

Mortality

Cost

Quality

Intro

People in these conditions die 25 years younger than general public.
 These premature deaths, often from common diseases like cardiovascular disease or diabetes, are preventable.
 Medical treatments is necessary but insufficient alone to improve outcomes.

Half of all homeless seniors did not become homeless until they were over 50.
 Two distinct populations of homeless adults.
 Focus on the medically frail adults.

Formerly combined with mental illness, substance abuse or a chronic medical condition—the latter.

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Housing as Healthcare

Conclusions

- Supportive housing can be a
 - Step up from the streets
 - Step down from SNF
- Significant progress in VA, Salt Lake, Houston, Minneapolis
- Efficiency by attending to high users first

Next Steps:

1. Change the message
2. Identify the high users
3. Develop a "retail" housing model

- Accelerator Model in LA

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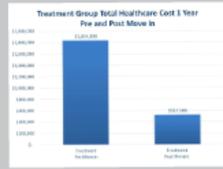
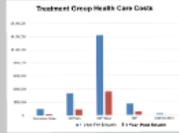
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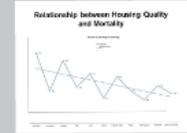
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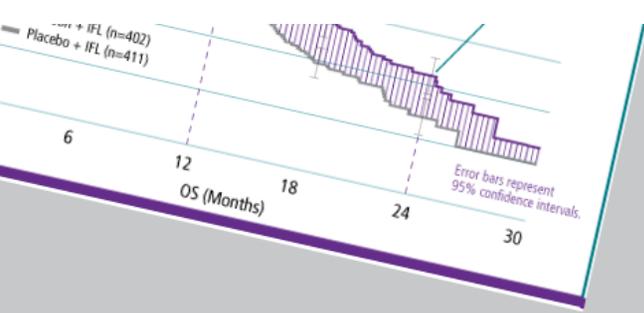


**Poverty—combined
with mental illness,
substance abuse or
a chronic medical
condition—is lethal**

- **People in these conditions die 25 years younger than general public**
- **These premature deaths, often from common diseases like cardiovascular disease or diabetes, are preventable**
- **Medical treatment is necessary but insufficient alone to improve outcomes**



- **Half of all homeless seniors did not become homeless until they were over 50**
- **Two distinct populations of homeless adults**
- **Focus on the medically frail adults**



