Homelessness in the United States

- 630,000 homeless in the US in 2012, thousands in Philadelphia
- Over 3% of the US population has been homeless during the past 5 years
- Homeless = no stable residence
  - Temporary shelters, unsheltered locations (the street, transit stations, parked cars), etc.
- High rates of legal issues, substance abuse, dependency, & lack of stable employment
- Severe mental illness = overrepresented & linked to severe health disparities
- Higher risk for all-cause mortality (primarily due to injuries, overdose, CV disease)
- Mortality rates 3-4x higher than the general population
- Chronic & acute mental & physical health conditions
  - HIV, tuberculosis, hypertension, diabetes mellitus, Hepatitis C
- Life expectancy: 42-52 years for the chronically homeless
- Disproportionately low numbers / low quality of social supports
- The current "continuum of care" model:
  - Outsourcing treatment to transitional housing
  - Providing care via the homeless as a series of hurdles, often not possible to overcome
- No empirical support in favor of the practice of requiring individuals to participate in psychiatric treatment or to maintain sobriety before being housed

Poor health is a risk factor for homelessness, and homelessness is a risk factor for increased health needs.

Impact on the US Healthcare System

- Competing priorities may prevent the homeless population from seeking out or accessing primary & preventative healthcare
  - Basic subsistence (eating, sleeping, finding shelter)
  - Accessing needs in a "no what" attitude towards their own health
- Internal vs. external factors: depression, lack of motivation to change, patterns, the difficulties of navigating our complex health system, etc.
- Delays in pursuing needed health care often lead to a deterioration in health status
- Usually results in the need to implement more expensive forms of health care delivery in order to treat these patients' more advanced conditions
- Homeless = more intensive users of health services than the general population
  - Emergency department use, overall hospital use, psychiatric hospitalization
- ED use: 3x higher (only available safety net to many of the chronically homeless)
- Hospitalization: 4-5x higher
- Great burden of acute & chronic disease + homelessness-associated socioeconomic deprivation = increased utilization of the healthcare system (especially emergency medical services)
- Homeless high-intensity users of health services drive these trends

Homelessness is the individual characteristic that is most predictive of emergency department use

The Housing First Model

- End homelessness by providing a patient-centered, medical home for patients with a history of homelessness & co-occurring serious mental illness and addiction
- Choice (of housing options), Availability (immediate access to housing), Affordability (rent supplements/subsidies), Permanence & Commitment to re-house (should a client lose housing for any reason), and Separation of treatment & support (use of mental health services and substance abuse treatment is voluntary)
  - No "housing readiness" expectations or prerequisites (harm reduction)
  - Housing = a basic right
- Effective interventions/support = individually tailored to fit the stage/needs of each individual
  - Apartment + treatment + support + access to specific resources
- Housing First has been shown to successfully end homelessness for people with a serious mental illness by offering immediate access to permanent housing options as well as intensive community-based interdisciplinary support teams
  - Permanent housing, community-based supports, integrated person-centered health home, effective local public health monitoring system
  - Pilot programs in the US & Canada: great success
  - Reduces homelessness, increases housing stability, decreases criminal activity, decreases number of visits to the ED & detox center, & increases the number of inpatient (primary care) clinic visits
- Example: Seattle Housing First program targeted homeless individuals with severe alcohol issues
  - Reduced costs from $4066/person/month to $1492/person/month after 6 months, & to $938/person/month after 12 months
  - Collective reduction in costs by more than $4 million for 95 individuals

High-Intensity Healthcare Users

- The relative risk of frequent use of health services = 4.5x higher among the homeless
- ED use among the homeless = 2 visits per person-year
- ED use among the homeless high-intensity users = 12.1 visits per person-year
- 10% of the overall homeless population = 60% of the ED visits
- Higher economic costs, emergency department overcrowding, poorer patient outcomes, treatment delays, stigmatization of frequent users, & lower quality of care
- At a single institution, costs for homeless high-intensity users alone = ~S5 million/year
- Despite frequent interaction with the many acute care systems that target these populations, their complex medical & mental healthcare needs are not being met (shelters, hospitals, mental health services, drug & alcohol treatment services, the criminal justice system, welfare)
- The social determinants of health play a major role in the homeless population

We need a social ecology approach, with collaborations between the traditional medical system, mental health supports, economic development, housing, and access to healthy & affordable food.

Housing First: A Solution to Urban Homelessness

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Pathways to Housing PA

- Partnered with Thomas Jefferson University & Hospital
- Has engaged & housed hundreds of formerly homeless people in Philadelphia
  - 80% five-year housing retention rate for the chronically homeless (compared to 30-40% in the city's more traditional housing & treatment programs)
- Targets those who experience chronic homelessness, mental illness, substance dependence & addiction, and HIV/AIDS
- Interdisciplinary support teams: a family/community medicine physician, social workers, a nurse, a psychiatrist, a peer specialist, a vocational specialist, & a drug/alcohol counselor

Pathways to Housing Population Research

- Compile retrospective & current data on usage of emergency health services by Pathways to Housing PA participants, particularly high-intensity healthcare users
- Describe trends in emergency health care utilization by this formerly homeless population
  - Identify common health needs & issues
- Behavioral Model of Health Services Utilization for Vulnerable Populations
  - Explain usage of health services, define determinants of health care use, identify particular challenges faced in the context of a vulnerable population
  - Determinants
    - Predisposing factors (demographics or structural attributes)
    - Enabling factors (personal, family, or community resources)
    - Need factors (symptoms or health conditions that precipitate a health service use)

“Assessing Emergency Department Utilization of Pathways to Housing Participants”