



# HIV and Housing: Toward a National Housing Strategy

A Discussion Paper

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## Executive Summary

Reflecting the objectives of the national strategy to address HIV/AIDS: *Leading Together: Canada Takes Action on HIV/AIDS* (CPHA, 2006) the Canadian AIDS Society (CAS) is committed to reducing inequity, stigma and other social factors driving the epidemic by working with all levels of government, community AIDS and other social service organizations, and people living with and affected by HIV/AIDS. Recognizing housing as one these social determinants of health, CAS desires to achieve measurable improvements in access to appropriate, accessible, and comprehensive housing, as well as other health and social services, which are integral to both HIV prevention and improving the health and well-being of people living with HIV/AIDS.

Although Canada is a wealthy and developed nation, it is currently the only G8<sup>1</sup> country without a national strategy to ensure everyone has accessible, adequate, affordable housing. While municipal and regional initiatives have been responding to the growing populations of people who are homeless or housing insecure in urban centers across Canada, there is a need to align these efforts by involving key stakeholders and all levels of government (Scott, Ellen, Clum, & Leonard, 2007). A coordinated national response is required to provide infrastructure spending to develop new social, supportive and core housing, as well as to ensure the rehabilitation of existing housing. It will also help link housing research to practice and policies.

With Bill C-304 currently proposing the development of a national housing strategy at the time of writing this document, this paper is intended to contribute to the discourse by reinforcing the urgent need for accessible, adequate, affordable housing for people living with and at risk of HIV, and to inform the development of a strategy that takes their needs and experiences into consideration. Drawing on previous CAS work, this paper examines the housing situation within the context of current Canadian context. It also studies other national housing strategies and makes specific recommendations related to housing supply, affordability, support services, rehabilitation and emergency relief. Recognizing Canada's unique Aboriginal housing framework, as well as the overrepresentation of Aboriginal people in Canada's HIV epidemic, it also acknowledges the importance of addressing their needs within a national strategy.

CAS supports a national housing strategy that provides adequate and sustained financial and human resources, culturally and linguistically appropriate responses, and evaluation and accountability mechanisms. The inclusion of PLWHIV/AIDS as an integral part of the decision-making process is also paramount. Urgent action is required to house the growing population of homeless and unstably housed in Canada. In response, CAS and its members are committed to encouraging policy development, to engaging in outreach and coordinating activities and resources with other key stakeholders for the greatest reach possible, as well as to sending a united call for a comprehensive national housing strategy for accessible, affordable, and adequate housing for PWHIV/AIDS and for all Canadians.

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<sup>1</sup> The G8 includes: Canada, France, Germany, Italy, Japan, Russia, the United Kingdom, and the United States.

**While the exact nature of the causal relationship between housing and HIV risk and health outcomes remains to be established, research findings consistently show strong correlations between improved housing status and reduced HIV risk behaviors, improved access to medical care, and better health outcomes. Significantly, it appears that these results can be achieved with public investments in HIV/AIDS housing that are cost-neutral or even cost-saving for communities as a whole.**

***(Shubert & Bernstine, 2007, p. S172)***

## Introduction

The Canadian AIDS Society (hereinafter referred to as CAS) is a national coalition of over 120 community-based AIDS organizations across Canada. Dedicated to strengthening the response to HIV/AIDS across all sectors of society and to enriching the lives of people and communities living with HIV/AIDS, CAS advocates on behalf of people and communities affected by HIV/AIDS, facilitates the development of programs, services and resources for our member groups, and provides a national framework for community-based participation in Canada's response to AIDS.

CAS adopts a holistic approach to health as part of its core values and beliefs. Reflecting the objectives of the national strategy to address HIV/AIDS, *Leading Together* (CPHA, 2006), CAS is committed to reducing inequity, stigma and other social factors driving the epidemic by working with all levels of government, community AIDS and other social service organizations, and people living with and affected by HIV/AIDS. Implicit in this commitment is the desire to achieve measurable improvements in access to appropriate, accessible, and comprehensive health and social services, including housing.

As a determinant of health, housing plays a key role in health outcomes. Adequate housing is linked to improved health outcomes for the general population and for those living with HIV/AIDS and to the prevention of HIV transmission. *Leading Together* argues that an effective housing strategy must therefore reduce the risk of HIV transmission, as well as improve the health and well-being of people living with HIV/AIDS. More than half of CAS' member organizations provide either housing or housing support services, such as advocacy, tenants' rights education and referrals to housing services, and facilitate access to rent subsidy support where available.

*Leading Together* obligates CAS to critically examine the housing context in Canada and to work with and on behalf of people living with HIV/AIDS (hereinafter referred to as PLWHIV/AIDS) for priority access to adequate, affordable housing (CPHA, 2006). Access to adequate, affordable housing is a theme woven throughout *Leading Together* – a link across prevention, care, support, and treatment of people living with and at risk of HIV/AIDS – indicating the potential to significantly impact the well-being of people through a coordinated housing response. Further, in 2008, CAS' Board of Directors endorsed the *International Declaration on Poverty, Homelessness and HIV/AIDS* (National AIDS Housing Coalition [NAHC], 2008)<sup>2</sup>, which outlines a call to action on poverty and homelessness as part of the response to the HIV/AIDS pandemic.

