4th Annual

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

May 23, 2019

Travis Baggett
Katherine Diaz Vickery
Stefan Kertesz
Disclosures

- Dr. Baggett: UpToDate royalties
- Others: None
PubMed hits for “homeless”
Search results
Items: 1 to 10 of 10679

1. **Please Be Careful with Me: Discrepancies between Adolescent Expectations and Clinician Perspectives on the Management of Pelvic Inflammatory Disease.**
   Trent M, Rato M, Qian Q, Butz A, Frick KD, Ellen JM, Lehmann H.
   PMID: 3097412
   Similar articles

2. **Social disparities and symptom burden in populations with advanced cancer: specialist palliative care providers' perspectives.**
   Santos Salas A, Watanabe SM, Tarumi Y, Wildeman T, Hermosa Garcia AM, Adewale B, Duggleby W.
   PMID: 3097264
   Similar articles

3. **Developing Tobacco Control Interventions in Permanent Supportive Housing for Formerly Homeless Adults.**
   Alizaga NM, Nguyen T, Petersen AB, Elser H, Vijayaraghavan M.
   PMID: 30971139
   Similar articles

4. **Characteristics of cases of tuberculosis coinfected with HIV in Minas Gerais State in 2016.**
   Castro SS, Scatena LM, Miranzi A, Miranzi Neto A, Nunes AA.
   PMID: 30970049
   Similar articles

5. **Are district nurses well placed to provide equitable end-of-life care to individuals who are homeless?**
   Traynor R.
   PMID: 30969811

Topic background

- Staying up-to-date on this rapidly growing body of 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 (04-16-19)
  - Search terms “Homeless Persons” [MeSH] OR homeless
  - Date limits: 01/01/2018 – 03/31/2019
  - Language: English
- Result: 731 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

Result: 325 articles remained
Literature search strategy (cont.)

- 2nd manual review of titles & abstracts to categorize these 325 papers into the following domains:
  - **Health status**: Articles describing the burden or consequences of physical or mental health conditions among homeless people (N=121)
  - **Health care**: Articles describing health care access and utilization, health care organization and delivery, and/or health care interventions for homeless people (N=132)
  - **Housing**: Articles examining the impact of housing on the health or well-being of homeless people, or issues that arise following housing placement (N=61)
  - **Other**: Articles not fitting into any of the above 3 domains; not considered further (N=11)
Each of us reviewed papers in one domain and identified “top 10” based on rigor, impact, novelty:

- **Health status**: Baggett
- **Health care / interventions**: Vickery
- **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”
- Links to “related papers” for those interested

We will review 15 papers (5 per category) today.
Disclaimers

- 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 travisbaggett to 22333 if you have a good cell signal, or
  - Go to PollEv.com/travisbaggett if you’re on Wifi (network: Hyatt_Meetings; password: HCH2019)

- Live-tweeting is encouraged!
  - @TPBaggett, @KateDiazVickery, @StefanKertesz
  - Be sure to tag with #HCH2019
Health Status

Travis P. Baggett, MD, MPH
Assistant Professor, HMS / MGH
Director of Research, BHCHP
Theme: Homelessness and health across the lifespan
Which of the following most accurately describes the relationship between perinatal homelessness exposure and child health outcomes?

- Prenatal (i.e. in utero) exposure is harmful, but postnatal exposure isn't too bad because kids are resilient: 3%
- Prenatal exposure isn't harmful because they're 'housed' safely inside mom, but postnatal exposure is very harmful
- Prenatal and postnatal exposure are each harmful to child health, and exposure to both is especially harmful: 97%
- Neither prenatal nor postnatal exposure is all that harmful because kids are resilient!
Timing and Duration of Pre- and Postnatal Homelessness and the Health of Young Children


Pediatrics 2018;142(4)
Methods
What did they do?

- Survey of 20,571 low-income caregivers in 5 US cities
  - 51% Black, 24% immigrant, 62% unemployed
- Self-reported episodes of homelessness:
  - While pregnant (‘prenatal’) only
  - After child born (‘postnatal’) only
  - Both ‘prenatal’ and ‘postnatal’
- Child health outcomes:
  - Health status (e.g. fair/poor)
  - Hospitalization history
  - Developmental risk (PEDS screening instrument)
  - Anthropomorphistic measures (i.e. weight)
Results
What did they find?

