

HOUSING PROMOTES HEALTH FOR PEOPLE LIVING WITH HIV

A systematic review of 152 articles has shown a conclusive link between housing and health outcomes for people living with HIV. The review, **Housing Status, Medical Care and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review**, was published in the *American Journal of Public Health* and co-authored by Angela Aidala, Michael Wilson, David Gogolishvili, Jason Globberman, Sergio Rueda and Sean B. Rourke.

KEY FINDINGS OF THIS REVIEW

- Unstable or insecure housing is associated with poorer access to health care, poorer engagement with health care, lower levels of adherence to antiretroviral medications, and worse health outcomes for people with HIV.
- Improving housing for people with HIV directly improves health and medical outcomes.

Here are some questions and answers about the review:

I THOUGHT MEDICAL TREATMENT WAS AVAILABLE FOR HIV. WHY FOCUS ON HOUSING?

Treatment is available, but for it to work—both to improve people’s health and reduce new infections—people have to take their medication consistently. Factors that affect people’s ability to engage in care and take medication over the long term are now very important. Housing is one of these factors.

Without stable or adequate housing, it becomes difficult for people living with HIV to maintain social networks, follow schedules, or rest when facing stress or difficulty. This means that unstably housed people living with HIV have a harder time managing their illness, even if they technically have the same amount of medical care available to them.

IS IT JUST HOMELESSNESS THAT’S THE PROBLEM?

No. We included homelessness in our study, but literal homelessness is just the most extreme form of insecure housing. We also looked at the health behaviours and health outcomes of people with HIV who were couch surfing, doubled up with others, living in single room occupancy hotels, or living in shelters or other forms of transitional housing.

HOW DID YOU CONDUCT THE REVIEW?

We searched eight databases and screened over 5,000 papers on the subject of HIV and housing.

We then focused on the 152 most relevant studies, published between 1996 and 2014. Together, these studies contain information on nearly 140,000 people living with HIV in high-income countries. These data provide a “big picture” view of the relationship between HIV and housing that’s hard to see with a single study.

WHAT DID YOU FIND?

Poorer housing was associated with poorer medical care and health outcomes. Compared to people living with HIV who were stably housed, homeless or unstably housed people living with HIV were:

- less likely to be engaged in HIV care
- less likely to be taking antiretroviral medications regularly
- more likely to have lower CD4 counts, higher viral load measurements, and more HIV-related symptoms and opportunistic infections
- more likely to report poorer mental and physical health, worse quality of life, and more comorbidities such as hepatitis C and tuberculosis
- more likely to be seen at emergency departments and more likely to be hospitalized
- more likely to use drugs and engage in higher risk sexual activities.





MAYBE THESE RESULTS SAY MORE ABOUT PEOPLE WHO END UP IN UNSTABLE HOUSING RATHER THAN UNSTABLE HOUSING ITSELF

No. It's more accurate to see homelessness or unstable housing as states that any person might pass through, rather than outcomes that specific people cause.

The evidence shows that if you provide housing assistance to people living with HIV who are homeless or unstably housed, their health and engagement with the medical system improves.

DOES THIS MEAN THAT HOUSING IS A "SOCIAL DRIVER" OF HIV?

Yes. Although HIV is preventable and treatable, social factors continue to drive the epidemic. These drivers include substandard housing, food insecurity and unemployment. People facing one or more of these social drivers are more likely to become infected with HIV.

To curb the HIV epidemic, we have to address the social drivers that are putting people at risk, including a lack of stable and affordable housing. This focus is already in Ontario's HIV/AIDS Strategy to 2025, which stresses the importance of addressing the housing needs of people living with HIV as a means of achieving individual and population health.

HOW CAN WE USE THESE FINDINGS TO IMPROVE HEALTH?

Interventions that improve housing for people living with HIV can play a key role in improving their engagement in care, medication adherence and overall physical and mental health. The OHTN and partners from across Ontario have been working on this issue through the Positive Spaces, Healthy Places project. For more information see: www.ohtn.on.ca/socialdrivers.

STUDIES ON HOUSING AND HEALTH

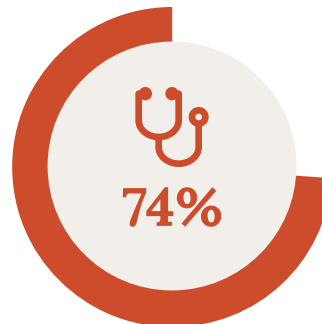
Percentage of papers (for each indicator) showing that poor housing is related to poor health outcomes among people living with HIV:



Health care access and utilization



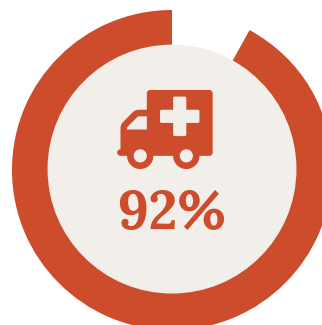
ART adherence



Clinical health outcomes



HIV risk behaviours



ER visit or inpatient stay



Other health outcomes

Housing Status, Medical Care and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2015.302905

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