



HEALTHIER TOGETHER:

The CIHR Partnerships Casebook



CIHR IRSC

POSITIVE SPACES, HEALTHY PLACES: AN INNOVATIVE COMMUNITY-ACADEMIC-POLICY PARTNERSHIP MOVES RESEARCH INTO ACTION

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Housing and housing supports play a critical role in HIV prevention, and they are also powerful determinants of health for people living with HIV. Stable and appropriate housing, however, continues to be one of the greatest unmet needs of people living with HIV. The Positive Spaces, Healthy Places (PSHP) study – jointly funded by CIHR, the Ontario HIV Treatment Network (OHTN), the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care and the Ontario AIDS Network – is the first longitudinal community-based initiative in Canada to examine housing stability and housing outcomes among people living with HIV. This comprehensive three-year study, which began in 2005, has also been the catalyst for capacity development in the area and for local, national and international partnerships that are leading to better housing and other supports for people with HIV.

Putting the pieces together

The HIV community identified the lack of stable, affordable housing as an urgent issue in 2002. At a meeting of Executive Directors of community-based HIV/AIDS organizations, participants noted that housing was the greatest unmet need among people living with HIV/AIDS and that access to housing supports, which ensure safety, health and dignity, varied across the province. The lack of research on the housing status of people with HIV, particularly in Canada, was a barrier to understanding their needs and planning for the future. The community needed rigorous data to make the case for investments in housing and support services.

The issue: *The HIV community identified the lack of stable, affordable housing as an urgent issue and the greatest unmet need among people living with HIV/AIDS.*

As part of its *Strategic Plan to 2010*, the OHTN began working directly with community champions, policy makers (in the areas of HIV, addictions, mental health, and regional planning), housing providers and researchers (with expertise in homelessness and mental health) to solve problems and to fill this gap. In 2004, a multidisciplinary, multi-sector partnership was formed; since then, all of the partners have been involved in every stage of the project, including identifying the research questions, analyzing results, identifying solutions and best practices, and sharing knowledge.

The objectives of this partnership are to:

- increase understanding and awareness of the housing needs of people living with HIV in Ontario and the impact of housing on health, quality of life and HIV prevention; and
- promote policies, programs, services and best practices that will increase access to safe, affordable and stable housing for people with HIV and people at risk.

The community-academic partnership component was crucial to the overall success of the study and the partnership; the community leaders were able to identify key community champions, while the academic leaders were able to identify experts working in related fields, such as mental health, homelessness, housing and urban planning. This combination of valuable skills and knowledge added strength to the partnership that none of the partners could have achieved alone.

Working together to have an impact

At the local and provincial levels, the PSHP partnership has already had a dramatic impact. It helped Fife House, a housing service provider in Toronto, secure \$19 million in government funding to increase the supply of supportive housing for people with HIV. The partnership also helped another Ontario community-based AIDS organization, AIDS Niagara, obtain an additional \$200,000 in annual funding for supportive housing through the Local Health Integration Network.

The links to researchers and the access to data provided by the PSHP helped to secure this funding. In fact, the PSHP findings are cited in the Ontario Human Rights Commission Report entitled *Right at home: Report on the consultation on rental housing and human rights*.¹ Furthermore, the partnership included expertise in knowledge translation and the issues faced by communities, ensuring that its findings were organized and presented in a way (i.e., by geographic area, by population, by income) that policy makers would find most persuasive.

The solution: *Partner with multidisciplinary researchers, community champions, housing providers, and policy makers to make the case for investments in housing and support services.*

The partnership has also successfully engaged policy makers from the addictions and mental health sectors; because of this link, people in Ontario with HIV are now explicitly eligible for a new provincial supportive housing program for people with addictions. The partners are now actively working with the Local Health Integration Networks in Ontario to share research and best practices, and to advocate for more investment in supportive housing for people with HIV.

The PSHP partnership is taking its success across the country. The partnership hosted a national Research to Action Symposium for policy makers, community-based AIDS organizations, people living with HIV, housing providers and researchers to explore the potential for developing a national HIV housing coalition. The OHTN is providing leadership to three other Canadian regions (British Columbia, Alberta and the Atlantic Region) to replicate the research with their respective populations. Partnerships and capacity-building with the Aboriginal, African and Caribbean communities have also resulted in two proposals for housing-related research that have been successful in securing funding from CIHR.

The PSHP is also moving beyond Canada's borders and has developed a close working relationship with researchers from the United States. As part of their environmental scan, members of the PSHP team² assessed experience in other jurisdictions. When they found articles and materials developed by the US-based National AIDS Housing Coalition (NAHC), they submitted an abstract to the annual NAHC conference; PSHP team members were invited to attend the conference and present their findings. This, in turn, led to invitations for NAHC staff members to participate in a Knowledge to Action symposium organized by the PSHP team.

These activities led to a more exciting partnership on housing issues. For example, at the 2008 International AIDS Conference, PSHP co-hosted the first International AIDS Society satellite session on Poverty, Homelessness and HIV/AIDS with NAHC, Housing Works Inc. and the San Francisco AIDS Foundation. More than 150 delegates endorsed a declaration asking policy makers to “recognize housing as a human right and address the lack of adequate housing as a barrier to effective HIV prevention, treatment, and care.” The declaration was accepted by the International AIDS Society.³ In June 2009, the OHTN-led team, NAHC and the Johns Hopkins School of Public Health will co-sponsor the North American Housing and HIV/AIDS Research Summit, where research teams will present new findings – including follow-up analyses and reports from the PSHP study – and develop knowledge exchange strategies to improve housing policy and access to supportive housing.