- Children with both pre- and postnatal homelessness exposure (3.5% of sample)
  - 40% higher odds of hospitalization, 50% higher odds of developmental risk, 100% higher odds of fair/poor health

- Children with either prenatal (3.2%) or postnatal (3.7%) homelessness exposure
  - Generally 20-30% higher odds of these outcomes

- Longer duration of postnatal homelessness
  - Heightened risk of several outcomes
Implications
Why is this important?

- Expands a growing literature on the adverse impact of homelessness on child health
  - Including longer term risk of ‘prenatal’ homelessness exposure beyond known impact on birth outcomes
- “There is no safe time during early development for experiencing homelessness”
- ‘Dose-response’ nature of findings is compelling
- Creates increasing pressure for prevention of homelessness as an investment in child health
After hearing about the prior paper, a member of the audience stands up and asks: "What about the health of the mom?"

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- Pregnancy complications are uncommon among homeless women: 2%
- Pregnancy complications are common but largely minor among homeless women
- Life-threatening pregnancy complications like hemorrhage occur more frequently among homeless women: 50%
- Spontaneous abortions are more common among homeless women: 48%
Homelessness Contributes To Pregnancy Complications

Clark RE, Weinreb L, Flahive JM, Seifert RW Hoffberg AS, Spitzer E, Mackelprang JL, Farro SA, Brenner LA

Health Aff (Millwood) 2019;38(1):139-146
Methods

What did they do?

- Cross-linked 2008-2015 MA family shelter system data with MA Medicaid claims data to identify
  - 9,124 women who were pregnant during or in the 12 months preceding their entry into the family shelter system
  - 8,757 non-homeless pregnant women

- Compared two groups with respect to:
  - Burden of comorbid health conditions
  - Rates of several pregnancy-related complications
Results
What did they find?

Behavioral health conditions

- Alcohol use disorders
- Opioid use disorders
- Superficial injury or contusion
- Adjustment disorders
- Injuries due to external causes
- Nonopioid drug use disorders
- Anxiety disorders
- Depressive disorders

Comparison women
Homeless women
Results
What did they find?

Pregnancy-related conditions
- Spontaneous abortion
- Hypertension complicating pregnancy
- Prolonged pregnancy
- Deficiency and anemia
- Polyhydramnios
- OB-related trauma
- Nausea and vomiting
- Hemorrhage during pregnancy
- Early or threatened labor
- Abdominal pain
- Other complications of birth affecting mother

Comparison women
Homeless women
Implications
Why is this important?

- Most comprehensive study of maternal pregnancy complications among homeless women
  - Significantly increased risk of both minor and major (including life-threatening) complications

- Findings complement those of prior study
  - ‘Prenatal’ homelessness is bad for both children and their mothers

- Creates increasing pressure for prevention of homelessness as an investment in women’s health
Which of the following best describes HIV risk and protective behaviors among homeless youth?

- HIV risk is generally low in this population
- The vast majority of homeless youth don’t think they’re at risk for HIV
- Practically all homeless youth are aware of HIV PrEP because they’ve read about it on social media
- Only 4% of homeless youth have talked to their doctor about HIV PrEP

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Knowledge and Attitudes about Pre-Exposure Prophylaxis among Young Adults Experiencing Homelessness in Seven U.S. Cities

Santa Maria D, Flash CA, Narendorf S, Barman-Adhikari A, Petering R, Hsu HT, Shelton J, Bender K, Ferguson K

J Adolesc Health 2018. pii: S1054-139X(18)30263-5
Methods
What did they do?

- Surveyed 1,427 young adults (18-26) experiencing homelessness in 7 US cities
  - Mean age 21 years, 81% non-white, 58% cisgender male, 29% LGBQ

- Participants completed self-administered surveys that asked about
  - HIV risk behaviors
  - Perceived risk of HIV acquisition
  - Knowledge of and interest in HIV pre-exposure prophylaxis (PrEP)
Results
What did they find?

- 84% of respondents endorsed ≥1 HIV risk behavior
- Two-thirds considered themselves at risk for HIV
- Only 29% were aware of HIV PrEP and only 4% had spoken with doctor about PrEP
  - PrEP knowledge higher among transgender respondents and respondents in NYC and LA
- 59% of respondents reported being “likely” or “very likely” to take PrEP if recommended by doctor
  - Transgender respondents more likely, but no significant difference by sexual orientation
Implications

Why is this important?

