburn D; O'Keefe K; Raevsky C; Evans M; Cohn DL. **Human immunodeficiency virus seroprevalence and risk assessment of a homeless population in Denver.** *Sex Transm Dis*, 23(4):304-11, July-August 1996.

OBJECTIVE: To determine the prevalence of HIV infection among the homeless of Denver and to describe behaviors in the homeless that may be associated with HIV infection. **DESIGN:** A cross-sectional cohort study. **METHODS:** From July 1990 through June 1994, the authors conducted an unlinked survey collecting demographic and risk exposure data, and from August 1990 through June 1992, a more detailed risk behavior survey was completed on persons who attended the largest homeless clinic in Denver. **RESULTS:** For the combined survey years, the overall seroprevalence rate in the unlinked survey was 0.9%. Men were more likely to be seropositive than women. Black and Hispanic men had higher seroprevalence rates than white men. Gay and bisexual men, men who were injection drug users, and men with partners at risk had a nearly fivefold higher seroprevalence rate compared to other risk groups. During the four study years, 14% of homeless persons tested positive for tuberculosis. In the risk behavior survey, 41% of the clients reported previous injection drug use, and 22% reported recent use (past 12 months); of this 22%, 16% reported sharing their works (needles and paraphernalia). Seventy percent of study participants stated that they changed their sexual behavior, and 39% reported using condoms in the past 12 months. **CONCLUSIONS:** In this homeless

Denver population, there is a low seroprevalence of HIV but a high rate of HIV risk behavior. Certain groups of homeless persons are at high risk for HIV infection, and targeted interventions are necessary.

Weissman JS; Cleary PD; Seage GR 3rd; Gatsonis C; Haas JS; Chasan-Taber S; Epstein AM. **The influence of health-related quality of life and social characteristics on hospital use by patients with AIDS in the Boston Health Study.** *Med Care*, 34:1037-56, October 1996.

OBJECTIVES: The authors examine whether health-related quality of life (HRQL) and social factors were independent predictors of future hospital use for persons with acquired immunodeficiency syndrome (AIDS). **METHODS:** A panel of 305 patients with AIDS treated at three provider settings in the Boston, Massachusetts area were enrolled during 1990 and 1991. Patient interviews, hospital bills, and medical charts were used to measure hospital use (admissions and days during the four months after enrollment), sociodemographic characteristics (age, gender, race, education, insurance, homelessness, alcohol use, and AIDS risk factors), disease burden (patient severity and a three-level opportunistic diseases and complications score), HRQL (patient-reported symptoms, activities of daily living, neuropsychological status, and global health assessment), system of care, and use of prophylactic drugs. Logistic regression was used to estimate the odds of admission. **RESULTS:** Patients were more likely than their reference groups to be hospitalized if they had serious opportunistic diseases, had poorer neuropsychological status, were non-white, or were homeless. Activities of daily living were associated moderately. Only system of care and neuropsychological status predicted total hospital days. **CONCLUSIONS:** The results indicate that future hospital use by persons with AIDS may be influenced by social and other health-related factors in addition to the more clinically related characteristics that are recorded in a medical chart. It therefore may be appropriate to assess these factors when considering options for intervention or when comparing patterns of use among patient groups or settings.

1995

Clatts MC; Davis WR; Atillasoy A. **Hitting a moving target: The use of ethnographic methods in the development of sampling strategies for the evaluation of AIDS outreach programs for homeless youth in New York City.** *NIDA Res Monogr*, 157:117-35, 1995.

Fisher B; Hovell M; Hofstetter CR; Hough R. **Risks associated with long-term homelessness among women: Battery, rape, and HIV infection.** *Int J Health Serv*, 25:351-69, 1995.

The purposes of this study were to determine the prevalence of battery, rape, and HIV risk practices in a sample of long-term homeless women and to explore correlates of HIV risk practices. Fifty-three women who had been homeless for at least three months in the last year were interviewed at day and night shelters. The women were demographically similar to other samples of homeless men and women and had similar rates of drug use. However, a higher proportion of homeless women were exposed to battery (91%), rape (56%), and mental distress, and they had a smaller support network (three people). Eighty-six percent had been battered prior to homelessness. A positive association was found between HIV risk practices and the use of certain drugs and having a protector. A higher level of assertiveness was associated with less HIV risk. The study demonstrated that homeless women are at very high risk of battery and rape. Being homeless may require life-styles that increase the risk of HIV infection and transmission.