However, coordinating a response to the lack of adequate, affordable housing in Canada presents many challenges. While we have been close to developing a national housing strategy on many occasions, Canada remains the only G8<sup>3</sup> country without one. This paper is intended to contribute to the discourse by reinforcing the urgent need for accessible, adequate, affordable

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<sup>2</sup> The declaration can be found at: <http://nationalaidshousing.org/2008/07/endorseconference/>

<sup>3</sup> The countries of Canada, France, Germany, Italy, Japan, Russia, the United Kingdom, and the United States.

housing for people living with and at risk of HIV, and to inform the development of a national housing strategy that takes their needs and experiences into consideration. Drawing on previous CAS work<sup>4</sup>, this paper examines the housing situation within the current Canadian context, and outlines the major themes a housing strategy must address by making specific recommendations related to housing for people living with and at risk of HIV/AIDS.

## Defining the terms: accessible, adequate, affordable housing

There are a few terms that are used internationally, in particular by the World Health Organization and the United Nations, to outline what constitutes good housing policy. The term "accessible, adequate, affordable housing" is commonly used throughout this document. Below is a definition of each component:

**Accessible housing** is physically adapted to the individuals who are intended to occupy it, including those who are disadvantaged by age, physical or mental disability or medical condition, and those who are victims of a natural disaster.

**Adequate housing** is habitable and structurally sound, and provides sufficient space and protection against cold, damp, heat, rain, wind, noise, pollution and other threats to health.

**Affordable housing** is available at a cost that does not compromise an individual's ability to meet other basic needs, including food, clothing and access to education.

## Background

The calls for a Canadian national housing strategy are evidence-based and are informed by nearly 20 years of homelessness and housing research. For more than a decade, anti-poverty and social justice groups, health professionals, housing researchers and not-for-profit agencies, and municipal leaders have invited federal and provincial governments to collaborate in a coordinated response. Numerous housing and homelessness studies with various methodologies have outlined what is needed to enable people to acquire, maintain, and sustain accessible, adequate, affordable housing (Wolitski, Kidder, & Fenton, 2007). However, despite the growing body of evidenced-based research and proposed remedies in response to the housing crisis, there remains no coordinated, national response.

Growing populations of people who are homeless or housing insecure in urban centers across Canada are the driving force behind various municipal initiatives and interventions intended to respond to growing populations, and in some cases, solve homelessness (e.g., Streets to Homes - Toronto, 10 Year Plan to End Homelessness - Calgary, Community Action on Homelessness - Halifax, All Roads Lead to Home - Waterloo). In other cases, committees and/or task forces have

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<sup>4</sup> See "Bring Me Home": The Canadian AIDS Society's Position Statement on Housing and HIV/AIDS, 2009, available at [http://www.cdnaids.ca/web/setup.nsf/ActiveFiles/Microsoft+Word+-+Background+Document+-+Housing+and+HIV-AIDS/\\$file/Microsoft%20Word%20-%20Background%20Document%20-%20Housing%20and%20HIV-AIDS.pdf](http://www.cdnaids.ca/web/setup.nsf/ActiveFiles/Microsoft+Word+-+Background+Document+-+Housing+and+HIV-AIDS/$file/Microsoft%20Word%20-%20Background%20Document%20-%20Housing%20and%20HIV-AIDS.pdf)

committed to investigating, understanding, and addressing housing disparities (e.g., Prairie Regional Housing and Health Task Force).

While locally grown and regional initiatives responding to homelessness do provide a level of comfort, support, and advocacy to people without housing, the bigger challenge of addressing the larger, structural issues – for example, the lack of accessible, adequate, affordable housing – must involve key stakeholders from and coordination among all levels of government (Knowledge Network of Urban Settings, 2008; Scott, Ellen, Clum, & Leonard, 2007).

## What is the link between housing and HIV/AIDS?

Plenty of research evidence indicates the importance of housing in maintaining health and well-being, and in preventing the transmission of HIV/AIDS (Canadian AIDS Society [CAS], 2009; KNU.S., 2008; Wolitski, Kidder, & Fenton, 2007). For PLWHIV/AIDS specifically, research findings outline the challenges in acquiring and maintaining housing. HIV stigma, loss or lack of income, dependence, disability, and other side effects of living with HIV threaten their housing stability (KNU.S.; Scott et al., 2007).

What is missing is longitudinal research about housing interventions for people living with and at-risk of HIV/AIDS. *Positive Spaces Healthy Places*<sup>5</sup> (PSHP) is the first longitudinal community-based project in Canada to examine housing and health in the context of HIV/AIDS and fill this gap. PSHP is following PLWHIV/AIDS from across the province of Ontario to learn more about their housing status, the housing options available to them, and the factors that affect housing access and stability. The preliminary findings from this work determined the following:

1. Three out of four individuals earned less than \$1,500/month.
2. 40% found it hard to afford their rent.
3. One in three feared loss of their housing.
4. 25% felt unwelcome in the neighbourhoods they lived in.

Results from other studies reported that lived experiences similar to those described above contributed to the transmission of HIV, as well as compromised the ability of people living with HIV to care for themselves (Wolitski et al., 2007). Providing housing is integral to HIV prevention.

A new aspect of this study, called *Housing Solutions*, is examining housing strategies for PLWHIV/AIDS. This project component advances initial research findings and responds to issues identified by community-based AIDS organizations, the Ontario HIV Treatment Network and the Ontario AIDS Bureau. The findings revealed housing as one of the most urgent, if not **the** most urgent, unmet need of PLWHIV/AIDS in Ontario (Butterill, Kennedy, Macfarlane, & Sylvestre, 2010). Preliminary results from this research support previous established links between housing, health, and living with HIV. *Housing Solutions* demonstrates a commitment to use the

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<sup>5</sup> More information about the Positive Spaces Health Places study can be found here: <http://pshp.aso411.ca/>

findings of the early phases of the research that identified the housing needs of people living with HIV/AIDS. It is also trying to apply the research findings to influence frameworks for a national housing strategy.

