**Positive Living, Positive Homes: Literature Review Summary– October 2011**

It cannot be denied that there is a strong correlation between health and housing. Studies have shown for some time that housing status and stability are important determinants of health for the general population. As People Living with HIV/AIDS (PHAs) may experience many disproportionate challenges related to factors such as their ethno-racial identity, sexual orientation, drug use, mental health, income level, or disability status, PHAs may be even more impacted by their housing situation than members of the general population. For example, according to Dr. Angela Aidala (2011), 50 – 70% of PHAs in the US report an ongoing crisis in housing. Ten to sixteen percent of PHAs are literally homeless, while PHAs are twice as likely to be unstably housed as non-PHAs. This literature review on HIV and housing will give a general overview of the research that has been done, the populations the research was done with, and what has been learned. In particular, this review will discuss Ontario’s Positive Spaces, Healthy Places longitudinal study – the first of its kind in Canada.

**Canadian Context**

Throughout the country, there is an increasing issue with housing for Canadians. (Ticknor & Belle-Isle, 2010) It has been internationally recognized that housing is a human right, yet within Canada there is no national housing strategy. We are the only nation within the G8 to not have a housing strategy, and according to the discussion paper *HIV and Housing: Towards a National Strategy*, Canadians are having a harder time finding housing as incomes do not keep up with cost of living. Not only is housing considered a right, it is considered one of the essential requirements within the social determinants of health. It has been well documented that stable housing improves health outcomes, and therefore is a pressing concern for people living with HIV/AIDS (PHA).

Within housing itself there are a variety of needs to be met. Ticknor and Belle-Isle (2010) indicate that to meet Canadians’ needs housing should be accessible, adequate, and affordable. *Accessible* refers to the physical nature of the housing – can the individual who it is intended for use the space. *Adequacy* refers to whether or not the housing is habitable – is it structurally safe and will it provide protection against the elements. Finally, *affordability* refers to whether or not the individual can live there without compromising their ability to meet the rest of their basic needs. This list is further expanded by Rourke et al. (*Under Review*) to include material, meaningful, and spatial dimensions. While material is similar to accessible and adequate, *meaningful* attaches a social perspective to someone’s dwelling, including a sense of belonging and control over the home. *Spatial dimensions* refer to the location of the house – what neighbourhood is it located in, does the individual feel safe. These elements will be discussed further in a subsequent section.

As already mentioned, housing is considered to be a basic need and right, and has been shown to be a factor in determining health outcomes. Housing is also considered to be a *structural factor* – one factor that impacts a multitude of other factors, in a ripple-effect manner. Housing impacts access to proper nutrition, health care, self-care, mental health and social support. Other social determinants of health build off of, and are enabled by, housing.

**HIV/AIDS Context**

As previously mentioned, Aidala (2011) notes that 50 – 70% of PHAs have experienced lifetime housing instability and homelessness at some point in their lives. Homelessness is considered a continuum that ranges from complete homelessness (eg. Sleeping in an alley or on a park bench) to unstable housing (eg. Staying in a single room occupancy (SRO) or couch surfing) to stable housing. In general, Aidala notes that homeless/unstably housed PHAs have higher rates of opportunistic infections, HCV, and other co-morbidities. Further, the death rate of PHAs that are homeless is 5 times that of those that are housed. Studies in the US have also shown that there is a connection between improved housing status and behaviour change, causing a risk reduction and increased access to appropriate care. (Aidala, 2011)

Studies within Canada have shown that among PHAs, more than 50% may live below the poverty line.(Rourke et al., *Under Review*) The first longitudinal study looking at health outcomes related to housing, the Positive Spaces, Healthy Places (PSHP), was the result of earlier meetings with stakeholders in Ontario concerned about the worsening housing situation for HIV positive individuals.

