

## Overview:

Housing affordability in Alberta is the lowest it has been in 26 years, with 18% of Calgary households currently experiencing a severe housing affordability challenge.<sup>1</sup> The availability of subsidized housing is limited and wait times to access subsidized housing are often several years. As rental rates continue to rise, this shortage of affordable housing is having a dramatic impact on people living with HIV/AIDS (PLWHAs), many of whom live on fixed incomes and experience episodic periods of illness and income insecurity. Access to affordable housing has been well documented as a key determinant of health, and in the case of PLWHAs, access to housing is essential to accessing medical care, maintaining HIV and mental health treatment adherence and ensuring the prevention of HIV transmission. The housing situation in Alberta is pushing PLWHAs further into poverty, inadequate housing and homelessness. The shelter system is ill prepared to address the unique needs of PLWHAs, with no way to protect people from the myriad of life threatening colds and flues in the communal living quarters. Fear of disclosure in such settings contributes to declining treatment adherence while increasing the potential development of drug resistant strains of HIV. In such a context, access to adequate housing has become fundamental to the health of PLWHAs and to the success of current HIV prevention strategies in our communities.

Between March and August 2007, the Calgary Coalition on HIV/AIDS (CCHA) carried out research to identify key housing issues for PLWHAs. Based on the results of a review of the literature, forty-eight surveys and six interviews conducted with PLWHAs in Alberta, CCHA has identified the following key housing issues and recommendations.

*...I'm a very strong person but right now I have nothing... absolutely nothing I'm so empty .. everywhere so empty ... It's unbelievable ...*

## Key Housing Issues:

PLWHAs in Alberta are experiencing significant housing instability, insecurity and homelessness, largely related to their low income, the high cost of rent and recent rent increases. PLWHAs are disproportionately unsatisfied with the quality and safety of their housing, and many worry about losing their housing. Given the volatility of the housing market, even PLWHAs who have relatively high incomes are concerned about losing their housing.

PLWHAs report experiencing significant challenges related to housing stability such as:

- Inability to pay rent (48%)
- Inability to pay utilities (33%)
- Rent increases (33%)
- Landlord refusal to rent based on fixed income (19%)
- Being evicted by landlords due to fixed income (6%)
- Inability to pay for parking (10%)
- Landlord harassment due to HIV status (13%)
- Being evicted by landlords due to HIV status (4%)
- Experienced homelessness in the past two years (23%)

*"If my rent is raised again, I couldn't afford rent and food, so I may end up homeless again."*

PLWHAs also report experiencing challenges related to income, physical and mental health and social support that impact their housing situation and contribute to greater housing instability and insecurity. These factors include:

- Illness (17%)
- Short term hospitalization (15%)
- Long term hospitalization (8%)
- Lack of income (40%)
- Alcohol use (23%)
- Drug use (42%)
- Lack of social support (31%)
- Mental health difficulties (13%)
- Eviction (13%)

*Before I moved to the [supported living facility], I did lose my home and I lost all my possessions I had and everything, you know because I got sick and I had no way to pay for storage and I lost everything that I had to work hard for so many years.*

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. PLWHAs report a number of specific negative impacts resulting from their housing instability and insecurity including:

- Increased stress (67%)
- Poor nutrition (48%)
- Poor personal hygiene (33%)
- Affect on health (27%)
- Inadequate clothing (25%)
- Poor living conditions (23%)
- Homelessness (21%)
- Loss of social support (19%)

*“My kids had to go stay with friends, so I lost custody. When I was homeless I couldn’t take medication because I had nowhere to store them, so I became very sick.”*

Although research participants were not asked specifically to comment on whether their housing instability contributed to engaging in higher risk activities, evidence from other research studies supports the recognition that “Housing is a structural factor: change in housing status is strongly associated with risk behavior change”.<sup>2</sup> Likewise, the research indicates “Environmental or contextual factors affect the ability to avoid exposure to HIV or for HIV positive persons to avoid exposing others to infection”.<sup>3</sup> In the interests of the health and wellbeing of PLWHAs and in order to enhance the effectiveness of HIV prevention interventions, it is imperative that new strategies to address housing stability for PLWHAs be developed.

## Key Housing Recommendations:

Urgent action must be taken to address the current housing crisis among PLWHAs in Alberta. In conjunction with Calgary’s 10 Year Plan to End Homelessness<sup>4</sup>, the following key recommendations should be enacted to ensure that the full spectrum of unique needs of PLWHAs are incorporated into housing and public policy strategies:

- 1) Prevent housing instability, insecurity and homelessness for PLWHAs:
  - Increase emergency prevention through increased access to emergency financial assistance (e.g. rent and utility payments); allocate funding to sustain Alberta’s Homelessness and Eviction Prevention (HAP) Fund as a permanent program
  - Reduce stigma and discrimination experienced by PLWHAs in housing through public awareness raising and targeted education of landlords and housing providers regarding Alberta Human Rights law as it relates to HIV status, source of income etc.
  - Increase income for PLWHAs through increased AISH, CPP-D and Alberta Works benefits and increased allowable employment earning levels within these programs
  - Develop rehabilitation and return to work resources for PLWHAs through new program development or enhanced partnerships with organizations already offering rehabilitation programs
- 2) Re-house and provide necessary supports to PLWHAs:
  - Increase available housing supports through increased funding to provide outreach and sustainable in-home support programs
  - Increase available funding to provide case management services related to housing search, acquisition and retention
- 3) Increase access to adequate affordable housing and supportive housing for PLWHAs:
  - Recognize the uniqueness of PLWHAs and provide them with priority access to subsidized housing (in an effort to reduce the disproportionate individual and public health impacts resulting from PLWHAs staying in shelters, on the streets and in substandard housing)
  - Increase available subsidized housing units and reduce wait lists
  - Create a spectrum of appropriate housing options including additional supportive housing specifically for people living with HIV/AIDS (with a focus on health, including palliative care), supportive housing for people who require additional supports related to physical/ mental health and rehabilitation, and Housing First housing, which does not require treatment as a precondition to housing, for people experiencing drug and alcohol addiction

<sup>1</sup> Calgary Committee to End Homelessness. Calgary’s 10 year Plan to End Homelessness. January 2008.

<sup>2</sup> Aidala, A., “Homeless, Housing Instability and Housing Problems among Persons Living with HIV/AIDS,” NAHC Research Summit Presentation, 2005.

<sup>3</sup> *ibid.*

<sup>4</sup> Calgary Committee to End Homelessness. Calgary’s 10 year Plan to End Homelessness. January 2008.

# **HIV/AIDS and Housing Study**

**Prepared For:**

**Calgary Coalition on HIV/AIDS (CCHA)**

**Prepared by:**  
**AIDS Calgary Awareness Association**  
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## **ACKNOWLEDGEMENTS**

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Finally, we are grateful to Southern Alberta Clinic (SAC) and AIDS Calgary for their support in recruiting research participants and to Mark Randall who administered the survey at the Alberta Positive Voices Conference. Additionally, we would like to thank all of the people living with HIV who contributed their time to filling in surveys and participating in interviews as we recognize that in sharing your experience and expertise you have made a tremendous contribution to building knowledge of this important issue and providing insight into how to advocate effectively for progressive changes in housing and HIV/AIDS.

### **The Calgary Coalition on HIV/AIDS (CCHA)**

The mission of Calgary Coalition on HIV/AIDS (CCHA) is to work together as a coalition towards a healthy community response to HIV and AIDS. CCHA brings together key stakeholders in Calgary to focus on joint planning and community initiatives related to HIV/AIDS. We recognize that in order to have an impact in our community we must move beyond our individual agencies, beliefs and perspectives to work collaboratively. We also recognize that we must base our work on the diverse needs of individuals living with, at risk for and affected by HIV and include these communities in the work that we do. CCHA is currently co-chaired by representatives from AIDS Calgary and the Calgary Health Region Harm Reduction. CCHA membership includes representatives from The SHARP Foundation, Calgary Health Region STI Clinic, Calgary Health Region Southern Alberta Clinic, Calgary Health Region Sexual and Reproductive Health, Red Cross, Calgary Sexual Health Centre, University of Calgary Faculty of Social Work and people living with HIV.

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## EXECUTIVE SUMMARY

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  - Create a spectrum of appropriate housing options including additional supportive housing specifically for people living with HIV/AIDS (with a focus on health, including palliative care), supportive housing for people who require additional supports related to physical/ mental health and rehabilitation, and Housing First housing, which does not require treatment as a precondition to housing, for people experiencing drug and alcohol addiction
  - Increase available subsidized housing units and reduce wait lists

## INTRODUCTION

By the end of 2005, approximately 60,190 people in Canada had been diagnosed with HIV/AIDS. As of 2006, there were over 4,400 people living with HIV in Alberta. Significantly, the HIV infection rate continues to grow in Alberta, with 218 new cases being reported in 2006, compared to only 170 in 2005 (AIDS Calgary, 2008). Several recent environmental scans have revealed that people living with HIV/AIDS in Alberta often experience poverty, lack of resources to meet basic needs requirements and lack of access to affordable housing (AIDS Calgary and Barr 2006). In many studies, the relationship between stable housing and health status has been proven to be a significant factor in addressing public and individual health priorities. Moreover, homelessness or unstable housing has been demonstrated to be directly related to greater HIV risk among vulnerable persons. Stable housing provides not only a roof, but an opportunity to support long-standing social relationships, to have access to mental and physical health care supports, and to generally have a better quality of life.

Alberta has been experiencing a significant economic boom, as the oil and gas sector is performing at unprecedented levels and the supporting economic infrastructure has grown in parallel. During this boom, as the cost of living rises and access to affordable housing becomes more difficult, the Calgary Coalition on HIV/AIDS (CCHA) has grown increasingly concerned that the economic climate and conditions in Calgary are exacerbating poverty levels and housing challenges for people living with HIV/AIDS (PLWHA). Recognizing the important connection between housing, health and HIV prevention, the current housing crisis poses many critical challenges such as negative health impacts for PLWHA and increased HIV transmission within vulnerable populations. In order to gauge the impact of current economic and housing conditions in Calgary, CCHA commissioned this research into the current housing instability, insecurity and housing needs of PLWHAs.

