2nd Annual

What’s new in homeless health care?
A no-jargon summary of the latest research

June 23, 2017

Travis Baggett, Margot Kushel & Stefan Kertesz
Disclosures

- Dr. Baggett: UpToDate royalties
- Others: None
Background

- Research on homelessness and health: new and small, but rapidly growing
Search results
Items: 1 to 20 of 9547

1. **Persons in Care in Four Large Metropolitan Areas of the United States, Medical Monitoring Project, 2011[FIGURE DASH]2013.**
PMID: 28628527
Similar articles

2. **Group Motivational Interviewing for Homeless Young Adults: Associations of Change Talk With Substance Use and Sexual Risk Behavior.**
D'Amico EJ, Houck JM, Tucker JS, Ewing BA, Pedersen ER.
PMID: 28627914
Similar articles

3. **Supportive housing for chronically homeless individuals: Challenges and opportunities for providers**

PubMed hits for “homeless”
Research on homelessness and health: new and small, but rapidly growing

Staying up-to-date on the latest research presents considerable challenges
- Identifying and prioritizing what to read
- Accessing articles themselves
- Making sense of obscure methods

**Objective:** To present a plain-language summary of the latest research on health, health care, and housing for homeless people
Literature search strategy

- All searches were conducted in PubMed only
- Initial literature search (5-17-17)
  - Search terms “Homeless Persons” [MeSH] OR homeless
  - Date limits: 01/01/2016 – 05/15/2017
  - Language: English
- Result: 718 articles
Manual review of titles & abstracts to weed out:

- Articles not primarily concerned with homelessness or homeless people
- Articles that did not present new data or a new systematic review and synthesis of existing data
- Articles not focusing on or including North American homeless people
- Articles highlighted in last year’s review

Result: **339 articles remained**
2nd manual review of titles & abstracts to categorize remaining 339 papers into the following domains:

- **Health status:** Articles describing the burden or consequences of physical or mental health conditions among homeless people (N=147)

- **Health care:** Articles describing health care access and utilization, health care organization and delivery, and/or health care interventions for homeless people (N=110)

- **Housing:** Observational or interventional studies examining the impact of housing on the health or well-being of homeless people (N=52)

- **Other:** Articles not fitting into any of the above 3 domains; not considered further (N=30)
Each of us reviewed papers in one domain and identified “top 10” based on rigor, impact, novelty

- **Health status:** Baggett
- **Health care:** Kushel
- **Housing:** Kertesz

All 30 papers are presented in an annotated bibliography available at end of session

- Concise summary of results
- Brief explanation of “why we chose this paper”

We will review 15 papers (5 per category) today
Some comments & disclaimers

- 2016 and early 2017 was another prolific year
  - VA and Canada continue to dominate this field of study!

- We tried to be meticulous
  - But we may have missed something!

- If you published a paper on homelessness this year
  - Thank you for your contribution!
  - If we didn’t include it here, don’t assume we didn’t like it!
    (we had to make some difficult choices)

- If you don’t like the methods or results of a particular paper
  - We are (in most cases) merely the messengers!
We want you to participate!

- Phone-based, anonymous audience response system

To join:
- Text travisbagget808 to 22333 if you have a good cell phone signal
- Go to PollEv.com/travisbagget808 if you’re on Wifi (network: Hyatt_Meeting; password: hch2017)
Health Status

Travis P. Baggett, MD, MPH
Assistant Professor, HMS / MGH
Staff Physician, BHCHP
Which of the following is true of homeless youth?

- They are medically complicated but psychiatrically straightforward
- Suicidal ideation is common but attempts are rare
- Over one-third have drug overdosed in the past
- Sexual and gender minority youth report a higher quality of life

Best answer: C

When poll is active, respond at PollEv.com/travisbagget808
Text TRAVISBAGGET808 to 22333 once to join
The 2015 National Canadian Homeless Youth Survey: Mental Health and Addiction Findings

Kidd SA, Gaetz S, O'Grady B

Can J Psychiatry 2017 Jan 1:706743717702076
Methods
What did they do?

- Surveyed 1103 people at 57 agencies serving homeless youth in 42 communities across Canada
  - Mean age 20 yrs, 34% female
- Surveys distributed by agency staff and self-administered via paper/pencil
- Questions focused on sociodemographic, mental health, and substance use characteristics
  - Emphasis on minimizing items while retaining validity
Results
What did they find?