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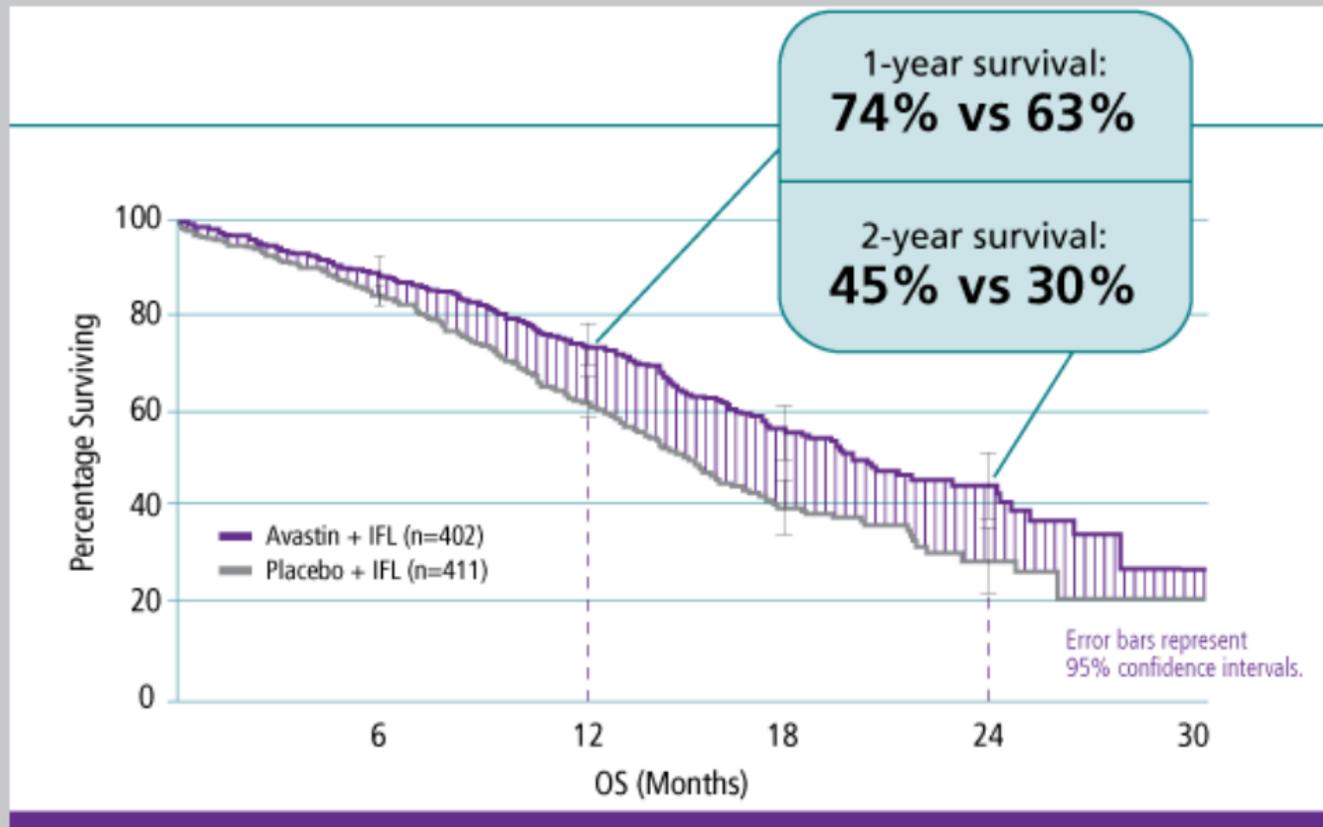
**Medical success:
housing homeless**

