## **HIV/AIDS - HOUSING IS HEALTH**

#### Stable, appropriate housing must be an essential component of HIV health care.

Stable housing enables people with HIV/AIDS to obtain and adhere to life-saving medical care and treatments. Research demonstrates a direct link between housing and health for people with HIV/AIDS: lack of housing is a barrier to care, while improved housing status increases access to treatment and adherence to anti-retroviral therapy (ART).

## STABLE HOUSING REDUCES THE RISK OF HIV INFECTION

- ► The enormous pressures that homeless people face just surviving day-to-day take precedence over reducing HIV risk.¹
- ▶ It is more difficult for people who are homeless to access risk reduction resources.¹
- ► Proven risk reduction interventions such as counseling, needle exchange and behavioural interventions are less effective among people who are homeless or unstably housed.¹
- ► Among persons disproportionately affected by HIV/AIDS such as men who have sex with men, persons of colour, homeless youth, IV drug users, and impoverished women those without a home are significantly more likely to become HIV infected over time.²

## STABLE HOUSING HELPS PEOPLE WITH HIV GET INTO CARE AND STAY IN CARE

- ► According to a recent study funded by the US Centers for Disease Control (CDC), housing status is one of the strongest predictors of treatment access and health outcomes for people with HIV.<sup>3</sup>
- ▶ People who are unstably housed who receive any level of housing assistance are almost four times as likely to enter into medical care as those who do not receive assistance.⁴
- ▶ Over time, homeless/unstably housed persons whose housing status improved were five times more likely to report a recent HIV outpatient visit than persons whose housing status did not improve.<sup>5</sup>
- ► Homeless/unstably housed people whose housing improved over time were six times more likely to be receiving antiretroviral therapy as those who remained homeless or unstably housed.<sup>6</sup>

# STABLE HOUSING IMPROVES HEALTH AND REDUCES MORTALITY

- ▶ People who are unstably housed experience worse overall physical and mental health and are more likely to be hospitalized and use costly emergency department services. They have lower CD4 counts and higher viral loads, and are less likely to receive and adhere to antiretroviral therapy.³
- Stable housing improves continuity of HIV care as well as ART participation, adherence and success.<sup>7</sup>
- ► Stable housing is significantly associated with treatment success after controlling for demographics, drug and alcohol use, and receipt of medical and social services, which indicates that housing itself improves the health of people with HIV.<sup>8</sup>
- ▶ Among extremely poor and homeless people with HIV, the number of months on ART and level of adherence are directly related to lower viral loads, fewer opportunistic infections, and reduced mortality.9

## QUALITY OF HOUSING MATTERS

▶ People who are housed in buildings that are appropriate to their needs, aesthetically pleasing, and situated in safer neighborhoods have had more dramatic reductions in health-care utilization than people directed to less appropriate housing. Those in better quarters also showed a trend toward a reduction in mortality. ¹¹⁰









## HOUSING IS THE GREATEST UNMET NEED OF PEOPLE LIVING WITH HIV

TOWARD A NATIONAL HIV/AIDS HOUSING POLICY IN CANADA

#### WHY IS HOUSING IMPORTANT?

Housing is a key determinant of health – for everyone, including people with HIV. By improving housing, it is possible to improve health outcomes which, in turn, has a positive social and economic impact. Healthier citizens contribute more to their communities and "cost" less. It makes good economic and social sense to provide people with the basic necessities of life – such as housing – that allow them to thrive.

# WHAT'S NEEDED? A DATA-DRIVEN HIV HOUSING POLICY AGENDA

Research findings support four key imperatives for a sound HIV housing policy:

- Affordable housing must be available for all persons with HIV
- Housing assistance must be a priority for HIV prevention
- Stable, appropriate housing must be an essential component of HIV health care
- Data must be collected to inform housing policy

Surprisingly, **Canada is the only G8 country that does not have a national housing strategy**. This must change. We need a strong national housing strategy, as well as provincial and local strategies, that reinforce that housing is health and housing is health care.

### For people with HIV in Canada, Housing IS Health

The Positive Spaces Healthy Places Study observed over 600 participants in a longitudinal study in the Province of Ontario...



Nearly half of people with HIV experience housing instability, which adversely effects their health.<sup>11</sup> This costs us all.



Only 40% of people with HIV have access to rent-geared-to-income housing, and 40% reported having trouble meeting monthly costs.<sup>11</sup>



One in four people with HIV moved at least once in the first year of the study, and one in four was at risk of losing their housing because of cost.<sup>11</sup>



65,000 Canadians are living with HIV in Canada in 2008. The number of new HIV infections is increasing.

Difficulty paying housing costs has a significant detrimental effect on health-related quality of life. As most people with HIV live on the economic margins, lack of affordable housing can easily trap them in inappropriate, unsuitable, and unhealthy housing.<sup>11</sup>

- Purcell DW, Recommendations from a research consultation to address intervention strategies for HIV/AIDS prevention focused on African Americans. Am J Public Health. 2009;99(6):1937–40.
- Des Jarlais D, Braine N, Friedmann P. Unstable housing as a factor for increased injection risk behavior at US syringe exchange programs. AIDS Behav. 2007; 11(Supplement 2):S78–84.
- Kidder DP., et al (2007). Health status, health care use, medication
  use, and medication adherence in homeless and housed people living
  with HIV/AIDS. American Journal of Public Health.
- Aidala A., et al (2007). Housing Need, Housing Assistance and Connection to Medical Care. Community Health Advisory and Information Network Report 2006-5. Columbia University: Mailman School of Public Health.
- Aidala A., et al (2005). Delayers, Drop-outs, the Unconnected, and "Unmet need." Community Health Advisory and Information Network Report 2005-3. Columbia University: Mailman School of Public Health
- Aidala A., et al (2007). Housing Need, Housing Assistance and Connection to Medical Care. Community Health Advisory and Information Network Report 2006-5. Columbia University: Mailman School of Public Health.
- Riley ED., et al (2005). Antiretroviral therapy, Hepatitis C, and AIDS mortality among San Francisco's homeless and marginally housed. Journal of Acquired Immune Deficiency Syndromes. 38(2): 191-5; Waldrop-Valverde D., et al (2005). Homelessness and psychological distress as contributors to antiretroviral nonadherence in HIV-positive injecting drug users. AIDS Patient Care Stds. 19(5): 326-34.
- Aidala A., et al (2005). Delayers, Drop-outs, the Unconnected, and "Unmet need." Community Health Advisory and Information Network Report 2005-3. Columbia University: Mailman School of Public Health
- Aidala A., Columbia University. Homelessness, Housing Instability and Housing Problems among Persons Living with HIV/AIDS. Paper presented at the Housing and HIV/AIDS Research Summit, June, 2005.
- Joshua Bamberger, M.D., M.P.H.
   Rourke SB., et al. Housing characteristics and their influence on health-related quality of life in persons living with HIV in Ontario, Canada. AIDS and Behaviour (under review).