- Findings provided a bleak portrait of health
  - 85% had high psychological distress
  - 42% had ever attempted suicide
  - 35% had ≥1 drug overdose requiring hospitalization
- 28% of respondents were sexual or gender minorities (LGBTQ2S)
  - Lower quality of life
  - Poorer mental health
  - Higher rates of prior suicide attempt (70%)
  - Higher prevalence of substance use disorders (67%)
Implications
Why is this important?

- Homeless youth are less studied than adults
- This survey had many flaws: non-probability sampling design, response rate not reported, BUT…
  - Large sample
  - Nationwide scope
  - Validated measures
- Findings emphasize the alarmingly high prevalence of mental and substance use disorders in this subgroup
  - Especially among gender/sexual minorities
- Lends additional weight to importance of systematically assessing SOGI
Among older homeless adults, the prevalence of chronic moderate-to-severe pain is about:

Best answer: C
Characteristics and Factors Associated with Pain in Older Homeless Individuals: Results from the HOPE HOME Study

Landefeld JC, Miaskowski C, Tieu L, Ponath C, Lee CT, Guzman D, Kushel M

Methods
What did they do?

- Assessed pain in a community-based cohort of 350 older homeless adults in Oakland, CA
  - Median age 58 yrs, 77% male, 80% black
- Used validated Brief Pain Inventory to assess pain characteristics
  - Moderate/severe: ≥5/10 on 0-10 numeric rating scale
  - Chronic: ≥3 months in duration
- Assessed degree to which pain interfered with
  - General activity
  - Enjoyment of life
Results
What did they find?

- 47% of participants reported chronic moderate-severe pain
  - Most reported that pain interfered with general activity and enjoyment of life
- Chronic moderate-severe pain was more common among people with:
  - Symptoms of PTSD
  - A history of physical, sexual, or verbal abuse
  - Arthritis
Implications
Why is this important?

- The homeless population is aging
  - But relatively little is known about the health of older homeless adults

- Clinically important pain is very common

- Association with traumatic life experiences suggested need for:
  - Trauma-informed approaches
  - Incorporating physical and psychiatric treatment modalities

- My 2 cents: Trauma underpins many of the conditions/issues we find most challenging to treat
Among homeless people with psychotic disorders, adherence to antipsychotic meds is about:

- 20%: 28%
- 40%: 67%
- 60%: 6%
- 80%

Best answer: B
Adherence to antipsychotic medication among homeless adults in Vancouver, Canada: a 15-year retrospective cohort study

Rezansoff SN, Moniruzzaman A, Fazel S, Procyshyn R, Somers JM

Methods
What did they do?

- Assessed psychiatric medication adherence over 15 yrs prior to enrollment among At Home/Chez Soi HF study participants in Vancouver, Canada
  - Focused only on 290 participants who had been prescribed an antipsychotic medication
  - Mean age 42 yrs, 72% male, 42% non-white

- Medication possession ratio (MPR)
  = Days dispensed / dispensing period
  Determined via provincial pharmacy database

Example:

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disp. 1 mo. supply</td>
<td></td>
<td>Disp. 1 mo. supply</td>
</tr>
</tbody>
</table>

MPR = 60 days / 90 days = 66% (ideal ≥80%)
Results
What did they find?

- Median antipsychotic MPR was 41%
  - Only 12% of participants had an MPR ≥80%
- Longer duration of homelessness and low engagement with primary care associated with lower MPR
- Receipt of long-acting injectable antipsychotic associated with higher MPR
Implications
Why is this important?

- Most comprehensive assessment of psychotropic med adherence among homeless people to date
- Results were alarming but suggested potential avenues for action:
  - Improving connection to primary care services
  - Consideration of long-acting injectable formulations when appropriate
Fact or #AlternativeFact: Homelessness has little impact on HIV outcomes.

When poll is active, respond at PollEv.com/travisbagget808
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Best answer: B
Longer duration of homelessness is associated with a lower likelihood of non-detectable plasma HIV-1 RNA viral load among people who use illicit drugs in a Canadian setting


Methods
What did they do?