*Housing Solutions* will add to the growing collection of housing initiatives related to HIV/AIDS in Canada. Building on this foundational, community-driven work will ensure a national housing strategy accommodates and integrates ecological models of service. For example, the Dr. Peter Centre in Vancouver offers "a home instead of a hospital" by delivering to people living with HIV/AIDS comprehensive housing and health services, including transitional housing and services that accommodate bouts of acute illness and profound wellness equally. The Centre offers outreach and harm reduction services, day programming and access to supportive housing residences. Through an established relationship with a city hospital, it is also able to provide responsive support and care during times of acute illness. In this way, the Dr. Peter Centre is addressing the real context of living with HIV/AIDS. CAS believes developing a national housing strategy grounded in the day-to-day realities of people living with and at-risk of HIV, just as the Dr. Peter Centre is, represents the best response to the epidemic at the current stage of its evolution.

## Why is a national housing strategy important to CAS?

As previously mentioned, in 2008, CAS' Board of Directors endorsed the *International Declaration on Poverty, Homelessness and HIV/AIDS*<sup>6</sup> (NAHC, 2008), and developed a position statement and background document as a call for action to address housing in a coordinated way, as part of the response to HIV/AIDS in Canada (CAS, 2009a).

The background document highlights housing as a determinant of health, how HIV and housing are linked, housing and mental health considerations, and the importance of having access to affordable, adequate housing for people living with and at risk of HIV/AIDS. As well, the background paper briefly discusses the realities of the current Canadian housing landscape, including homelessness, the lack of core<sup>7</sup> housing infrastructure, the housing needs of people living with HIV/AIDS, and barriers and facilitators to housing access. It also highlights the *Housing First*<sup>8</sup> approach, as well as other federal and community initiatives, and provides a brief history of housing in Canada. It explains how all levels of government have contributed to the erosion of affordable, adequate housing available to Canadians by both reducing the money dedicated to social and supportive housing, while simultaneously providing financial incentives to people who are in a position to purchase a home (CAS, 2009). Canada is in the throes of a

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<sup>6</sup> Declaration can be found here: <http://nationalaidshousing.org/2008/07/endorseconference/>

<sup>7</sup> 'Core housing' refers to actual housing units available for people to live in – the Canadian Mortgage and Housing Corporation monitors core housing need in Canada, for example, and attempts to address short-fallings through programs and funding.

<sup>8</sup> *Housing First* is an intervention model that moves people who are homeless directly into housing without requiring that mental health or substance use issues be addressed as a condition of being housed. In some cases, people living with mental health or substance use concerns are priority placements.

housing crisis and people living with HIV/AIDS and other vulnerable, impoverished populations are bearing the brunt of it.

## II. The Challenge

The body of evidence that demonstrates the complex relationships between housing and HIV/AIDS, and housing and health in general, supports aligning any strategy to address the fundamental causes of homelessness and unstable housing in Canada with coordinated responses to HIV/AIDS (Cisneros, 2007; Wolitski et al., 2007).

As previously mentioned, *Leading Together* argues that housing strategies must address the link between housing status and both the risk of HIV transmission, as well as housing's effect on the health and well-being of people living with HIV/AIDS. This is the case because, first, being accessibly, adequately, affordably housed is integral to HIV/AIDS prevention; and, second, because the housing needs of people living with HIV/AIDS will change over the course of the disease's progression. Any housing strategy aligned with the realities of being at risk of and living with HIV/AIDS will accommodate both the need to be housed, as well as the need for ongoing, adaptable support. This will ensure that people living with HIV/AIDS who are housed will remain so, despite changes in their physical, financial, and mental well-being (Cisneros, 2007; Wolitski, 2007). Such a strategy is necessary to prevent HIV/AIDS and to enhance the quality of life for PLWHIV/AIDS as they live longer lives.

This discussion paper highlights how housing strategies, policies and programs from countries with social and economic structures similar to Canada's are addressing homelessness and housing. It also integrates lessons from community-based HIV housing initiatives into recommendations for action and policy development to inform a Canadian housing strategy that would meet the needs and realities of people living with and at risk of HIV/AIDS. Recommendations drawn from current HIV housing initiatives in Vancouver and Toronto<sup>9</sup> are presented alongside the findings from the review of international housing strategies. However, to give context to this discussion, it is important to first understand the current housing situation in Canada.

## Current Context of Housing in Canada

***Until Canada has a proper national housing framework, the federal government cannot ensure accountability for results.***  
*(Wellesley Institute & Shapcott, 2009, p. 3)*

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<sup>9</sup> The Dr. Peter Centre is in Vancouver; Fife House and Casey House are in Toronto.

Canada is the only G8 country that does not have a national housing strategy. This is due primarily to a lack of country-wide coordination in the creation of new social, supportive and core housing in Canada at the national level. It is also because there is no real mandate or direction for the federal government to respond to Canada's housing shortage, social housing maintenance and upgrades, and the increasing number of people without homes.

Canada's government does, however, fund and manage a number of housing programs in which monies are allotted to provincial and community-based programs, research and intervention projects responding to homeless and housing in cycles of various lengths<sup>10</sup>. While funding regional programs does enable local communities to deliver key services related to housing issues, such a strategy is not comprehensive enough.