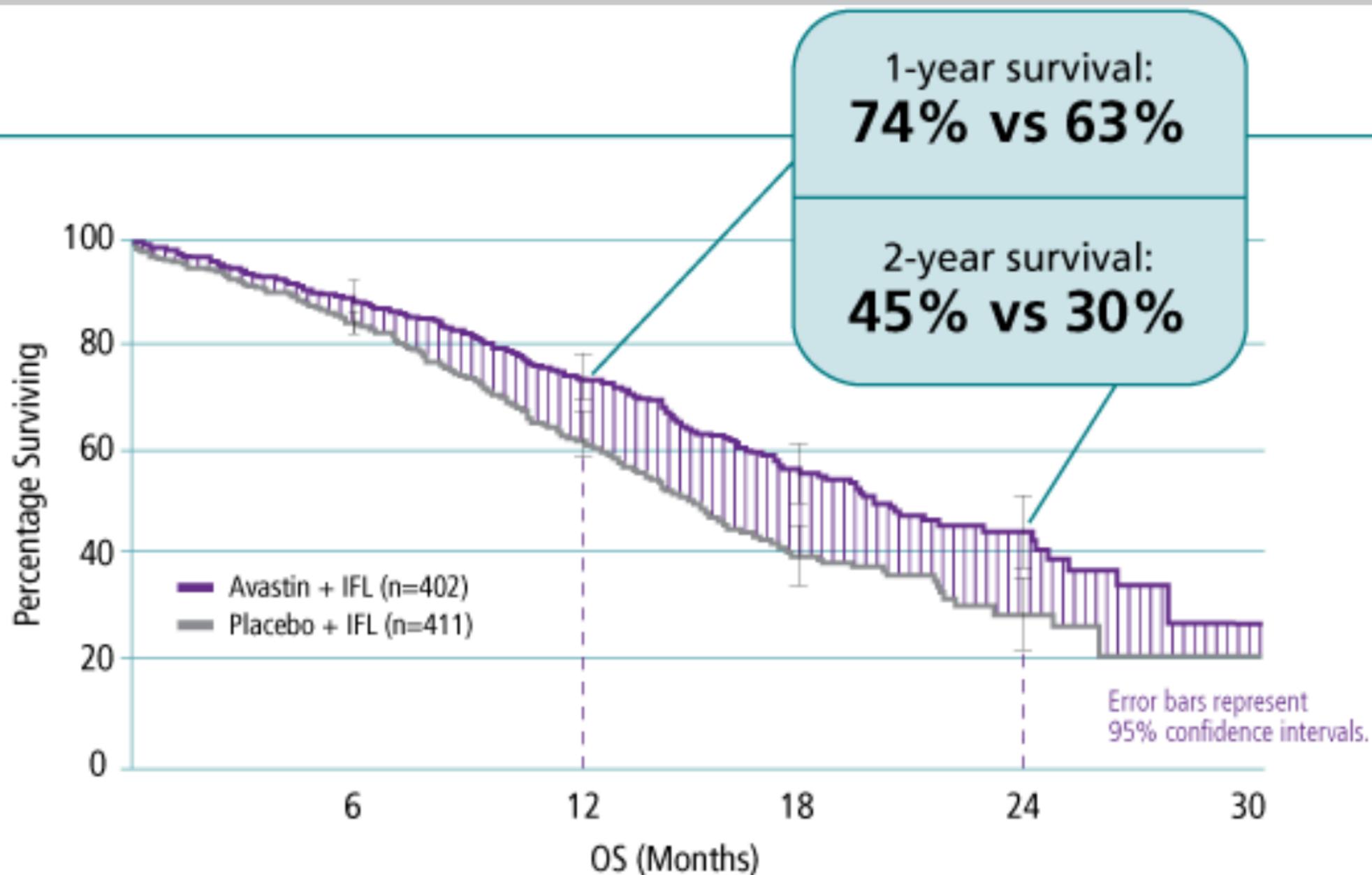
Housing homeless with AIDS increased survival rates by about 80%



What does medical success look like?