- Analyzed data from a cohort of 922 HIV-positive people who use drugs and had ≥1 Rx for ART
  - Recruited between 1996 and 2014 in Vancouver, BC
  - Mean age early 40s, ~2/3rd male, 42% non-white
- Housing status assessed every 6 months
  - Homeless if living on street or no fixed address
- Primary outcome
  - HIV RNA viral load non-detectability (<500 copies/mL)
  - Verified through province-wide database
Results
What did they find?

- 22% were homeless at baseline
  - Homeless were more likely to use heroin or cocaine daily, more likely to have been recently incarcerated

- 44% experienced homelessness during a median of 3.5 years of follow-up
  - Most were homeless for only a single 6-month period

- For each 6-month episode of homelessness:
  - Likelihood of HIV viral suppression decreased 29%
  - Even after controlling for drug use and other variables

- Mediated by lower ART adherence?
Implications
Why is this important?

- Adds to a growing body of literature showing the impact of homelessness/housing on HIV outcomes
- Other papers from same group this year showed:
  - Residential eviction increases risk for non-suppressed HIV viral load (mediated by incomplete ART adherence)
  - Eliminating homelessness could improve HIV viral suppression by 82% among homeless people and by 15% at the population level
In comparison to non-homeless people with diabetes, homeless people with diabetes:

- Always have worse glycemic control: 17%
- Usually have worse glycemic control, although it might depend on their race or geographic location: 77%
- Eat more starchy foods but usually have about the same glycemic control: 6%
- Usually have better glycemic control: 0%

Best answer: B
Differential Impact of Homelessness on Glycemic Control in Veterans with Type 2 Diabetes Mellitus

Axon RN, Gebregziabher M, Dismuke CE, Hunt KJ, Yeager D, Ana EJ, Egede LE

Methods
What did they do?

- Analyzed data from a nationwide VA-based cohort of 1,263,906 veterans with type 2 diabetes
  - Followed from 2002 to 2010
  - Mean age 67 yrs, 97% male
- Homelessness identified using multiple indicators
  - ICD-10 codes (V60.0, V60.1)
  - VA “stop codes” mapping to specific clinical service types or locations
- Primary outcome
  - “Poor diabetes control”
  - HbA1c >8% and HbA1c >9%
Results
What did they find?

- Increasing number of homelessness indicators associated with higher odds of HbA1c >8% and >9%
- Strength of this relationship varied by race
  - Homelessness was a stronger predictor of poor glycemic control among whites and Hispanics than in blacks
Implications
Why is this important?

- Confirms what most of us know: Achieving optimal glycemic control is difficult when homeless
- Findings for race are intriguing
  - Does the experience of homelessness differ by race?
- Most compelling: Findings at odds with those of concurrent study in Greater Los Angeles VA system
  - Homeless diabetics had slightly worse HbA1c but were less likely than non-homeless diabetics to develop retinopathy
  - Authors’ explanation: homeless-tailored services -> more uptake of various primary, behavioral, preventive services
- Whether tailored services can mitigate adverse diabetes outcomes deserves further study
Health Care / Interventions

Margot B. Kushel, MD
Professor, UCSF / ZSFGH
Veterans experiencing homelessness

- Are unlikely to be able to complete the steps in advance care planning (ACP): 19%
- Could engage in ACP but lack interest: 19%
- Have generally engaged in ACP activities, named surrogates, and completed advance directives: 15%
- Have generally engaged in ACP activities but have not discussed with health care providers or completed formal processes: 48%

Best answer: D
Engagement in steps of advance health care planning by homeless veterans

Dubbert PM, Garner KK, Lensing S, White JG, Sullivan DH

*Psychological services* 2017;14(2):214-220.
Background

- Communicating health care preferences in advance is important
  - Wishes can be honored if person unable to participate in decision-making
- Advance Care Planning (ACP) is a series of health behavior steps emphasizing communication
- Little known about participation in ACP or filling of Advance Directives in homeless populations, but available evidence suggests low participation
Methods

- Analysis of evaluation data from attendees at psychoeducational groups for homeless veterans
- Attendance voluntary
- Groups focused on Advance Care Planning
- Participants encouraged to identify readiness for ACP and set a goal
- Study analyzed data from worksheets completed by veterans
  - demographic characteristics, homelessness status, self-reported ACP engagement, personal ACP goals
- Looked at Advance Directive completion in VA records
Results

- 288 homeless veterans completed worksheets
- Median age 54, 95% men
- 58% “minority”
- 28% rural
Results

