

Social Determinants of HIV - Housing

Why Is This Important?

Housing is a basic human need and has a significant impact on health. Lack of safe and adequate shelter, overcrowding, substandard dwellings, and homelessness can increase stress, social exclusion, and cause physical and mental illness which contribute to higher disease rates and poorer health outcomes.¹⁰

Without appropriate housing, people living with HIV and AIDS often cannot make healthcare a priority. Having a fixed address allows individuals to communicate for medical appointments, receive referrals and social supports, store and keep their medications in a private space, and receive adequate rest. Many patients with HIV and AIDS require home care after hospitalization and having a home to return to is a prerequisite to receiving appropriate care during recovery.

References: [About the Data](#)

What Is Being Done?

- [Saskatchewan HIV Collaborative](#)
- [Positive Living Program](#)
- [Westside Clinic](#)
- [Population & Public Health Front Line](#)
- [Case Management](#)
- [Social Work Support](#)
- [CUMFI - New Housing](#)

To Learn More:

- Chief Medical Health Officer's [Call to Action](#)
- [Front Line](#)
- [The Ripple Effect](#)
- [Inappropriate Housing](#)
- [Low Threshold Housing](#)

Highlights

Many HIV positive individuals live in unstable or inadequate housing.

- In the past five years, 49% of women and 48% of men did not live in their own apartment or house at the time of HIV diagnosis. This percentage has decreased slightly since 2011. Both women and men have reported living in a public place at the time of diagnosis (*Figure 1*).
- Among adult respondents who did not have their own apartment or house, most lived with a parent or relative (*Figure 2*).
- Fifty percent of Métis respondents and 42% of First Nations respondents were living in unstable housing (i.e. did not have own apartment/house) at the time of HIV diagnosis (See [HIV - Housing at HIV Diagnosis by Ethnicity](#)).
- Thirty-two percent (52) of 165 respondents indicated they had more than one type of housing in the year prior to HIV diagnosis; 27% (45) reported two to three housing types and 4% (7) reported four or more (*not shown*).

Figure 1: Housing at Time of HIV Diagnosis by Gender, Saskatoon Health Region, 2012 to 2016

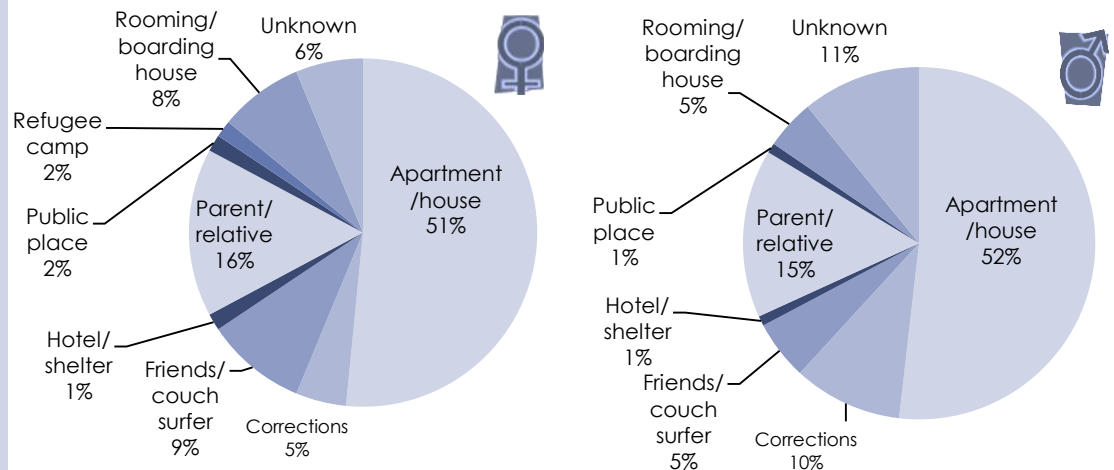
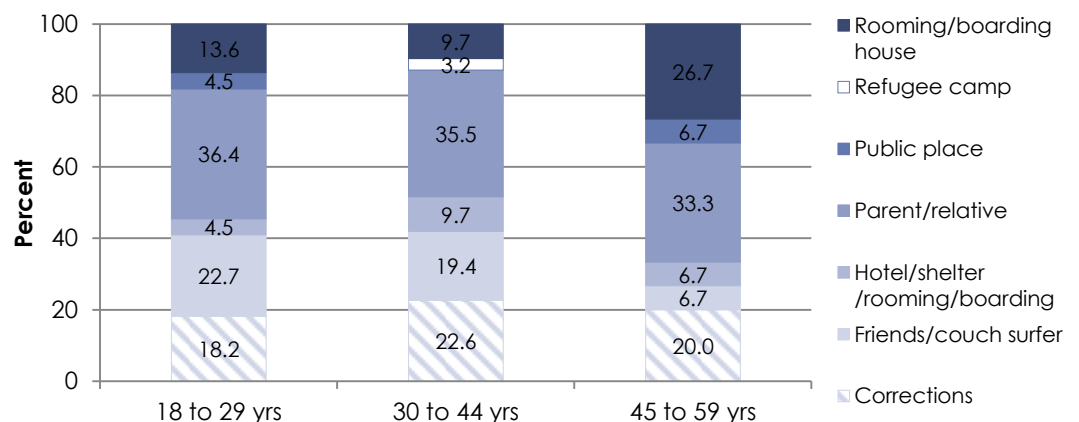


Figure 2: Percent of HIV Positive Age Group Without Own Apartment or House at Diagnosis by Housing Type, Saskatoon Health Region, 2012 to 2016



Source: Population and Public Health, Saskatoon Health Region