- Deploying evidence-based HIV PrEP may be challenging in HCH settings
- Knowledge of PrEP may be part of the problem
  - Unevenly distributed geographically
- Efforts to improve PrEP awareness among HCH patients might improve PrEP uptake
  - Over half reported likelihood of taking if recommended
A 67-year old homeless man with diabetes, arthritis, depression, and alcohol use disorder presents to clinic for follow-up. In one word, text what symptom you think might be bothering him most.
'The Thing that Really Gets Me Is the Future': Symptomatology in Older Homeless Adults in the HOPE HOME Study

Bazari A, Patanwala M, Kaplan LM, Auerswald CL, Kushel MB

J Pain Symptom Manage 2018;56(2):195-204
Methods
What did they do?

- Interviewed 20 older homeless adults between 2016 and 2017 in Oakland, California
  - Median age 62 years, 85% African American, 65% male
  - Subset of HOPE-HOME study participants
- Examined the experience and meaning of physical, psychological, social, and existential symptoms
  - Qualitative companion piece to Patanwala et al (J Gen Intern Med 2018;33(5):635-643) covered last year
Results

What did they find?

- Psychological, social, and existential symptoms (e.g. shame, demoralization, loss of dignity)
  - Distressing, often interconnected with physical symptoms

- Symptoms were caused by a variety of traumatic or taxing experiences across the lifespan
  - Exacerbated by aging and daily grind of homelessness

- Symptoms had a substantial negative impact
  - Energy level, functioning, and psychological well-being

- Participants developed a number of strategies for coping with or alleviating symptom burden
  - Companionship, religion, substance use
Results
What did they find?

"‘I’m getting more used to the idea that my life is a complete waste. I do not have family. I do not have a career. I’m not a productive human being. It’s day after day of wasting my time…. I am a walking dying woman. I walk until I can’t walk anymore, and then I sit. The busses pass me by…. We are untouchables and I do not think anybody’s going to do anything about it.’"

78-year-old woman
Implications
Why is this important?

- Reinforces the multidimensionality of symptom experiences among older homeless adults
  - Particularly non-physical domains of suffering

- Implications for health care delivery
  - Adaptation of palliative care approaches?

- Implications for other service delivery
  - Design/layout of shelters for older homeless adults
  - Promotion of dignity and social interaction in social service settings
  - Housing accommodations/adaptations to enhance functioning and quality of life
In comparison to sheltered homeless people, unsheltered homeless people (i.e. rough sleepers)

- Have significantly higher all-cause mortality rates: 92%
- Have significantly higher rates of alcohol-related deaths but not other causes: 4%
- Have similar overall and cause-specific mortality rates: 2%
- Have lower overall mortality rates because shelters breed infection and fresh air is good: 2%
Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009

Roncarati JS, Baggett TP, O'Connell JJ, Hwang SW, Cook EF, Krieger N, Sorensen G

JAMA Intern Med 2018;178(9):1242-1248
Methods
What did they do?

- Examined overall and cause-specific mortality rates in 445 unsheltered homeless adults
  - Seen by Boston Health Care for the Homeless Program (BHCHP) Street Team in 2000, followed through 2009
  - Mean age 44 years, 72% male, 67% white

- Cause of death information obtained from MA Department of Public Health death files
  - Supplemented by records from National Death Index

- Compared findings to:
  - Massachusetts adults, 2000-2009
  - Sheltered BHCHP patients, 2003-2008 (Baggett et al)
# Results