- 70% reported having thought about care at end of life
- 48% reported having talked to trusted friend or family; 46% had named someone
- 31% had spoken with health care provider
- 26% had an AD on record
  - Little agreement with self report of who had AD
Results

- Non-white veterans less likely to have thought about their preferences, but no differences for other steps.
- Older veterans and those from urban areas more likely to have an AD.
Limitations

- Sample not representative
  - Only veterans already engaged in groups who were willing to go to group on ACP
- No data on mental health or substance use
- No follow up to see if identifying goals would help with engagement
Discussion

- Homeless veterans were interested in ACP activities and had thought about it, but little communication with healthcare professionals or filling out of forms
- Willing to discuss in group settings
- Need to improve discussions about ACP in homeless adults
- Increasing importance as homeless population ages
Which of the following is true of emergency department (ED) use among homeless people?

- Homeless adults who use the ED frequently do so because they do not have access to other forms of health care: 7%
- Increasing levels of ED use are associated with increased costs in other forms of health care: 63%
- The cost of health care for frequent ED users comes primarily from costs from ED visits: 10%
- Older people with chronic illness who are frequent users of the ED are the most costly to care for: 20%

Best answer: B
Cost of health care utilization among homeless frequent emergency department users

Mitchell MS, Leon CLK, Byrne TH, Lin WC, Bharel M

Psychological services 2017;14(2):193-202
Background

- Homelessness associated with frequent ED use
- Less known about association between ED use and use of other non-ED healthcare services
Methods

- Cross-sectional analysis of merged data
  - Boston Health Care for the Homeless
  - MassHealth (Massachusetts Medicaid Program)
- 6388 BHCHP patients enrolled in MassHealth 2010
- Key outcomes:
  - Frequent ED visits
  - Cost of non-ED care
- Clusters of frequent users
Methods

• Number of ED visits in 2010: (0, 1, 2-3, ≥4) or ≥4 versus <4

• Costs of care
  – ED visits
  – Ambulatory care visits
  – Inpatient visits
  – Pharmacy
  – All other care
    ▪ Long term care
    ▪ Addiction treatment
    ▪ DME
    ▪ Laboratory services
    ▪ Respite care
Results

- More frequent ED use associated with higher costs for ALL ED services for all
- Mental health, substance use problems and co-occurring are associated (independently) with increased costs
- Physical health conditions associated with increased costs (independently)
Results

- Found six groups of frequent users
  - Young and healthy
  - Alcohol use disorders
  - Young with drug use and mental health disorders
  - Mental health and physical disabilities
  - Older persons chronic illness
  - People with mental health, substance use and physical health problems
Results

• People with mental health, substance use and physical health problems most costly

• Older persons chronic illness next most costly
Limitations

- One area, that had Medicaid expansion
- All in study were involved in healthcare (doesn’t include those without ongoing health care)
- Only Medicaid costs
Discussion

- High ED use goes along with other healthcare utilization
  - High ED users are high users of other systems
- Those with mental health/substance use and chronic illnesses and older individuals with chronic illnesses costliest
- Answer to frequent ED use is not “get them a PCP”
Which of the following is true of early experiences with treatment of hepatitis C virus (HCV) infection at an HCH program in Boston?

- Homeless individuals with HCV and ongoing drug use showed poor adherence to HCV treatments: 4%
- Homeless individuals with HCV with and without ongoing drug use problems showed over 95% sustained virologic response: 79%
- Homeless individuals with and without ongoing drug use were treated for HCV successfully by their primary care clinicians with no additional support: 7%
- Fewer than 50% of HCV-infected homeless adults screened for enrollment and treatment were deemed eligible: 11%

Best answer: B
Experience and Outcomes of Hepatitis C Treatment in a Cohort of Homeless and Marginally Housed Adults

Barocas JA, Beiser M, Leon C, Gaeta JM, O'Connell JJ, Linas BP

*JAMA internal medicine* 2017;177(6):880-882.
Background

- Almost half (44%) of homeless adults thought to be infected with HCV
- Homeless adults face numerous barriers to treatment
- New regimens are highly effective, but expensive
- Little known about their use in adults experiencing homelessness
Methods

- Case series of HCV infected adults receiving care at BHCHP enrolled in treatment program
- HCV treatment team (PCPs, care coordinator, RN) selected patients
- Selection based on “treatment readiness” (adherence to appointments, urgency for treatment)
- No restrictions based on sobriety
- Weekly phone call from case manager
Results

