LIFE LINES AIDS PREVENTION PROJECT FOR THE HOMELESS

REPORT ON SHELTER AIDS PREVENTION PRACTICES IN MASSACHUSETTS

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EXECUTIVE SUMMARY

**106 shelters and day programs participated in the first Life Lines AIDS Prevention Survey in Massachusetts--88 percent of those contacted. Fifty-six were in the Boston area.

**HIV rates ranged from 63.9 per 100,000 persons in Boston to 15.5 in Fitchburg and Lowell (DPH figures).

**About half of the shelters had fewer than 25 beds. Half of the beds in the shelter system were for single adults.

**One-third of the shelters regularly trained staff in basic AIDS information, but one-quarter of the shelters had had no staff AIDS training. Staff training was provided most often by an outside agency.

**One-third of the shelters provided AIDS education to their guests monthly, but one-third had never provided AIDS education to their guests.

**The most common mode of guest AIDS education was distribution of literature, followed by one-to-one and group discussion and lectures. One-third of the shelters had shown a film, yet three-quarters had access to a VCR.

**Almost nine of every ten shelters provided referrals for HIV testing and counseling.

**Forty shelters had designated a staff member to coordinate AIDS education.

**Shelter representatives mentioned many specific needs concerning HIV. More education for guests and staff was the most often cited need. Some shelters faced particular problems, including language barriers, mental illness, staff lack of time or interest, lack of access to testing.

**Most shelters in Boston, Brockton, Lawrence, Lowell and Worcester had access to a VCR; none in Springfield did.

**Among SMSAs with more than one shelter, Boston, Lawrence and Worcester reported the most AIDS prevention activity, Springfield somewhat less, and Brockton and Lowell very little. Some individual shelters in these and other cities reported high levels of AIDS prevention activity.

**Frequency of most AIDS prevention activities was not related to shelter size, but larger shelters were somewhat more likely to have an AIDS coordinator.

The Life Lines AIDS Prevention Project for the Homeless was funded by the Massachusetts Department of Public Health through a grant from the Centers for Disease Control. The project is administered by Positive Life Styles Inc. and is housed at the Shattuck Shelter, a 190 bed shelter for homeless persons in Jamaica Plain, Massachusetts. The Life Lines Project is working to decrease the transmission of HIV infection among the homeless by coordinating AIDS prevention services and by developing a model of AIDS education that will specifically target the needs of homeless individuals.

This report is based on a telephone survey conducted by the Life Lines AIDS Prevention Project Director in the fall of 1989. Over an eight week period, representatives of one hundred and six Massachusetts shelters responded to a series of questions aimed at assessing the need for prevention education; their answers provide a quantitative description of current prevention practices and needs. But the survey also yielded insights that do not lend themselves to statistical analysis, that reflect the very humanitarian nature of the care and sheltering of the homeless.

Most importantly, we have seen how the AIDS epidemic brings us face-to-face with our own values around sexual issues and substance abuse. For shelter providers the virus also raises some extremely complicated legal and ethical questions. As shelters struggle toward solutions to the difficult problems that they now face, and will continue to face in the future, they will need the support and understanding of every concerned citizen.

Survey Background

One hundred and twenty-seven shelters and day programs for homeless persons in Massachusetts are listed in Massachusetts' Comprehensive Homeless Assistance Plan 2. Of these, 121 shelters and programs were identified as still in operation during the fall, 1989 and as being located at unique sites; calls were made to a representative of each. Fifteen representatives could not be reached, leaving a sample size of 106 (and an 88 percent return rate).

_The shelters surveyed represented each Standard Metropolitan Statistical Area in the state and numerous small towns outside of SMSAs (see table 1). Fifty-six of the shelters were in Boston; Springfield and Worcester both

had more than 10 each. The only other locations with more than one shelter participating in the survey were Brockton, Greenfield, Lawrence, Lowell and Pittsfield.

Table 1
Shelters by SMSA or Town, with SMSA HIV Rate

SMSA or Town	N Shelters	HIV Rate**
Amherst*	1	
Attleboro*	1	
Boston	56	63.9
Brockton	4	34.8
Cape*	1	
Fitchburg	1	15.5
Gardner*	1	
Greenfield*	2	
Holyoke*	1	
Lawrence	5	21.6
Lowell	4	15.5
Milford*	1	
New Bedford	1	34.8
Orange*	1	
Pittsfield*	3	
Springfield	12	19.9
Worcester	11	18.5
Total	106	

*Not in Mass. SMSA; **HIV prevalence per 100,000.

