

Ending Homelessness and Housing Instability among Young Black MSM: Critical to an AIDS Free Generation



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On the eve World AIDS Day, the National AIDS Housing Coalition (NAHC) recognizes the housing challenges faced by people living with HIV/AIDS, particularly young black MSM, a group identified in research presented at AIDS 2012 (HPTN 061) as having a startlingly high incidence rate in the U.S., three times that of their white counterparts. "Urgent attention to ending homelessness and housing instability for young black MSM, not only in the U.S., but across the globe, must be a part of a comprehensive strategy to end the AIDS epidemic," says Nancy Bernstine, NAHC Executive Director. "Quality, affordable and appropriate housing is a proven structural intervention to prevent the spread of the virus and to improve individual and community health outcomes."

Homelessness and housing instability were found to be significant structural barriers contributing to the alarming disparity in incidence rates and impeding access to care. In the large District of Columbia cohort of the HPTN 061 study, in terms of lived experience, many participants report the structural barrier of housing instability exacerbated by multiple complexities, including a conservative culture, religion and homophobia and isolation from family.

According to the National Alliance to End Homelessness, LGBT youth, while representing 5-7% of the overall U.S. population, comprise approximately 20% of the homeless population in the U.S. Black gay youth are especially vulnerable to homelessness. A survey done in New York City by the Center for American Progress found that 44% of the homeless gay youth are black, suggesting that between 140,800 and 176,000 black gay and transgender youth nationwide are homeless.

Homelessness is tied to a number of risk behaviors that increase an individual's likelihood of being infected with HIV. The pressure of daily survival needs, exposure to violence, substance use as a way to cope with stress or mental health issues, and other conditions of homelessness make homeless and unstably housed persons extremely vulnerable to HIV infection. On the other hand, at-risk youth who had stable housing were significantly more likely to use condoms and less likely to have multiple sex partners. Research proves that low-income people with HIV/AIDS who receive housing assistance have better access to health care services, their physical and mental health improves, and they live longer.

Unfortunately, most LGBT homeless youth are never able to access supportive services or housing opportunities. Most housing providers cite limited resources that prevent them from serving a larger percentage of the LGBT homeless youth population. LGBT youth are also frequent victims of verbal abuse, harassment and personal judgment from peers in homeless youth shelters.

The HIV Prevention Justice Alliance and other organizations are seeking to reduce the risk of youth homelessness and HIV transmission by advancing the Family Acceptance model pioneered at the San Francisco State University, premised on early-in-life parental acceptance of a child's sexuality operating as a protective factor against a host of problems - HIV risk, suicidal ideation, depression and homelessness.

As we all work to toward the goal of "an AIDS-free generation" this World AIDS Day, NAHC urges more attention to targeting resources to address structural issues impacting the community of young black MSM and other vulnerable populations, including ending homelessness by ensuring safe, quality, affordable and appropriate housing.

About National AIDS Housing Coalition: *The National AIDS Housing Coalition (NAHC) is a 501(c)(3) organization founded in February 1994. NAHC believes that persons living with HIV/AIDS have a fundamental right to decent, safe, affordable housing and supportive services that are responsive and appropriate to their self-determined needs. The purpose of the NAHC is to ensure that the diverse voices of those infected and affected by HIV are heard and their needs are met.*