Hein K; Del, R; Futterman D; Rotheram-Borus MJ; Shaffer N. **Comparison of HIV+ and HIV- adolescents: Risk factors and psychological determinants.** Pediatrics 95(1): 96-104, 1995.

According to the World Health Organization, half of the 14 million people with HIV worldwide were infected between the ages of 15 and 24 years. However, details about HIV-positive youths' risk-related behavior and social context have not been previously reported. **OBJECTIVES:** To outline detailed sexual and drug use practices, social and psychological status of HIV+ youth compared with a cohort of HIV- youth; and to examine the ability of the health belief and risk-taking models to predict sexual and drug use acts of HIV+ youth. **METHODS:** HIV testing was conducted on, and a structured interview was administered to, 72 HIV+ and 1142 HIV- adolescents aged 13 through 21 years receiving care in an adolescent clinical care unit of a large medical center in New York City. Data were analyzed for adolescents reporting sexual intercourse to identify variables significantly associated with HIV seropositivity. **RESULTS:** There were significant differences in sexual risk acts based on serostatus and gender. HIV+ adolescents were significantly more likely to be sexually abused, engage in anal sex and survival sex, unprotected sex with casual partners, have had sex under the influence of drugs, have a sexually transmitted disease, use multiple drugs, and engage in multiple problem behaviors than HIV- young people. HIV+ females reported more oral and/or anal intercourse compared to HIV- females. HIV+ males reported significantly higher rates of both insertive and receptive oral and anal intercourse than HIV- males. Protective factors were not significantly different for HIV+ and HIV- young people. **CONCLUSIONS:** Routine, confidential HIV counseling and testing should be considered for adolescents having unprotected sexual intercourse when age-specific services are available for HIV+ youth. Prevention programs should consider adolescents' history of abuse, homelessness, and other social as well as psychological dimensions in designing comprehensive care strategies to address HIV+ adolescents' multiple problem behaviors and living situations. Current theoretical models of health behaviors should be reconsidered, given the lack of their association to HIV risk acts of HIV+ youth. Age-specific services and interventions for HIV+ youth are urgently needed as HIV is spreading among youth worldwide.

Irwin KL; Edlin BR; Wong L; Faruque S; McCoy HV; Word C; Schilling R; McCoy CB; Evans PE; Holmberg SD. **Urban rape survivors: Characteristics and prevalence of human immunodeficiency virus and other sexually transmitted infections. Multicenter Crack Cocaine and HIV Infection Study Team.** Obstet Gynecol, 85:330-6, March 1995.

OBJECTIVE: To determine the prevalence of recent rape, the characteristics of recent rape survivors, and the seroprevalence of human immunodeficiency virus (HIV), syphilis, and genital herpes (HSV-2) among recent rape survivors. **METHODS:** We surveyed women 18-29 years old who were recruited from places unassociated with medical or drug treatment or the criminal justice system in three urban communities where illicit drug use is common. We compared characteristics and HIV, syphilis, and HSV-2 seroprevalence of women who reported recent rape with those of women who denied recent rape. **RESULTS:** One hundred fifty-one of 1104 women reported having been raped in the year before our interview. Rape survivors were more likely than women who denied recent rape to smoke crack cocaine, to be homeless, to report a recent sexually transmitted disease, and to be infected with syphilis and HSV-2. Survivors were more likely to acknowledge any HIV risk behavior (including sex work) and to be HIV-infected. Rape was not independently associated with HIV, syphilis, or HSV-2 infections after adjustment for confounding factors. **CONCLUSION:** One in seven women reported being raped recently. Rape was most common among sex workers, crack smokers, and the homeless. Most survivors reported HIV risk behaviors, and many were HIV-infected. Programs to prevent repeated rape, voluntary HIV counseling and testing, and other medical and social services may benefit survivors in these and similar communities.

Kipke MD; O'Connor S; Palmer R; MacKenzie RG. **Street youth in Los Angeles. Profile of a group at high risk for human immunodeficiency virus infection.** Arch Pediatr Adolesc Med, 149:513-9, May 1995.

