

# Why Canada needs more research on HIV & Poverty

## Putting HIV and income on Canada's research agenda

Anecdotal evidence, community consultations and small-scale studies illustrate that thousands of people living with HIV/AIDS (PLWHIV/AIDS) are not meeting their basic living needs.<sup>1</sup> The poverty that they are experiencing is causing health problems, isolation and further marginalization. The challenge? We are missing significant data. The Canadian AIDS Society is urging the research community to consider these questions, and to incorporate these issues into future projects.

### 1. Quantitative Evidence

While AIDS Service Organizations and community consultations have documented ample qualitative and anecdotal evidence of PLWHIV/AIDS living in poverty, we are missing quantitative evidence. Questions that have frequently been asked when examining poverty in the HIV/AIDS movement include:

- How many PLWHIV/AIDS are living below the poverty line?
- How many PLWHIV/AIDS are on public income support? Private income support?
- How many are employed?
- How is this poverty distributed among various populations?
- How is this poverty distributed across regions, or between rural and urban communities?
- How many PLWHIV/AIDS living in poverty experience other disabilities? Other vulnerabilities?
- How many PLWHIV/AIDS living in poverty are accessing local supports? How many are relying on food banks? Shelters?
- How many PLWHIV/AIDS living in poverty are accessing health services? Dental care? Rehabilitative services? Mental health services? Addiction services?
- How does this data compare to those of other disability groups? Other poverty data in Canada?
- What is the economic cost of HIV-related poverty to health and social services?

This evidence is needed to inform and prioritise initiatives that target poverty reduction and prevention. Having this data would illustrate the actual distribution of poverty throughout the HIV/AIDS movement, and could better inform poverty-reduction and poverty-prevention strategies.

<sup>1</sup> HIV and Poverty Information Sheet Series. Canadian AIDS Society, Ottawa: 2006.

<sup>2</sup> A. Chapman. "In my experience...": Clients, advocates and government workers talk about provincial disability assistance programs. Canadian AIDS Society, Ottawa: 2006.  
 Both documents are available for download at [www.HIVandPoverty.ca](http://www.HIVandPoverty.ca)

### 2. Qualitative Evidence

The Canadian AIDS Society completed a national consultation of provincial disability assistance recipients in March, 2006.<sup>2</sup> This exploration raised a number of issues that need to be further investigated. Examples include:

- Does social capital affect the ability of social assistance clients to maximise their resources?
- Is poverty experienced differently by different populations?
- Does stigma and discrimination affect community and governmental perceptions of what constitutes "fraud" among social assistance recipients?
- How does the "return to work" discourse impact on the lives of PLWHIV/AIDS experiencing multiple vulnerabilities?
- How does being a client of social assistance impact on the psychological/mental health of PLWHIV/AIDS?
- Are income issues affecting women, such as childcare, prioritized differently by communities and governmental programs?
- Do health professionals understand the barriers faced by their clients when they provide treatment? Do they adjust treatment accordingly? What is needed to support health professionals treating clients living in poverty?

### 3. Clinical Evidence

Current, Canadian-based clinical evidence is needed in the following areas:

- How does living in poverty impact on the short and long-term health of PLWHIV/AIDS?
- How does the lack of access to health services because of poverty impact on the short and long-term health of PLWHIV/AIDS? Specific services include:
  - over-the-counter and non-insured medications
  - mental health supports
  - preventative dental care
  - sexual health supports (physical and psychological)
  - complementary and alternative medicine
  - rehabilitative and physical supports
- How does living in poverty impact on new transmission rates?

This information is required to document the urgency of the situation, illustrating the clinical impact of poverty on the progression of HIV disease. It can also be used to inform and improve the effectiveness of treatment strategies, from increasing the rates of adherence to medication, to a fully supported holistic approach to HIV disease management.

