

HIV and Homelessness

~ Speaking Notes ~

Renée Masching, Canadian Aboriginal AIDS Network

September 24, 2010

I would like to begin by acknowledging that we are meeting on Algonquin Territory and give thanks for this opportunity to come together. Thanks also to our Elder, Thomas, for his good words and good humour. Also a thanks to our families who support us as we travel to come together at events such as this and welcome us home again... until the next important meeting.

My name is Renée Masching and I am the Research and Policy Manager with the Canadian Aboriginal AIDS Network. I am very excited to have the opportunity to speak with all of you today. Charlie Hill and I have been getting to know each other, sharing ideas and working together for just over a year now and I have to say that I have learned a great deal and sincerely appreciate Charlie's leadership and mentorship in the area of Aboriginal Housing, with an emphasis on off-reserve.

In the short time I have today, I would like to introduce you to the Canadian Aboriginal AIDS Network, offer some context regarding HIV and AIDS within our community, link housing with our concerns regarding HIV and close with some thoughts regarding future opportunities and issues for your consideration.

The Canadian Aboriginal AIDS Network was incorporated in 1997. We are a national not-for-profit organization with a membership of over 400 Aboriginal AIDS organizations, Aboriginal People living with HIV and associate members supportive of our vision and mandate.

Our mission is to provide leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside.

Currently our programming specifically addresses issues related to Women, Youth and mobilizing a united international Indigenous response to HIV and AIDS. Our research initiatives are focusing on community-based research capacity building, the impact of alcohol use on access to services, APHA Leadership, communications and housing.

We strive to routinely provide accurate and up-to-date information about the prevalence of HIV in the Aboriginal community and the various modes of transmission; host skills building events and Aboriginal specific education/awareness campaigns; and support of harm reduction techniques and build partnerships with Aboriginal and Non-Aboriginal agencies which address the issues of Aboriginal peoples across jurisdictions with an emphasis on integrating a response to HIV and AIDS.

Our head office is based on the Musqueam First Nation in Vancouver, BC and our research and policy Unit is based on land owned by the Millbrook First Nation in Cole Harbour, Nova Scotia a neighbourhood just 15km from downtown Halifax (on the Dartmouth side).

Some context regarding HIV and AIDS in the Aboriginal community in Canada

Aboriginal persons living with HIV/AIDS continue to be over-represented in the HIV epidemic in Canada. Although we account for about 3.8% of the total population in Canada we represented 29.4% of positive HIV test reports with known ethnicity at the end of 2008.

In 2007, the overall infection rate in Aboriginal persons was 2.8 times higher than among non-Aboriginal persons (PHAC, 2007).

According to the 2007 HIV/AIDS Epi-Update, the profile of Aboriginal people diagnosed with HIV differs from that of non-Aboriginal people in three important ways: gender, age and exposure category. Aboriginal women are particularly affected and represented in rates of HIV infection: during 1998-2006, women represented 48.1% of all positive HIV test reports among Aboriginal persons compared to 20.7% of reports among non-Aboriginal persons. Second, Aboriginal peoples are diagnosed with HIV at a younger age than non-aboriginal populations: almost a third (32.4%) of the Aboriginal people who tested positive for HIV from 1998 to the end of 2006 were younger than 30 years old, compared with 21.0% of non-Aboriginal people who tested positive. Perhaps the most significant contrast is the difference in exposure category: among Aboriginal Canadians, the proportion of new HIV infections attributed to injection drug use is much higher than among all Canadians.

Our National response to these staggering statistics is the second Aboriginal Strategy on HIV/AIDS in Canada, ASHAC II 2009 - 2014. The strategy identifies 7 key strategic areas for a robust response to HIV/AIDS within the Aboriginal community:

- A. Wholistic Care, Treatment and Support
- B. Aboriginal HIV/AIDS Research
- C. Broad-based Harm Reduction Approaches
- D. Capacity Building
- E. Legal, Ethical and Human Rights Issues
- F. Partnerships, Collaboration and Sustainability
- G. Prevention and Awareness

This document was developed through CAAN as a resource for all Aboriginal communities, organizations and stakeholders. There are specific suggestions for actions related to each strategic area and the document concludes with suggested actions for CAAN, community organizations and government in an effort to reinforce our shared responsibilities.