**Positive Spaces, Healthy Place (PSHP) Study**

The Positive Spaces, Health Places research project was a partnership between AIDS Thunder Bay, AIDS Niagara, Bruce House, Fife House, the Ontario AIDS Network, the Ontario Aboriginal HIV/AIDS Strategy, McMaster University, York University, the University of Toronto and the Ontario HIV Treatment Network. Funding was provided by the Canadian Institutes of Health Research, the Ontario HIV Treatment Network, the Wellesley Institute, the AIDS Bureau of the Ontario Ministry of Health and Long-term Care, and the Ontario AIDS Network. 605 participants were recruited from regions of Ontario (being a resident of Ontario was a requirement), primarily HIV-positive individuals affiliated with an AIDS service organization (ASO). Participants included youth, women, Aboriginal people, and individuals from endemic countries. The requirements for participation were: resident of Ontario, HIV- positive, and be able to provide informed consent. The research team worked to include hard-to-reach populations, including injection drug users, and strived to fulfill the GIPA (greater involvement of people living with HIV/AIDS) principles by including PHAs in every stage of the research project, and hiring and training peer research assistants.

The PSHP study currently has four stages: During Phases I (baseline), II (12 months), and III (24 months) participants were interviewed, and a brief telephone interview was conducted after 6 months. Phase IV, the phase currently underway, includes follow-up interviews over a three year period with participants. The aim of the PSHP study is to:

1. Increase understanding and awareness about the housing needs and experiences of people living with HIV and to highlight the ways in which current social policy may impact the housing circumstance and stability of people living with HIV in Ontario
2. Investigate the relationship of housing quality and security to the physical and mental health of people with HIV
3. Investigate the relationship between housing quality and security to access to health care, treatment and social service utilization
4. Examine how housing characteristics may change for people with HIV from diagnosis through their life course, and identify possible areas for intervention.
5. Determine possible variations in the housing and/or homelessness experiences of people living with HIV/AIDS from specific communities: Aboriginal, ethnocultural, women, families, sexual minorities, youth, and ex-prisoners (<http://www.pshp.ca/mission.html>)

The information gathered from this study is comprehensive, but only includes PHAs from Ontario. Data from the PSHP study include information on the health outcomes of PHAs with mental health issues, PHAs that are HCV co-infected, links between homelessness, housing instability and food insecurity, as well as the importance of social support for PHAs. Some of this information is included below, along with other research.

**Benefits of Housing**

It has been shown that there is a correlation between housing and HIV. People that are unstably housed or homeless are 3 – 9 times more likely to contract HIV. (Rourke et al. *Under Review*) Housing has also been shown to have a direct, positive impact on quality of life. PHAs that have stable housing have better mental health outcomes, are more likely to access ARTs and stay on them (therefore reducing the chance of drug resistance), have better immunity, and better physical health. Homelessness, on the other hand, leads to lower mental health outcomes, lower quality of life, faster progression of HIV, and higher usage of the medical system. (Rourke et al., *Under Review*) Angela Aidala (2011) also notes that within the US 3% to 14% of homeless people are HIV positive, and that those individuals who participate in high risk activities (IDU, unprotected sex) are more likely to get infected with HIV if they are not in stable housing

Within the PSHP, almost 100 participants were lost to follow-up during the first year. This was either due to death or loss of contact. The characteristics of those individuals who were lost to follow-up were very similar: shorter HIV infection duration, higher substance use, lower ART use, increased depression, lower levels of social support, unstable housing or homelessness, frequent moving, history of incarceration, difficulty paying housing costs, and dissatisfaction with housing and/or neighbourhood. As mentioned, housing is the foundational piece that ties other social determinants together. (Rourke et al. *Under Review*)

The Canadian AIDS Society, in their discussion paper *HIV and Housing: Toward a National Housing Strategy* (2010) make recommendations to aid PHAs in meeting their housing needs. Included in their list is rent control, which is not currently available in all provinces, supportive housing, rehabilitation of existing housing, as opposed to building new, emergency housing relief, and a strategy towards a continuum of housing which includes basic models such as *Housing First* (a program in which the first step is to get housing regardless of mental health or substance use) to independent or shared housing, to co-ops or social housing. The argument is that a holistic strategy will better suit the needs for quality of life as the disease progresses in an individual. (Ticknor & Belle-Isle,2010)

**Aboriginal People (APHAs)**

Aboriginal people are just one of the sub-groups that are disproportionately affected by HIV/AIDS. Aboriginal people have a rate of HIV infection almost 4 times that of non-Aboriginals, and it is believed that this number is likely under-representative. For those Aboriginal people living with HIV (APHAs), they are more likely to be diagnosed at a later stage of the illness, they are likely to access treatment later on in their illness, they are less likely to adhere to anti-retrovirals (ARTs), are less likely to ever go on ARTs, and have the highest mortality rates of HIV/AIDS related illnesses. On top of that, HIV is just one of the health disparities between Aboriginal and non-Aboriginal people. (Monette et al., 2011)

