

# Addressing inherent issues of adherence to HIV/AIDS medication in the *United States'* Homeless Population in urban cities

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### Abstract

A homeless individual with an HIV/AIDS positive case is considered part of a special risk group population [1]. There are programs targeting the urban cities like San Diego, Los Angeles, and San Francisco and NYC that are trying to screen, monitor and track the homeless individuals who are HIV/AIDS positive. These programs aim for routine screening and monitoring in order to reach zero prevalence of HIV/AIDS from this special risk group [2]. The goal is to get the homeless individuals who are HIV/AIDS positive to be on track towards housing support that is available after they transition.

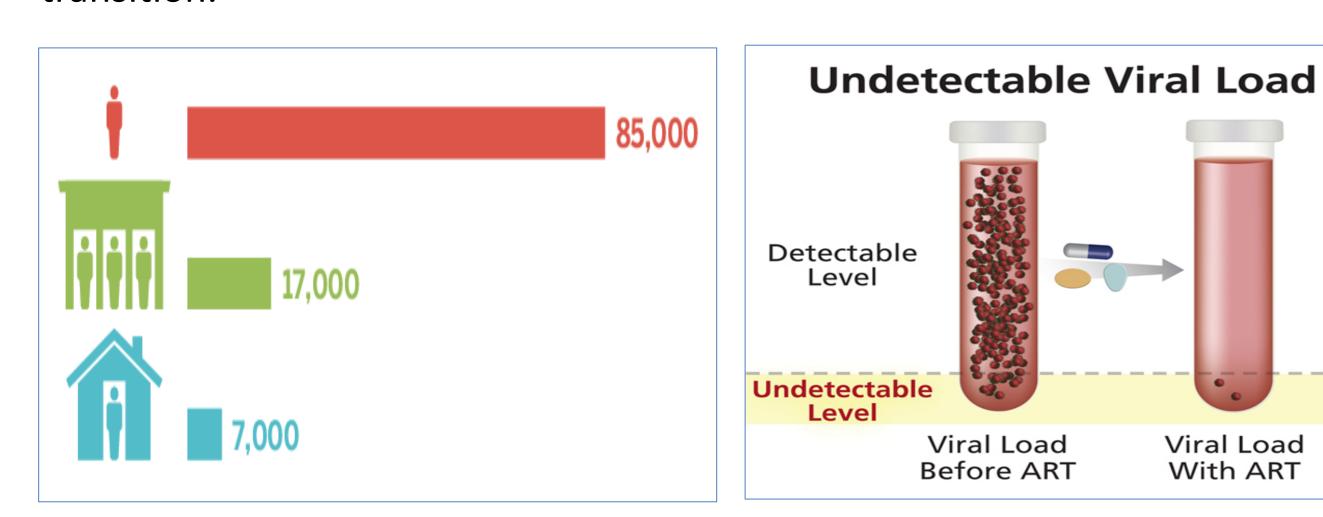


Fig. 1 Ave. Viral Load, San Francisco Aids Foundation Fig. 2 Understanding HIV/AIDS, NIH

# Introduction

Rapid transmission of HIV/AIDS is a big problem in the big cities especially when the affected population are the ones that are far less capable of taking care of themselves. Nonetheless, the problem does not lie in the programs offered alone [3], but the affected individuals who tend to disobey protocol or they simply get thrown off by the judgment they get from the service providers they are working with. Therefore, I choose to focus on the homeless population in urban cities that have HIV/AIDS positive status.