This response is criticized for its failures in coordinating between programs, in linking research and practice to policies, and in providing infrastructure spending to support the creation of new core affordable housing units. Funding cycles are often not long enough to sustain programs, projects, or research, nor to achieve the actual benefits of the program. Community-level programming that assists supportive housing is tremendously important. Unfortunately, it is unlikely community organizations can raise adequate funds to invest in the building and maintenance of new affordable housing units and other initiatives to increase the availability of accessible, adequate, affordable housing units in general.

#### **Bill C-304: A Secure, Adequate, Accessible and Affordable Housing Act**

In 2009 (and 2001), M.P. Libby Davies introduced a Private Member's Bill in the House of Commons calling for and outlining a national housing strategy: *Bill C-304, A Secure, Adequate, Accessible and Affordable Housing Act* (House of Commons, 2009). As a Private Member's Bill, this proposed Act cannot tell the Government of Canada how to spend funds; however, it can recommend the spirit and integrity of an inclusive, equitable strategy to address the national housing crisis. It also proposes what may be a more cost effective alternative to the current piecemeal funding mechanisms that make up the federal response.

Housing is a human right under various international declarations (Thiele, 2002), which underscores the importance of working together at all levels to develop a national housing strategy in response to the current housing crisis. Rectifying this national inequity is the focus of Bill C-304. It highlights access to affordable, adequate housing as a human right to which the government is obligated to respond.

However, some are critical of Bill C-304 because it does not explicitly outline the Government's obligation to engage the non-profit sector, including municipal and co-operative housing services, as well as community-based organizations, such as AIDS service organizations, that deliver housing support and other related services (Wellesley Institute & Shapcott, 2009).

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<sup>10</sup> More information about government housing programs and initiatives can be found in the CAS housing background document: *'Bring Me Home': The Canadian AIDS Society's Position on Housing and HIV/AIDS Background Document*, CAS, 2009.

Further, no plan is proposed for exploring how the private sector can contribute as partners in the response to Canada's housing crisis -- a gap in what is otherwise a comprehensive, inclusive, adaptable housing strategy (Wellesley Institute & Shapcott, 2009). Community and private sectors must have a clear role and must be included in strategic discussions about responding to homelessness. The community expertise is vital to providing meaningful guidance to policy development; the private sector expertise is crucial to securing, maintaining, and sustaining the capital funds required to invest in housing.

#### **Current Status of Bill C-304**

Bill C-304 was adopted in late March 2010 by the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA) Committee, with all of the previously adopted amendments and without new amendments being considered. At the time of writing this document, the Bill will proceed to a third and final reading. CAS undertook this discussion paper to contribute to the discourse by reinforcing the urgent need for accessible, adequate, affordable housing for people living with and at risk of HIV, and to inform the development of a strategy.

### **III. The Response: How are other countries responding?**

In the background paper to the position statement on housing and HIV/AIDS, CAS outlines the core issues that any Canadian national housing strategy would need to address: supply, affordability, supports, rehabilitation, and emergency relief. This reflects the calls from the significant body of housing research and the emerging body of housing research specific to HIV/AIDS. Generally, HIV/AIDS issues are not specifically reflected in housing strategies from other countries, even though the links between health and housing are well established and underpin many initiatives.

Generally, the strategies reviewed were developed to address housing disparities and inequities similar to Canada's. Interestingly, it seems that Australia's housing situation is similar to Canada's. Clearly, other developed and wealthy nations are also confronting increased homelessness, a lack of core housing and decreases in average income, accompanied by increases in the cost of living (Schneider, 2002; Sen, 2007). This burden is felt the most by those who are most impoverished. In response, nations are strategizing ways to increase the core housing stock through public-private partnerships or other cost-sharing models (Schneider; Sen).

While HIV/AIDS is not central to the strategies reviewed, assuring health and well-being, in general, is an intention of housing strategies. At the very least, improving housing can have the side effect of improving people's lives at any age (Thomson, Thomas, Sellstrom, & Petticrew, 2009). For example, Wales has a national strategy specifically designed for accommodating an aging population, in which health and well-being is a key concern. As well, providing accessible, affordable, adequate housing to people living with a disability, chronic illnesses, and/or mental health issues are central objectives of, and driving forces behind, all the housing strategies

reviewed. Maintaining and improving public health through housing is a common theme in housing and public health policy discussion because providing accessible, affordable, adequate housing is proven to be more cost effective than trying to manage the acute injury and illness, deprivation, exposure, and mental stresses that accompany being homeless (Cisneros, 2007; Shubert & Bernstine, 2007; Wolitski, 2007).

Cost-effectiveness may be a strong argument for action; however, beyond that, *it is essential that housing as a human right be recognized and that governments address their violations* (Thiele, 2002; Wolitski). There should be no need for compelling fiscal arguments. CAS agrees that a national housing strategy would need to clearly outline roles and responsibilities, in terms of who would be involved in sustainably funding the actions required to enact a strategy. However, this paper is not focused on determining who should finance a response -- experts in housing will make those determinations. CAS is focused on determining how the strategy can best be shaped to serve people living with and at-risk of HIV/AIDS.

Highlights of international approaches to housing review presented here are drawn from national housing strategies from the United Kingdom, Wales, Ireland, France, Italy, and the United States<sup>11</sup>. Examples of how other countries address the complexity of issues in their housing strategies are summarized under themes drawn from the CAS background paper: housing supply; housing affordability; housing supports; rehabilitation, and emergency relief.