This study includes a brief literature review of research in the area of HIV and housing and reports the findings of 48 surveys and 6 interviews conducted with people living with HIV/AIDS. This study provides insight into the housing challenges encountered by PLWHAs in relation to their health, income, nutrition, hygiene, and social connections. The research also addresses factors such as addictions, stigma and discrimination and the impact of these on the well-being of PLWHA. While not exhaustive, this research provides an overview of the current housing instability and insecurity of PLWHAs in Calgary and Alberta, and provides a foundation for several recommendations for future programming and advocacy. The Calgary Coalition on HIV/AIDS intends to use the results of this research as an evidence base to move forward with programming and policy development related to housing for people living with HIV/AIDS.

## **LITERATURE REVIEW**

Research on correlative factors between HIV/AIDS and housing has primarily been conducted in the United States, while some recent studies have been conducted in Canada. The summary below provides a brief overview of significant findings from the research.

### **Homelessness and HIV**

The correlation between homelessness and HIV/AIDS has been well documented (Aidala, 2005; Allen et al., 1994; Culhane et al., 2001; Fournier et al., 1996; Paris et al., 1996; Torres et al., 1990; Zolapa et al., 1994). In the United States, 17% to 60% of all PLWHA have reported a lifetime experience of homelessness and unstable housing situations. Additionally, 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 (Aidala, 2005).

### **Housing and Health**

Homeless PLWHA are approximately twice as likely to experience poor health, as measured using indicators of physical functioning and healthy quality of life, or clinical indicators such as opportunistic infections. Moreover, access to housing can be seen as a matter of life and death. The all-cause death rate among PLWHA is five times higher among homeless persons compared to PLWHAs who are stably housed. Additionally, the provision of housing is significantly correlated to access to health care, ongoing engagement in care and treatment success (Masson et al., 2001; Riley et al., 2005; etc). Homelessness also poses a barrier to starting outpatient care and staying in care, compliance to treatment, as well as seeking prevention care (Margot et al., 2001).

Lack of housing is consistently associated with remaining outside of medical care and poor access to treatment options for PLWHA. Moreover, improved housing status has shown a strong positive impact on access to health care (Aidala, 2005). Persons in unstable housing situations score low on measures of functional physical and mental health status as well as emotional wellbeing. In the United States, several studies confirmed that housing status affects the health care service utilization patterns of people with HIV/AIDS (Smith et. al., 2000; Weiser. et al., 2007).

Similar to the United States, PLWHA who are experiencing homelessness in Canada are 2.5 times more likely to need medical assistance than those living in supported housing. Homeless and marginally housed PLWHA are significantly less adherent to HIV and mental health treatment regimes and less likely to attend medical appointments (Margot et al., 2001). Many Aboriginal PLWHAs also live in the remote rural areas where it is more difficult to obtain the specialized medical or psychological help. People experiencing homelessness are also more likely to have a sexually transmitted disease (other than HIV), which is typically an indicator of unsafe sex practices. The death rate is also considerably higher among the PLWHA living in unstable housing situations. Despite these alarming findings, many HIV-service organizations in the United States and Canada do not include community work and help with housing in their case management (Masson et al., 2001; Riley et al., 2005).

Canadian research conducted in Ontario demonstrated that 1 out of 5 people surveyed had moved in the last year: 9% had moved once, 7% had moved twice and 5% had moved 3 or more times. The further analysis of the data showed significant health deterioration among PLWHA who moved 3 times or more. The number of moves performed has a direct impact on the well-being of PLWHA and their access to the health care (Tucker et al., 2006).

### **Housing and Discrimination**

When trying to access housing, PLWHA often encounter the discrimination (Ontario HIV Treatment Network, 2007). Experiences of discrimination significantly affect both mental and

physical health and account for the further health deterioration of PLWHA. Among the most common reasons for the discrimination reported in the same Ontario study are HIV status (10%), employment status (10%), sexual orientation (10%), gender (2%), income (13%) and ethnicity (9%). Taking into consideration the fact that a great number of PLWHAs in the Toronto area are members of MSM community (62%), discrimination on the basis of sexual orientation becomes a significant negative factor accessing housing and affects many living with HIV/AIDS. Additionally, income data from the Toronto area reveals that the mean gross monthly income for PLWHAs is \$1,559, an insufficient amount compared to the cost of living, which adds to the risk of discrimination for PLWHAs. Diverse ethnic groups also face additional discrimination, and members of the Aboriginal community are more vulnerable to discrimination than others. Significantly, PLWHAs living in supported housing report experiencing the least amount of discrimination, highlighting this as a positive housing environment for PLWHAs (Tucker et al., 2006).

### **Housing and HIV Prevention**

Housing status has implications for PLWHA, but also for people that face a high risk of HIV infection. Stable housing contributes to a reduction in HIV transmission. Or as Aidala (2005) concludes: "Environmental or contextual factors affect the ability to avoid exposure to HIV or for HIV positive persons to avoid exposing others to infection." Lack of stable housing is associated with high rates of drug use and other risk behaviors (Browning and Ollinger-Wilson, 2003). Homeless living environments have limited economic opportunities, crime, violence, and a poor service infrastructure (Shaw, 2004). These kinds of environments contribute to individuals entering the sex trade, engaging in drug use and being unable to adhere to treatment regimes. Lack of housing, transient living conditions and communal sleeping arrangements in most homelessness shelters pose a barrier to creating stable intimate relationships. Focusing on daily survival predominates people's lives and acts as a barrier to reducing HIV risk (Burt et. al. 1999). Aidala (2005) stated: "Housing is a structural factor: change in housing status is strongly associated with risk behavior change."

### **Housing and Addictions**

In the USA, 46% of injection drug users (IDUs) who were living with HIV had experienced homelessness or unstable housing situation (Song et al., 2000). Drug use and greater length of homelessness have also been positively associated with a history of sex trade among both women and men (Weiser et al., 2006). In Vancouver, Shannon et al., (2006) demonstrated that HIV-infected persons living in poorest neighborhoods were 1.5 times more likely to live in single-room occupancy hotel rooms (SROs), often in cramped century-old hotels. The unsanitary conditions in these hotels, remoteness from health facilities, lack of access to proper sharps disposal boxes, and unsafe environment contributed to making the preventive measures among the IDUs of Vancouver less effective.

In response to the link between homelessness and addictions issues, the "Housing First" approach was first introduced in San-Francisco, California in the early 90s. Ten years later several major cities in the U.S. (New-York, Seattle, and Los Angeles) have adopted this approach and produced the reports with their findings about its effectiveness under the housing first approach.

#### **Housing First Principles:**

- Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.
- The provider is obligated to bring robust support services to the housing.
- These services are predicated on assertive engagement, not coercion.
- Continued tenancy is not dependent on participation in services.
- Units targeted to most disabled and vulnerable homeless members of the community.

- Embraces harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.
- Residents must have leases and tenant protections under the law.
- Can be implemented as either a project-based or scattered site model (Downtown Emergency Service Center, 2007).

Recently, research was conducted through Pathways to Housing in New York, with people experiencing homelessness who had a dual diagnosis involving substance use and mental illness (Tsemberis et al., (2004). This research compared participants using a Continuum of Care model (involving a transition from treatment to transitional housing to permanent housing) to those using a Housing First model of care. This research found that participants who had access to Housing First were housed earlier, were able to maintain stable housing and had a greater perceived sense of choice, control and autonomy. In fact, Housing First participants had a housing retention rate of 80%, challenging notions that people who are chronically homeless are not “housing ready”. People living in Housing First did not increase their substance use or psychiatric symptoms, and were able to access addiction and mental health treatment services through an Assertive Community Treatment team (ACT) rather than using standard addictions treatment services. Although the participants using the Continuum of Care model were more likely to use standard addictions treatment services, their levels of alcohol and drug use were not actually lower than those in Housing First, suggesting that people may be using treatment facilities as short-term housing providers. In comparison, people in the Housing First model showed an overall reduction in service use over time, which may be an indicator of the longer term cost-effectiveness of such an approach (Tsemberis et al., (2004).

### **Availability of Affordable Housing**

Housing affordability in Alberta is the lowest it has been in 26 years, with 18% of Calgary household currently experiencing a severe housing affordability challenge. Since 1994, Calgary has lost 16,988 rental units to condo conversions and other development. Overall, between 2002 and 2006 only 688 new affordable housing units were built, planned or started construction. (Calgary Committee to End Homelessness, 2008). Additionally, waiting lists to access affordable housing often require applicants to wait for several years for units to become available. Given that many PLWHAs are living on fixed incomes (like Assured Income for the Severely Handicapped; AISH), these changing housing conditions pose a great threat to PLWHA's who do not have any income flexibility.

In Calgary, the homeless population increased by 32.3% between 2004 and 2006. Edmonton experienced a 20% increase in homelessness over the same time period. According to the Calgary Homeless Count of May 2006, there were 3,436 homeless persons counted, but just 3,077 beds available in shelters.

Extensive research carried out in the U.S. has demonstrated that housing is the greatest unmet service need among PLWHA. Research conducted in 2006 by the Alberta Community Council on HIV among 142 PLWHA and support services agencies reached the same conclusion. 70% of respondents in this study reported an annual income of less than \$13,000. This included 24% of respondents with an annual income below \$7,000. Yet, the average rental unit costs \$808 per month.

### **HIV Specific Housing**

Currently in Alberta there are only two agencies that provide supported housing specifically for PLWHA's, the SHARP Foundation in Calgary and Kairos House in Edmonton. This housing is earmarked specifically for people requiring significant supports and end of life care, although due to the lack of other available housing options some residents in this housing do not require

significant supports and could transition into more independent living arrangements. In total, there are only 22 supported living spaces available province wide.

### **Recommendations from the Literature**

The following are recommendations that were drawn from the literature:

- Include the housing needs and help with housing searches in case management practices
- Conduct educational activities among local housing providers and inform them about the issues that PLWHA face
- Use volunteer or peers to help organize the support services for housing searches, such as helping them to get to know neighborhood and medical services close by (Tucker et al., 2006).
  
- Make subsidized, affordable housing (including supportive housing for those who need it) available to all low-income people living with HIV/AIDS;
- Make housing homeless persons a top prevention priority, since housing is a powerful HIV prevention strategy;
- Incorporate housing interventions as a critical element of HIV health care; and
- Continue to collect and analyze data to assess the impact and effectiveness of various models of housing as an independent structural HIV prevention and healthcare intervention (Aidala, 2005).

## **METHODOLOGY**

This study began with conducting a literature review of available research in the area of HIV/AIDS and housing. Following this, a Survey protocol (see Appendix 1) was developed drawing significantly on the research protocol currently being used by the Positive Spaces, Healthy Places HIV, Housing and Health Study in Ontario. By aligning our survey protocol with other research being conducted in Canada we intended to contribute in a consistent way to knowledge development in this area. Feedback on the survey was provided by AIDS Calgary, SHARP Foundation and a PLWHA advisor. Additionally, a consent form for survey participants was developed.