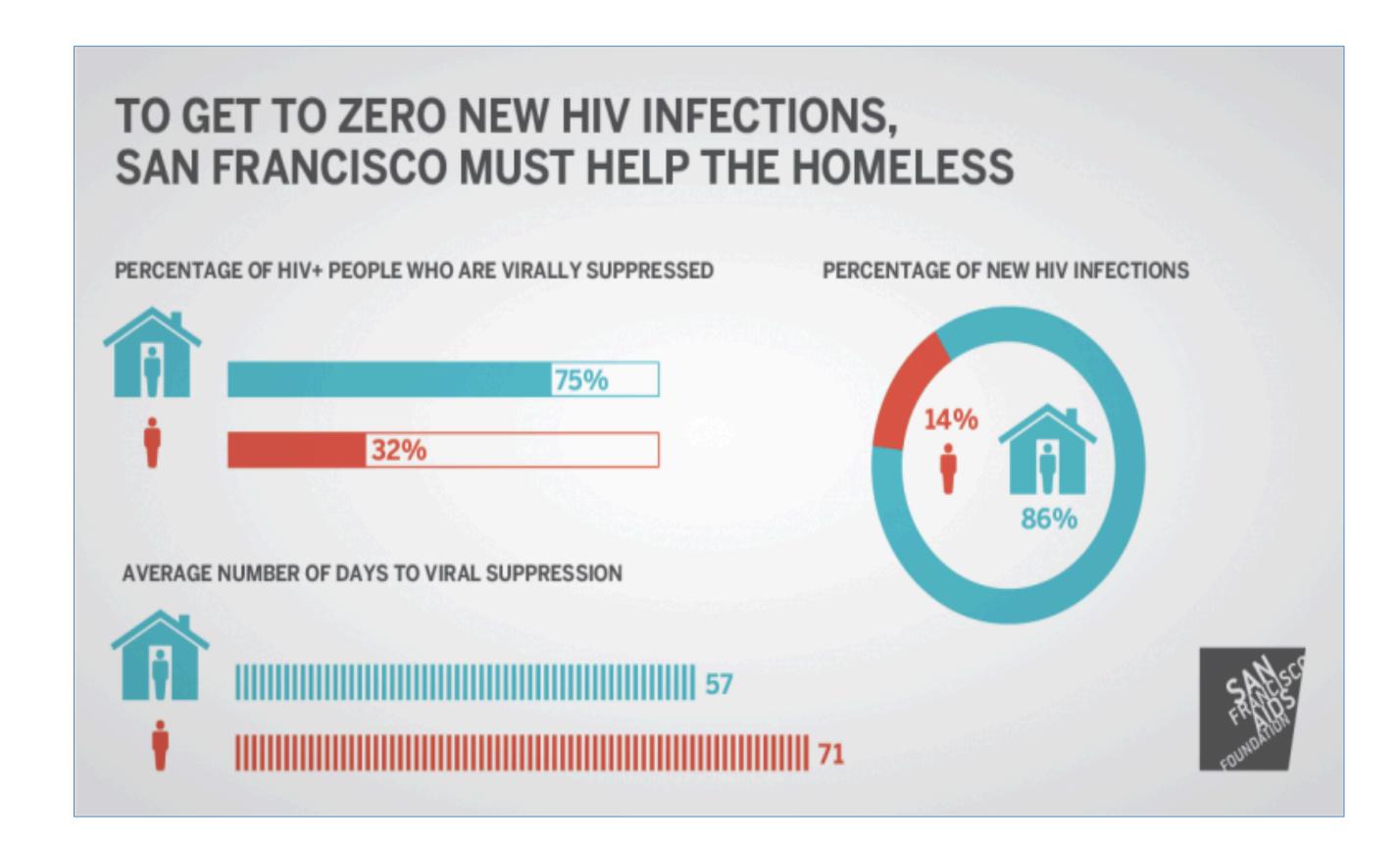


Fig. 3 San Francisco Aids Foundation Data

### Materials and Methods

In order to monitor, track and see their progress towards complete recovery and transition and to keep medical records of the patients, electronic methods of tracking the progress of their adherence to medications and successful viral suppression are what is being used for gathering of information. Through government databases such as NIH, CDC, DHS, FDA and four other medical ones the information were compiled for this research.

### Results

To reach the 90-90-90 goal in the homeless population there are certain measures that must change and there is a need to create a better system that will support [4] and make the target population come in and seek for help that they need. There seems to be a gap in the trusting relationships between patients and providers.