### **Housing Supply**

It seems that other countries -- especially Ireland, Wales, the U.S. and the U.K. -- have in common with Canada housing policies that have eroded over time, resulting in no investment in or maintenance of core housing stocks. As a result, these countries are now in a state of crisis and cannot accessibly, adequately, affordably house their populations. The Canadian Mortgage and Housing Corporation annually reports on national housing data. In the *Canadian Housing Observer 2009*, data from the 2006 Census indicates that the need for core housing decreased from 13.7% in 2001 to 12.7% in 2006 (CMHC, 2009). Despite these small advances, there remains a need for core housing in Canada.

Different approaches exist to influence housing supply. In most cases, formulae based on available capital investments determine how much funding a national government needs to invest in housing, in building and maintaining new core housing, in funding supportive housing and in providing front-line programming, crisis and emergency shelter. While the means of generating enough capital to invest in housing differ from country to country, a common theme with respect to financial investment in national housing strategies is that no one sector is solely responsible. The reviewed strategies almost always include the private sector, as well as philanthropic sources of investment, along with contributions from all levels of government (i.e., municipal, provincial, national). Program should, however, be delivered at the community

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<sup>11</sup> Housing strategies for Russia and Japan were unavailable in an English translation and therefore were not included in this analysis. Although the German housing strategy document was translated into English, the translation was poor, so it was excluded from the analysis in case it was not accurate.

level by people who are working with people who are living in poverty, since this latter group bears the greatest burden of the housing crisis and has a key stake in the decisions being made.

Canada must respond to the core housing shortage, which is a major contributing factor to the current national housing crisis. In the strategies reviewed for this paper, governments took responsibility for housing the people of their country, acknowledged the complexity of the problem and worked together to strategically improve housing. Taking a lead from other countries, all levels of Canadian government must work together to broker a reasonable partnership to financially invest in housing over the long-term. Prior to determining effective financial arrangements, partnerships, and contribution agreements, however, governments must acknowledge and accept the role they play in ensuring all Canadians have accessible, affordable, adequate housing.

#### RECOMMENDATION

1. Provide long-term and strategic financing for housing to address the need of all Canadians who are inadequately housed. This would include funding new housing development, as well as housing rehabilitation, to ensure a timely response to the current need.
2. Engage in strategic planning to ensure a mix of various types of housing appropriate to people's needs at different times and stages in their life.

#### **Housing Affordability**

As previously mentioned, the poorest people experience the greatest need for affordable housing, and this population is growing each day. Non-profit housing associations have emerged in most major cities in Canada. These groups are responding to the housing crisis by providing frontline and support services, and are converting old and building new affordable housing units that they also maintain and manage. Increasing support and providing capital funds to these groups will be integral to ensuring affordability. Further, provincial governments have an obligation to meet affordable housing quotas, but need federal funds to supplement provincial contributions for most projects to be viable.

***In 2006, at 51.0 per cent, low-income households were almost five times more likely to be in core housing need than households with moderate incomes, at 11.2 per cent. Low-income households faced a much larger affordability burden than moderate-income households.***

*(Canadian Mortgage and Housing Corporation, 2009)*

Rent control is embedded into most of the strategies reviewed. Some strategies also included rent subsidies and other initiatives to help offset the cost of rent for those who could not find affordable housing. This demonstrates that the cost of rent is a housing issue other countries are struggling with too. With rent controls being set by provincial governments, some provinces have rent control, while others do not. Canadians would benefit from a coordinated rent control and subsidy program adjusted according to regional and provincial need. However, approaches to affordability must be critically examined to prevent unanticipated negative side effects of poorly conceptualized policy. Italy is only beginning to recover from a time of strict rent control that resulted in a decline in available rental units and underground negotiation of rent with landlords, which ultimately left the poorest people living in the least desirable housing (Tosi & Cremaschi, n.d.).

Yet, there are models beyond rent control that could impact housing affordability, including rent-geared-to-income approaches and non-profit housing, or other creative means. Canada needs to explore a continuum of rent-based interventions that are flexible to the changing needs of the people intended to benefit from the programs.

#### RECOMMENDATIONS

1. Include affordable housing as a central component of any national housing policy adopted. New investments must address the need for new affordable housing.
2. Increase the number of rent subsidy programs, including rent-geared-to-income and cooperative housing models, and expand existing ones, in the interest of maintaining accommodations for people who are housed. In addition, define and implement rent control mechanisms where none exist.

#### Supports

Many people who are homeless are also without a social safety net. They do not necessarily have family or friends they trust nearby to support them when needed. As well, mental health issues, substance use, and other medical conditions can prevent individuals from accessing services they need to stay housed. In these cases, a supportive/supported housing model could provide a place for learning and developing independent living skills, and a place for people who need basic health care and medication monitoring. In general, supportive housing models are also associated with contributing positively to people's health and well-being.

A comprehensive housing strategy will include supportive housing models as part of a continuum of housing options, ranging from the Housing First model, independent dwelling and shared accommodation to co-ops, non-profit housing and social housing. This is particularly important for people living with HIV/AIDS who will experience significant quality of life changes as their disease progresses. Housing strategies for people with mental health and substance use issues and disabilities, as well as for the aging, accommodate health and lifestyle changes over the lifespan. Principles from these strategies must also be applied to a national housing strategy.