Survey participants were recruited during March-August 2007 in three ways: 1) the survey and consent form was distributed at the Alberta Positive Voices Conference held in Nordegg Alberta in March 2007, 2) surveys and consent forms were distributed through the Client Services staff at AIDS Calgary to AIDS Calgary clients and 3) a poster advertisement was posted at the Southern Alberta Clinic and people were asked to contact the research coordinator in order receive a copy of the survey and consent form. Honourariums of \$10 were provided to people who participated in the survey through AIDS Calgary or the Southern Alberta Clinic. In recognition of those participating in the survey through the Alberta Positive Voices Conference, a donation was made to the Conference organizing committee to assist with Symposium costs. This arrangement was agreed upon in consultation with the Conference organizing committee, who felt this was the most appropriate way to recognize research participants. Survey data was collected and entered into the SPSS data analysis software and a statistical analysis was generated.

Following the collection of survey data, an interview protocol (Appendix 3) and consent form (Appendix 2) was developed. This interview tool was created to gain a more in depth understanding of the lived experience of people living with HIV in their housing situations and to clarify findings from the survey data. Again, interview participants were recruited through the Client Services Staff at AIDS Calgary and through a poster advertisement at the Southern Alberta Clinic. People who were interested in participating were contacted by the research coordinator, who would contact them to set up an interview. Interviews lasted for approximately one hour, and interview participants were given an honourarium of \$20. Interview participants provided their informed consent through filling in a consent form, interviews were taped and transcribed. All interview data was analyzed and thematically coded using qualitative data analysis.

All survey and interview data and consent forms for this study was kept in a double locked cabinet and only two people had access to the file (research coordinator and one of the principal researchers at AIDS Calgary).

## RESEARCH FINDINGS

Fifty-six participants were involved in this study. Fifty completed a written survey, and of those, 48 were living with HIV and two were partners/ support people for people living with HIV. An additional six people living with HIV participated in face-to-face interviews.

The following summary provides an overview of the responses from research participants who were living with HIV. In order to accurately present the results, and for the sake of clarity, we have excluded the responses from partners/ support people for people living with HIV.

### Demographic description of Participants

Out of these participants, the majority (71%) were from Calgary, one quarter (25%) were from Edmonton and 4% were from Medicine Hat. The majority of participants were male (71%), while approximately one quarter (27%) were female and 2% identified as transgendered.

In terms of age, the majority of the participants (98%) were between 25-54 years of age, while only 2% was 55 or over.

As the chart below illustrates, the group was diverse in regard to ethnicity, with the majority of participants identifying as White (69%), followed by African (13%) and Aboriginal/ First Nations (10%)

Ethnicity	Number	Percentage
White (European background)	33	69%
Aboriginal/ First Nations	5	10%
Metis	1	2%
African	6	13%
Asian	1	2%
Other	2	4%

As the chart below illustrates this group was also diverse in regard to the number of years people had been living with HIV, with the majority having lived with HIV for between 6-15 years.

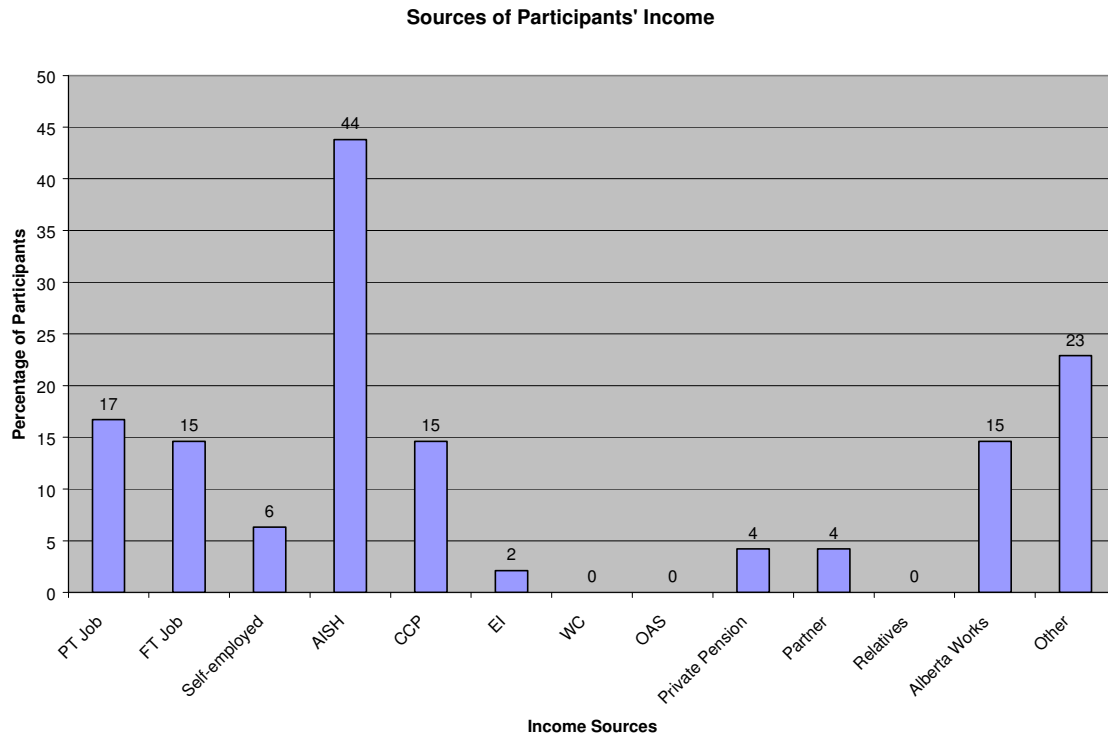
Length of Time Living with HIV	Number	Percentage
5 years or less	9	19%
6-15 years	24	50%
16 years or more	14	29%
No answer	1	2%

### Income

75% of survey respondents reported earning less than Statistics Canada's Low Income Cut Off (\$20,788) for a single individual. Of those, 48% actually earn less than \$12,000 or \$1,000 per month. As the chart below demonstrates, the annual incomes of respondents are low and indicate poverty level incomes for the majority of participants.

Annual Income	Number	Percentage
Less than \$6,000	4	8%
\$7000-\$12,000	19	40%
\$12,001- \$20,778	13	27%
\$20,779- \$35,000	6	13%
More than \$35,000	4	8%

In terms of source of income, survey respondents reported a diversity of income sources ranging from income support programs to full time employment. The most common source of income reported was Assured Income for the Severely Handicapped (AISH) which 44% of respondents receive. Other common sources of income were Canada Pension Plan, Alberta Works, part time employment and full time employment.



Overall, the interview participants reported that their income levels are not sufficient to cover all of their basic needs, as the following quotes illustrate:

*... yeah but you can't get too far on \$700 ... I gotta pay my groceries, my toiletries, my hygiene stuff, my bus ticket.. that leaves you with nothing.. you know, \$300 for rent which is good at least it gives me a place to start and look for options....*

*When you only get a 1000, the land pad [land rental for mobile home] comes off of that, and the bills come off of that whatever is left that's what I got, and then I have to make a budget, have to buy my groceries, my personal things.*

*The changes in my income?... I won't have any income... I'll be on social assistance for six months .. I hope not six months.... I hope I can get a hold of this thing... Right now my mind is just all over the place.*

Following the development of Highly Active Anti-Retroviral Therapies (HAART), HIV has come to be seen as an episodic disability marked by cyclical periods of health and illness. Within this context, returning to work, or working periodically, is becoming a more viable option for people living with HIV, and contributes to their goals related to housing stability and independence:

*Well in the long term I hope to get back to work; where I can afford an \$800 house; I pay \$650 in Edmonton. I haven't paid this much rent so... I'm not working...*

*I would love to have a part time job and keep myself busy, I am not a lazy person, I like to keep busy and I'm a very neat person, I am very compulsive I have to have everything in the right place and everything has to be neat, and I can fend for myself...*

Ironically, people living with HIV who now enjoy improved health status are also facing increased barriers to accessing disability income programs and to accommodating the complex and episodic nature of their disability:

*Now the pills are working. My viral load is undetectable. And my T cells are 730 at 70%. So the person that does the AISH thing looks at that and says he's not sick. They make a judgment call by your numbers. Now they don't know I have severe neuropathy in my feet and my fingers. And continual pain in my hip for whatever reason that is. That is still not good unless my counts are up. So I told them I'll just go off the pills...*

### **Current Housing Type**

The majority of survey participants reported that they rent their housing (83%) while only 15% reported that they owned their condo or house.

When asked about where they currently live, respondents described a number of different housing types as illustrated in the chart below.

<b>Current Housing Type</b>	<b>Number</b>	<b>Percentage</b>
Supported Housing	4	8%
Shared Apartment	11	23%
Apartment Alone	10	21%
Shared House	12	25%
House Alone	5	10%
Transitional Housing	2	4%
Shelter	2	4%
Other Housing	2	4%

### **Living Conditions**

When asked whether their current housing situation provides a good location to live their lives, 35% of respondents reported that they did not feel that home was a good location to live their lives, due to reasons ranging from proximity to drug trade and people with addictions, lack of safety, distance from services, high cost of rent etc. One survey respondent commented that they were spending 75% of their income on rent for a small, bug infested apartment. An additional 23% of survey respondents stated that they are not satisfied with the safety and security of their housing situation.

As the interview participants shared, their current housing situations are often uncomfortable for a variety of reasons:

*I am staying at the [transitional housing]...sharing a room with somebody, you know, it's uneasy...it's very uneasy...it's tough everyday because you're with somebody, I don't know them, somebody sleeping underneath me, I sleep on the top bunk you know and it's hard.*

*I live in a private home which is for HIV and AIDS and it is only for people that are positive; and we are totally against the drugs and alcohol, nothing like that, anything is not allowed in the houses...we have a few people that are addicts, they are verbally abusive and it's really disrupts*

*the house, and I can't live with that, I have to be worried about myself, I worry about everyone else but I have to take care of myself, and this is not good for me, you know...*

### **Housing Affordability**

Despite the generally low income of survey respondents, the rental rates reported were comparatively high.

