

Studies on Supportive Housing Yield Results for Health of Homeless and Cost Savings

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 500 housing subsidies to chronically ill homeless people.

Permanent Housing Reduces Hospital Visits Journal of American Medical Association’s Published Findings¹

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.¹

Context:

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

Design:

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.

Cost Savings:

By implementing a “Housing First” model of permanent supportive housing with intensive case management services for homeless individuals living with chronic illnesses, government spending can be reduced:

Evidence suggests every 100 chronically homeless individuals housed will save nearly \$1 million in public funds per year,

And every 100 short-term homeless individuals housed will save \$630,000 per year.

The costs of providing housing and case management are more than offset by the reduced costs of hospital, nursing home services, prison or jail, and other social services.³

Updated Fact Sheet: Jan. 10, 2012

For more information, see www.aidschicago.org/housing-home/chhp or call the AIDS Foundation of Chicago at 312-922-2322.

Better Health Outcomes of HIV-Positive Homeless Patients

The American Journal of Public Health's Published Findings²

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 by directly reducing viral loads.

Evidence

“New research data, published in the spring of 2011 from an NIH funded study, demonstrated that HIV treatment benefits both the health of individuals infected as well as public health by reducing the risk of sexual transmission of HIV by 96% from an HIV-infected individual to an HIV-negative partner.

Cohen MS, Chen YQ, McCauley M.
New England Journal of Medicine

Financial Implications for Policy:

The Health Services Research Journal Published Findings³

By implementing a “Housing First” model of permanent supportive housing with intensive case management services for homeless individuals living with HIV/AIDS, government spending can be reduced:

- Evidence suggests every 100 chronically homeless individuals living with HIV/AIDS housed will save nearly \$1 million in public funds per year, and for 100 short-term homeless living with HIV/AIDS housed, at least \$660,000 in savings.
- The costs of providing housing and case management are more than offset by the reduced costs of hospital, nursing home services, prison or jail, and other social services.

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 at least \$300,000 in medical expenses.

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.

¹ Sadowski, L., Kee, R., VanderWeele, T., & Buchanan, D. Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations among Chronically Ill Homeless Adults: A Randomized Trial. *Journal of the American Medical Association*. May 6, 2009, 301: 17, p. 1771.

² Buchanan, D., Kee, R., Sadowski, L., & Garcia, D. The Health Impact of Supportive Housing for HIV-Positive Homeless Patients: A Randomized Controlled Trial. *American Journal of Public Health*. June 2009, 99:6.

³ Basu, A., Kee, R., Buchanan, D., and Sadowski, L. (2011). Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care. *Health Services Research*, doi: 10.1111/j.1475-6773.2011.01350.x