Housing for Aboriginal people living on reserve is a large concern. Often housing is inadequate in terms of structure, plumbing, heating, and space, as well as having an overall shortage. To date, most housing research related to Aboriginal people has been focussed on-reserve (Monette et al, 2011). Off-reserve, however, is also a critical situation as most Aboriginal people live off reserve, especially those living with HIV. Of those who live off-reserve, more than half live in urban areas. Within Aboriginal communities there is still a high level of stigma and fear over HIV/AIDS, making it, at times, unsafe for an APHA to stay in their home community, in addition to on-reserve communities having inadequate access to health care. (Monette et al., 2011)

According to research conducted through the PSHP, APHAs tend to be younger in age than non-Aboriginals, more likely to be heterosexual, more likely to identify as women or transgendered, have a lower education level, live in a higher degree of poverty, have been incarcerated, have faced discrimination, and have a history of unstable housing and homelessness. Aboriginal women, especially, face the highest degree of homelessness. Of the PSHP participants, 14% were Aboriginal. 22% of APHAs in the study had experienced homelessness 3 – 5 times in their life, while 30% had experienced it more than 5 times. The core reasons for these rates included:

* Inability to pay rent
* Incarceration
* Eviction
* Release from jail, prison, or hospital
* Feeling unsafe
* HIV discrimination

Aboriginal people also reported an increased level of discrimination when trying to access housing, and were the least likely to feel a sense of belonging where they lived. As mentioned earlier, this feeling of belonging is one factor impacting health outcomes. Of those that were housed, most were living in unsupportive housing – that is, housing with no support services attached. While looking at positive health outcomes, those few living in housing with supportive services had the highest level of health outcomes. (Monette et al, 2009)

With PSHP, health outcomes were also attached to Aboriginal group (First Nation, Metis, Inuit), gender, and age. First Nations had the worst health outcomes, and women had lower outcomes than men. Youth (20 – 29) had the lowest outcomes for mental health, while those 30 – 39 had the lowest physical health outcomes. (Monette et al, 2009)

According to work done by the Canadian Mortgage and Housing Corporation, 35% of Aboriginal people in Ontario cannot access or do not live in adequate housing. There are also no housing programs in Ontario that are specific to APHAs, a concept that would be need to incorporate culturally relevant practices in order to be truly accessible. As those Aboriginal people that are contracting HIV are younger, when they move to the urban centres they tend to have lower levels of education and have a difficult time finding work. This of course leads to difficulty in finding housing, which can in turn lead to risky lifestyle choices such as survival sex and substance abuse. This is all compounded by the difficulty in losing their community, including their social and familial supports and a lack of knowledge in accessing services in an urban centre. Monette et al. (2009) recommend that it is key to coordinate any work in HIV as well as housing between on reserve and off, with an essential component being to include First Nation communities.

**Women & Families**

As already mentioned, women are one of the highest risk groups for unstable housing and homelessness. HIV-related diseases are the leading cause of death among women who are homeless (Greene et al, 2010). A lack of housing also leads to risk factors for HIV – drug use, sex trade work, mental health, issues, and sexual abuse. These issues are further compounded when the PHA has children.

Poor housing conditions, unsafe neighbourhoods, support for themselves and their children, HIV stigma, discrimination, racism and poverty are all concerns for HIV-positive parents. Parents will often subordinate their own needs to ensure their children’s needs are met, including accessing their HIV care. Positive parents also have unique housing needs due to different mental health and physical needs, but Greene et al (Greene et al, 2010) state that more research is needed in this area.

Most research on HIV parenting has been done in the US where positive parents face poverty, homelessness, substance use, and racialization. Racialization especially impacts low income women, who are typically the primary or sole caregiver of their children. HIV positive parents face the stress of keeping their status a secret, as well as planning for the worst, their death, on top of everyday parenting issues. Women will quite often stay in a violent relationship in order to have a place to live for her children. Parents also face the stress of intergenerational impact of HIV/AIDS: what happens when their children need to look after them due to their declining health?

