

Housing for homeless critical for health care

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During the debate on health reform in [Washington](#), much as has been made of the need to "bend the curve"--to significantly and permanently reduce the seemingly unstoppable growth in health care costs ("Centrist plan on table," News, Sept. 17).

Much of the policy discussion has focused on reducing unnecessary tests, increasing the use of technology such as electronic medical records and expanding access to preventative care.

While these changes are critical, a study recently completed here in Chicago shows the role that the most basic non-medical intervention--providing housing for homeless people--must play in reducing health care spending for an extremely expensive population: homeless people with chronic health conditions.

A ground-breaking demonstration in Chicago showed that providing housing and supportive services to chronically ill homeless people could reduce health care use by one-third. The study, published in the *Journal of the American Medical Association*, suggests that housing and social services could more than pay for themselves in reduced medical costs.

There is ample evidence to show that seriously ill homeless people are a significant driver of health care costs for public hospital systems in major urban centers. One in every three Stroger Hospital patients is homeless or at high risk of homelessness. In [San Francisco](#), homeless adults make up less than 2 percent of the city's population, but account for one in four emergency room visits and hospital stays at the city's public hospitals.

The study, called Chicago Housing and [Health Partnership](#), followed for four years 405 chronically ill homeless people, including 146 living with [HIV](#), who had been hospitalized at Stroger and Mount Sinai hospitals. The homeless patients were randomly assigned to two groups. Half were offered immediate housing and intensive support from a case manager. The other half was released into the customary dysfunctional web of emergency shelters, family and under-financed recovery programs.

Remarkably, homeless people who were housed were admitted to the hospital one-third fewer times than people in the control group. They also spent one-third fewer days in the hospital and went to the emergency room one-fourth fewer times.

For every 100 homeless adults offered the program intervention, there would be 49 fewer hospitalizations, 273 less days spent in the hospital, and 116 fewer emergency department visits.

Health reform proposals advanced by [Democrats](#) in Congress all include an expansion of [Medicaid](#) to very low-income, childless adults. It is a policy change that will provide health care coverage for the first time to the group of homeless people in the Chicago study.

But this research demonstrates that it will be difficult to control the costs and care of this population unless they are also provided housing. Policymakers in Congress should consider expanding Housing First vouchers to long-term homeless individuals. They should also explore allowing states to use Medicaid funding to pay for housing for high-cost, homeless Medicaid patients.

Ultimately, the Chicago demonstration project shows that the most dignified solution to homelessness is also the most affordable to taxpayers.

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