<b>Rental Rate per Month</b>	<b>Number</b>	<b>Percentage</b>
Less than \$300	5	10%
\$301-\$520	19	40%
\$521-\$800	11	23%
\$801 or more	11	23%

A rent of \$521 per month would correlate to 30% of the Statistics Canada Low Income Cut Off, and the Canadian Mortgage and Housing Company recommends that people should not be paying more than 30% of their income on housing. This means that while 75% of respondents are earning less than the low income cut off, only 50% have rents that are less than 30% of that cut off.

The interview participants echoed concerns regarding the high cost of housing and lack of affordable units:

*...I only probably get about \$400...My rent is probably about \$300 or \$310, roughly... \$90, yeah, to spend a month...*

*I'm in the [transitional housing] and if I wasn't there, I don't know where I'd be staying right now because trying to afford a place to rent is like \$650 plus damage deposit but my rent is \$350 there right now.*

*Well, the way it's going now, rents are up to \$1000 to 1200 a month. It's very hard to get a place, because rent is not cheap anymore.*

*Affordable housing here is unbelievable ... there is no affordable housing ... They're too expensive ... not available ...*

It is also important to note that even the affordability of supported housing facilities has had an impact on residents:

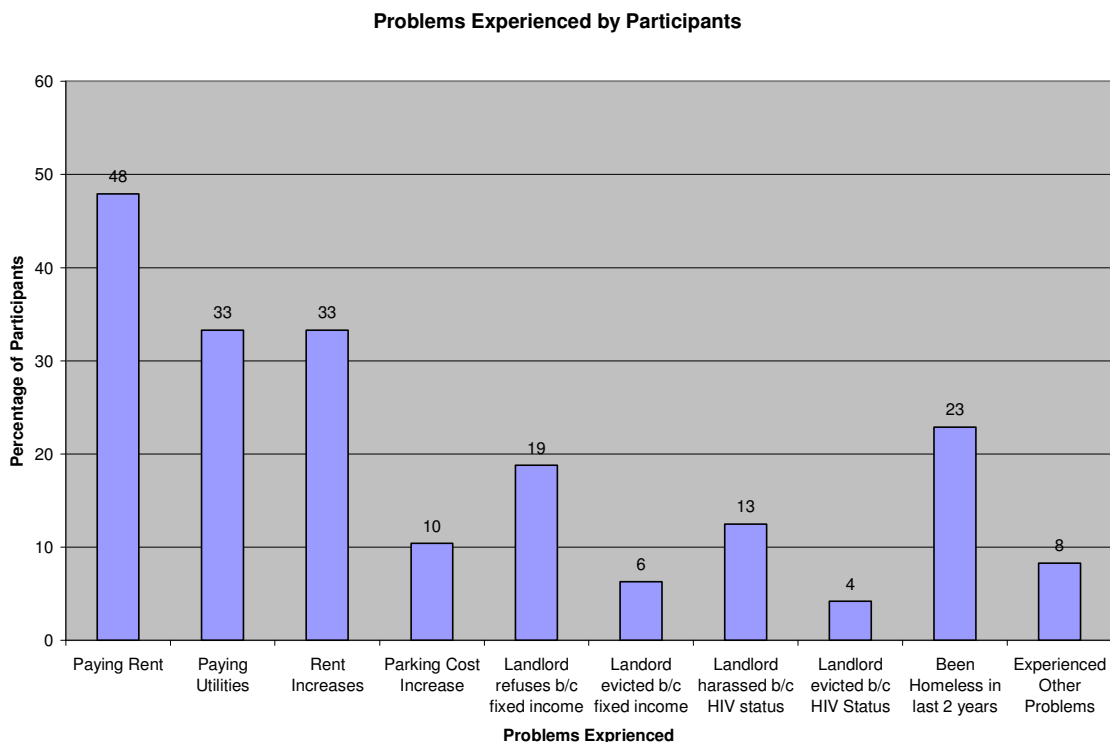
*Yes well the price of living is going up so everything goes up you know, so, course, so it's not Calgary Housing that raised the rent, it's you know the [supported living facility], groceries are getting more expensive, electricity and so on and so forth, they went up \$30 ... to them it may not be much but to us it's a lot...*

Likewise, for the same individual, the cost of housing outside of the supported living facility is also a barrier to transitioning out of that facility and into a more independent living arrangement:

*Before I moved into the [supported living facility] I was doing fine on my own, until I got really sick, then I ended up in the hospital, and the next thing I knew I was in this home...and they're taking very good care of me for almost 7 years and I'm ready to go out on my own, I think I can do it but it's hard to, you know, do it on your own because it's so expensive.*

## Experiencing Problems with Housing

Of the people surveyed, 75% reported that they had experienced problems with their housing. As the graph below illustrates, almost half of the respondents reported not having enough money to pay the rent, while 33% reported not having enough money to pay their utilities. Also, in the face of the current housing crisis, it seems significant that 33% of respondents also report that their rent has increased significantly. In conducting further analysis on the data, it is clear that while some respondents (33%) report having only one problem with their housing, and 10% report having only two problems with their housing, the largest number of people (48%) report having three or more problems with their housing. This indicates significant housing instability for most of the survey participants.



When asked whether they worry about being evicted from their housing, 42% of respondents said yes, and of those, half specifically state that they are worried about being able to pay the rent. As one survey respondent put it, *“If my rent is raised again, I couldn’t afford rent and food, so I may end up homeless again.”* Another survey respondent explained that they were worried, *“Because rent has more than doubled. They want to turn all the building into condos.”* This data gives us a picture of the current economic boom and housing crisis, and indicates that people living with HIV are being hit hard due to their limited, often fixed income, and rising rental rates and condo conversions. As one interview participant put it,

*...I’m worried about myself... but to find housing right now is just horrible.. it’s the richest province the rents are \$1000 and minimum wage is \$8.00 . it doesn’t make sense.*

## Stigma and Discrimination

People Living with HIV/AIDS have several challenges that they have to deal with in their day to day lives, including stigma and discrimination related to HIV status, income level, sexual orientation, drug use, sex trade work etc. In the housing context, 19% of survey respondents

have had a landlord refuse to rent to them because of their source of income (i.e. AISH, CPP-D, EI etc.), and 6% have been evicted because they are on a fixed income. Also, 13% have been harassed by their landlords due to their HIV status, and 4% have been evicted due to their HIV status. One person reported that the landlord raised the rent excessively when he found out the individual's HIV status. It is no surprise that, under these conditions, 23% of survey participants reported being homeless within the last two years.

The interview respondents elaborated on the impact of stigma, discrimination and HIV disclosure on their housing or on their ability to earn a livelihood:

*...So I just don't talk about it [HIV status] unless I'm talking about it to someone like you but that is totally different... So really my last option, which should have been my first option, would have been to stay with my mom. But I ran away because I tried living on my own before, and I was living with a couple of roommates and before that I had a hard time finding a job and finding accommodations. Then it seemed like the streets were the place to go because that is where anyone is accepted, right? So even though it's a hard life and then there's drugs and you know.*

*I usually work in the oil patch as a driver on a water truck but I could only work for a month. No matter which company I worked for they would only keep me for a month.....cause the first company was like, nobody wants to room with you. Like why? The other company said you were complaining too much. So, I don't know...*

*You are best off to try to get your own place by yourself. Unless you have someone understanding as a landlord or that you are living with. If they don't understand HIV, if they don't know what it's like to live with HIV it's probably not a good thing to let them know because you are just going to end up being homeless again...*

*The hardest thing is to tell the landlord or whoever you are sharing with. But I'd rather tell them and take the pain rather than live with them for two years and then all of a sudden they find out. How are they going to feel after you've lived with them for two years? What are they going to think about your character? What kind of person is this who's not being honest? So, no matter how much it's going to hurt me to tell them, even if I'm going to lose the place, I still feel I should tell them.*

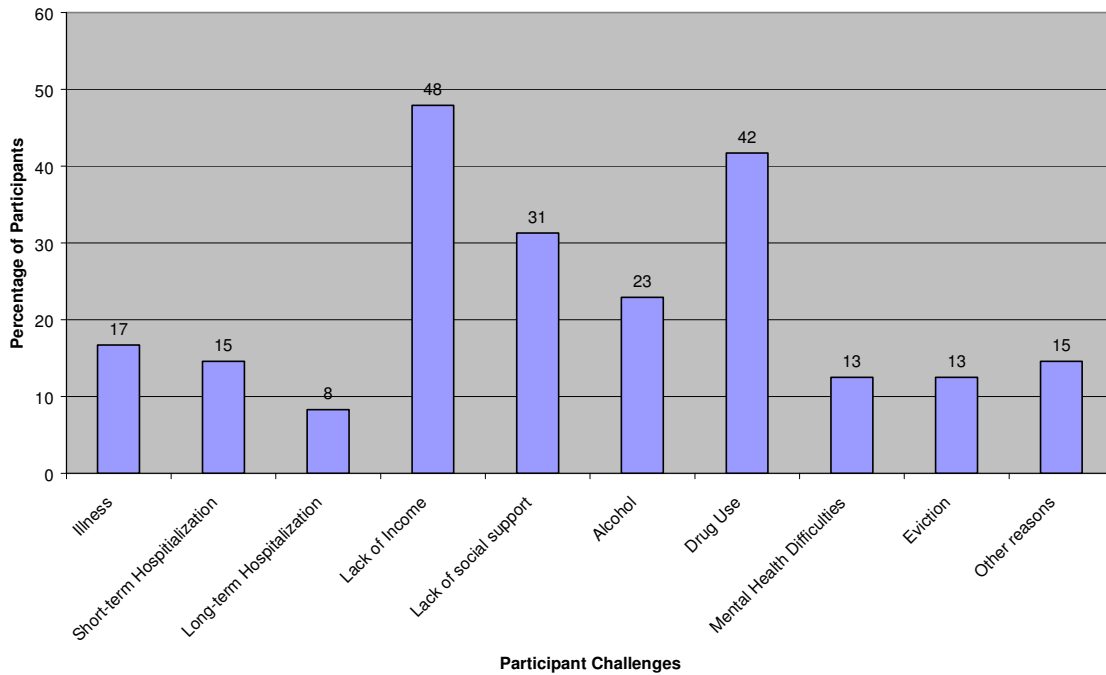
*It's just so hard to keep the secret from your landlord that you have HIV because you don't know how they are going to react. I had one lady go through my room and find pills and she found literature and stuff. All of a sudden she started acting weird and wanted me to leave. So like, then I realized she had been in my room and it was a shared room in a condo.*

### **Issues Causing Problems with Housing**

In terms of things that have caused problems for people in the area of housing, people reported a variety of issues that had impacted their housing situation. These ranged from lack of income (48%), to lack of connection to friends or a social support network (31%), to drug use (42%) to alcohol use (23%). Also significant is that large numbers of individuals reported that their health issues had contributed to having problems with housing, including 17% who had had an illness not involving hospitalization, 15% who had a short-term hospitalization, 8% who had had a long term hospitalization and 13% who had mental health issues. Finally, 13% of people surveyed had actually been evicted from their homes.