**What did they find?**

<table>
<thead>
<tr>
<th>Underlying Cause of Death&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Overall Deaths, No. (%) (n = 134)</th>
<th>SMR (95% CI)&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Unsheltered vs Sheltered Homeless Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>All causes for entire cohort</td>
<td>134 (100)</td>
<td>9.8 (8.2-11.5)</td>
<td>2.7 (2.3-3.2)</td>
</tr>
<tr>
<td>Natural causes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>21 (15.7)</td>
<td>4.8 (3.1-7.3)</td>
<td>2.8 (1.8-4.2)</td>
</tr>
<tr>
<td>Heart diseases</td>
<td>18 (13.4)</td>
<td>6.4 (3.9-9.9)</td>
<td>2.4 (1.4-3.7)</td>
</tr>
<tr>
<td>Chronic substance use</td>
<td>16 (11.9)</td>
<td>88.9 (52.7-141.5)</td>
<td>4.2 (2.5-6.7)</td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>15 (11.2)</td>
<td>32.2 (18.7-51.9)</td>
<td>4.5 (2.6-7.3)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>10 (7.5)</td>
<td>63.8 (32.4-113.8)</td>
<td>3.4 (1.7-6.0)</td>
</tr>
<tr>
<td>Ill-defined conditions</td>
<td>5 (3.7)</td>
<td>26.8 (9.8-59.3)</td>
<td>NC</td>
</tr>
<tr>
<td>External causes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonpoisoning injuries&lt;sup&gt;d&lt;/sup&gt;</td>
<td>19 (14.2)</td>
<td>33.3 (20.7-51.1)</td>
<td>7.1 (4.4-11.0)</td>
</tr>
<tr>
<td>Drug overdose</td>
<td>8 (6.0)</td>
<td>14.1 (6.5-26.7)</td>
<td>0.9 (0.4-1.7)&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>Substance use disorder causes</td>
<td>39 (29.1)</td>
<td>43.6 (31.4-58.9)</td>
<td>2.5 (1.8-3.3)</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>30 (22.4)</td>
<td>110.2 (75.7-155.3)</td>
<td>NC</td>
</tr>
<tr>
<td>Opioid use disorder</td>
<td>9 (6.7)</td>
<td>15.7 (7.6-28.8)</td>
<td>NC</td>
</tr>
</tbody>
</table>
Implications
Why is this important?

- First study to comprehensively assess mortality rates specifically among unsheltered homeless people (or “rough sleepers”)
- Mortality rates considerably higher than those who stay in shelters
- Generalizability could be limited by geographical differences in who sleeps outside vs in shelters
- Underscores importance of proactive outreach to this vulnerable and high risk subset of individuals
Health Care / Interventions

Katherine Diaz Vickery, MD, MPH
Assistant Professor, University of Minnesota
Primary Care Provider, Hennepin County HCH
What percentage of people complete standard treatment for latent tuberculosis with 9 months of isoniazid?

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- 75%: 6%
- < 50%: 69%
- > 50%: 25%
- 80%: 0%
Treatment of latent *Mycobacterium tuberculosis* infection with 12 once weekly directly-observed doses of isoniazid and rifapentine among persons experiencing homelessness

Nwana N, Marks SM, Lan E, Chang AH, Holcombe M, Morris SB

*PLoS One* 2019 Mar 13;14(3)
Methods
What did they do?

☐ Latent TB = inactive, “hiding out” in body

☐ Standard TB treatment: Isoniazid daily x 6-12 mo.

☐ NEW TX? Isoniazid + Rifapentine weekly x 12 weeks

☐ Specific look @ people experiencing homelessness
Results
What did they find?

393 eligible participants

92 (23%) stopped treatment:
  55 (14%) lost to follow-up
  18 (4%) had bad side effect
  19 (5%) moved, refused, etc.

301 (77%) completed weekly treatment x 12

81 (21%) people had side effects:
  Fatigue
  Sore muscles/joints
  Nausea/vomiting
Implications
Why is this important?

- Latent TB = DANGER
- Common among people experiencing homelessness
- Historic treatment is difficult, <50% completed
- New treatment yielded better completion, more (less serious) side effects
Providers of homeless services experience:

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- LOWER levels of vicarious trauma, burnout, and post-traumatic stress disorder (PTSD) than other helping professions
- GREATER levels of vicarious trauma, PTSD, and burnout than other helping professions (76%)
- SIMILAR levels of vicarious trauma and burnout but GREATER levels of PTSD (8%)
- SIMILAR levels of vicarious trauma and PTSD but LOWER levels of burnout (16%)
PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector

Waegemakers Schiff J, Lane AM

Methods
What did they do?

- Impact of client trauma on staff

- Surveys: 472 homeless service providers, 23 sites (in two large Canadian cities)

- Measure, study:
  1. Vicarious trauma
  2. Burnout
  3. Post-traumatic stress disorder
Results
What did they find?

- Described homeless service providers:
  - Most had 2-year college degree or less
  - Frequent turnover
  - Most earned < $50,000/year

- Overall similar vicarious trauma, burnout to other helping professions, BUT:
  - 24% severe trauma, burnout, need break urgently

- 33% showed symptoms of post-traumatic stress, higher than emergency responders
Implications

Why is this important?

- Trauma is commonplace for people experiencing homelessness. This impacts staff.