OBJECTIVE: To characterize an urban street youth population, their self-reported rates of drug use, and their involvement in behaviors that put them at risk for infection with the human immunodeficiency virus. **DESIGN:** A brief structured interview was administered to 409 youths who had been living on the streets for two or more consecutive months, or who were fully integrated into the "street economy." **SETTING:** Thirty percent of the sample were recruited from community-based service sites and 70% were recruited from street locations and at natural hangouts. **PARTICIPANTS:** Youths were aged 12 to 23 years; 74% were male, 48% were ethnic minorities, 72% were homeless, 14% were gang affiliated, 20% were involved in drug dealing, 43% were engaged in survival sex (ie, the exchange of a sexual favor for money, food, a place to stay, clothes, and/or drugs), and 40% were homosexual or bisexual. **RESULTS:** Seventy percent of the youths were sexually active, with an average of 11.7 sexual partners (past 30 days). Youths with multiple sexual partners were more likely to have had a previous sexually transmitted disease, to use drugs during sex, and to be involved in survival sex. Marijuana, methamphetamine, and crack were the drugs of choice, with 30% of the sample reporting injecting drug use. Substance-abusing youth were 3.6 times more likely to use drugs during sex, 2.2 times more likely to engage in survival sex, and 2.5 times more likely to have been diagnosed as having a sexually transmitted disease. **CONCLUSIONS:** High-risk sexual and drug use behaviors were prevalent and interrelated in this urban street youth sample. This suggests the need for new and innovative educational promotions and prevention interventions targeted to this population.

Lebow JM; O'Connell JJ; Oddleifson S; Gallagher KM; Seage GR III; Freedberg KA. **AIDS among the homeless of Boston: A cohort study.** Acquir Immune Defic Syndr Hum Retrovirol, 8:292-6, 1995.

This study compares demographics, risk behaviors, AIDS-defining diagnoses, and survival between homeless and housed persons with AIDS in Boston from 1983 to 1991. The retrospective cohort study used chart review to identify homeless AIDS cases and data from the Massachusetts AIDS Surveillance Program for comparison of homeless and nonhomeless cases. Seventy-two homeless and 1,536 nonhomeless Boston residents were reported to have AIDS between Jan. 1, 1983, and July 1, 1991. Homeless persons with AIDS were more likely to be African American or Latino and have intravenous drug use as a risk behavior. The AIDS-defining diagnoses among the homeless were more commonly disseminated Mycobacterium TB and esophageal candidiasis. These differences were not seen when populations were stratified by IV drug use. No significant difference in survival between the homeless and nonhomeless cohorts was found. Homeless individuals with HIV are significantly different than housed persons, and at greater risk of invasive opportunistic infections. Appropriate clinical strategies can be developed to provide needed care to homeless persons with HIV.

Martin M. **Innovative HIV/AIDS program launched in Ottawa.** CMAJ, 153(9):1352-1353, 1995.

Collaboration among 31 social and health care agencies and the provincial government has resulted in an innovative program for Ottawa-area patients with HIV infection or AIDS. The target group is the homeless and people with "unstable" housing who live in the city's downtown core, a group at high risk of contracting HIV. The education of family practitioners will be an important part of the program.

Metsch LR; McCoy CB; McCoy HV; Shultz JM; Lai S; Weatherby NL; McAnany H; Correa R; Anwyl RS. **HIV-related risk behaviors and seropositivity among homeless drug-abusing women in Miami, Florida.** J Psychoactive Drugs, 27:435-46, Oct.-Dec. 1995.

This article examines the multifaceted interactions among homelessness, HIV, substance abuse, and gender. Data were collected on 1,366 chronic drug users using a nationally standardized validated instrument within the Miami CARES project of a multisite federally funded program. HIV testing accompanied by pretest and posttest counseling was conducted on-site by certified phlebotomists and counselors. In addition to descriptive analyses and corresponding tests of significance, logistic regression analyses were used to clarify the complex associations between the outcome variables of homelessness and HIV, recognizing difficulties of determining temporal sequence. HIV infection was found to be 2.35 times more prevalent among homeless women than homeless men and significantly higher for homeless women. The findings indicate that among women, homelessness and HIV have a highly interactive effect increasing the vulnerability of this population and thus rendering them an extremely important priority population on which to focus public health efforts and programs.