International strategies indicate that providing housing support services and supportive housing is important to keep people housed. Support services may include programs that help find affordable housing, or that deliver rent-based intervention (i.e., bridge funding) and rent subsidies. Supportive housing refers to housing that comes with extra supports to help manage chronic health issues, mental illness, disability, and life transitions, among other specific concerns. Housing support services usually reach beyond housing, extending to the health and general well-being of the individuals they serve. For people who are at risk of losing their housing, relying on a trustworthy support service is critical to their success in staying housed. These services provide much-needed emotional support to people experiencing housing crises. Supportive housing fills a major gap by assisting people in maintaining their independence, despite life challenges. Without them, many people who reside in supportive housing would be unable to live on their own. Most importantly, the cost of providing supportive housing and housing supports outweighs the cost associated with responding to the health and social repercussions of homelessness (Pye 2007; Thomson et al, 2009).

#### RECOMMENDATIONS

1. Work with local community and housing services and consult with local stakeholders to determine the supportive housing requirements and the most suitable and effective models of practice (e.g., the *Housing First* approach).
2. Invest appropriate financial and infrastructure resources to accommodate supportive housing needs, including health care support.
3. Develop integrated housing models, rather than piecemeal solutions in response to specific issues, to encourage positive community, social, and health impacts.

#### Rehabilitation

Despite some investments in rehabilitation and infrastructure in Canada, the core housing stock continues to be challenged by years of neglect, depreciation, and ill maintenance. Long-term and integrated initiatives that support the renovation and energy upgrading of existing housing is needed as part of a comprehensive Canadian national housing strategy to ensure that people who are housed stay adequately housed. All the international strategies reviewed reinforced the need to invest in the maintenance of *existing* housing, while also pursuing the development of new, energy-efficient, environmentally safe homes. In their review of the health impacts of housing interventions, Thomson et al. (2009) highlighted the fact that investments in renovations and energy upgrades to existing housing have the greatest impact on health improvement. It is also more cost-effective to work with existing infrastructure than to abandon derelict housing for new, better housing (Thomson et al.).

Including an intensive and targeted residence rehabilitation objective in a national housing strategy would assist in managing and protecting the integrity of existing housing infrastructure. This may include grants and subsidies to home-owners and landlords, and could also support social housing, non-profit housing, and lower earners who are trying to improve their rental units. Investing in existing infrastructure will maintain, and may expand, the availability of core

housing in Canada. Ideally, it will also ensure that funds dedicated to upgrades and maintenance will be made available to new housing developments, supporting the sustainability of the housing into the future.

Also, home-owners need access to advice on ways to improve their housing and well-being. This could include recommendations on such items as upgrades, renovations, air quality and financing.

#### RECOMMENDATIONS

1. Include an objective to engage in intensive and targeted residence rehabilitation in a national housing strategy.
2. Invest long-term in maintenance and upgrading of core housing and ensure that such investments also extend to newly built housing to secure housing infrastructure into the future.

#### **Emergency Housing Relief**

Housing strategies reviewed supported contingency planning for emergency housing as a key component in a strong national housing strategy. This would respond to cases of sudden homelessness caused by extreme weather conditions and other natural disasters. In Canada, the Red Cross and Salvation Army are key players in the delivery of emergency and disaster-relief services, including shelter. However, for individual housing emergencies or crises, common service-based solutions include shelters, housing help offices, and temporary housing. Emergency housing is an unfortunate necessity. Since people are becoming homeless every day, there must be a mechanism that responds to this challenge. A national strategy could provide guidelines to coordinate and fund emergency housing for communities. However, some strategies have indicated that investment in housing support programs and the restoration of existing and building of new housing stock is more important than providing more emergency shelter (Pye, 2007; Thomson et al., 2009).

Other countries, particularly in Europe, specifically address the needs of "travelers", populations who live nomadically and do not reside in any one community for any length of time (e.g., the Romani and other ethnic groups, young displaced people, etc.). Travelers are exposed to the elements most of the time, which, depending on the season and weather, can seriously compromise health and well-being. Therefore, travelers need quick access to affordable, adequate housing, even if it is only for a short time. Accommodating travelers usually requires short-term housing remedies, such as encampments, shelters, and short-stay apartments. Canada could learn from these countries given that there are similar populations in Canada who migrate from city to city and who may, or may not, be looking to stay long enough to need an apartment. Often they cannot afford the initial deposit required to secure an apartment, if one is required. Responding to the needs of travelers would add another layer to the continuum of housing services in Canada.

## RECOMMENDATIONS

1. Develop a strategy for addressing temporary, emergency, and crisis housing needs.
2. Provide housing supports that are responsive and sensitive to the vulnerability of people who are suddenly without shelter. Ensure that support services offered are non-judgmental and culturally<sup>12</sup> appropriate.

### **Evaluation and Monitoring**

When a national strategy is developed, it must be created with accountability mechanisms, including measurable targets and outcome indicators. If these items are not integrated into the strategy at the outset, it will be more challenging to monitor and evaluate the success and opportunities for growth within the strategy. In addition, ongoing evaluation and monitoring is a standard government practice, therefore, incorporating accountability mechanisms is required.

## RECOMMENDATION

1. Create a clear action plan to implement a national housing strategy. Define timelines, measurable outputs and impacts, specific roles and responsibilities, financial resourcing, and identify a process for ongoing evaluation, review, and adaptation.

### **Limitations of drawing on the work and experiences of other countries**

A significant limitation of reviewing the work of other countries and shaping it to suit Canada's realities is that most countries do not have two levels of housing. Canada makes a distinction between Aboriginal housing – both on- and off-reserve – and housing for everyone else (National Aboriginal Health Association (NAHA), 2009). CAS also recognizes the right to accessible, affordable, adequate housing for Aboriginal people in Canada. Aboriginal housing is a federal responsibility that is usually delivered and managed by provincial and territorial governments (NAHA). On-reserve housing is notoriously derelict and run-down and three-quarters of Aboriginal people live off-reserve (NAHA). Aboriginal people are also over-represented in homelessness statistics (NAHA). Addressing these disparities and the damage from a history of neglect (NAHA) through a national housing strategy will require the political will of Aboriginal leaders and federal, provincial and territorial government leaders.