After conducting further data analysis, it is important to note that while 13% of survey respondents reported having only one issue impact their housing situation, and 15% reported having two issues impact their housing situation, 44% of respondents reported experiencing three more issues that impacted their housing.

**Participant Challenges that Contributed to Housing Issues**



Interview respondents add depth to these statistics when they describe how health status, mental health issues, drug use and involvement in the sex trade can all impact ones housing situation.

*Before I moved to the [supported living facility], I did lose my home and I lost all my possessions I had and everything, you know because I got sick and I had no way to pay for storage and I lost everything that I had to work hard for so many years..*

*...I bought the place, my own home, and then I was working and then I got sick, I had the double pneumonia twice and then I ended up in the hospital...I might because I've been away so long, but then I got my brother to look after my place until I got back because I was staying at ... I came out of the hospital and went to [supported living facility] until I got better, get back on my feet. And now I'm back at home and I'm taking it by day...*

*As of right now, my situation is pretty good. I'm living with my mom. But prior to this I was in and out of institutions, treatment centre and hospitals. Then I was on the street for 8 years or so.....No, I was diagnosed with schizophrenia. So I have my blood diagnosis. So when I wasn't doing well, I mean I am doing well now, but I would hear voices and have delusions of grandeur and hallucinations. Like I would see things that other people wouldn't see; which could be triggered by drugs...*

*I think mainly the drugs, yeah, the drugs and the sex trade too. I used to work the streets. I still work the streets at times but I think mainly the sex trade would affect housing the most I guess...*

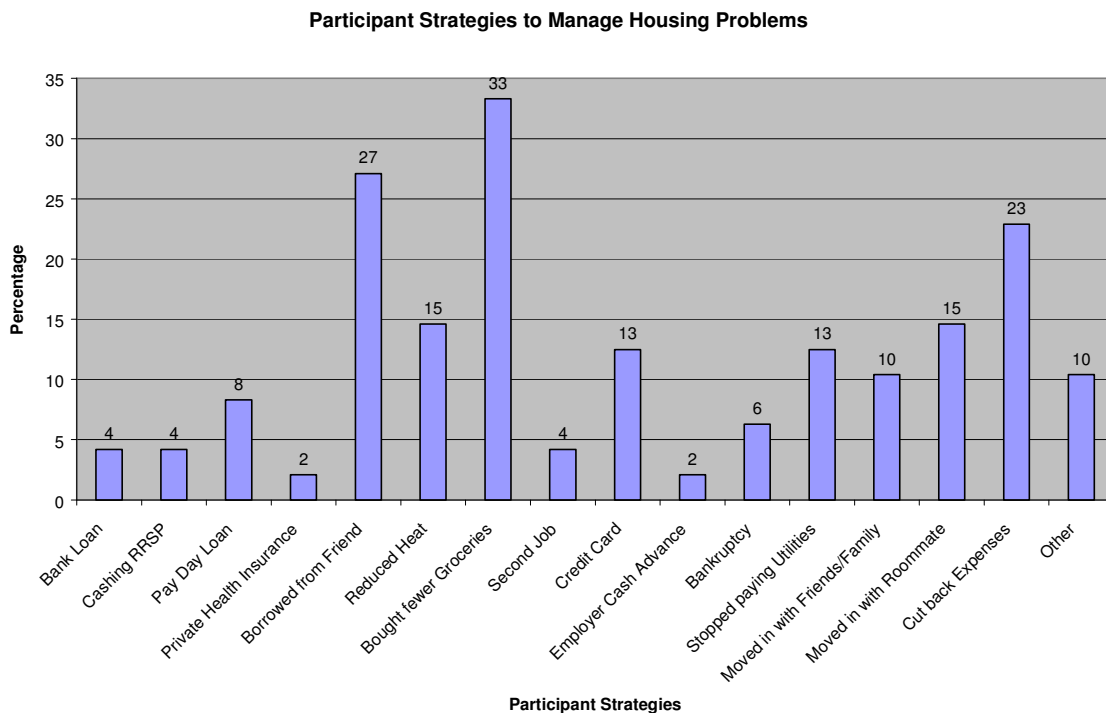
Also, when asked how many times they had moved in the last year, 21% reported moving once, 13% reported moving two times and 15% reported moving three or more times. When asked why they had moved, some of the responses included "because rent has gone up. Parking. Food.", "The building we were living in was shut down by the health board", "Jailed /released, evicted from mother-in-laws, lived in a tent, couldn't find housing, ended up homeless, no income,

*refuse to live in shelters”, “sick could not pay rent”, “was renting house- main floor- given notice to vacate”, “relapsed with drugs/alcohol and moved from treatment centre, recently moved in with family”*

### Coping Strategies

When asked how they have managed with situations where they have had trouble with their housing, respondents reported many strategies for coping. The most common strategy has been to buy fewer groceries, with 33% of respondents reporting having used this strategy. This is significant, as access to nutritious food is integral to maintaining health for people with compromised immune systems. Other popular strategies have been borrowing money from friends and cutting back on other expenses ranging from hygiene products, kitty litter, entertainment, clothing, shoes, transportation etc. As one person put it, *“It has been so long, I can’t list all the things I do without”*. Other respondents reported turning down the heat, moving in with roommates, using a credit card and stopping payment of utility bills.

Again, after conducting further data analysis, it is significant that 31% of respondents have used only one coping strategy, while 6% have used two strategies and 34% have used three or more strategies.



As one interview participant described, strategies of coping can also lead to engaging in sex work and to life changes that can be undesirable:

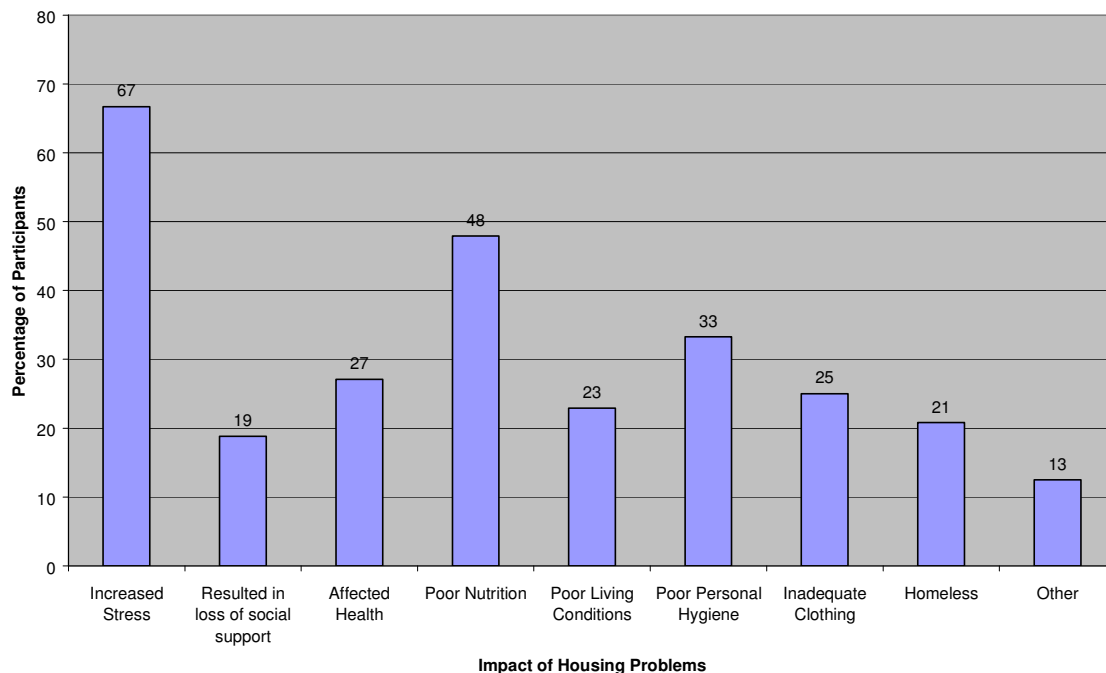
*...And then I had to survive and I didn’t have any life skills. And then I had to prostitute to support myself and then that lead into really sort of dark place in the underground of Toronto’s downtown....*

## Impact of Housing Problems

In terms of the impact housing problems have had on individuals, respondents reported a large range of negative impacts. The most significant impact was that 67% of respondents experienced increased stress. Additionally, 33% of respondents reported poor nutrition, 33% reported poor personal hygiene and 27% reported experiencing illness. Again, it is important to note that, in the face of having compromised immune system, all of the above impacts pose a significant threat to an individual's health. Likewise, 25% reported inadequate clothing (such as winter coats), 23% reported poor living conditions and 21% reported that they had experienced homelessness, posing further threats to individual's health.

An additional 13% of respondents reported other impacts ranging from depression to poverty. As one person explained, "My kids had to go stay with friends, so I lost custody. When I was homeless I couldn't take medication because I had nowhere to store them, so I became very sick." It is important to note that, while 19% of respondents reported experiencing one impact due to their housing situation, and 10% reported experiencing two impacts, 48% reported experiencing three or more impacts.

Impact of Experiencing Housing Problems on Participants



In terms of the personal experience of isolation and desolation, interview participants described the following impacts:

*Just the illness and the past, you know. I'm trying to move on for myself. And, family too. I won't tell them that I'm sick and all that. I just don't want to go into their personal life and all that. Like literally I push people out of my life...*

*...I'm a very strong person but right now I have nothing... absolutely nothing I'm so empty .. everywhere so empty ... It's unbelievable ...*

## **Access to Medical Care**

Additionally, although most respondents reported adequate access to medical care, 4% reported living far away from medical care and that this caused a problem for them. As the participants further described, one participant had access to medical care in their community, but had to travel to Calgary for HIV services, Hep C services, hemophiliac services and dental care. Another participant commented that they had HIV care, but no family doctor. Another person reported having to travel three hours to the nearest HIV clinic, but not having funds to cover the cost of transport.