Nattell T. **HIV prevalence among homeless and runaway females in New York City.** HIV Infect Women Conf, :S54, February 22-24, 1995.

Objective: To estimate the HIV prevalence among females receiving care at a facility for runaway and homeless youth in the Times Square area of New York City. Methods: From October 1987 through December 1993, a blinded HIV seroprevalence study was conducted using sera leftover from syphilis testing. HIV risks, demographic data, and syphilis test results were collected through chart reviews. Results: The cumulative HIV prevalence for runaway and homeless females was 2.85% or about one in every 35 tested. African Americans had the highest HIV prevalence at 3.21%. HIV prevalence increased with age from 0.00% for those under 15 years old to 5.77% for those 21 years old. Among those testing positive for HIV, 18.60% had reactive syphilis tests. The HIV prevalence was significantly higher among those who admitted to injecting drugs, receiving money/drugs for sex, smoking crack cocaine and a history of sexually transmitted diseases. Conclusions: A high HIV prevalence was found among females receiving services at a facility for runaway and homeless youth. Implications for preventive, supportive and medical services will be discussed.

Nattell T. **HIV prevalence among pregnant homeless women served by a mobile prenatal care clinic in New York City.** HIV Infect Women Conf, :P117, February 22-24, 1995.

Objective: To estimate the prevalence of HIV infection among a group of pregnant homeless women in New York City. Methods: From January 1992 through December 1993, a blinded HIV seroprevalence study was conducted using sera leftover from syphilis testing at a prenatal care mobile clinic at two homeless shelters serving pregnant women in NYC. Results: A 10.7% HIV prevalence was found among this high risk group of women. Among race/ethnicity groups the highest HIV prevalence was found among Latinos at 15%, women who were 35 years old and older had the highest HIV prevalence at 21.4%. The HIV prevalence among those with reactive tests for syphilis was 14.3%. Conclusions: The findings of this study indicate that pregnant homeless women are at high risk for HIV infection.

Nyamathi AM; Bennett C; Leake B. **Predictors of maintained high-risk behaviors among impoverished women.** Public Health Rep, 110:600-6, Sept.-Oct., 1995.

The researchers sought to explore and describe the demographic, cognitive, psychosocial, and behavioral factors associated with the continued risky behavior of a convenience sample of homeless and drug-addicted women two to four weeks after they had completed an AIDS education program. The sample included 942 crack users and 767 women who had multiple sex partners. Analyses revealed that impoverished women who maintained multiple sexual partners were less likely to be in drug recovery programs than in homeless shelters. They were more likely to share needles and be involved sexually with male injection drug users compared with impoverished women who did not maintain multiple sexual partners. Persistent crack users were older than those who reported cessation of crack use, were more often African American, and were more likely to have sex partners who were injecting drug users. Women who demonstrated less improvement in depression and distress scores, concerns, use of affective coping, appraisal of threat, and social support were more likely to maintain crack use and multiple partners. The study's implications for the design of intervention programs aimed at risk reduction based on ethnicity are discussed.

Nyamathi A; Stein JA; Brecht ML. **Psychosocial predictors of AIDS risk behavior and drug use behavior in homeless and drug addicted women of color.** Health Psychol, 14:265-73, May 1995.

The present study examined a causal model consisting of personal and social resources, threat appraisal processes, coping styles, and barriers to risk reduction as predictors of general AIDS risk and specific drug use behaviors among homeless African American (n=714) and Latina (n=691) women. The model, which was based on a stress and coping framework, supported many of the hypothesized relationships. Active coping was associated with fewer general AIDS risk behaviors for both groups and less specific drug use behavior among African American women. Specific drug use behavior was predicted by high threat appraisal and avoidant coping for both groups. Ethnic differences and implications for intervention are discussed.

Rickert EJ; Rickert DL. **Different HIV risk profiles in samples of college students and homeless persons.** Psychol Rep, 76:1123-32, June 1995.