CAS also acknowledges that Aboriginal people are disproportionately affected by the HIV epidemic in Canada (Public Health Agency of Canada [PHAC], 2008). The approximately one million Aboriginal people in Canada make up about 3.8% of the general population (PHAC). Yet, at the time of reporting, Aboriginals represented 8% of people living with HIV/AIDS in Canada, and 12.5% of all new HIV infections in 2008 (PHAC). The numbers are striking and the relationship between housing and HIV in Aboriginal communities is becoming clearer. Monette, Rourke, Tucker, Greene, Sobota, Koornstra, et al. (2009) found that 61% of Aboriginal participants in their study tended to experience homelessness in cycles while living with HIV. This experience, in addition to be confronted with stigma related to being HIV-positive, gay,

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<sup>12</sup> Culture in this context is broadly defined and refers to ethnic culture, religious culture, street culture, drug culture, youth culture, aged culture and so on.

lesbian, bisexual, or transsexual, or to belonging to a racial minority, makes accessing affordable, adequate, accessible housing complex (Monette et al.,). Clearly, coordinating Aboriginal housing has implications for the health and well-being of Aboriginal people (Monette et al.).

For a Canadian housing strategy to have any influence on the transmission of HIV within the Aboriginal community, it is imperative that it explicitly declare Aboriginal housing a priority.

#### RECOMMENDATION

1. Engage and work with Aboriginal leadership and communities – both on and off reserve – in their pursuit of accessible, affordable, adequate housing as their constitutional and treaty right.

## IV. The Opportunity: What can CAS and its members do?

CAS is leading by example by undertaking various stages of research and development to strategically position itself within the Canadian housing dialogue and play a key role in establishing a national housing strategy. Working with its membership, CAS can influence and encourage better housing policy locally, provincially, and nationally. It can also provide communities, individuals, and organizations with opportunities to network, organize and mobilize in order improve housing policies from the ground up. Both actions are critical to the realization of a national housing strategy.

**The development and implementation of a Canadian Housing Strategy must involve all key stakeholders. Leadership needs to come from the federal government, and involve provincial and territorial government, municipalities, community-based organizations, the private sector, as well as homeless and unstably housed people.**

**(Canadian AIDS Society, 2009, p. 11)**

Advocates and champions all over Canada are working to influence positive change in how Canada provides and manages housing. CAS and its membership can help generate momentum and increase awareness of the desperate need for a national housing strategy, relying on all the reasons outlined here and in 20 years' worth of Canadian housing research. CAS is making the following recommendations to ensure its membership is actively engaged in the ongoing discussion, deliberations, and debate as Canada moves toward a national housing strategy. The recommendations are aligned with the key policy and research action strategies arising from the *North American Housing and HIV/AIDS Research Summit IV* (OHTN, 2009).

## **Encourage Policy Development**

It is an interesting time in housing policy in Canada; a sense of urgency is mounting as homeless and insecurely housed populations grow and the nation's most vulnerable are bearing the greatest burden of the lack of accessible, affordable, adequate housing. To CAS, this is unacceptable, not only because of the obvious human rights violations inherent in the issue, but because Canada's housing situation is an ongoing public health issue.

One U.S. housing intervention study with PLWHIV/AIDS calculated the cost-benefit of housing PLWHIV/AIDS. They discovered that if the intervention prevented even one case of HIV transmission for every 64 people served, it was less costly than managing one lifetime of living with HIV (Holtgrave, Briddell, Little, Bendixen, Hooper, Kidder, et al., 2007). Access to housing can decrease the chance of becoming HIV positive and can also improve stability and management of the disease for those living with HIV.

***Communities, organizations, and individuals, including people living with and affected by HIV/AIDS, must be involved in charting the course of a national housing strategy and the policies that guide it.*** Affected communities, organizations, and individuals must be at the table to share their knowledge and experiences. CAS is a key stakeholder in any housing discussion and action that affects people living with and at risk of HIV/AIDS.

Housing must be recognized as a human right for all people, as declared under international declarations endorsed by Canada. This right must be reflected across programs, documents, discussions, interventions, and initiatives. Access to housing must be equal, regardless of HIV status, ethnicity, language, permanent-residence status, employability, mental health and substance use or family size.

## **Recommendations for Encouraging Policy Development**

The Canadian AIDS Society commits to:

Promoting and encouraging a comprehensive strategy that redefines appropriate housing for people living with and at risk of HIV/AIDS by:

- Challenging housing policies that are rigid and cannot adapt to the realities of people living with or at risk of HIV/AIDS.
- Building awareness among CAS members of definitions of appropriate housing for people living with and at risk of HIV (i.e., accessible, affordable, adequate housing).
- Calling for access to housing for all people living with and at risk of HIV as a way of facilitating and promoting access to treatment and HIV prevention.
- Encouraging the alignment and coordination of national housing strategy goals and funding to meet the housing need of people living with and at risk of HIV/AIDS.

- Supporting built-in, longitudinal evaluation components, so the strategy can be appropriately evaluated and critically examined to ensure that the intended goals and objectives are achieved.

A research agenda must be focused on intervention, rather than the generation of more evidence.