- First descriptions of homeless service providers

- Important documentation of subsets of significant provider trauma, burnout, and post-traumatic stress

- Trauma-informed care ought to include provider support
True or false: The emergency department is a feasible place to deliver vaccinations during Hepatitis A outbreaks.

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True: 74%
False: 26%
Effect of a Computerized Alert on Emergency Department Hepatitis A Vaccination in Homeless Patients During a Large Regional Outbreak

Castillo EM, Chan TC, Tolia VM, Trumm NA, Powell RA, Brennan JJ, Kreshak AA

Methods
What did they do?

- Hepatitis A outbreak: San Diego, 2017
- Alert in medical charts in Emergency Dept.
- Vaccination rates:
  1. Before outbreak
  2. During outbreak, before alert
  3. During outbreak, after alert

Results
What did they find?

1. Before outbreak.
2. During outbreak, before alert
3. During outbreak, after alert
Implications
Why is this important?

- Hepatitis A is on the rise, now vaccine-preventable
- Electronic alerts hold potential to change behavior
- Identification of people experiencing homelessness
- Emergency departments can be partners in public health campaigns
What percentage of older adults experiencing homelessness have a trusted friend or family member to who could help them make health care decisions?

When poll is active, respond at PollEv.com/travisbaggett

Text TRAVISBAGGETT to 22333 once to join
Advance Care Planning for Older Homeless-Experienced Adults: Results from the Health Outcomes of People Experiencing Homelessness in Older Middle Age Study

Sudore RL, Cuervo IA, Tieu L, Guzman D, Kaplan LM, Kushel M

J Am Geriatr Soc 2018;66(6)
Methods
What did they do?

- Regular monitoring of older people with homeless experience in Oakland, CA

- Surveys to 274 about “advanced care planning:”
  
  Presence of trusted decision-maker (surrogate)

  Thought about it

  Talked about it with others
### Results
What did they find?

<table>
<thead>
<tr>
<th>ACP Engagement</th>
<th>Total, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 274</td>
</tr>
<tr>
<td>Have potential surrogate</td>
<td>167 (61.0)</td>
</tr>
<tr>
<td>Contemplated ACP</td>
<td>98 (35.8)</td>
</tr>
<tr>
<td>Discussed wishes for medical care</td>
<td>59 (21.5)</td>
</tr>
<tr>
<td>With family member</td>
<td>43 (15.7)</td>
</tr>
<tr>
<td>With healthcare worker</td>
<td>11 (4.0)</td>
</tr>
<tr>
<td>With friend</td>
<td>9 (3.3)</td>
</tr>
<tr>
<td>With social worker</td>
<td>3 (1.1)</td>
</tr>
<tr>
<td>Formal ACP documentation</td>
<td>52 (19.0)</td>
</tr>
<tr>
<td>Formally designated surrogate</td>
<td>49 (18.0)</td>
</tr>
<tr>
<td>Completed advance directive</td>
<td>24 (8.8)</td>
</tr>
</tbody>
</table>
Implications
Why is this important?

- Advanced care planning supports person-centered care
- Many people have trusted decision-makers
- Tool available now: https://prepareforyourcare.org/

Click the video above to learn more.
True or false: The housing stability of homeless youth with early psychosis and substance use disorders can be improved but their functioning and illness severity will not improve.

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True: 7%
False: 93%
How to help homeless youth suffering from first episode psychosis and substance use disorders? The creation of a new intensive outreach intervention team

Doré-Gauthier V, Côté H, Jutras-Aswad D, Ouellet-Plamondon C, Abdel-Baki A.

Psych Research 2019 (273)
Methods
What did they do?

- Identified high risk group entering homelessness:
  YOUTH + FIRST PSYCHOSIS + SUBSTANCE USE

- Designed an intensive support program:
  Housing + Job/school + Mental health + Addiction

- Carefully designed a plan to measure impact:
  2012-2015
  42 first participants
  Housing, function, mental health, substance use and health care use tracked
Results
What did they find?

- Young, challenged group
- During intervention:
  - Most achieved stable housing, on average within 5 weeks
  - Mental health improved
  - Substance use improved
  - Work/school remained low
  - Decreased emergency visits, hospital days
Implications
Why is this important?