A cross-sectional survey examined demographic characteristics, self-reported sexual behaviors, and knowledge of AIDS in samples of 106 homeless persons and 260 college students. As expected, the two samples differed with respect to age, gender, race, and education. Respondents in both samples possessed moderate knowledge of HIV infection and AIDS and reported they considered their personal risk of HIV infection low. Both samples acknowledged frequent use of alcohol with sexual activity, active and passive oral sex, and lax use of condoms. A discriminant analysis indicated that a greater percentage of college students were sexually active than of the homeless sample and that the homeless group had a higher proportion of individuals who were either homosexual or bisexual, who had sexual contact with multiple partners or who had visited a prostitute, who had sexually transmitted diseases, and who had injected drugs. Although the risk profiles differed, each group reported high-risk behaviors and perceptions of low personal risk of HIV infection.

Selwyn P Batki S. **Treatment for HIV-infected alcohol and other drug abusers.** Rockville, MD: SAMHSA, Center for Substance Abuse Treatment, TIP 15, 1995

This Treatment Improvement Protocol (TIP) provides best practices guidance to clinicians, program administrators, and payers. In the form of a protocol, this guidance results from a careful consideration of all relevant clinical and health services research findings, demonstration experience, and implementation requirements. AVAILABLE FROM: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852, (800) 729-6686.

St. Lawrence JS; Brasfield TL. **HIV risk behavior among homeless adults.** AIDS Educ Prev, 7:22-31, February 1995.

Very little information is available regarding HIV risk behavior among homeless adults despite increasing evidence that HIV infection disproportionately affects inner-city residents and disadvantaged populations. In the present study, adults (N = 94) entering a storefront medical clinic for the homeless completed an AIDS risk survey. The results suggest that homeless adults are engaging in sexual and substance use behaviors that place them at high risk for HIV infection. Sixty-nine percent of the present sample was at risk for HIV infection from either 1) unprotected intercourse with multiple partners, 2) intravenous drug use (IVDU), 3) sex with an IVDU partner, or 4) exchanging unprotected sex for money or drugs. Many persons within the sample evidenced multiple risk factors: 45% reported at least two of the risk factors described above and 26% reported three or more risk factors. The results suggest there is an urgent need to develop and evaluate AIDS-prevention strategies for homeless adults.

Susser E; Valencia E; Miller M; Tsai WY; Meyer-Bahlburg H; Conover S. **Sexual behavior of homeless mentally ill men at risk for HIV.** Am J Psychiatry, 152:583-7, April 1995.

OBJECTIVE: The authors investigated sexual behaviors related to HIV transmission among homeless mentally ill men in a New York City shelter. A previous study of a similar population found HIV prevalence to be 19%. **METHODS:** In standardized interviews with 122 men, data on sexual behaviors for the previous six months were collected. The frequency and nature of sexual episodes that may facilitate HIV transmission were examined. In addition, sexual risk behaviors among broadly defined diagnostic groups were compared. **RESULTS:** Of the 122 men, 65 had sex, 56 with women and 20 with men. The sexually active men, in most cases, had only occasional sex. The majority of sexually active men--29 of those who had sex with women and 12 of those who had sex with men--had sex without a condom and with non-monogamous partners. Comorbid cocaine abuse or dependence was significantly associated with high-risk sexual behaviors. **CONCLUSIONS:** The majority of these men had sex occasionally or not at all. Nonetheless, because many of them had unprotected sex with non-monogamous partners, the few sexual episodes may have carried an appreciable risk of HIV transmission. Moreover, men with a comorbid cocaine dependence may represent a group with an especially high risk for sexual HIV transmission. The authors propose that in this population, preventive interventions could modify the nature, if not the frequency, of sexual episodes.

University of the State of New York. **HIV/AIDS instructional guide. Grades K-12.** Albany, NY, New York State Educational Dept., 1995.

This guide provides a framework for HIV/AIDS instruction within a comprehensive school health program that stresses positive health behaviors. It includes: (1) information for school personnel on how to implement a home/school/community approach to instruction; (2) basic information about the disease; (3) key considerations in instruction; (4) strategies that encourage students to abstain from HIV risk behaviors; (5) strategies for helping students use risk-reduction strategies when risk elimination strategies are not possible; (6) objectives to allay student fears and concerns; (7) objectives to equip students with appropriate knowledge, attitudes, skills, and behaviors; (8) suggested grade-level cluster lessons that are sequentially developed; (9) connections to Revised Regents Goals, the Health Syllabus, and the Curriculum Framework for Health, Physical Education and Home Economics. AVAILABLE FROM: New York State Education Dept., Room 309 EB, Albany, NY 12234. (518) 474-8073. COST: \$5.00.