The PSHP cohort included 13 positive parents – 1 male and 12 female. This group was indicative of inconsistent adherence to ARTs, inadequate housing in unsafe neighbourhoods, fear of social services and child welfare, stigma and discrimination, poverty, and concerns about the future. Parents whose children were HIV positive also faced the stress of ensuring that their work was close to their children’s schools in case of emergency and keeping their children’s status a secret from their school. Parents were also worried about the schools finding out about their housing situation.

Among HIV positive parents, their HIV status takes a back seat to the needs of their children. Parents will sometimes look for the trade-offs: cover housing costs or cover HIV care. Some parents avoid HIV designated housing for fear of disclosing their status to child or their community. This fear leads to a sense of isolation. One recommendation discussed by Greene et al. is the need for practical support for HIV positive parents – daycare, respite, etc. This practical care is in addition to aiding with housing, as there is a fear that reaching out for housing support will bring the attention of social services and an even greater fear of losing their children. (Greene et al, 2010)

**Current Work**

In 2009, MP Libby Davies put forth a private members bill, Bill C-304: *A Secure, Adequate, Accessible, Affordable Housing Act* (House of Commons, 2009). The bill calls to rectify the housing inequities in Canada and recognize that access to housing is a human right. Unfortunately, the bill does not include engagement with the non-profit sector, community-based organizations, or AIDS service organizations. The bill has been through the second reading and is waiting on a fall vote.

In addition to the PHSP study, other groups across Canada are initiating work on research on housing and HIV. Many of the studies, like *Positive Living, Positive Homes*, are affiliated with the OHTN/REACH/PSHP. Each will be briefly described:

1. ***HIV Supported Housing in western Canada: Mapping Services and Needs and Assessing Outcomes****.* This study is led by The SHARP Foundation in Calgary, and BC team members include Cathy Worthington (academic principal investigator), Evin Jones/Heidi Standeven (PAN), and Kim Stacey (McLaren Housing). HIV supported housing service providers and/or ASOs or ASO networks from Alberta, Saskatchewan, and Manitoba are also on the team. The aim of this study is to develop a service network and information system to support HIV-housing based services provision, and the 3-year study will include a service system mapping, PHA housing needs assessment, and outcome measures development for participating agencies/communities. A proposal for HIV/AIDS CBR funding is being submitted in October, 2011 (supported by and CBR catalyst grant).
2. ***Stable Home, Strong Families: The Cultural Context of Housing, Home and Health for Aboriginal People with HIV/AIDS in Canada.***This study is led by CAAN and Saara Greene (academic principal investigator) of McMaster University. BC team members include Cathy Worthington and Charlotte Reading (both at UVic). The aim of this study is to explore cultural understandings of housing among Aboriginal PHAs, identify how participants understand the links between housing experiences and HIV health status, and integrate knowledge exchange activities to support culturally appropriate social housing practices and federal/provincial housing policies. A proposal will be submitted to the HIV/AIDS CBR Aboriginal fund in October, 2011, with support from REACH.
3. ***Ontario HIV Supportive Housing Providers Common Measures Initiative.***HIV housing service providers in Ontario are working to develop common measures to document the impact of housing services in order to determine the optimal mix of HIV housing services in Ontario. The OHTN Evidence-Based Practice Unit is supporting this initiative. Keith Hambley of Fife House (Toronto), is a community lead on this project, and is also a co-investigator on the *HIV Supported Housing in western Canada* study, and the two groups are sharing measures and outcome instruments.
4. **Chez nous, c'est chez toi : une étude exploratoire sur le logement et le VIH au Québec**. (My home is your home : an exploratory study on housing and HIV in Quebec)*–* This project is an exploratory study on Housing and HIV in Quebec. Its main goal is to document and address the changing needs of people living with HIV in terms of housing. Community members (working in housing facilities for PLWHIV) initiated the project and the research team is now made up of a partnership between six community housing groups in Montreal and Quebec city, academic researchers, Canadian Aids Society and COCQ-SIDA. The project has been approved for funding by CIHR (catalyst grant, HIV community-based research).
5. **The way I see it: a photographic exploration of housing and health among persons living with HIV in Vancouver** “The way I see it” is a qualitative sub-study of the [LISA](http://www.cfenet.ubc.ca/our-work/initiatives/lisa) project that examines the impact of housing on the health and quality of life of people living with HIV and AIDS in Vancouver. This project uses Photovoice methods to develop an understanding of the relationship between housing and health that is grounded in individuals’ experiences. Photovoice is used to assist people, often marginalized by social-structural inequity, to reflect on their strengths and needs, engage with policymakers and work towards social change.