- 199 people evaluated for treatment
- 120 treated (64 included in analysis)
- Most were male, mean age 55
- All completed treatment without specialty referral
- 97% achieved sustained virologic response
- 13% reported more than 3 missed doses
  - Not associated with SVR
- No differences in SVR based on sobriety, adherence
Limitations

- Unclear how many screened to get to 199 (i.e. not clear whether the 199 was highly selected)

- Unclear how effort distributed across patients (1 FTE care coordinator, .5 RN, 0.1 PCP)

- Housing status of participants unclear
  - Weekly follow up by phone
Discussion

- Small pilot study shows that primary care based HCV treatment feasible and effective within HCH primary care settings

- Further research will look at:
  - Screening criteria
  - Proportion eligible
  - Costs
A group-based motivational interviewing intervention to reduce substance use and sexual risk behavior among homeless young adults:

- Reduced alcohol use and number of sex partners at 12 weeks compared to control: 5%
- Reduced alcohol use and increased condom use self-efficacy compared to control: 68%
- Reduced alcohol use and sexual partners compared to control, but only among those who attended all sessions: 11%
- Was found to be acceptable to young women but not to young men: 16%

Best answer: B
A group-based motivational interviewing brief intervention to reduce substance use and sexual risk behavior among homeless young adults

Tucker JS, D'Amico EJ, Ewing BA, Miles JN, Pedersen ER

Background

- Homeless young adults aged 18-25 have a high prevalence of alcohol and drug use disorders and risky sexual behavior
- Few effective programs can be translated to meet needs of this population
Methods

- Pilot cross-over randomized controlled trial
- Four session, voluntary group visits
- Motivational Interviewing (AWARE)
- Administered at young adult homeless drop-in centers
- Goal: reduce alcohol and drug use and sexual risk behaviors
Results

- Enrolled 200 participants
  - 100 treatment, 100 control
- Mean age 21.8
- 73% male
- Racially/ethnically diverse
- High prevalence risk behaviors
Results

- Over \( \frac{3}{4} \) attended more than one (of four) sessions
- High satisfaction with intervention
- At three months: intervention vs control participants had
  - Statistically significantly improved past 30 days and past 3 month alcohol use
  - Increased motivation to reduce drug use
  - Condom use self-efficacy
  - Those with multiple sexual partners in intervention reduced # partners, those in control did not
Limitations

- Self report of all outcomes
- Short follow-up
Discussion

- Brief, four visit, voluntary group visits using motivational interviewing showed promise
- Reducing risk behaviors (alcohol, drug, sex) in young homeless adults
- High acceptability
- Feasible
In a study comparing homeless and low-income housed individuals who were hospitalized:

- Readmission rates were similarly high in both groups (4%)
- Having a primary care provider was associated with a lower readmission rate (14%)
- Homeless individuals had a 3-fold higher risk of 30-day readmission (46%)
- Having an alcohol or drug use disorder was associated with an increased risk of readmission (36%)

Best answer: C
Hospital Readmissions in a Community-based Sample of Homeless Adults: a Matched-cohort Study

Saab D, Nisenbaum R, Dhalla I, Hwang SW

*Journal of general internal medicine* 2016;31(9):1011-1018.
Background

- Hospital readmission rates are used as quality indicator, or pay for performance.

- 30 day unplanned readmissions may be markers of incomplete treatment, inadequate coordination of post-discharge care, or other deficiencies.

- Homeless individuals have high rates of inpatient hospitalization, less known about readmissions.
Methods

- Cohort of homeless adults from Ontario with full health insurance records
- Individuals with index hospitalization (over five year period) matched with low-income Ontario residents with index hospitalization (age, sex, case mix of index hospitalization)
- Compared 30 day unplanned readmission rates
- Examined factors associated with readmission
Results

- Among about 1000 homeless individuals
  - 478 admissions over five years
  - 106 readmissions (30 days)
  - Crude readmission rate 22.2%
  - Low income controls: 300 admissions (matched on index admission only)
    - 21 readmissions
    - Crude readmission rate 7%
Results

- Among homeless participants:
- Leaving AMA and having a PCP associated with readmission in multivariate model
- No other factors in multivariate model
Limitations