U.S. General Accounting Office. **Ryan White Care Act: Access to services by minorities, women, and substance abusers.** Washington, DC: GAO, 1995.

This report examines the extent to which African-Americans, Hispanics, and women, who are HIV positive, receive medical and support services funded by the Ryan White Comprehensive AIDS Resources Emergency (Care) Act of 1990. Programs in five locations (Baltimore, MD; Denver, CO; Sacramento and Los Angeles, CA and the suburb of Washington, DC) were sites visited by GAO staff. Findings indicate that minorities and women generally use services at a rate that reflect their representation in the HIV-infected population in the five locations. AVAILABLE FROM: U.S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877, (202) 512-6000.

Women and AIDS--unexplained higher risk of death. AIDS Treat News, :2-3, January 6, 1995.

After statistical adjustment for stage of illness, a study of 768 women and 3779 men with HIV found that the women had a one-third higher risk of death than the men, yet no higher risk of progressing to AIDS. There were also gender differences in opportunistic infections and conditions. Death was the first AIDS defining event for 27.5% of the women and 12.2% of the men. The researchers suggested looking at differences in access to health care, socioeconomic status, homelessness, domestic violence, substance abuse and kinds of social support as possible factors to explain the study findings. Another mystery unanswered in the study was that women had a considerably higher T-helper count at entry than men.

1994

Allen DM; Lehman JS; Green TA; Lindegren ML; Onorato IM; Forrester W. **HIV infection among homeless adults and runaway youth, United States, 1989-1992. Field Services Branch.** AIDS, 8:1593-8, 1994.

OBJECTIVES: Homeless persons have an increased risk of HIV infection because of a high prevalence of HIV-related risk behaviors. These include drug use, sexual contact with persons at risk for HIV infection, and the exchange of sex for drugs. The objectives of this investigation were to describe HIV seroprevalence rates in homeless adults and runaway youth. **METHODS:** In 1989, the Centers for Disease Control and Prevention began collaboration with state and local health departments to conduct HIV seroprevalence surveys in homeless populations. Unlinked HIV seroprevalence surveys were conducted in 16 sites; 11 provided medical services primarily to homeless adults, and five to runaway youth aged <25 years. **RESULTS:** From January 1989 through December 1992, annual surveys were conducted in 16 sites in 14 cities. Site-specific

seroprevalence rates ranged from 0-21.1%. Among homeless adults in three sites, rates were higher among men who had sex with other men and those who injected drugs than among persons with other risk exposures. In general, rates were higher for heterosexual men than for women and higher among African Americans than whites. In sites providing services to homeless youth, HIV seroprevalence rates ranged from 0-7.3%. **CONCLUSIONS:** These data indicate that HIV infection among homeless adults and runaway youth is an important public health problem. HIV prevention and treatment should be integrated into comprehensive health and medical programs serving homeless populations.

Goodman E; Berecochea JE. **Predictors of HIV testing among runaway and homeless adolescents.** *J Adolesc Health*, 15:566-72, November 1994.

PURPOSE: Although runaway and homeless adolescents are at high risk for acquiring HIV infection, little is known about which of these youth obtain HIV testing or whether those considered to be at highest risk are being tested. The purpose of our study was to determine demographic characteristics and risk profiles of runaway and homeless adolescents who had obtained an HIV test and compare them to those who had not been tested. **METHODS:** We analyzed data collected by the State of California from a survey of 202 San Francisco Bay area runaway and homeless youth aged 13-18 years conducted in 1990-1991. Adolescents were interviewed about AIDS-related knowledge, attitudes, beliefs, and behaviors, including HIV testing experience. **RESULTS:** Most subjects were 16 years or older, white, sexually active and heterosexual. Twenty-three percent reported a previous sexually transmitted disease (STD); 27% had used injection drugs. Over half had been HIV antibody tested. Free/community clinics were the most common site for testing. In a logistic regression model, four variables were independent predictors of having obtained an HIV antibody test: history of an STD, five or more years of sexual activity, injection drug use, and age. **CONCLUSIONS:** Our study demonstrates that many runaway and homeless adolescents have obtained an HIV antibody test and that those with known risk factors are more likely to have been tested. These data support the need for community-based expansion of HIV-related services for homeless youth. The effects of HIV antibody testing on subsequent beliefs and behaviors need further study.