- Intensive interventions hold promise for youth with psychosis, substance use disorder

- Tailored programs targeted at high risk populations may hold promise to prevent lifetime homelessness

- Collaboration and careful planning between researchers + practitioners can support strong evaluations even with relatively few participants!
Housing

Stefan G. Kertesz, MD, MSc
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*
Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness

National Academies of Sciences, Engineering, and Medicine 2018
When a committee of homeless experts meets, what do you think they say?

- We need to choose the most vulnerable persons for permanent supportive housing (PSH) or it won’t help: 10%
- PSH is really not offered enough: 39%
- PSH housing saves money: 32%
- PSH improves health: 20%

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Problem Statement

In brief, empirical and experiential studies of the effectiveness of housing and other types of interventions address the problem of homelessness, but they substantially vary in terms of rigor, scale, and outcomes measured. Consequently, the aggregate findings are unclear, creating a pressing need to more systematically assess the effectiveness of these interventions, both in terms of improving health-related outcomes and cost-effectiveness.
Questions

- Evidence that permanent supportive housing (PSH) improved health and health service outcomes
- Individual characteristics that may predict a health or cost benefit from offering PSH?
- Research gaps
Findings on Health

- Some evidence that PSH improves health outcomes in HIV/AIDS
- No substantial evidence to demonstrate that PSH improves other health outcomes
- Common sense point: living on the street makes tending to health prohibitive. Housing = platform
Findings on Cost

- Insufficient evidence that PSH saves health care costs or is cost-effective
- Need randomized trials. So far cost measures were incomplete, effectiveness measures scarce
- Actual “cost savings” – PSH was designed to address homelessness. Policy makers should NOT expect net cost savings
Findings on Individual and program characteristics

- It’s possible that persons 50+ derive greater mental health benefits from PSH than younger
- Lack of evidence to support assessment tools, despite the fact that they are widely used
- Families benefit from PSH but not necessarily more than with rental subsidies alone
Findings on Funding/Regulation

- Relevant funding streams from HHS and HUD are tied up, inflexible in ways that are limiting (notably with Medicaid and with HUD funds) – notably for “housing-related services”

- Funds to cover rent or capital costs

- “Substantial and ongoing unmet need for PSH and a shortfall of funding used to provide it”
What health benefits might be seen with rapid rehousing assistance?

- Not much: the health benefits of housing have been oversold: 12%
- Enhanced control of diabetes and hypertension: 16%
- Enhanced control of HIV: 23%
- Improved overall health status: 49%
A Randomized Controlled Trial of a Rapid Re-housing Intervention for Homeless Persons Living with HIV/AIDS: Impact on Housing and HIV Medical Outcomes

Towe et al.

AIDS and Behavior 2019

Online 16 March 2019
A policy experience

- Homelessness and HIV are associated (disproportionate in both directions)

- Two trials on housing & HIV were discordant (no diff in viral suppression with rental assistance vs not; 36% vs 19%; p=.051 in the other, n=105)

- This NYC study randomized PLWHA in HIV Emergency Housing (NYC) to “rapid rehousing” + case management x 12 mos vs NYC housing placement program of a general nature
Details of Study

- Recruited at 22 adult shelters: randomized rooms that they would approach for enrollment
- Enhanced Housing Placement Assistance (EHPA) rapid re-housing + case manager, rental & move-in assistance, in-unit svcs up to 1 year (n=112)
- Usual care: referral to an organization already engaged by NYC to find housing for PLWHA
  - 3 months help, not in-unit (n=113)
Findings

- At what point were 25% of clients housed
  - 150 vs. 243 days

- At baseline, VL < 200 copies was uneven (much worse at 28% for EHPA, vs 52% for usual care)

VL suppression improved more in EHPA than in Usual Care (interaction term p=0.03)
Models adjusted for age, gender, race/ethnicity, SSI/SSDI
Side note: transgender odds 0.2; cis-gender female 0.5 vs male
Highlights

- Looks like random assignment to the enhanced and somewhat more rapid housing helped

- Housing was a slow thing to acquire (6 months: 35% for enhanced vs 18% for usual care)

- It seems like both the enhanced placement and in-home services both contributed to the improved viral load

- I hold a smidge of doubt about the randomization by room but it’s a solid finding
The elusive goal of social integration: A critical examination of the socio-economic and psychosocial consequences experienced by homeless young people who obtain housing

Thulien et al.

*Canadian Journal of Public Health* 2018
For homeless youth <25, what challenges are common with new housing?