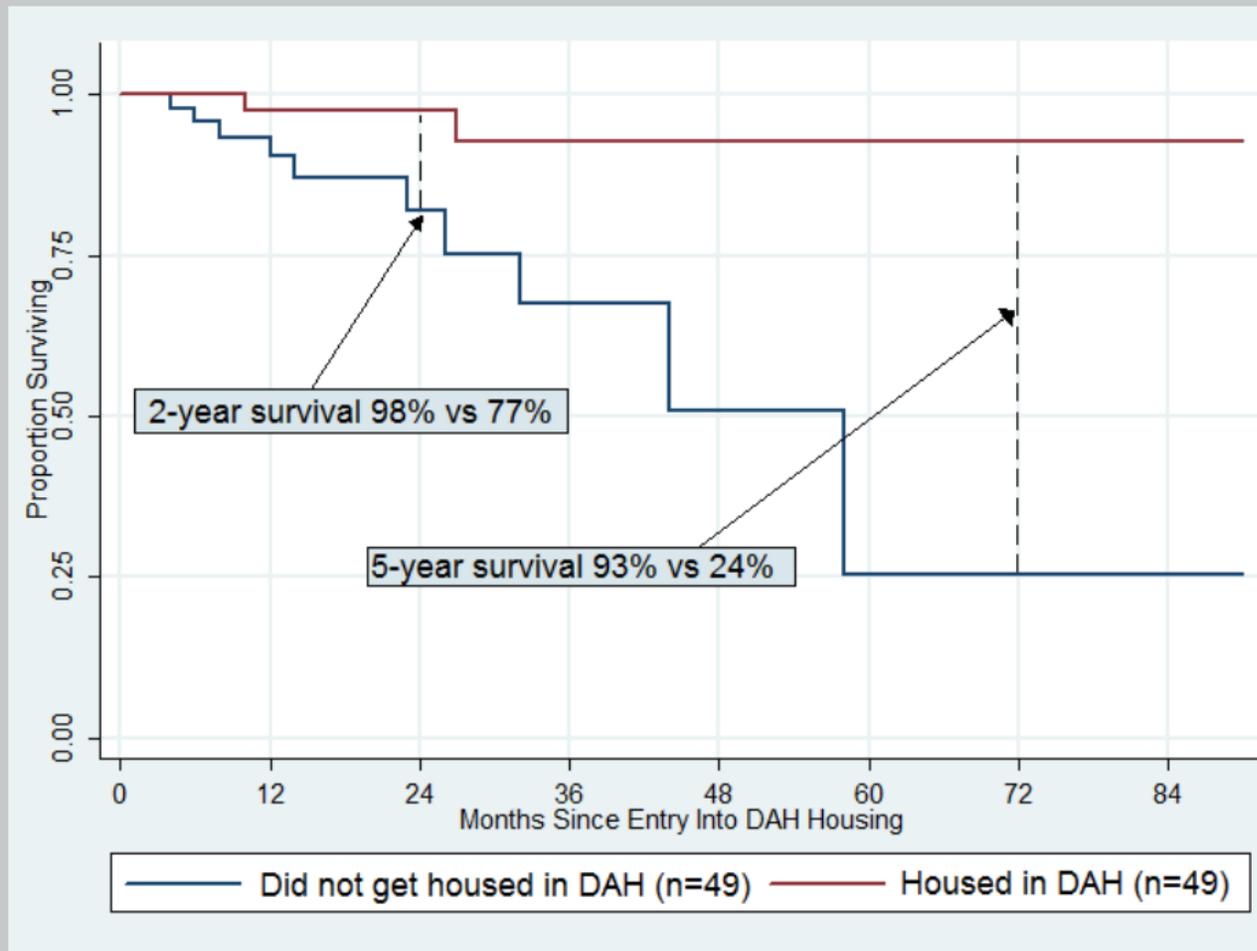
Avastin: huge financial success, modestly increased survival rates by 15%