Unfortunately, for one interview respondent struggling with schizophrenia and addictions issues, contracting HIV actually resulted in increased access to the essential medical and social service support they desperately required:

*...So, I just had to...and then I contracted HIV. Which was a blessing in disguise the way I look at it now because it got me help from organizations? Like in Toronto it's the AIDS Committee of Toronto and the network of people with HIV knew that I could get housing. They knew that I could go on disability. Plus I got on Ontario Disabilities Program, ODP. And then I accessed the food bank...*

## **Intersecting issues**

In order to gauge how the many issues discussed in this report intersect, Pearson Product Moment Correlation calculations were conducted on data we thought might have a strong correlation. This process revealed that there are several statistically significant relationships between the factors we have discussed above. Specifically, there is a medium strength negative correlation between income and the number of issues people have experienced which have impacted their housing. For example, the lower an individual's income, the higher their probability that they have experienced a number of issues such as a short-term hospitalization, lack of income, lack of connection to friends or a social support network, alcohol use, drug use etc. which have had an impact on their housing situation.

Likewise, there is a medium strength negative correlation between income and having a greater number of problems associated with your housing. This means that the lower an individual's income, the more likely they are to experience a number of problems such as not having enough money to pay the rent, utilities or parking, harassment by a landlord, eviction or homelessness.

Not surprisingly, there is a large strength positive correlation between having multiple issues that cause problems in your housing and having multiple impacts due to your housing situation. This means that the greater the number of issues a person experiences which impact their housing (e.g. short-term hospitalization, lack of income, lack of connection to friends or a social support network, alcohol use, drug use) the greater the number of negative impacts the individual has experienced (e.g. increased stress, illness, poor nutrition, poor living conditions, homelessness etc.)

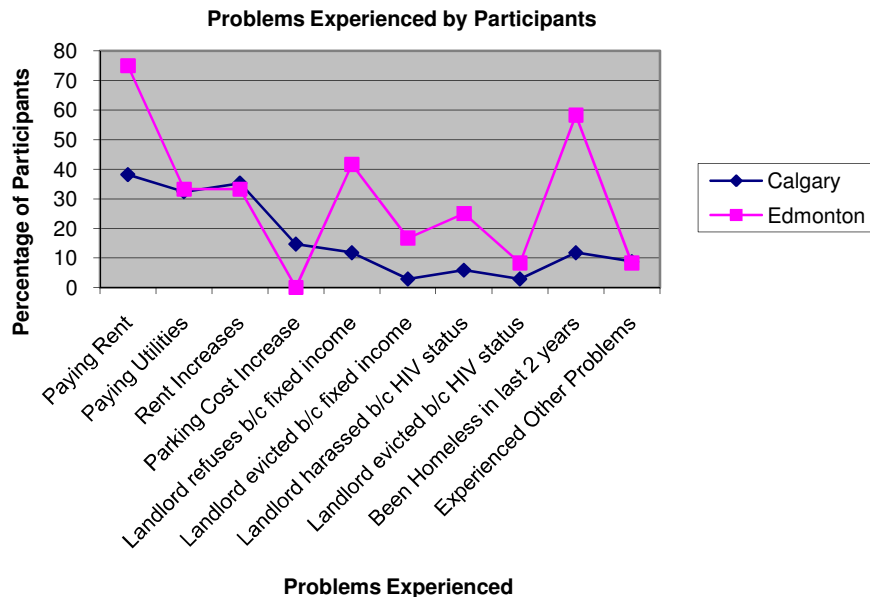
Finally, there is a surprising large strength positive correlation between income and worrying about being evicted. This means that the higher an individual's income, the more likely they are to be worried about being evicted from their housing. This is a very interesting finding, as it seems counterintuitive. However, based on the unusual instability currently marking Alberta's housing market, it seems that people who have higher incomes, and who have traditionally been able to live independently, are now facing increased challenges to that independence, such as rising rents, condo conversions and income support benefits which are not keeping pace with the rising cost of housing, which may lead to increased worrying about losing housing. Likewise, people who are on lower incomes may worry less about losing their housing because they have grown used to their housing instability and a housing situation marked by cycling through being housed and losing housing.

## Comparison of Calgary and Edmonton

In this study, the majority of the survey participants, 34 (71%) were from Calgary while 12 (25%) were from Edmonton. Due to the number of participants from these two urban centres it is possible to conduct a comparison of these two localities. Due to the limited number of respondents from Edmonton and the fact that all Edmonton respondents received their surveys through a single distribution point (the Alberta Positive Voices Conference), the results from Edmonton may be less statistically significant than those from Calgary. Therefore, caution must be used in drawing conclusions from this data, but it still provides an interesting comparison illustrating that both the Calgary and Edmonton regions are experiencing similar problems in housing for people living with HIV.

## Experiencing Problems with Housing Calgary Versus Edmonton

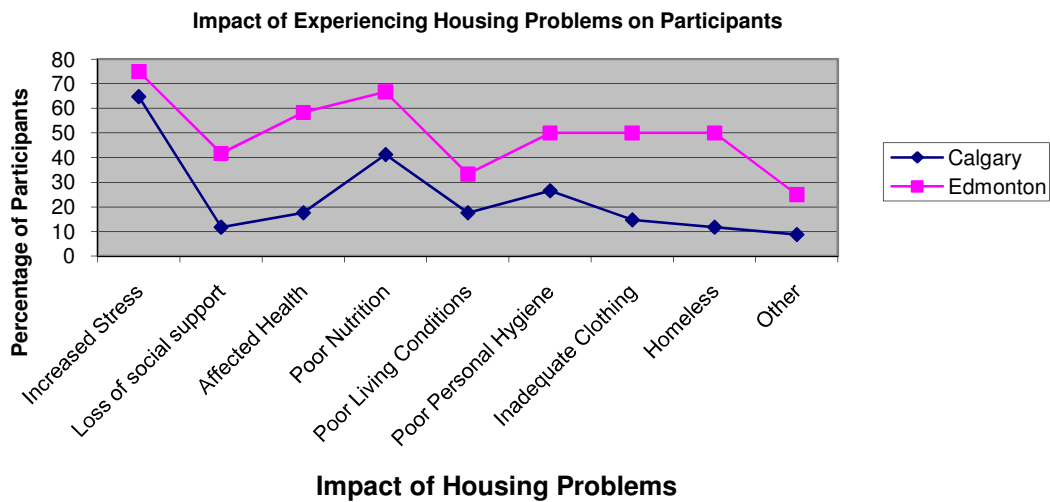
Of the people living with HIV surveyed, 38% of Calgarians reported not having enough money to pay the rent, while 75% of Edmontonians reported the same. Just over 30% of interviewees from both regions reported that they could not afford to pay for their utilities and that they had experienced rent increases. Significantly, respondents from Edmonton reported higher rates of being refused by landlords because they are on fixed income (42% versus 12%), being evicted because of being on a fixed income (16% versus 3%), being harassed by their landlord based on their HIV status (8% versus 6%) and spending time homeless within the last two years (58% versus 12%). As these results demonstrate, there is a significant instability in housing for participants in both Calgary and Edmonton.



## Impact of Housing Problems Calgary Versus Edmonton

Stress appears to be the greatest impact of housing problems on people living with HIV in both cities (Edmonton 75% versus Calgary 65%). Likewise, poor nutrition was reported by a significant number of people (67% of Edmontonians versus 41% of Calgarians). Again, the overall rates of impact reported in Edmonton were higher than those in Calgary with more people reporting a loss of social support (42% versus 12%), having their health affected (58% versus

18%), poor living conditions (33% versus 18%), poor personal hygiene (50% versus 27%), inadequate clothing (50% versus 15%) and homelessness (50% versus 12%).



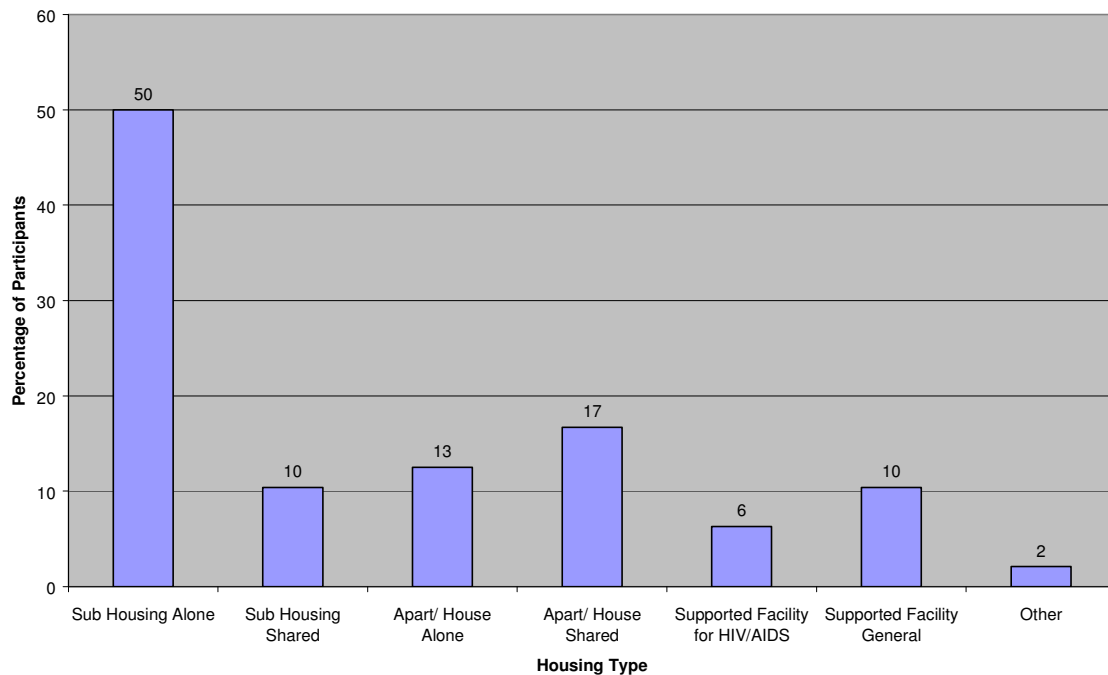
Based on this data, it appears that people living with HIV in both Edmonton and Calgary are experiencing significant problems and negative impacts related to housing instability and insecurity and that the severity of these problems and their consequent impacts may be slightly higher in Edmonton.

### Housing Recommendations from Participants

When asked what kind of housing would work best to meet their present needs, 50% of respondents reported subsidized housing alone, 10% reported shared subsidized housing, 17% reported a shared house or apartment, 13% reported a house or apartment alone, 10% would like a supported living facility where they could receive support related to physical or mental health, physical ability or rehabilitation and 6% would like a supported living facility with supports related to HIV status.