- Didn’t include those without insurance number
- Controls residents of low income districts, but didn’t know their income
- Some cross-over possible between groups
Discussion

- Homelessness powerful risk factor for readmission
- Three fold increase compared to low income controls!
- Having a PCP associated with higher risk of readmission (?) Identified problems)
- Leaving AMA risk (could have been confounded by behavioral health problems?)
- Hospitals should be incentivized to improve systems for homeless individuals, but need to be careful to not penalize hospitals for caring for most vulnerable
Housing

Stefan G. Kertesz, MD, MSc
Associate Professor, UAB / Birmingham VA
What is Housing First

1. Rapid access to permanent housing in the community.
2. Supportive services to help maintain and promote recovery
3. No preconditions for treatment or sobriety (other than being a responsible tenant)
4. Prioritization of most vulnerable for housing

*HUD and VA both have prioritized this approach*
What best describes your view of permanent supportive housing program rules that prohibit overnight guests and live-in partners?

- Restrictions like this are required if you want to avoid having your newly housed person lose their unit when the parties and the drug dealers start coming around (6%)
- People need to build relationships as part of recovery, and that means letting them have sex or play dominoes all night, whatever (39%)
- There's rules and then there are exceptions, and I think we need to let case managers decide when to enforce the rules (48%)
- The best social recovery options are the ones that the client seeks OUTSIDE the apartment we just provided (6%)

Best answer: Who knows?
"The Apartment is for You, It's Not for Anyone Else": Managing Social Recovery and Risk on the Frontlines of Single-Adult Supportive Housing

Tiderington E

Adm Policy Ment Health. 2016 Nov 30 (Epub)
Social relationships for formerly homeless persons

- Mental health recovery includes social recovery
- Supportive Housing can be isolating
- How do providers view client social relationships?
- 3 programs. 84 Interviews about clients + ride-along observation (106 hours)
- Mostly state-funded project based Section 8 or State Mental Health funded “Apartment Treatment” programs
Findings

- Use and Occupancy Agreements restricted overnight or stay-in visitors, against tenancy laws
- Case workers typically offered a policy of “this unit is for you only”, with rules on visitation, rules against “man in the house”, etc

You’re not supposed to be having guests in the bedroom and he’s been having sex with somebody in the bedroom, so he’s been violat- you know they’ve been warning him a bunch of times. So therefore he has been discharged now (site 1)
Findings

- Providers negotiated to accommodate some relationships however
- Selectively turning a blind eye
  - You can have guests but they can’t live with you
  - Recognition that relationships are part of life
- Sitting duck risk:

  Once he started using, he had the local crackhead, he had the local prostitute...they started leaving their clothes in his apartment... So he became more sociable, which is good, but that’s not how we wanted him to do it
Conclusions

Author:
- Federal goals for recovery in housing may be unmet unless there is flexibility

- My view:
  - Social recovery requires flexibility and mentoring
  - Might people “graduate” to less restrictive use of the unit in a negotiated way?
Do homelessness prevention programs sprinkle money on a lot of people who never would have become homeless or do they actually prevent homelessness?

They sprinkle money all over the place and who the hell knows what that accomplishes: 7%

They absolutely prevent homelessness, and please expand them: 4%

It’s both: they throw a lot of money at people who don’t need it, and they prevent homelessness: 86%

It’s neither: they don’t really provide much assistance and frankly they don’t prevent homelessness either: 4%

Best answer: C
The impact of homelessness prevention programs on homelessness

Evans W, Sullivan J, Wallskog M
Science 2016;
353(6300): 694-9
Homelessness Prevention

- Homelessness often involve short-term $\$
- Targeting dilemma:
  - Would be homeless “but for” the help
  - Can sustain housing after help ends
- Effectiveness hard to study
- In Chicago, 50-100% of callers referred for funds, depending on week
  - People who call when funds are available differ little from people who call when they are not
But funds are not always available

Assessed HMIS shelter entry after first call (rental, $300-900) in Chicago

Amounts to estimating the impact of calling when funds are available versus not

Calling when funds available: 2.1% entered shelter by 6 months (vs. 1.0%) (Table S4)

In statistical models the difference in likelihood of entering shelter was 1.6% (Table 2)

58% referred to funds
Interpretation

- Relatively, it’s a 76% decline in likelihood of becoming homeless at 6 months (authors)
- Targeting modest amounts for people who can sustain housing means assisting a lot of people would not have become homeless
- But this is strong evidence that it actually works
- Whether it saves money on net depends on which costs you count
What do you think is the single biggest challenge for people who are moving into a home after being homeless?