According to the Department of Public Health's AIDS Surveillance Program, the city of Boston, with 53 percent of the state's shelters and day programs, also had the highest rate of HIV infection: 63.9. Brockton and New Bedford had moderate rates, 34.8, while the other SMSAs had rates that were substantially lower: 15 to 22.

Shelter Characteristics

Shelters ranged in capacity at the time of the survey from five beds to 400 (see table 2). Few shelters were large: only nine had one hundred or more beds and a total of nineteen had at least fifty beds. Approximately six in every ten shelters (63 shelters) had less than thirty beds._

Table 2
Number of Shelter Beds

Number of Beds	Number of Shelters
0	5*

1-9	6
10-19	27
20-29	25
30-39	14
40-49	10
50-59	7
60-69	1
70-79	0
80-89	2
90-99	0
100-199	5
200-299	1
300-399	2
400-499	1
Total	106

*Day or lunch programs.

Shelters varied in the population they attempted to serve and in their hours of operation. About half of the shelters served only singles (see table 3); they had a capacity of 2397 beds. Only four shelters served women exclusively, with a capacity of 92 beds; nine shelters, with a capacity of 358, admitted only men. The state's 25 shelters exclusively for families provided 607 beds, while the most common type of shelter had beds for singles of either sex as well as for families. These 44 shelters had a capacity of 1497 beds.

Table 3

Population Served by Shelters

Pop. Served			Number of	
Men	Women	Fmly	Shltrs	Beds
Yes	Yes	Yes	44	1497
No	Yes	Yes	25	607
Yes	Yes	No	24	1947
No	Yes	No	4	92
Yes	No	No	9	358

Total Shelters Serving Families	69
Total Shelters Serving Men	77
Total Shelters Serving Women	97
Shelters Serving Only Singles	37
(N Beds = 2397; 53% of total)	

Total Shelters=106 Total Beds=4501

Most of the state's shelters were open for at least some guests 24 hours daily, although in many cases only guests in respite or holding beds were allowed regularly to remain in the shelter during the day (see table 4). About one in ten shelters were open nights only, while the remainder were open just during some portion of the daylight hours.

Table 4

Hours of Shelter Operation

Hours of Operation	Number
Nights & Days	84
Nights Only	14
4 Nights/Week Only	1
Days Only	2
Evenings Only	1
Mornings Only	1
Missing	3
Total	106

AIDS Training and Related Activity in Shelters

Most shelters have provided their staff with some training about AIDS, but only one-third did so regularly at the time of the survey (table 5). Most of this training was provided by an outside agency; just 17 percent (12) relied on their own staff to provide training.

Table 5

Frequency and Provider of Shelter Staff Training in Basic AIDS Information

Frequency	Number of Shelters
Regularly	30
Occasionally	49
None	24

Total = 103 (3 did not answer)

Provided by	Number
Outside agency	49

Own staff	12
Workshops	11

Total = 72 (inapplicable for 24, 10 more did not answer)

One-third of the shelters reported that they had provided no HIV prevention education to their guests and another tenth did so only yearly, for a total of 47, or almost half, who provided HIV prevention education no more than yearly (table 6). About one-third of the shelters, however, did provide HIV prevention education to their guests at least monthly.
The most common mode of educating guests about HIV prevention was the distribution of literature--this had occurred in 70 shelters. Lectures, discussions and one-to-one conversations had been tried in about half of the shelters, while thirty-six shelters had shown a film about AIDS.

Table 6

Frequency and Mode of HIV Prevention Education to Guests

Frequency	Number of Shelters
None	35
Yrly	12
7-12 mos.	12
2-6 mos.	18
Monthly	29
Total	106

Mode of Education

Film	36(69)*
Lecture	50(70)
Discussion	58(70)
One-to-One	55(64)
Literature	70(70)

*Total number of shelters answering the question in parentheses.
Most shelters offered referral to treatment services for substance abuse, sexually transmitted diseases and AIDS-

related services; in fact, 81 shelters offered referrals for each of these problems (table 7). Referrals for substance abuse treatment were available from more shelters (97) than were referrals for AIDS-related services (84-87).

Table 7
Referral Activity

Problem	N of Shelters
Substance Abuse	97
Sexually Transmitted Disease	88
HIV Testing/Counseling	86
Other HIV Support Services	84

A summary score characterizes each shelter's level of AIDS-related activity. Scores were almost evenly distributed across the range of possible scores, from zero to seven, although only nine shelters received a score of zero (table 8). Shelters received points on the AIDS-Related Activity Score as follows: 1 if more than 3 modes of AIDS education; 1 if yearly or semi-annual AIDS education, 2 if AIDS education every 2-6 months, 3 if AIDS education monthly; 1 if occasional staff AIDS training, 2 if regular staff AIDS training; 1 if shelter offers referral services to HIV testing/counseling or other HIV support services.