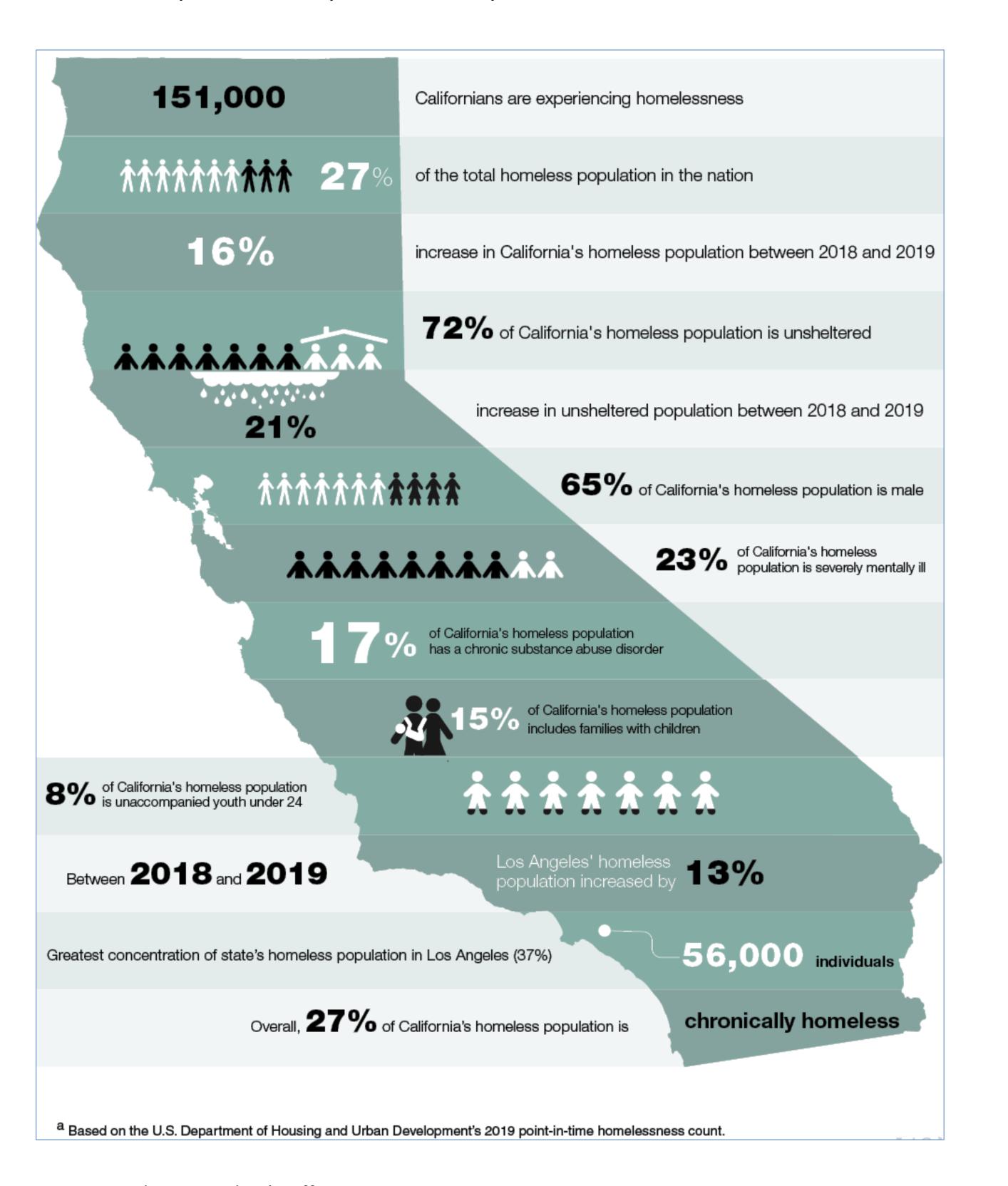


Fig. 4 Legislative Analyst's Office

### Conclusion

A lot of training would be required to bridge the gap in the trusting relationships created between the patients and the service providers. To create a better system [5] that will support and make the target population come in and seek for help that is readily available for them. Some major suggestions for policy makers in prioritizing the medical needs of the homeless individuals who are HIV/AIDS positive.



Fig. 5 Statista

## References

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