Jones L. **STANDUP Harlem--an HIV supportive community.** *Int Conf AIDS*, 10:397 (abstract no. PD0194), August 7-12, 1994.

OBJECTIVE: Our goals are to present through STANDUP Harlem's HIV supportive community a model of self-help, peer-oriented professionally supported communal residence and initiatives. The model is composed of a neighborhood traige, community AIDS care center and holistic supportive services. **METHOD:** All subjects of our presentation are clients of STANDUP Harlem who are prisoners, homeless, addicted or in early recovery living with AIDS who are presently receiving support and housing at STANDUP Harlem. All subjects are referred to as participants taken from our clients in residence and others from the wider community who receive additional services or attend our support groups. Statistics received are taken from intake forms, contact sheets and psychosocial assessment instruments. **RESULTS:** 1) Reduced relapse; 2) reduced barriers such as access to primary care; and 3) reduced chemical and systematic dependency. **DISCUSSION AND CONCLUSION:** STANDUP is culturally appropriate using extended family values and traditional healing and self-empowerment by presenting options and alternatives.

Kalichman SC; Kelly JA; Johnson JR; and Bulto M. **Factors associated with risk for HIV infection among chronic mentally ill adults.** *American Journal Psychiatry* 151(2):221-227, 1994.

The purpose of this study was to conduct descriptive and predictive analyses of HIV risk in a group of chronic

psychiatric patients. The authors specifically evaluated the prevalence of HIV risk behaviors in psychiatric outpatients. The authors assessed the relationship between substance abuse and sexual behavior, characteristics of sexual relationships within which adults with serious mental illnesses are placed at risk for HIV infection, and AIDS-related knowledge and experiences. Findings indicated that 27% of all patients had two or more sex partners in the previous year and 18% received money or drugs for sex. High rates of illicit drug use were also found, with frequent use of drugs or alcohol associated with sexual activity. The authors contend that these results suggest an urgent need for HIV prevention programs targeted at adults with serious mental illnesses living in outpatient environments.

Koopman C; Rosario M; Rotheram-Borus MJ. **Alcohol and drug use and sexual behaviors placing runaways at risk for HIV infection.** *Addict Behav*, 19(1):95-103, January 1994.

Lifetime and current alcohol and drug use and sexual risk acts were examined among 154 male and 148 female runaways, aged 11-19, predominantly Black and Hispanic, residing at four residential shelters in the New York City area. Most runaways reported alcohol (71%) and drug use (46%), with about a quarter (27%) using either alcohol or drugs at least once a week during the past 3 months. Physical symptoms of substance abuse were reported by 47%; 17% reported addiction. Current substance use was higher among males and Hispanics, and increased with age. Substance use was significantly related to reporting more sexual partners and less frequent condom use. The results suggest that HIV/AIDS prevention programs must target the reduction of alcohol and drug use as well as sexual risk acts.

Nyamathi AM; Flaskerud J; Bennett C; Leake B; Lewis C. **Evaluation of two AIDS education programs for impoverished Latina women.** *AIDS Educ Prev*, 6:296-309, August 1994.

This paper evaluates and contrasts the effectiveness of two culturally sensitive AIDS education programs developed by the UCLA AIDS Nursing Network and delivered to 213 impoverished Latina homeless or drug-addicted women in Los Angeles. The Comprehensive Health Seeking and Coping Paradigm guided the program, which was implemented by specially trained Latina nurses and outreach workers. A quasi-experimental design was employed where women were randomized by site into Specialized (n=82) and Traditional (n=131) programs. Repeated measures ANOVAS and log-linear models were used to evaluate improvement over a two-week period for women in both groups and to identify interactions with program type. Two-week posttest analyses were conducted to assess program effectiveness, controlling for baseline values of the measure in question, nonequivalency between groups at baseline, and selected demographic characteristics, including acculturation. Results indicated that women in both AIDS education programs improved significantly in cognitive, behavioral, and psychologic outcomes.

