

AIDS Foundation

OF CHICAGO

411 South Wells Street, Suite 300 • Chicago, IL 60607 • Tel (312) 922-2322 • Fax (312) 922-2916

FOR IMMEDIATE RELEASE

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MEDIA CONTACT

Johnathon Briggs (312) 334-0922

Innovative “Housing First” Program Helps Reduce Hospital and Emergency Department Use Among Chronically Ill Homeless

*Study funded by the AIDS Foundation of Chicago provides blueprint for programs,
advances idea that housing is healthcare*

CHICAGO – An innovative program that provides housing and case management to homeless adults with chronic medical illnesses reduced hospitalizations and emergency department visits, according to a first-of-its-kind study published in the May 6 issue of JAMA, the Journal of the American Medical Association.

Laura S. Sadowski, M.D., M.P.H., of the Department of Medicine at Stroger Hospital of Cook County, Chicago, and colleagues conducted a study to determine whether the Chicago Housing for Health Partnership (CHHP), a program that provides chronically ill homeless individuals with housing and case management services, would reduce hospitalizations and visits to the emergency department.

Led and coordinated by the AIDS Foundation of Chicago (AFC), CHHP is the first “hospital-to-housing” effort of its kind in the nation. CHHP (pronounced “chip”) identifies chronically ill homeless individuals at hospitals, moves them to permanent supportive housing, and provides them with intensive case management services so that they can maintain their health and secure long-term housing stability.

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. “The combination of chronic medical illnesses and poor access to primary health care has substantial health and economic consequences,” the study’s authors write.

The four-year study followed 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 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.

After 18 months, 73 percent of participants had at least 1 hospitalization or emergency department visit.

During this time 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.

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

“These results provide a rationale and a blueprint for programs that address the needs of this vulnerable population,” the study’s authors conclude.

“Our study addressed a neglected group among the homeless, those with chronic medical illness. 40 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,” Sadowski said. “As an internist, I usually recommend a lifestyle change or medication for patients with chronic medical illness.

“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,” Sadowski added. “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?”

Dr. Romina Kee, MD, MPH, of the Stroger Department of Medicine, who worked with Dr. Sadowski as a study investigator said “housing equates to healthcare.”

“I’ve had patients attest to the importance of having a place to live to help stabilize their physical and emotional well being,” Kee said.

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“Too often hospitals in our cities discharge their homeless patients to overnight shelters or other places which cannot meet their special healthcare needs,” said Arturo V. Bendixen, AFC vice president for programs and partnerships and CHHP director. “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.”

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.

The published study can be found at <http://jama.ama-assn.org/>

The study was funded by the Michael Reese Health Trust, the Chicago Community Trust, and the AIDS Foundation of Chicago (AFC). The Michael Reese Health Trust, AFC, along with the Polk Brothers Foundation and the Department of Housing and Urban Development, funded the housing rental subsidies and case management.

Media Advisory: To arrange interviews with CHHP participants, case managers and program staff, please contact Johnathon Briggs at (312) 334-0922 or e-mail: jbriggs@aidschicago.org. For information on the study and its findings and to contact Laura S. Sadowski, M.D., M.P.H., call Marcel Bright at 312-864-5508 or email: mbright@ccbhs.org.

Founded in 1985 by community activists and physicians, the AIDS Foundation of Chicago is a catalyst for local, national, and international action on HIV/AIDS.

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