Table 8

Total AIDS-Related Activity

Score on AIDS Action	Number of Shelters
0	9
1	12
2	19
3	9
4	16
5	13
6	15
7	13

VCRs were available in about three-quarters of the shelters, suggesting that a video-tape training program would be feasible (table 9). However, only 40 of the shelters had designated a staff member to coordinate AIDS education at the time of the survey.

Table 9

Shelter Education Resources

Has VCR	77 (105)*
Has AIDS Ed. Coord.	40 (106)

*Number answering the question.

HIV-Related Service Needs and Barriers

Representatives of forty shelters mentioned specific HIV services needed at their shelter; some also identified barriers to implementing these services. Most of those who mentioned any specific service needs referred to education for staff and/or guests--some requests were specific, such as for videos for teens and children or bilingual education, while others were more general. A few respondents mentioned a lack of risk reduction supplies. Respondents mentioned a wide variety of barriers to providing HIV prevention education services at the shelter. Many comments focused on the orientations of the shelter's guests: language and cultural barriers, difficulty of monitoring guests and confidentiality problems, chronic mental illness among guests, guests' transience, guests' lack of interest, guests' reluctance to reveal problems related to AIDS, religious beliefs. Staff orientations or backgrounds were also a problem in some shelters: lack of time, lack of staff knowledge, lack of understanding of HIV or addiction, staff resentment of HIV-positive guests, staff lack of interest. Several respondents focused on the barriers created by the nature of shelter operations: lack of access to testing, lack of training resources, lack of structure in the shelter, lack of space.

AIDS-Related Activity by SMSA, Shelter Size and Shelter Type

Table 10 summarizes shelter characteristics and AIDS-related activity by town and SMSA. In the SMSAs with at least four shelters, Boston, Brockton, Lawrence, Lowell, Springfield and Worcester, VCRs were available in from 71% (Boston) to 100% (Brockton) of the shelters.

Table 10

Shelter Characteristics by SMSA

SMSA	Number Shelter	Total Beds	HIV Rate	# Men* Shltr	# w/ VCR

Boston	56	3088	63.9	39	40
Brockton	4	128	34.8	3	4
Fitchburg	1	30	15.5	0	0
Lawrence	5	105	21.6	5	4
Lowell	4	179	15.5	3	3
New Bedford	1	82	34.8	1	1
Springfield	12	268	19.9	9	0
Worcester	11	362	18.5	7	10
Town					
Amherst*	1	18		0	1
Attleboro*	1	24		1	0
Cape*	1	50		1	1
Gardner*	1	9		0	0
Greenfield	2	39		2	1
Holyoke	1	50		1	1
Milford*	1	23		1	1
Orange*	1	20		1	1
Pittsfield	3	26		3	1

*Number of shelters that admit men (see table 3).

AIDS coordinators were most frequent in Lawrence (60%), less frequent in Boston (45%) and Springfield (33%), and not available generally in Worcester (9%) or Brockton and Lowell (0) (table 11). AIDS-related activity was more common in shelters in Lawrence and Boston and Springfield than in Worcester, Brockton and Lowell. Of course, individual shelters (i.e., towns and SMSAs with only one shelter) varied more widely in their AIDS-related activity. Fitchburg and New Bedford both had an AIDS coordinator and had taken almost the maximum possible number of actions to prevent AIDS. A shelter in Attleboro and one on the Cape also had engaged in many prevention activities.

Table 11

Shelter AIDS-Related Activity by SMSA

SMSA	# w/ Coord	Aver* Acts	Guest** Educ.
Boston	25	4.1	3
Brockton	0	2.2	2
Fitchburg	1	6.0	4
Lawrence	3	4.0	3
Lowell	0	1.0	1
New Bedford	1	6.0	4

Springfield	4	3.0	3
Worcester	1	3.7	3
Town			
Amherst	1	4	4
Attleboro	0	6	5
Cape	0	6	5
Gardner	0	3	3
Greenfield	1	4	3
Holyoke	1	5	5
Milford	1	2	1
Orange	1	2	2
Pittsfield	1	2	2

*Average # of AIDS prevention activities (see p. 5).
**Guest. Ed.: 1=None, 2=Yearly, 3=7-12 Mos., 4=2-6 Mos., 5=Monthly.