- Return to illicit drug use: 12%
- Loss of privacy and being subject to searches: 12%
- Isolation & boredom: 69%
- Fortnite addiction: 7%

When poll is active, respond at PollEv.com/travisbaggett
Text TRAVISBAGGETT to 22333 once to join
Background

- Persons < 25: 7% of US, 20% Canadian counts
- We may not know what they need to succeed
- Began with 9, 3 lost housing
- Observation, interviews & questionnaires
- 5 male, 4 female, age 19-24, 6 completed HS
- All had been in youth shelter. 8/9 raised only by biological mother
- All: family dysfunction as reason for leaving home

*Long-term rental subsidies received by ¼ of very low income renters*
Findings

- Outsiderness: not in shelters or mainstream society
- Game of chance: if anything went awry with their finances, back on the streets
  - Typical strategy: “knock on wood”
- Isolation: “quiet” “alone” “bored”. Returning to shelter for case-worker reminded them of old identities
- “living in isolation, trapped in the margins”
Findings

- Struggle with constant reminders they were poor, undereducated & underemployed

Recommendations

- Shift supports out of shelters
- Mentorship for social capital
- Goals higher than “no longer homeless”
- Provide more housing! Basic income
- Provide free tuition for education without welfare clawbacks from the state
What interventions work best for families who experience homelessness? Impact estimates from the Family Options Study

Gubits et al

For families offered help to get out of homelessness, what seems to work best?

- Long term rent subsidies: 29%
- Short-term rent subsidies
- Project-based transitional housing
- Comprehensive service packages with flexible supports: 71%

When poll is active, respond at PollEv.com/travisbaggett.
Text TRAVISBAGGETT to 22333 once to join.
Randomized trial of help for families

150,000 families (481k) sheltered in 2016.

Family Options: 12 site randomized trial of priority access (offered, no wait list) to

- Long-term rent subsidies
- Short-term rent subsidies
- Project-based transitional housing

2282 families baseline, 78% at 37 month follow-up

Housing, family preservation, adult well-being, child well-being, self-sufficiency + costs
3 models and 3 theories


- Transitional housing: Theory: lay foundation for later stability- housing plcmt, self-sufficiency, employment, life skills, health needs, parenting, substance use
Findings

- Long-term subsidies: Shelter use in last 6 months, at 37 months: 4.4% vs 18.8% for usual care
  - Less IPV, substance use and psychological distress
  - Kids: fewer absences, lower behavioral problems
  - Big reductions in shelter use & doubling up
  - 6% drop in % working for pay

- Short-term subsidies and transitional housing each had very little impact but STS cost less
Comment on Family Options

- Homelessness for families is mostly an economic problem that long-term rent subsidies help
- Radiating benefits to all aspects of well-being
- No support: families “must address” psychosocial problems under supervision first
- Short-term rent subsidies get similar outcomes as usual care, but cost 9% less
- I would not exclude/prohibit residential programs but likely only for a subset
National Utilization Patterns of Veterans Affairs Homelessness Programs in the Era of Housing First

Tsai J, Byrne T

*Psychiatric Services* 2019; 70(4):309-315
Among Veterans who enter VA services, what service pattern is most common?

- Permanent supportive housing (HUD-VASH): 7%
- Going to domiciliaries (the “Dom”): 7%
- Using SSVF (a rapid rehousing program with up to a year of case management and rent): 13%
- Brief, transient use of one program or another: 73%
Background

- VA’s homeless services range widely; but what do most Veterans use, in what order?
- Goal: describe temporal typologies and pathways to veterans’ use of various VA homelessness programs
- Help us think about service sequences outside VA too, I think
Study approach

Data (2014-17): VA HOMES, Supportive Services for Veterans Families, VA medical/hospital (CDW)

N=61,040 -> VA homeless programs in FY15

2-year follow-up for use of 7 services

A score shows how similar/dissimilar each vet’s sequence of services is to every other

Cluster analysis to devise a plausible set of groups that are similar (n=15,260)
Conclusions

- Exit to permanent housing
  - “brief use” (63%), transitional (43%), rapid rehousing (48%)
- Most use VA programs briefly (<1 year)
- Many in the permanent housing program use a 2nd or 3rd program too! (SSVF, domiciliary)
- Significant numbers exit via transitional housing
Thanks!

Scan this QR code with your phone camera for an instant e-version of the annotated bibliography

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