- Researchers need to partner with community organizations and affected populations to conduct research related to housing interventions.
- Funding agencies must allot funding to intervention-based studies and longitudinal studies to ensure that appropriate evaluation of the interventions can take place.
- Researchers and community must work together in developing evidence-based arguments in support of a national housing strategy.

### **Encouraging Outreach and Coordination**

Currently, there is an opportunity to engage in outreach with members and stakeholders and coordinate a community-based response to the lack of affordable housing and rise of homelessness in Canada. Community-based, non-governmental organizations and the private sector need to be integrated and engaged in any national housing strategy. ***Invested stakeholders must work cooperatively, engage with each other to understand competing priorities and coordinate joint responses that create solidarity, rather than divided efforts.*** Without outreach and directing a unified message to the government, there will continue to be delays and stalling of a national housing strategy. Once communities, organizations, governments, and citizens share a common vision, it will be easier to mobilize and harder for governments to ignore their calls to action.

### **Recommendations for Outreach and Coordination**

The Canadian AIDS Society commits to:

Collaborating with other key housing stakeholders to gain knowledge and reinforce priorities for people living with and at risk of HIV by:

- Engaging key national non-governmental housing stakeholders in a discussion about housing and HIV/AIDS. Potential and existing partners include:
 

<ul style="list-style-type: none"> <li>- Ontario HIV Treatment Network</li> <li>- Social Rights Advocacy Centre</li> <li>- Pivot Legal Society</li> <li>- Ligue des droits et libertés</li> <li>- Front d'action populaire en réaménagement urbain (FRAPRU)</li> <li>- Citizens for Public Justice</li> <li>- Centre for Equal Rights in</li> </ul>	<ul style="list-style-type: none"> <li>Accommodation</li> <li>- Wellesley Institute</li> <li>- Congress of Aboriginal Peoples</li> <li>- Prairie Housing and Health Task Force</li> <li>- Co-operative Housing Federation of Canada</li> <li>- Canada Without Poverty</li> </ul>
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- National Aboriginal Housing Association
  - Housing Again
  - Centre for Urban and Community Studies
  - Canadian Housing Renewal Association
  - Homeless Hub
  - Federation of Canadian Municipalities
  - Raising the Roof
  - Amnesty International
  - Canadian Centre for Policy Alternatives
- Engaging key provincial, regional, and local housing stakeholders in a discussion of local issues related to housing for people living with HIV/AIDS – for example:
    - provincial tenancy boards
    - provincial cooperative housing groups
    - provincial/local anti-poverty organizations
    - provincial housing departments and programs
    - provincial/regional/local not-for-profit housing associations

### **Building Alliances**

CAS is working with other key stakeholders to generate the impetus towards a national housing strategy. Among those involved in housing work, those who lobby for and create public health policy, those who are in the precarious position of losing their housing, there is a shared vision of accessible, affordable, adequate housing. However, the reality is that the government and the Members of Parliament who represent voters are inundated with priority issues. Housing is just one of many urgent matters that compete for the attention of leaders.

Taking action on housing will create a demand for a response. Aligning with key housing stakeholders – national, provincial, municipal, and regional – CAS is working to ensure the housing needs people living with HIV/AIDS are represented. CAS is working with other key stakeholders to create momentum for the building of a national housing strategy that is grounded in community-based wisdom and expertise and aligned with the housing needs, at all stages of wellness, of people living with and at risk of HIV/AIDS.

### **Recommendations for Building Alliances**

The Canadian AIDS Society commits to:

Sharing the knowledge and understanding about Canada’s housing crisis with its members, partners, allies, and champions by:

- Educating about the existing lack of a national housing strategy.
- Providing capacity-building opportunities related to understanding the importance of developing a national housing strategy.
- Informing non-HIV/AIDS partners and collaborators about why housing is an important aspect of HIV treatment, care, support and prevention.
- Joining together with other key housing stakeholders and demanding a response, when appropriate and possible.

- Inviting communities and community leaders to join the call to action.
- Developing strategies, key messages and awareness campaigns, such as a post-card/letter writing campaign and a blueprint for action on housing and HIV/AIDS to promote the importance of a national housing strategy.

## V. Conclusion

***We have learned that housing in and of itself is a first-step intervention for the prevention and treatment of HIV/AIDS. Clearly it is not the only intervention; medical, financial and substance [use] services are needed. Housing by itself doesn't guarantee the end of the desperate personal decline. But a stable place to live does make it possible to begin to untie the knot of challenges of life with HIV/AIDS.***

(Cisneros, 2007, S7-S8)

Creating a national housing strategy that effectively meets the needs of all citizens of Canada is an ongoing challenge. However, the research and programming related to housing continues to grow and reinforce the evidence base calling for organizing on a national scale.

CAS and its members are in a perfect position to influence the direction of a housing strategy. They can reinforce access to housing as a human right, reiterate the association between housing and HIV/AIDS, and ensure that the housing needs and realities of people living with and at risk of HIV/AIDS are represented and integrated into a national housing strategy.

In developing a national housing strategy, adequate and sustained human and financial resources are critical. Full consideration must also be given to developing culturally and linguistically appropriate solutions that include people with HIV as an integral part of the decision-making process. CAS and its membership must encourage policy development, liaise and coordinate activities and resources with other key stakeholders to gain the greatest reach possible, and take action to collaborate and develop a united call for a comprehensive national housing strategy to ensure accessible, affordable, and adequate housing for people living with and at risk of HIV/AIDS, and for all Canadians.

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