

# HIV Prevention in the Homeless Community of Nashville

Jelissa MooYin  
Meharry Medical College



## ABSTRACT

Homelessness in the Nashville, Tennessee area is on an incline. Nashville also has the highest prevalence of HIV in Tennessee. HIV is the top three leading cause of death in the homeless population. HIV is an easily preventable disease if there are educational resources that can provide information on testing, contraceptives, clean needle use and local free clinics. However, all educational material should be written in a format that meets the national and local literacy level. By verbal education, brochure handouts and giving out condoms, it is my hope that we can educate homeless people about HIV, resulting in a decrease in the overall prevalence and mortality rate caused by HIV. Barriers that may arise are the access to transportation to Meharry Medical College from the local shelters, lower literacy levels and stigmatization of HIV. The Live to Give event at Meharry Medical College, funded by the American Medical Association, was chosen as the event in which brochures on HIV would be passed out. This event gives back to the homeless by having all student run campus organizations provide services, food, health education/screenings, and toiletries. By having an HIV booth, I was able to educate 25 homeless people, medical and dental students and also provide brochures to be delivered to Renewal House, a shelter for homeless women and children.

## BACKGROUND

- Lack of affordable housing, limited housing assistance, foreclosures, low incomes, lack of affordable healthcare, mental illness, domestic violence, and addiction are a few culprits behind homelessness in America.
- The National Low Income Housing Coalition estimates that Tennessee minimum wage is \$7.25/hr which would mean that a person would have to work each week a minimum of 67 hours in order to afford a modest one bedroom apartment. The rent that is deemed affordable for someone living off of minimum wage is \$377 yet the average apartment with zero-bedrooms-1 bedroom ranges from \$544 - \$631.00.
- In the U.S., 30 million people over the age of 16- 14% of the country's adult population – do not read well enough to understand a newspaper story written at the eighth grade level or fill out a job application.
- Homelessness in Nashville rose 9.8% from 2015 to 2016, according to a new national study – the sixth-largest leap among major U.S. cities.
- Nashville tops all cities in Tennessee for people experiencing chronic homelessness at 40.3% equaling about two out of five homeless people.
- In the last reported Homeless Mortality Report of Davidson County, the leading causes of death were Heart disease, Cancer and HIV. Davidson county also has a higher prevalence of HIV in relation to other counties in Nashville.

## OBJECTIVES

- Find adequate transportation to and from Meharry Medical College and various shelters in the Nashville, TN area.
- Educate medical and dental students on how to encourage testing in their patients.
- Educate homeless people on the benefits of annual HIV testing, free clinics, condom/clean needle use and treatment sites.
- Create a brochure that provides easily understandable information on HIV and where to get free services.

## METHODS

- Local shelters were contacted and provided with a flyer of the “Live to Give” event. They were also given a sign up sheet in order to get an estimate of how many homeless guests would be interested. After receiving estimates, it would allow us to secure enough modes of transportation, printing of HIV brochures, adequate number of on-site testing and condoms.
- Transportation: I contacted a professor who had a partnership with local churches to use their church vans. We allocated one bus that could seat ten people per ride free of charge.
- Student education: I provided the students with ways to destigmatize HIV testing by encouraging annual testing. I also explained the importance of not only teaching abstinence but also barrier contraceptives, clean needle drug use, understanding the socioeconomic background of patients and how important it is to link them to affordable/free clinics. I also gave them a copy of the HIV brochure in order to show how we as medical professionals can create our own educational materials in a format that is simplified enough for a large patient population to understand.
- Homeless Education: Verbal and written education was provided to a total of 25 patients/ students. In addition, 50 brochures were delivered to Renewal House with food and toiletries. I explained the contents of the brochure in order to educate those who may have difficulty reading the brochure. I also handed out free condoms with each brochure.
- Brochure: By using the Center for Disease Control Plain Language Thesaurus for Health Communications, the brochure wording was edited to provide accurate information in wording that could be easily understood. All extra brochures were packaged in bags with the remaining food, toiletries and delivered to Renewal House for homeless women and children.



- Pictures from the “Live to Give” event for the homeless.

## RESULTS

- 25 homeless people and approximately 50 medical/dental students were able to receive HIV education and pamphlets.
- Patients were open to asking more questions in the “Live to Give” environment because there was music/food/relaxing environment.
- Students became engaged because they didn't know that HIV was one of the leading causes of mortality in homeless people. This started a dialogue between several students who wanted to further discuss other ways in which they could destigmatize HIV testing.

## DISCUSSION

- The AMA “Live to Give” event was the perfect place to educate fellow medical students on how to be active community leaders, how to destigmatize HIV and how they can use their roles as physicians to properly educate the masses. I was also able to share that homelessness and low socioeconomic levels put people at an increased health disparity and mortality risk.
- The homeless shelters were not very responsive in getting back to me with a head count of people because transportation was a major issue for many of their guests. Approximately 25 homeless people came to the event, although I received verbal confirmation of an expected 75.
- Many of the homeless people responded well to the free giveaway of condoms and were open to hearing more about what was in the brochure because it provided a list of free clinics with their local address and phone number. Many of the homeless people said they would use that resource because it is “hard to know where to go sometimes without any insurance.”

## CONCLUSIONS

- The homeless community is plagued by low socioeconomic status and increasing barriers to healthcare access. Often times **their mortality is linked to lack of healthcare in areas of cardiovascular disease, cancer and HIV.**
- Through advocacy, easily understandable educational materials and destigmatizing the myths associated with HIV, we can help more in the community to stay protected, get free routine testing and to spread the education to other homeless people they may know.
- In order to properly help, it is important to have multiple modes of communication that can **meet the guest at their literacy level**, as well as, give pertinent information in an empathetic manner. Each individual was spoken to as a human being with respect and care. It is by **breaking the communication barrier that we can normalize the conversation about barrier contraception, clean drug needle use, and the best places to get access to healthcare.** Finally, all extra food, clothing, toiletries and condoms/brochures were bagged and sent to the Renewal House for women and children who could not make it to the event.

## RECOMMENDATIONS

- Recommendations to improve this event would be to find more stable modes of transportation for the homeless or to visit each shelter individually. However, it must be noted that navigating perfect timing between a medical student's schedule and an office for a homeless shelter is extremely difficult to do.
- For further research purposes, I would create a survey about the brochure asking questions if they thought it was confusing, did they like/dislike the layout and what questions do they feel should have been answered to better help them seek HIV education/testing/treatment. By having the survey, it could have further improved future educational prevention programs by feeding the needs of the people.