Other suggestions made by survey participants included financial assistance to pay the mortgage, a lower mortgage payment and rent control so the landlord cannot raise the rent. Also, one individual suggested that all of the different types of housing would work for them at different times, reflecting the episodic nature of HIV as a disability and the changing needs of individuals over time.

### Housing Situation that would Work Best to Meet Needs



Interview respondents also weighed in on their preferred housing type and had varying insights to offer. For some, the answer lies in providing affordable housing, including housing specifically for people living with HIV

*I think there should be more low income housing to people who, you know, that are living with HIV and AIDS, you know.*

*Well it should be for HIV+ people, there should be some kind of low cost housing if you are on a fixed income... If they had apartments that they could screen you and put you into apartments, it would be a lot better.*

*...Supported housing and supported living are excellent programs but the thing is the wait list is way long...*

Other interview participants expressed that while affordable housing for people living with HIV is appropriate for some, it may not be appropriate for others:

*I would still not move in... with people in an apartment building where everybody was HIV... I would not move in .... Because that would put me from being here to being here ...for no reason... I don't have to go there... I don't want to go there... I'm going to try to do this myself...*

*I would even share with one other guy as long as we had some sort of agreement that it would be clean. Like if you have 20 guys using the same toilet you don't know who is making the mess and who's not. But, yeah, if you had a place like they have [the supported living facility], but then you have to deal with a lot of people sicker than you in there. Some of them, all they do is cry all day. Like, it's hard. You say one thing wrong and it's like oh, what did I do? Like [the supported living facility] is good for that medical help and care for people who need someone to help them pee and poo by themselves. But for people that can feed themselves and get around,*

*it's kind of a waste of a bed living in a place like that. If they had apartments that they could screen you and put you into apartments, it would be a lot better...*

Others suggested more independent living or co-living arrangements would work best for them:

*Well, an apartment would be great... you know... you have your own freedom... you know... you have stability when it's your own home ... affordable housing here is unbelievable ... there is no affordable housing ... They're too expensive ... not available ...*

*If I had a house, and there are extra bedrooms, and somebody else has HIV and that, I'll let them in, like rent a room because I won't turn them away, I won't put them in \_\_\_\_; because it wasn't their fault either what happened to them...*

Interview participants also suggested some other alternatives such as support with paying rent and greater housing options for people who don't qualify for AISH or subsidized housing:

*...If someone could go do that for you. Go pay your rent, pay your damage for you and all that too. But that makes you kind of lazy too, but...I think because being sick. You know..."*

*... I just think that if you're doing the things you should be doing, if you don't qualify for AISH, and you don't qualify for any subsidized housing, then you should have some doors open that aren't open right now.*

And finally, in recognition that housing challenges are also related to deficits in income levels, several interview participants had suggestions regarding income support programs and areas where they could be improved:

*Yeah, a part-time job, getting some extra money that we're not getting from the government. I know we're able to work up to \$400. We're allowed to make, I think? And that's not that much and there above then they take from you...it doesn't seem justified,, again the price of living is not cheap so we don't get that much once we're finished paying with the rent, even if you're sharing your place with somebody else, once you're finished paying the rent there goes half of your money.*

*Increasing AISH would help.*

*I think increase AISH.*

## Conclusion

In summary, the data shows a clear picture of housing insecurity and instability for people living with HIV/AIDS, largely related to their low income, the high cost of rent and trends in rents being increased. Participants are disproportionately unsatisfied with the quality and safety of their housing, and worry about losing their housing. Significantly, even people living with HIV who have relatively high incomes are concerned about losing their housing in this volatile housing market.

Specifically, people living with HIV are experiencing challenges in to day to day living such as:

- Inability to pay rent (48%)
- Inability to pay utilities (33%)
- Rent increases (33%)
- Landlord refusal based on fixed income (19%)
- Being evicted by landlords due to fixed income (6%)
- Inability to pay for parking (10%)
- Landlord harassment due to HIV status (13%)
- Being evicted by landlords due to HIV status (4%)
- Experienced homelessness in the past two years (23%)

Participants have also identified some key challenges that have impacted their housing situation and often led to the loss of accommodation. These include issues such as:

- Illness (17%)
- Short term hospitalization (15%)
- Long term hospitalization (8%)
- Lack of income (40%)
- Alcohol use (23%)
- Drug use (42%)
- Lack of social support (31%)
- Mental health difficulties (13%)
- Eviction (13%)

In reference to unique challenges posed by HIV as an episodic disability, one participant shared a story which highlights the need to address the complex requirements of people living with HIV over the course of their illness and health and to mitigate the catastrophic impact of the episodic nature of the illness:

*Before I moved to the [supported living facility], I did lose my home and I lost all my possessions I had and everything, you know because I got sick and I had no way to pay for storage and I lost everything that I had to work hard for so many years..*

The research demonstrates the resiliency of people living with HIV and their ability to develop coping strategies to deal with their housing insecurity such as:

- Buying fewer groceries (33%)
- Borrowing money from a friend (27%)
- Cutting back on general expenses (23%)
- Moving in with a roommate (15%)
- Turning down the heat (15%)
- Stopping payment of utilities (13%)
- Using a credit card (13%)

Unfortunately, many of these strategies correlate with possible negative impacts on quality of life and health. Specifically, people reported a myriad of impacts, such as:

- Increased stress (67%)
- Poor nutrition (48%)
- Poor personal hygiene (33%)
- Affect on health (27%)
- Inadequate clothing (25%)
- Poor living conditions (23%)
- Homelessness (21%)
- Loss of social support (19%)

Also, although research participants were not asked specifically to comment on whether their housing instability contributed to engaging in higher risk activities, the evidence from other research studies supports the recognition that “Housing is a structural factor: change in housing status is strongly associated with risk behavior change” (Aidala, 2005). Likewise, the research indicates “Environmental or contextual factors affect the ability to avoid exposure to HIV or for HIV positive persons to avoid exposing others to infection” (Aidala 2005).

Therefore, in the interests of the health and wellbeing of people living with HIV and in order to enhance the effectiveness of HIV prevention interventions, it is imperative that new strategies to address housing stability for people living with HIV be developed.

Based on best practices identified in the literature, the following recommendations echo priorities identified in this research study:

- Make subsidized, affordable housing (including supportive housing for those who need it) available to all low-income people living with HIV/AIDS
- Make housing homeless persons a top prevention priority, since housing is a powerful HIV prevention strategy
- Incorporate housing interventions as a critical element of HIV health care
- Continue to collect and analyze data to assess the impact and effectiveness of various models of housing as an independent structural HIV prevention and healthcare intervention (Aidala, 2005).

These best practices address housing from a broader perspective that recognizes housing as a determinant of health while encompassing other key determinants of health such as income and health status (e.g. being HIV positive)(Bryant 2002).

Based on the recommendations of research participants, there are additional areas that need to be addressed in order to improve the housing situation for PLWHA in Calgary and the surrounding areas. In terms of preferred housing types, participants identified the following:

- Subsidized housing- alone (50%)
- Subsidized housing- shared (10%)
- Apartment or house- alone (13%)
- Apartment or house- shared (17%)
- Supported living facility for PLWHA (6%)
- Supported living facility with supports related to physical or mental health, physical ability or rehabilitation (10%)

Overall, participants have identified subsidized housing as the type of housing that would best meet their needs and generally express a preference for independent living situations such as living in an apartment or house. However, both interview and survey data suggest that many different types of housing would work for individuals at different times, reflecting the episodic nature of HIV as a disability and the changing needs of individuals over time.

The high number of research participants who have experienced housing problems due to their use of alcohol (23%) and drugs (42%), provides strong support for the need of harm reduction

oriented housing using a Housing First approach in an independent setting as being an appropriate housing type for respondents. However, it is important to note that a Housing First approach would not be appropriate for all individuals, as many of them are in later stages of recovery or do not feel comfortable living with people who have addictions issues. As one participant highlights:

*I live in a private home which is for HIV and AIDS and it is only for people that are positive; and we are totally against the drugs and alcohol, nothing like that, anything is not allowed in the houses...we have a few people that are addicts, they are verbally abusive and it's really disrupts the house, and I can't live with that, I have to be worried about myself, I worry about everyone else but I have to take care of myself, and this is not good for me, you know...*

It is clear that a “one-size-fits-all” approach will not be effective in addressing the housing needs of people living with HIV, and a spectrum of housing options would be most appropriate. Also, it is important to recognize that the current housing crisis is related both to the lack of affordable housing and a deficit in income, so any housing interventions must also include strategies to increase income for people living with HIV.

## Recommendations

Based on what we have learned from the literature and the research gathered for this study, there are a number of possible strategies to address the housing crisis among PLWHA in Calgary. Parallel to the recently released action plan, Calgary's 10 Year Plan to End Homelessness (Calgary Committee to End Homelessness, 2008), the following are key recommendations that should be enacted to ensure that the full spectrum of unique needs of PLWHAs are incorporated into housing and public policy strategies:

- 1) Prevent housing instability, insecurity and homelessness for PLWHAs:
  - Increase emergency prevention through increased access to emergency financial assistance (e.g. rent and utility payments); allocate funding to sustain Alberta's Homelessness and Eviction Prevention (HAP) Fund as a permanent program
  - Reduce stigma and discrimination experienced by PLWHAs in housing through public awareness raising and targeted education of landlords and housing providers regarding Alberta Human Rights law as it relates to HIV status, source of income etc.
  - Increase income for PLWHAs through increased AISH, CPP-D and Alberta Works benefits and increased allowable employment earning levels within these programs
  - Develop rehabilitation and return to work resources for PLWHAs through new program development or enhanced partnerships with organizations already offering rehabilitation programs
  
- 2) Re-house and provide necessary supports to PLWHAs:
  - Increase available housing supports through increased funding to provide outreach and sustainable in-home support programs
  - Increase available funding to provide case management services related to housing search, acquisition and retention
  
- 3) Increase access to adequate affordable housing and supportive housing for PLWHAs:
  - Recognize the uniqueness of PLWHAs and provide them with priority access to subsidized housing (in an effort to reduce the disproportionate individual and public health impacts resulting from PLWHAs staying in shelters, on the streets and in substandard housing)
  - Increase available subsidized housing units and reduce wait lists
  - Create a spectrum of appropriate housing options including additional supportive housing specifically for people living with HIV/AIDS (with a focus on health, including palliative care), supportive housing for people who require additional supports related to physical/ mental health and rehabilitation, and Housing First housing, which does not require treatment as a precondition to housing, for people experiencing drug and alcohol addiction

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## Appendix 1

### CCHA Housing Survey 2007

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Housing is a basic need and extremely important for people living with HIV/AIDS (PLWHA). Sharing your experiences and opinions helps us understand your housing needs and concerns. The information gathered in this survey will be used by the Calgary Coalition on HIV and AIDS (CCHA) to advocate on your behalf for improved housing options for PLWHA.