- Not enough money to handle ongoing expenses: 13%
- Inability to establish safe social relationships with people who might visit: 16%
- Crummy and unsafe neighborhoods: 13%
- Remaining marginalized in society at large: 58%

Best answer: Any or all of above
A Systematic Review of the Transition from Homelessness to Finding a Home

Iaquinta MS
J Community Health Nurs.
2016;33(1):20-41
An understudied transition

- Moving from homelessness to “home” is understudied

- Sequential lit search looking at
  - Homelessness + (home, finding, transitional housing, transition, systematic review)
  - 14 quantitative
  - 7 qualitative
  - 5 mixed
Highlights

- Urgent basic needs (shelter, money)
- Stability (gaining, losing it)
- Making adjustments like sacrificing priorities
- Challenges (fear of relapse, volatile sheltering)
- “Home” (privacy, locks, peace of mind)
- Quantitative findings: role of staff help, medical respite, addiction treatment and having dependence tended to favor getting housed
Thoughts

- Coping with basic needs for shelter and funds during the housing process is a serious task.
- Establishing a sense of home and keeping it are complex undertakings.
- Policy research tends to underestimate this.
- The author highlights nursing as relevant to this adjustment.
- We should ask about multiple professional contributors.
When Housing First is a mandated policy, which aspect is the hardest for communities to adopt?

- Removing traditional preconditions such as requiring sobriety or treatment for care: 17%
- Getting them to prioritize the neediest and most vulnerable clients for housing: 21%
- Assuring delivery of adequate service supports for the clients when they are housed: 31%
- Emphasis on the housing resources being permanent and based in the community: 31%

Best answer: C
Housing first on a large scale: Fidelity strengths and challenges in the VA's HUD-VASH program.

Background

- VA mandated Housing First for >80,000 vouchers with client support from VA (HUD-VASH)
- Examined Housing First adoption at 8 sites
  1. Developed HF fidelity criteria through experts
  2. Baseline site visits to 8 VA facilities in 2012-3
  3. Follow-up site visits to same facilities in 2013-4
  4. 170 interviews, detailed notes
  5. Scores for 20 criteria based on consensus use of an “anchoring guide”
Findings

Scores range 1-4, with 1 being worst (these are averages for domains)
Conclusions

Some aspects of Housing First are easier to adopt

Removing preconditions was mandated, and that kind of worked

Assuring support services is a challenge
  – Case managers rarely had loads <30:1

Some innovative responses emerged by 2014

Training in harm reduction, motivational interviewing may be important for staff
I want to propose putting homeless persons with HIV in apartment buildings that have onsite nursing. What is a plausible claim I could make:

- Nurses. Come on. Nurses are awesome. 3%
- With nurses there might be somewhat fewer trips to the emergency department 15%
- More patients will avoid having progression to very low CD4 cell counts 3%
- All of the above 79%

Best answer: D
Nurses in Supportive Housing are Associated With Decreased Health Care Utilization and Improved HIV Biomarkers in Formerly Homeless Adults

Dobbins SK, Cruz M, Shah S, Abt L, Moore J, Bamberger J.

Nurses in Housing?

- San Francisco’s Direct Access to Housing allocates units and supports clients in 39 buildings
- Some but not all have onsite nursing care (ONC)
- Not all clients with HIV/AIDS offered ONC units
- The researchers asked if going to ONC building leads to
  - Less ED or hospital utilization, Better HIV control
- Specialized statistical models to address differences between the two groups
Findings

- ONC (n=78) compared to Basic clients (n=73)
  - Older
  - More chronic illnesses, greater “trimorbidity”

- ONC meant
  - 4.8 fewer ED visits over a year (2.3 fewer with alternate method)
  - No difference in hospitalizations
  - Odds ratio for CD4 <200 was 0.4 for ONC vs Basic
  - No difference for viral load <40 copies
Conclusions

Limitations

- Small sample size
- Only service utilization is from one hospital, although prior work suggest that was 90% of total
- Regression to the mean occurs in both groups

However

- The right analytic approach was taken
- Nurses arguably could avert medical crises in a housing unit, so there’s plausibility
Thank you!

Questions?

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