

# **AIDS Foundation**

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### **Meeting the Healthcare Needs of Homeless, Chronically Medically Ill Individuals with Cost-Effective and Evidence-Based Approaches**

Testimony by AFC Vice President Arturo Valdivia-Bendixen to the Federal  
Coordinating Council on Comparative Effectiveness Research

May 13, 2009

Good afternoon. My name is Arturo Valdivia-Bendixen and I am the Vice President for Programs and Partnerships at the AIDS Foundation of Chicago. Thanks you for the invitation to speak to you today about a body of research illuminating cost-effective approaches to better service chronically medically ill homeless individuals.

This week, Dr. Laura Sadowski and colleagues from the Department of Medicine at Cook County's Stroger Hospital published their research findings in the *Journal of the American Medical Association* from a multi-year, collaborative project led by the AIDS Foundation of Chicago. In summary, the paper offers empirical evidence that treating chronically ill, homeless individuals with immediate access to housing with support services results in more cost-effective and rational medical utilization among this vulnerable population.

We began the project, called the Chicago Housing for Health Partnership (CHHP), as a joint initiative between three area hospitals and ten supportive housing organizations to provide housing as quickly as possible to at least 200 homeless and chronically medically ill individuals, including people living with HIV/AIDS, upon hospital discharge. Fully one-third of all study participants presented with diagnosed HIV. Others study participants presented with diabetes, heart disease, renal failure, asthma, cirrhosis, or another chronic condition.

The project sought to scientifically measure the cost effectiveness of providing supportive housing for this highly vulnerable and challenged population. Thanks to the research team at Stroger Hospital, we found that chronically ill homeless participants who were provided permanent housing with case management used one-third fewer inpatient hospital days and one-quarter fewer emergency room visits than their peers who relied solely on shelter and transitional housing services.

Put another way, the study shows that for every 100 homeless adults offered the intervention, expected benefits include 49 fewer hospitalizations, 270 fewer hospital days and 116 fewer emergency department visits.

Addressing the health needs of the homeless population is a challenge to physicians, health institutions, and federal, state, and local governments, with an estimated 3.5 million individuals in the U.S. likely to experience homelessness in a given year. Rates of chronic medical illness are

high among homeless adults, who are frequent users of costly emergency department and hospital services, largely paid for by public dollars.

According to the study's authors, "The combination of chronic medical illnesses and poor access to primary health care has substantial health and economic consequences."

### **Implications for Comparative Effectiveness Research**

These results provide a rationale and a blueprint for programs that address the needs of this vulnerable population.

The authors of the study wrote: "Our study addressed a neglected group among the homeless, those with chronic medical illness. Forty percent of homeless men and women have a chronic medical illness. With poor access to health care, their illnesses are usually under-treated and more severe. For patients without stable housing, following what would be considered a simple, basic recommendation of a lifestyle change or taking a medication is difficult, and sometimes impossible. For example, a common and basic recommendation such as 'take a pill twice a day with a meal' would be challenging – where would they get their pills, store them, will they have two meals that day?"

Too often hospitals in our cities discharge their homeless patients to overnight shelters or other places which cannot meet their special healthcare needs. The CHHP method of service delivery provides our nation with an effective model for assisting this segment of the homeless population and saving taxpayer dollars.

**The Federal Coordinating Council on Comparative Effectiveness Research should prioritize, as part of its work, research on systemic and structural variables—including access to and integration with non-medical services—as another way to decrease medical costs and achieve optimal health outcomes.** Comparative effectiveness research evaluating the cost benefits and health outcomes of Ryan White service systems could greatly inform how best to structure healthcare reform to meet the future needs of low-income, under/uninsured HIV-positive populations as well as other chronically ill and disabled populations. Such research could also establish useful metrics for evaluating the impact of health-care reform on vulnerable patient populations in the U.S.

### **Additional Information about the Research Project**

The four-year study—the first of its kind in the nation—followed 405 chronically ill homeless individuals who had been hospitalized at Stroger and Mount Sinai Hospitals. The homeless patients were randomly assigned to either an intervention group that were offered housing and intensive follow-up by a case manager upon discharge or usual care – Chicago's piecemeal system of emergency shelters, family and recovery programs.

During the 18 months of the study period, there were 583 hospitalizations in the intervention group (1.93 hospitalizations/person per year) and 743 in the usual care group (2.43 hospitalizations / person per year). There were also 2.61 emergency department visits/person per year in the intervention group and 3.77 visits/person per year in the usual care group, a reduction of 1.2 emergency department visits/person per year. After adjusting for various factors, compared with the usual care group, the intervention group had a relative reduction of 29 percent in hospitalizations, 29 percent in hospital days and 24 percent in emergency department visits.

In the summer of 2007, CHHP evolved from a four-year research and demonstration project (2003-2007) to a permanent citywide collaboration between 15 healthcare, housing, and social service agencies. The program addresses the finding that 1 of every 3 inpatients (32.4 percent) at Stroger Hospital was homeless or at high risk for homelessness during a study period in 2006.

To date, CHHP provides more than 230 permanent housing subsidies for homeless individuals. The CHHP model differs from traditional emergency shelter or transitional housing approaches in that the primary focus is on helping individuals quickly access and sustain housing, where needed services are provided best. Such “housing first” and “low demand” programs are less expensive than the cost of habitual shelter stays and emergency medical services often required by chronically ill homeless people.

### **About the AIDS Foundation of Chicago**

The mission of the AIDS Foundation of Chicago is to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic. Founded in 1985 by community activists and physicians, the AIDS Foundation of Chicago is a local and national leader in the fight against HIV/AIDS. We collaborate with community organizations to develop and improve HIV/AIDS services; fund and coordinate prevention, care, and advocacy projects; and champion effective, compassionate HIV/AIDS policy.

### **Conclusion**

Thank you for the opportunity to share these research findings. I hope your deliberations keep in mind the impact of non-medical services on the cost-effectiveness and clinical outcomes for chronically medically ill populations, including people with HIV/AIDS and those struggling with homelessness or housing instability. For additional information on the research project, please visit the AIDS Foundation of Chicago at [www.aidschicago.org](http://www.aidschicago.org).