Ironically as I am presenting here today, I realize that housing is not specifically identified in the document. There are however significant examples and suggestions that relate to the social determinants of health, the power of working together and need to jointly respond to HIV and AIDS in order to reverse our dire situation.

HIV and Housing

As you are all well aware, housing is a key determinant of people's health and well being. Extensive housing research and literature demonstrate that a lack of stable and affordable housing is powerfully implicated in "risk for HIV exposure and transmission and with the care and health of persons living with HIV/AIDS".

- Unstable housing contributes to health disparities.
- It is associated with poor physical health, mental illness and HIV-related risk behaviour, such as drug use and exchanging sex.

Literature from the US clearly demonstrates that unstably housed and homeless individuals are disproportionately affected by HIV. AIDS-related human rights abuses and AIDS stigma and discrimination are barriers to accessing and maintaining stable housing and this is where we begin to speak of the multiple layers of discrimination our peoples experience.

- Housing is a structural intervention that has significant potential to reduce the risk of transmitting HIV and to improve the health of people with HIV.
- Having stable housing is associated with reductions in HIV-risk behaviours specifically in people with HIV, and with better health.
- Housing stability of people with HIV is associated with access to/use of primary health care services. Treatment access and adherence is more manageable with stable housing.

Thus far, research regarding HIV and Housing has largely occurred outside of Canada. There is one key study going on Ontario called Positive Spaces, Healthy Places that has generated some very important Aboriginal specific data. This study has been ongoing for more than six years, examining the link between housing and health for people living with HIV. *This* is the first longitudinal participatory action research (PAR) initiative in Canada to systematically examine housing stability and health outcomes in the context of HIV/AIDS. They have used interviews to build understanding of the housing experience in Ontario.

Key Housing Findings for Aboriginal People Living with HIV in PSHP:

- 61% of all participants reported cycled patterns of homelessness, with First Nation, females, gay/lesbian individuals, and those living in the Greater Toronto Area most at risk;
- People move frequently in search of better health care or a living environment that minimizes social and psychological stressors with HIV infection; and
- Overall, half (49%) of the 80 Aboriginal participants reported experiencing discrimination when trying to get housing services. Discrimination was related to their source of income, race, employment status, sexual orientation, HIV status, and gender. First Nations, female/transgender, and gay/lesbian Aboriginal people with HIV were more likely to experience housing discrimination (Monette et al, 2009).

Opportunities together

CAAN's membership is made up of Aboriginal AIDS organizations and programs that operate from sea to sea to sea. We are hopeful that our relationship with NAHA will continue to grow and strengthen. As the push for a national Housing Strategy increases and the reality seems possible we will need the support and awareness of all stakeholders to ensure that specific recognition of HIV and AIDS is incorporated.

Similarly as a National Aboriginal Housing strategy is developed we are hopeful that HIV and AIDS will be specifically addressed.

HIV exploits vulnerability. HIV reinforces and deepens discrimination. We are still told that HIV is a gay man's disease, that it is a punishment for an unsafe lifestyle and that somehow there are those who have 'brought it on themselves' through seemingly irresponsible behaviour versus those who are victims who were exposed through 'no fault of their own'. The more we divide ourselves, the more we judge the greater the impact of HIV in our communities.

HIV feeds on structural inequalities that keep the vulnerable at risk. Responding to HIV supports a response to substance use, mental health, families in need, youth, violence against women and so many of the other issues we face.

- Secure housing,
- targeted housing for people who are living with HIV,
- Harm Reduction programs that support people where they are at and offer supportive services at multiple levels,
- short term accommodations for families when someone may be in the hospital,

All of these are program and policy interventions within your field. I hope that those organizations that are already incorporating HIV within their programs will continue to do so and

encourage your counterparts to join in with creativity, open hearts and the strong minds we require to ensure the well being of our peoples.

Thank you for your time today.

For additional information and/or reference materials associated with this presentation please contact Renée at reneem@caan.ca or 902.433.0900 x224.