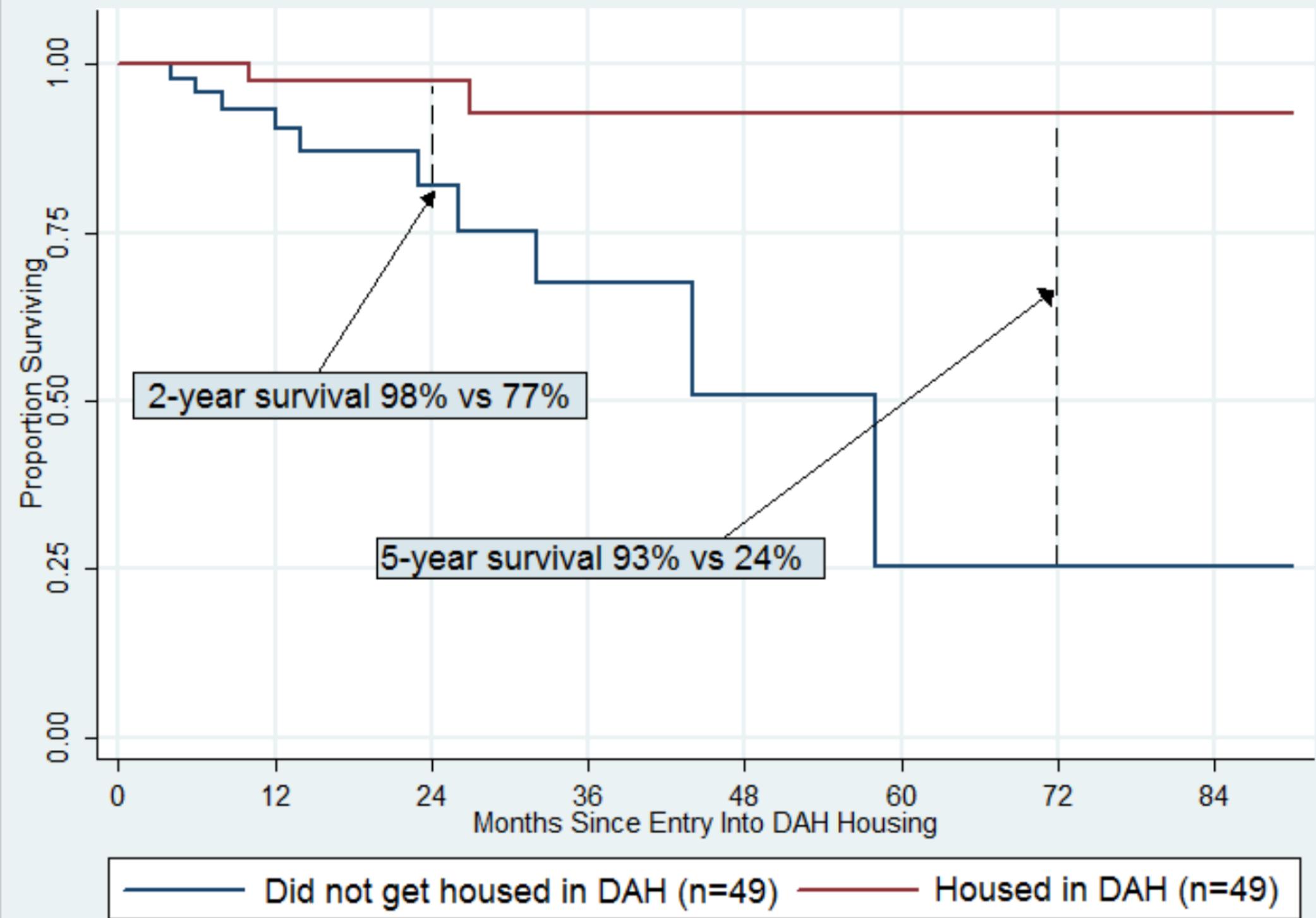


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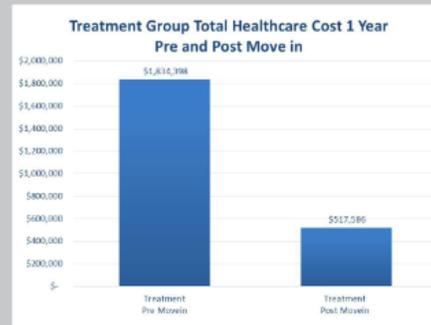
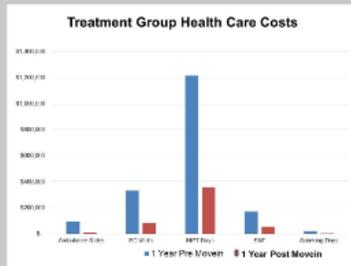
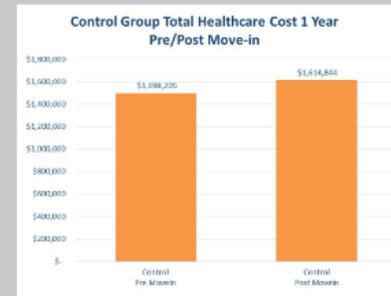
*Schwarcz et al. Impact of housing on the survival of persons with AIDS. BMJ, 2009



CSH-SIF Randomized Trial of Supportive Housing in San Francisco

- Collaboration of CSH, TNDC, SF DPH and NYU School of Public Health
- Universe: 30,000 SF Health Plan members over the age of 18
- 180 identified who were homeless high users (> \$3000/year)
- Randomized to treatment (offered housing) vs. control
- Subjects homeless status verified by direct interview
- 50 in treatment arm moved in to housing at Kelly Cullen Community
- Health care utilization 1 year prior vs. 1 year after move in