Since June 2011, a diverse group of Community Researchers has been engaging in discussion about housing and health, generating photographic evidence of their experience and analyzing their findings. At a later stage of the project, we will invite policymakers and members of our communities to see how vulnerability is produced by one’s environment and how people develop resiliency to manage their health in various contexts.

“The way I see it” is a partnership between the [Dr. Peter AIDS Foundation](http://www.drpeter.org/home/), [McLaren Housing Society](http://www.mclarenhousing.com/) , the [BC Centre for Excellence in HIV/AIDS](http://www.cfenet.ubc.ca/) and supported by many community partners.

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1. **Impact of Food Security on Health Outcomes in People Living with HIV/AIDS Across Canada** project, a national study examining how access to safe and nutritious food influences the health of people living with HIV/AIDS. The project brings together stakeholders from AIDS service organizations, academics, and leaders in the field of service delivery, advocacy, HIV policy and knowledge transfer and exchange in three provinces: British Columbia, Ontario and Quebec.
2. ***At Home/Chez Soi*** *(description from the Mental Health Commission of Canada website).* The At Home/Chez Soi project is based on a Housing First approach (see below). A total of 2285 homeless people living with a mental illness will participate. 1,325 people from that group will be given a place to live, and will be offered services to assist them over the course of the initiative. The remaining participants will receive the regular services that are currently available in their cities. Participants will have to pay a portion of their rent, and be visited at least once a week by program staff. The project is all about choice, and people will be able to choose housing within a number of different sites within their cities - including   
   apartments and group homes. The overall goal is to provide evidence about what services and systems could best help people who are living with a mental illness and are homeless. At the same time, the project will provide meaningful and practical support for hundreds of vulnerable people. Data from this kind of extensive research does not currently exist in Canada. The MHCC project is unique and the largest of its kind underway in the world right now. This study is currently underway in Moncton, Montreal, Toronto, Winnipeg and Vancouver. The Vancouver study is focussing on those people living with substance abuse and addictions.
3. ***Health and Housing in Transition (HHiT)*** *(description from* [*http://www.stmichaelshospital.com/crich/projects/hhit.ph*](http://www.stmichaelshospital.com/crich/projects/hhit.ph)*)* A four-years study (2008-2012) taking place in Vancouver, Toronto, and Ottawa. The Health and Housing in Transition (HHiT) Study is an ambitious and innovative longitudinal cohort study that will track the health and housing status of a representative sample of 1,200 homeless and vulnerably housed single adults. The main objectives of the study are to: The main objectives of this study are:

* To determine (a) the rate at which homeless individuals achieve residential stability and (b) the rate at which vulnerably housed individuals become homeless over a 2-year follow-up period;
* To identify the risk factors and individual, interpersonal, and community-level resources that are associated with (a) the attainment of stable housing among homeless individuals, and (b) the onset of homelessness among vulnerably housed individuals; and
* To determine whether changes in housing status are associated with subsequent changes in physical and mental health, utilization of health care services, alcohol and drug use, and social supports.

**Key HIV Housing Research Gaps and Issues for BC**

Some key research gaps for the Positive Living, Positive Homes research study to consider are:

* Families that are impacted by HIV, either if the parents are positive, the children, or both.
* with the many First Nations communities present in BC (over 200), Aboriginal housing issues
* Unique housing issues that women face (as discussed above) looking into housing issues related specifically to HIV positive women would also be key.
* A piece of work that would be a useful place to start would be to look at what services already exist, who is using those services, and who is falling through the cracks and why.
* We already know that there is a housing shortage, so what are the determining factors for those who are able to access housing and those who do not, and what are the differences in health outcomes between those groups. Do the health outcomes vary on a scale that is reflective of the housing continuum (ie. Those who are completely homeless have worse health outcomes than those who are unstably housed)?
* Disconnect between on and off reserve housing for First Nation people.
* Housing needs of aging PHAs

This is by no stretch an exhaustive list, but maybe a few ideas to get dialogue started.

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