Thank you for your time!

1. Which town/city do you live in? Please choose one.

- Calgary
- Red Deer
- Edmonton
- Grand Prairie
- Lethbridge
- Other \_\_\_\_\_

2. How long have you been living with HIV? Please choose one.

- 5 years or less
- 6 to 15 years
- 16 years or more
- Not applicable- I am a partner/ support to someone living with HIV/AIDS

3. What is your age? Please choose one.

- 24 and younger
- 25-54
- 55 and older

4. Are you...? Please choose one.

- Female
- Male
- Transgendered

5. How do you identify yourself? Please choose one.

- Aboriginal/First Nations
- Métis
- White (European background)
- African
- Asian
- Other \_\_\_\_\_

6. What is your source of income? Please choose all that apply.

- Part-time job
- Full-time job
- Self-employment
- Assured Income for the Severely Handicapped (AISH)
- Canada Pension Plan- Disability Benefit (CPP-D)
- Employment Insurance (E.I.)
- Worker's Compensation
- Old Age Pension (OAS)

Private pension  
Financial support from your partner  
Financial support from relatives  
Other. Please describe.

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7. What is your gross individual annual income? Please choose one.

GROSS: The term gross here refers to the total amount of your income from all sources, before any deductions for taxes, bill payments, rent/mortgage, spending money etc.

Under \$6,000  
\$7,000 - \$12,000  
\$12,001- \$20,778  
\$20,779 - \$35,000  
\$35,001 or more

8. Where are you currently living? Please choose one.

Supported Housing (i.e. Beswick House, Scott House, Kairos House)  
Shared apartment  
Apartment alone  
Shared house  
House alone  
Transitional housing (i.e. treatment centre)  
Shelter  
Other. Please describe.

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9. If you are living in an apartment or house, do you own it? Please choose one.

Yes  
No

10. How much are you paying each month for rent/mortgage, not including utilities? Please choose one.

\$300 or less  
\$301 - \$520  
\$521- \$800  
\$801 or more

11.a. "My home provides a good location for me to live my life"? Please choose one.

Yes  
No

11.b. If no, why is it not a good location? Please explain.

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12.a. How satisfied are you with the safety and security of your current housing situation? Please choose one.

Satisfied  
Neutral  
Not satisfied

12.b. If you are not satisfied with the safety and security, why not? Please explain.

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13. Have you experienced any of the following? Please choose all that apply.

- Lack of income to pay the rent or mortgage
- Lack of income to pay for utilities
- Rent has been increased significantly
- Parking costs have been increased significantly
- Landlord has refused to rent to you because you are on fixed income (e.g. AISH, CPP-D, E.I.)
- Landlord has evicted you because you are on fixed income (e.g. AISH, CPP-D, E.I.)
- Landlord has harassed you because they found out you were HIV+
- Landlord has evicted you because they found out you were HIV+
- You have spent time homeless in the last 2 years
- Other

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14.a. "I worry about being forced to move out of my home"? Please choose one.

- Yes
- No

14.b. If yes, please explain:

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15. Have any of the following caused problems for your housing situation? Please choose all that apply.

- Illness not involving hospitalization
- Short-term hospitalization
- Long-term hospitalization
- Lack of income
- Lack of connection to friends or a social support network
- Alcohol use
- Drug use
- Mental health difficulties
- Evicted
- Other

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None of the above

16.a. How many times have you moved in the last year? Please choose one.

- None
- 1 time
- 2 times
- 3 times or more

16.b. If you have moved in the last year, please explain why you moved.

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17. If you have had problems with your housing, how have you managed? Please choose all that apply.

- |  |                                  |
|--|----------------------------------|
| Took out a loan from the bank                    | Took a second job                |
| Cashed in RRSP(s)                                | Used a credit card               |
| Got a "pay day loan"                             | Got a cash advance from employer |
| Got money from a private health insurance plan   | Declared bankruptcy              |
| Borrowed money from a friend                     | Stopped paying utility bills     |
| Turned down heat at home to save money           | Moved in with family or friends  |
| Bought fewer groceries                           | Moved in with a room-mate        |
| Cut back on other expenses. Please explain _____ |                                  |

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Other. Please explain \_\_\_\_\_

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18. If you have had problems with your housing, how has this affected you? Please choose all that apply.

- Increased stress
- Loss of friends or social support network
- Illness
- Poor nutrition
- Poor living conditions (e.g. unheated apartment)
- Poor personal hygiene (e.g. no hair cuts)
- Inadequate clothing (e.g. no winter jacket)
- Homelessness
- Other

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19. What kind of housing situation would work best to meet your present needs? Please choose one.

- Subsidized housing- alone
- Subsidized housing- shared
- Apartment or house-alone
- Apartment or house-shared
- A supported living facility (such as a group home) where you have your own room but share a kitchen and bathroom and where you receive care and support related to HIV/AIDS

A supported living facility where you receive support related to your physical or mental health, physical ability or rehabilitation  
Other. Please explain.

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20.a. Do you have adequate access to the medical care you need in the region where you live?  
Please choose one.

- Yes, I have access to medical care in my home
- Yes, I have access to medical care in my neighborhood
- Yes, I have access to medical care in my town/ city
- No, I live far away from medical care and this is a problem for me
- No, I have no access to medical care but this is not a problem for me

20.b. If you do not have adequate access to medical care, please explain why.

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Date: \_\_\_\_\_

## Appendix 2

### Consent Form

Calgary Coalition on HIV  
Housing Interview 2007

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#### Purpose of the Interview:

The purpose of this interview is to gather information about the current housing issues faced by people living with HIV/AIDS (PLWHA) in Calgary. The information gathered in this interview will be used by the Calgary Coalition on HIV (CCHA) to advocate on your behalf for improved housing options for PLWHA.

#### What are you being asked to do?

- You will be participating in a one-on-one interview.
- Your participation in this study is voluntary. It is fine for you to not answer a question, or end the interview at any time. There is no penalty for doing so.
- The interview will be private, in a place that is best for you.
- The interview will be about 60 minutes long.
- At the end of the interview, you will receive \$20 for doing the interview.
- We would like to audiotape the interview, but you don't have to be taped if you don't want to. The audiotapes will be destroyed once the interview has been typed out.
- We will store all the study information in a locked cabinet or on a computer with a password. Only people on the research team can access the study information.
- This research will be done in a private and confidential manner all the way through. We will not reveal your identity to any one or any organization.
- We will not give any information to authorities unless we legally have to. For example, if you tell us that a person under 18 years old is in danger, we have to tell Child Welfare authorities.
- If you do the interview, or don't do the interview, it will not affect your relationship with the agencies that work on this project.
- Your signature on this form means that you understand the information about your participation in the research study and agree to participate.
- This does not affect your legal rights. The researchers and sponsors still have legal and professional responsibilities.

#### What happens to the information I provide?

All data records will be stored at the project research office at AIDS Calgary Awareness Association. Interview transcripts and electronic files associated with in-depth (qualitative) interviews will be stored in a secure (locked) location (either filing cabinet or password accessed computer) in a locked office. After data analysis has been completed, all original data (electronic or paper) linking individuals to transcripts will be destroyed. Only the principal investigators, research coordinator and research assistant will have access to the raw data. No name will be used only number codes will be used to identify participants.

If you wish to withdraw from the study at any point, you will be reassured of your right to do so and reminded that this will not jeopardize your status or access to any service that you might need. You will be asked if you would give permission to use the information that will have been contributed at this time. If you allow the researchers to use the information, all steps will be taken to ensure confidentiality as with all other documents; if not, the information will be destroyed immediately, following the procedures for destroying research information.

Should you have any questions about the Housing Interview please feel free to contact:  
Jessica Leech, Team Leader of Community Strategies  
AIDS Calgary  
Phone: (403) 508-2500  
E-mail: jleech@aidacalgary.org

OR  
Floyd Visser, Executive Director  
SHARP Foundation  
Phone: (403) 272-2912  
E-mail: f.visser@thesharpfoundation.com

I have read and understand all of the information on this form and by my signature indicates my consent to participate in this survey.

\_\_\_\_\_ Date \_\_\_\_\_  
Participant's Initials

\_\_\_\_\_ Date \_\_\_\_\_  
Researcher's Signature

## Appendix 3

### Interview Guide

Calgary Coalition on HIV  
Housing Interview 2007

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The Calgary Coalition on HIV/AIDS (CCHA) has identified access to appropriate housing as one of the primary challenges facing people living with, at risk for and affected by HIV/AIDS. In order to better understand the current housing situation and the housing needs of people living with HIV/AIDS, CCHA is conducting a small scale community based research study. CCHA will use this research to identify strategies to address these housing issues and to support advocacy work in this area.

You will be asked to read a consent form, and sign it if you agree to participate.

The interview will be audio taped if you agree, and the tape will be destroyed right after the interview has been typed and the typing checked to make sure it is right.

Thank you for doing this interview. Your thoughts are very important to us.

Do you have any questions before we begin?

1. Tell me about your housing situation right now.  
(Prompts: What kind of place are you living in? Have you had any problems with your housing? Have there been any changes to your housing situation recently? Has your rent increased? Can you afford the rent? If not, how do you cope with the situation? How have you coped with the situation in the past?)
2. Have you ever lost your housing, or been at risk of losing your housing? Are you afraid of losing your housing?  
(Prompt: What happened? How did you deal with the situation? Why are you afraid of losing your housing? )
3. As a person living with HIV, what kind of an impact does your current housing situation have on you?  
(Prompts: Financial impact? Health impact? Is this impact different because of your HIV status?)
4. What would be the best thing to improve your housing situation?  
(Prompts: What kind of housing would you like to live in and why? (E.g. house, condo, apartment, Affordable/subsidized housing? Supported living facility (e.g. Beswick House). What changes to your income would you like to see (e.g. increased AISH benefits etc.)? What kinds of services or supports would you like to have (assistance finding housing, emergency loans etc?)
5. Does your life style other than living with HIV impact your housing situation? (Prompts: E.g. use of drugs, sex trade worker etc. Explain how this impact your housing situation)