Making the partnership work

Several critical success factors make the PSHP partnership a success, and help to convey the message that “housing is health, and housing is good policy”:

- the PSHP team has capitalized on the strengths of each partner: academic partners helped build a rigorous case for investing in housing to improve health; community partners contributed their in-depth understanding of how services work and how to engage and involve the community; and policy partners provided strategic advice on how to connect with and influence their peers;
- all members of the team were carefully chosen for their ability to influence peers and their willingness to work in partnership. All are full participants in the research team and the lead Principal Investigators are community leaders;
- all research interviews were conducted by trained peer research assistants (PRAs). The benefits of this approach included faster recruitment, more complete data collection and better retention of study participants. In addition, the project enhanced the quality of life of the people with HIV who became PRAs by providing opportunities for employment. The PRAs were so effective that the OHTN has now established a PRA research institute that will train more people with HIV to be involved in the research that affects their lives;

The approach: *The PSHP team capitalized on the strengths of each partner, using the research of the academic partners to build a case, the in-depth understanding of the community to engage their peers, and the strategic advice of the policy partners to connect with decision makers.*

- the team has made effective use of a range of knowledge exchange strategies, including papers at conferences and in peer-reviewed journals; strategic think tanks and symposia that bring together community, policy makers and service providers; fact sheets that provide summaries of the study findings by region and by local health integration networks; one-to-one meetings with key decision makers; town hall meetings to engage individual communities, and a housing policy toolkit (in development). However, the most effective knowledge translation strategy has been involving policy makers and service providers on the research team;
- community members make most presentations, which reinforces their ownership of the data and their role in influencing practice. Ownership and control of research is particularly important in the Aboriginal community. The Aboriginal member of the research team has been involved in all aspects of the research, including advising on recruitment, developing questions, analyzing the data and ensuring that results are presented first to the Aboriginal community; and
- the team continues to learn from others. The relationship with the NAHC has been particularly helpful because that organization has advocated successfully for housing for people with HIV in the US, and some of its strategies – including the policy toolkit – can be adapted for use in Canada.

Lessons learned and future opportunities

The PSHP community-academic-policy partnership is essential to putting research into action. It has enhanced research quality and relevance to the community, and the team has been able to achieve results (such as more funding for housing, policy changes and changes in housing services) that would not have been possible if each partner had acted alone. On the strength of baseline and six-month findings, they have achieved these results before the study is even complete.

Through the process, team members learned lessons about building partnerships that are now being used to address other HIV issues (including employment, mental health and HIV/HCV co-infection) and to enrich learning opportunities for students. For example, it was important for the community to play a leading role in driving the partnership while identifying practical needs and issues. It was equally important to recruit academics who were committed to working collaboratively and who respected the wisdom of the community. The PSHP team advises others to recruit diverse groups; their large team was an advantage in terms of managing the tasks involved in the partnership and contributing varied expertise. The team has made a number of presentations, so its experience is now being used by others. Furthermore, the OHTN is actively promoting similar approaches in its Community-Based Research and other research funding programs.

The results: *The PSHP partnership and study have helped Ontario community-based AIDS organizations secure funding for housing support services. The PSHP team has made national and international connections to share their success with other communities.*

The legacy of this successful partnership and the CIHR investment will be a lasting one. CIHR recently approved three years of additional funding, making PSHP the first housing research project to be re-funded. In addition to the dramatic change in housing policy and services achieved by the PSHP partnership and the development of the PRA institute, new national and international partnerships and the integration of many of the questions raised by PSHP into ongoing clinical and cohort studies suggest that there will be more examples of successful research – and successful partnerships – in the future.

Notes

¹ *Right at home: Report on the consultation on rental housing and human rights*, Ontario Human Rights Commission, Toronto, 2008. Available from http://www.ohrc.on.ca/en/resources/discussion_consultation/housingconsultationreport/pdf. Accessed February 2009.

² PSHP Team: Amrita Ahluwalia (Fife House), Steve Byers (AIDS Niagara), James Dunn (St. Michael's Hospital and University of Toronto), Saara Greene (McMaster University and Fife House), Dale Guenter (McMaster University), Michael Hamilton (Fife House), D. Hintzen (Fife House), Steven Hwang (St. Michael's Hospital and University of Toronto), Marie Kayitesi (Fife House), Jay Koornstra (Bruce House), LaVerne Monette (Ontario Aboriginal AIDS Strategy), Dave Pineau (Fife House), Sean B. Rourke (OHTN, St. Michael's Hospital and University of Toronto), Michael Sobota (AIDS Thunder Bay), Jim Truax (Fife House), Ruthann Tucker (OHTN), James Watson (OHTN and Fife House), Pius J. White (OHTN and Fife House).

³ For more information on the process, along with a copy of the statement, visit:

<http://nationalaidshousing.org/international-aids-housing-roundtable/>.