Some AIDS-related actions were more common among larger shelters (table 12). Shelters with at least 30 beds were more likely to have an AIDS coordinator and to have a VCR. However, larger and smaller shelters did not differ appreciably in their reported need for additional services, in their overall number of AIDS-related activities, or in the frequency with which they educated guests.

_Table 12
AIDS-Related Activity by Shelter Size

	Shelter Size	
Activity	<30 Beds	>=30 Beds
Have AIDS Coord	31% (18)*	44% (19)
Have VCR	69% (40)	79% (34)
Need Srvcs Named	40% (23)	37% (16)
Ave. AIDSAct**	3.7	3.9
Ave. Ed. freq.***	3	3
Total Shelters	58	43

*# shelters; **Average # of AIDS prevention activities (see p. 5); ***1=None,2=Yrly,3=7-12 Mos.,4=2-6 Mos.,5=Mo'ly;

The type of guests served by a shelter appeared to influence the likelihood of AIDS-related actions (table 13). In particular, family shelters (those that did not allow men) were less likely to have an AIDS coordinator or to indicate a need for particular HIV services than were other types of shelters, although they were the most likely to have a VCR. The few shelters in the sample that only

admitted women without children were least interested in HIV services and had taken the fewest AIDS-related actions. Shelters for men-only were as likely to have an AIDS coordinator as most other types of shelters, but these shelters had provided few HIV education opportunities; and few of them had a VCR. In general, the most AIDS-related activities had occurred in shelters that were open to both men and women, whether or not they also admitted families.

Table 13

AIDS-Related Activity by Shelter Type

	Men and Women		Men Only	Women Only	
	Fmly	No Fmly	No Fmly	Fmly	No Fmly
Activity					
Have AIDS Coor	41%(18)	46%(11)	44%(4)	20% (5)	50%(2)*
Have VCR	68%(30)	79%(19)	33%(3)	88%(22)	75%(3)
Need Srvcs Nam	41%(18)	38% (9)	44%(4)	32% (8)	25%(1)
Ave. AIDSAct**	4.1	4.2	2.1	3.4	.8
Ave Ed. freq***	3	3	2	3	1
N of Shelters	44	24	9	25	4

*Numbers in parentheses are # shelters in named category.
**Average # of AIDS prevention activities (see p. 5).
***Guest Ed.: 1=None, 2=Yrly, 3=7-12 Mos., 4=2-6 Mos., 5=Mo'ly.

Conclusions

The first Life Lines AIDS Prevention Survey highlighted the wide variation among shelters in AIDS prevention practices. Some shelters had not been able to give guests or staff much information about AIDS, while others used multiple methods to provide regular AIDS prevention training to staff and guests. Most shelters provided referrals for HIV testing and counseling; just 40 percent had an AIDS coordinator.

Variation in shelter prevention practices was related somewhat to shelter size--larger shelters were more likely to have an AIDS coordinator--but, more importantly, amount of AIDS prevention activity was related to the population served by the shelter. Family shelters and those only for adult women had engaged in few of the prevention-related activities.

Many shelters for the homeless in Massachusetts have responded to the AIDS crisis with concerted efforts to train guests and staff in prevention practices and to refer guests for related services. The Life Lines project can help other shelters to learn from the experiences of these innovative shelters, even while it helps all shelters improve their current prevention practices.

Most shelter representatives recognized the need for AIDS prevention education in shelters and were eager for assistance. For many shelters, basic education is the key need, while for some shelters AIDS prevention activities must take into account barriers due to language differences, staff or guest disinterest, transience and limited shelter size. One important tool from which many shelters can benefit is the VCR, to which many shelters have access; videocassettes about AIDS should find a ready audience.

AIDS has become the single most important public health problem of the 1990s. Those who seek to prevent the transmission of AIDS in shelters and day programs must struggle against enormous odds--for the conditions associated with living on the streets, even in homeless shelters, favor the transmission of AIDS and magnify difficulties with prevention strategies. As if this were not enough to contend with, the AIDS epidemic raises complex, value-laden questions about sex, substance abuse, legal and social policies.

The Life Lines AIDS Prevention Project for the Homeless strives to help shelters reduce some of the obstacles to AIDS prevention among homeless persons through publicity and education directed both to homeless persons and to shelter staff. The first Life Lines Shelter Survey has identified the foundation for further AIDS prevention work among the homeless and has reminded us of the work that remains to be done.