Studies on Supportive Housing Yield Promising Results for Health of Homeless

In May 2009, the *Journal of the American Medical Association* (JAMA) published research findings confirming that immediate access to housing and support services results in chronically ill, homeless individuals utilizing fewer emergency room and inpatient hospital days as compared to a similar group receiving usual care. The randomized controlled trial, led by the AIDS Foundation of Chicago (AFC), provides empirical evidence that chronically ill homeless people treated with stable, supportive housing achieve better health outcomes, at a lower cost, than those not immediately enrolled in stable housing.

Called the Chicago Housing for Health Partnership (CHHP), the program formed in 2003 to scientifically test the efficacy of a “housing first” treatment model to improve the health of chronically ill, homeless individuals. CHHP has since evolved into a permanent citywide collaboration of housing, healthcare, and social service agencies that provides more than 230 housing subsidies to chronically ill homeless people.

**Permanent Housing Reduces Hospital Visits**
*Journal of American Medical Association’s Published Findings*

Homeless individuals with chronic medical conditions are at high risk for severe medical complications that can be costly to treat and, if left untreated, can prove deadly. Other factors including poverty, substance use, mental illness, and food insecurity compound an individual’s health challenges. According to the study, immediate access to stable housing with support services achieved superior results:

- 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 on the usual care system.
- During the 18-month 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 2.61 emergency department visits/person per year in the intervention group, compared to 3.77 visits/person per year in the usual care group, a **reduction of 1.2 emergency department visits/person per year**.

In other words, **for every 100 homeless adults offered the intervention, expected benefits include 49 fewer hospitalizations, 270 fewer hospital days, and 116 fewer emergency department visits.**

Learn about the Study!

**Context:**
Chronically medically ill, homeless individuals are frequent users of costly medical services, especially emergency department and inpatient hospital services.

**Design, Setting, and Participants:**
Conducted at a public teaching hospital and a private, nonprofit hospital in Chicago, 405 homeless adults with chronic medical illnesses were referred to the study by social workers.

**Intervention:**
Homeless adults were randomly assigned to one of two groups. In the intervention group, participants received permanent housing with case management. In the control group, which consisted of usual care, participants received no special services and discharge from the hospital or nursing home was followed by a piecemeal system of emergency shelters, family, and recovery programs.

**Measures:**
Hospitalizations, hospital days, and emergency department visits were recorded. Participants were interviewed at 1, 3, 6, 9, 12, and 18 months between 2003 and 2007.

Fact sheet prepared by the AIDS Foundation of Chicago, September 2009. For more information, visit www.aidschicago.org.
Better Health Outcomes of HIV-Positive Homeless Patients
The American Journal of Public Health’s Published Findings

To understand the impact on health status, study authors analyzed the health outcomes of the one-third of all study participants living with HIV/AIDS:

- After one year, **55 percent of HIV-positive participants in the intervention arm had a relatively healthy immune system, compared to 34 percent in the usual care group.**
- **40 percent of HIV-positive participants in the intervention group had undetectable levels of HIV in their blood, indicating that treatment was highly successful, compared to 21 percent of usual care participants.**
- The median HIV viral load was 87 percent lower in the intervention group. A low viral load is evidence that treatment is working and reducing levels of HIV in the bloodstream.

The housing intervention improved the health of HIV-positive homeless people.

Financial Implications for HIV/AIDS Policy:
According to Findings from the National Housing and HIV Research Summit Series,

- Of the **1.2 million people living with HIV/AIDS** in the United States, half will need housing assistance at some point in their lifetime; and
- Preventing one new case of HIV in the United States saves $300,000 in medical expenses.

By implementing a “Housing First” policy, government spending can be reduced:

- The CHHP study found that the 201 individuals who received the housing and intensive case management intervention spent over 5,900 days in nursing homes. The 206 control group participants spent more than 10,000 days in nursing homes, nearly twice as many days. **The intervention is estimated to have reduced nursing home costs alone by over $500,000.**
- **The group of homeless people** who were placed in the intervention group consumed fewer public resources than the group receiving usual care, which equates to more money saved.
- Costs of providing housing and case management are more than offset by the reduced costs of hospital and nursing home services.

Policymakers should immediately increase funding for supportive housing to reduce health care expenditures, prevent HIV/AIDS, and improve the health of chronically ill homeless people.

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