



### **Housing, Health & HIV**

A person's housing has an impact on their overall health and wellbeing, and stable housing is especially important for people living with HIV/AIDS (PLWHA). "Many factors combine together to affect the health of individuals and communities."<sup>1</sup> These factors, also known as determinants of health, are: the social and economic environment, the physical environment (including where we live and work), and a person's individual characteristics and behaviours.<sup>1</sup>

PLWHA can lead healthy lives and be contributing members to society, but their basic needs must be met first. We, as a society must support individuals who are in need and help to create equal opportunities for everyone. Adequate housing, proper nutrition, access to medical treatment, and social supports are all pillars to living a positive, healthy life.

Stable housing is "essential to accessing medical care, maintaining HIV and mental health treatment adherence and ensuring the prevention of HIV transmission."<sup>2</sup> In the Calgary Coalition on HIV/AIDS (CCHA) Housing Study released in 2008, a large number of individuals living with HIV/AIDS reported that their health and financial issues had contributed to having problems with housing. 23% of individuals reported a hospitalization, 13% reported they had mental health issues, and 40% reported a lack of income that led to housing instability, eviction, and for some, homelessness.<sup>2</sup>

#### **The Impact**

There are many negative effects experienced by PLWHA who are living in unstable housing conditions. The CCHA study found the following negative impacts:

- Over half of respondents experienced increased stress
- 33% reported poor nutrition and poor personal hygiene
- 27% experienced illness
- 25% reported inadequate clothing (such as winter coats)
- 21% reported that they had experienced homelessness.<sup>2</sup>

"PLWHAs have developed coping strategies to deal with this housing instability and insecurity, such as buying fewer groceries, turning down the heat, stopping payment of utilities, sharing housing with roommates, borrowing money from friends, using credit cards etc. Yet, many of these strategies also create a negative impact by compounding debt loads, alienating social support networks, decreasing personal security through co-living arrangements, and compromising access to the basic needs necessary to maintain adequate health."<sup>2</sup>

"[E]vidence suggests that living in poverty not only leads to a lower quality of life, but can also speed up progression of HIV infection."<sup>3</sup> Homeless and unstably housed PLWHA are "more likely to have lower CD4 counts, higher viral loads, and higher mortality and are less likely to initiate or adhere to anti-retroviral medication regimens or access health care and social services"<sup>4</sup>.

Stable housing can also have an impact on HIV prevention as the prevalence of HIV infection has been shown to be 3 to 9 times higher among persons with an unstable housing situation compared to persons with stable and adequate housing.<sup>5</sup>



### **Homelessness**

"PLWHA who are experiencing homelessness in Canada are 2.5 times more likely to need medical assistance than those living in supported housing."<sup>2</sup> For those living in a shelter environment, the high density of people and poor conditions can lead to increased risk of catching a cold, flu, or opportunistic infections.<sup>6</sup> A fear of disclosure of HIV status can lead to a decline in treatment adherence. For example, there may be no place to store medications secretly or securely at a shelter and the opportunity for home-based care is greatly diminished.<sup>6</sup>

### **The need**

PLWHA have identified "[b]asic needs including affordable, safe housing, nutritional food, and clothing" as "missing from the existing service spectrum in Alberta"; according to an environmental scan of services which was completed in 2006.<sup>3</sup> PLWHA also experience many barriers to accessing stable and affordable housing such as discrimination due to HIV status, employment status, sexual orientation, gender, source of income and ethnicity; lack of stable housing units available; and affordability. A continuum of appropriate housing options is what is needed. This continuum would include both supported and independent living arrangements with PLWHA being given priority access to suitable housing that is affordable.

### **References**

<sup>1</sup>World Health Organization. Health Impact Assessment: The Determinants of Health. Retrieved from <http://www.who.int/hia/evidence/doh/en/index.html>

<sup>2</sup>AIDS Calgary, The SHARP Foundation, & Mazonde, Josephine. HIV/AIDS and Housing Study. Prepared for the Calgary Coalition on HIV/AIDS. June 2008.

<sup>3</sup>AIDS Calgary & Barr, Valerie. An Environmental Scan of Services and Supports for People Living with HIV in Alberta. Prepared for the Alberta Community Council on HIV. June 16, 2006.

<sup>4</sup>Canadian AIDS Society. "Bring Me Home": The Canadian AIDS Society's Position. May 2009. Retrieved from [http://www.cdnaids.ca/web/setup.nsf/ActiveFiles/Microsoft+Word+-+Position+Statement+-+housing/\\$file/Microsoft%20Word%20-%20Position%20Statement%20-%20housing.pdf](http://www.cdnaids.ca/web/setup.nsf/ActiveFiles/Microsoft+Word+-+Position+Statement+-+housing/$file/Microsoft%20Word%20-%20Position%20Statement%20-%20housing.pdf)

<sup>5</sup>Aidala, A., "Homeless, Housing Instability and Housing Problems among Persons Living with HIV/AIDS," NAHC Research Summit Presentation, 2005.

<sup>6</sup>Rooftops Canada, Ontario HIV Treatment Network, & Positive Spaces Healthy Places. HIV, AIDS and Housing Issues. Prepared for the Interagency Coalition on AIDS and Development. Retrieved from [http://www.rooftops.ca/CMSImages/file/Housing\\_Fact\\_Sheet\\_Final\\_EN.pdf](http://www.rooftops.ca/CMSImages/file/Housing_Fact_Sheet_Final_EN.pdf)