Rosenthal D; Moore S; and Buzwell S. **Homeless youths: Sexual and drug-related behaviour, sexual beliefs and HIV/AIDS risk.** *AIDS Care* 6(1):83-94, 1994.

This article reports on a study in which homeless, Anglo-Australian and Greek-Australian 16 year olds were questioned about their sexual behavior and sexual beliefs. Measures of sexual risk-taking included type of behavior, condom use and number of partners. Drug risk was assessed by extent of IV drug use, and sharing and cleaning needles. In addition, motivations for engaging in, or avoiding, sex were elicited. Findings indicated that the behavior patterns of homeless adolescents placed them at considerable risk of HIV infection for both sexual and drug risk, and significantly more so than their home-based peers. Implications for targeted interventions are discussed.

Urban MT; Fellizar IF; Kabalilat NP. **Hazards of HIV/AIDS work: Experiences of a community-based HIV/AIDS prevention and care program for homeless youth and adults in the sex trade.** Int Conf AIDS, 10:45 (abstract no. 474D), Aug 7-12, 1994 .

Work on HIV/AIDS began as early as the time the virus causing AIDS was given a name. Numerous success stories on various aspects of the work has been shared in big conferences which have helped encourage people to do or go into similar ventures. With the growing concern shown by the increasing number of organizations--GOs, NGOs, CBOs and private engaged in the struggle to stop the spread of HIV infection all over the world, it is high time that the banes of doing HIV/AIDS work be exchanged and shared. Lessons learned and actions taken to resolve hazards of implementing a community-based HIV/AIDS Prevention and Care project among sex workers in a country such as the Philippines, may have some value to areas where similar situations are evident. Likewise, the process lends to listing of effective strategies that consider cost-benefit in the light of dwindling funds available to support efforts in trying to cope with the problems caused by HIV/AIDS. This paper therefore, will seek to paint a true picture of the challenges an organization faces in conducting community-based efforts among sex workers in the Philippines.

Watters JK; Molnar BE; Booth RE; Kral AH. **Runaway/homeless street youth in Denver, New York, and San Francisco: Determinants of high risk behavior.** Int Conf AIDS 10(2);261 (abstract no. PC0414), August 7-12, 1994.

GOAL: To identify factors associated with drug injection and condom use among runaway/homeless youth. **METHODS:** High-risk street youth 12-19 years old (n=770) were interviewed in three cities in 1992 and 1993. **SELECTED RESULTS:** The sample was: 65% male and 35% female; 54% white, 25% African American, 14% Hispanic, and 7% other races. Twenty-one percent were injection drug users and 87% were sexually active during previous three months. For tabular data, see abstract volume. **CONCLUSIONS:** Crack use predicted high-risk sex and drug injection behaviors. AIDS prevention programs for high-risk youth should emphasize: (1) the availability, effective use, and regular carrying of condoms; (2) HIV testing and counseling; and (3) effective drug prevention and treatment with special reference to the use of injected drugs and crack cocaine.

Weissman JS; Makadon HJ; Seage GR 3rd; Massagli MP; Gatsonis CA; Craven DE; Stone VE; Bennett IA; Epstein AM. **Changes in insurance status and access to care for persons with AIDS in the Boston Health Study.** Am J Public Health, 84:1997-2000, December 1994.

The purpose of this study was to measure unmet needs and changes in insurance status for persons with acquired immunodeficiency syndrome (AIDS). Thirty-six percent of the study's Boston-area respondents (n =305) had a change in insurance coverage between AIDS diagnosis and interview. Medicaid coverage increased from 14% to 41%. Pneumocystis carinii pneumonia prophylaxis was nearly universal. Only 5% did not receive zidovudine, and intravenous drug users were at higher risk. Approximately 14% to 15% of patients reported problems in obtaining medical and dental services; Blacks, homeless persons, and those who were not high school graduates were at higher risk. Use of selected treatments for which there were clear clinical guidelines was adequate, yet disadvantaged groups were more likely than other persons with AIDS to face obstacles to other services.