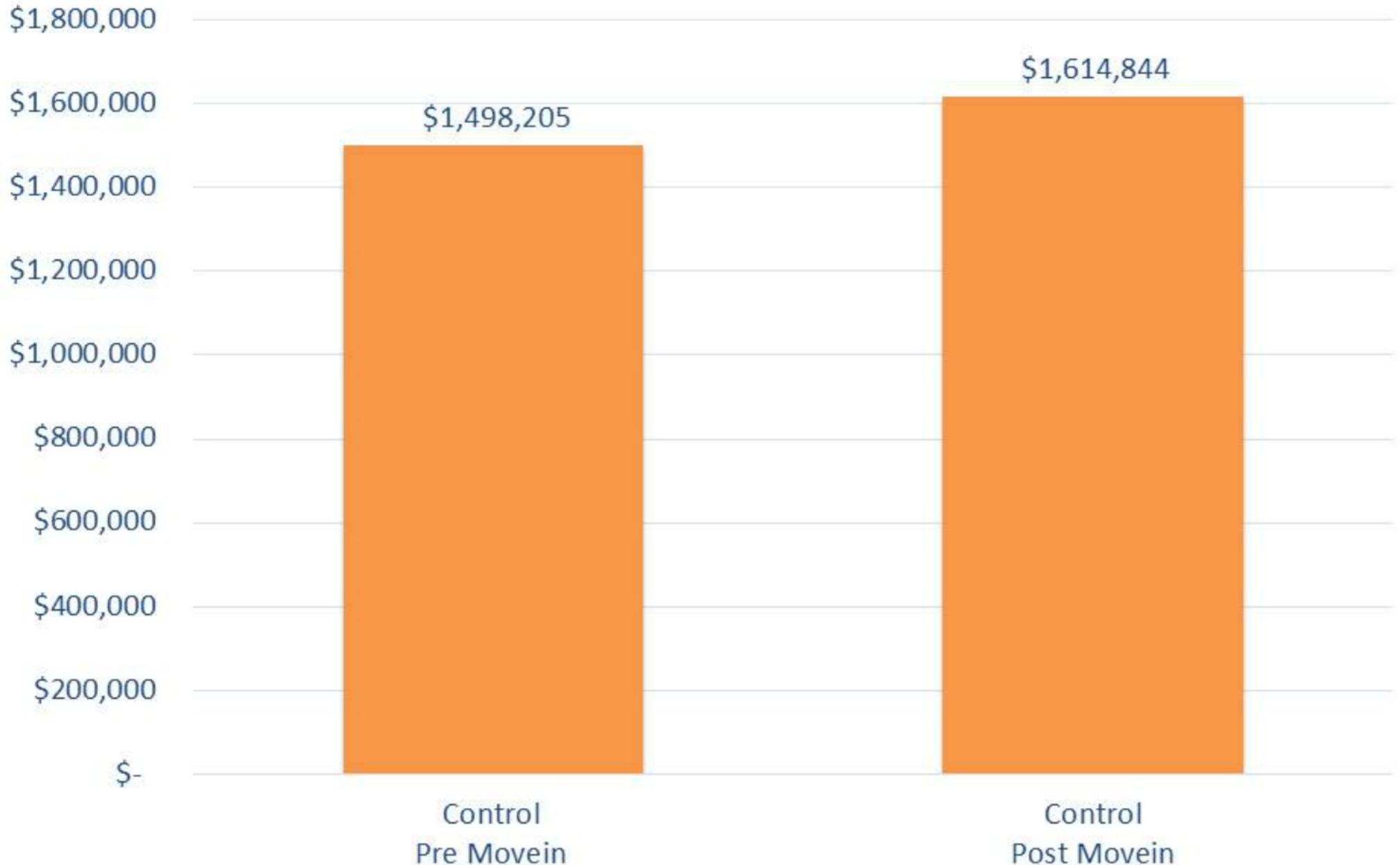
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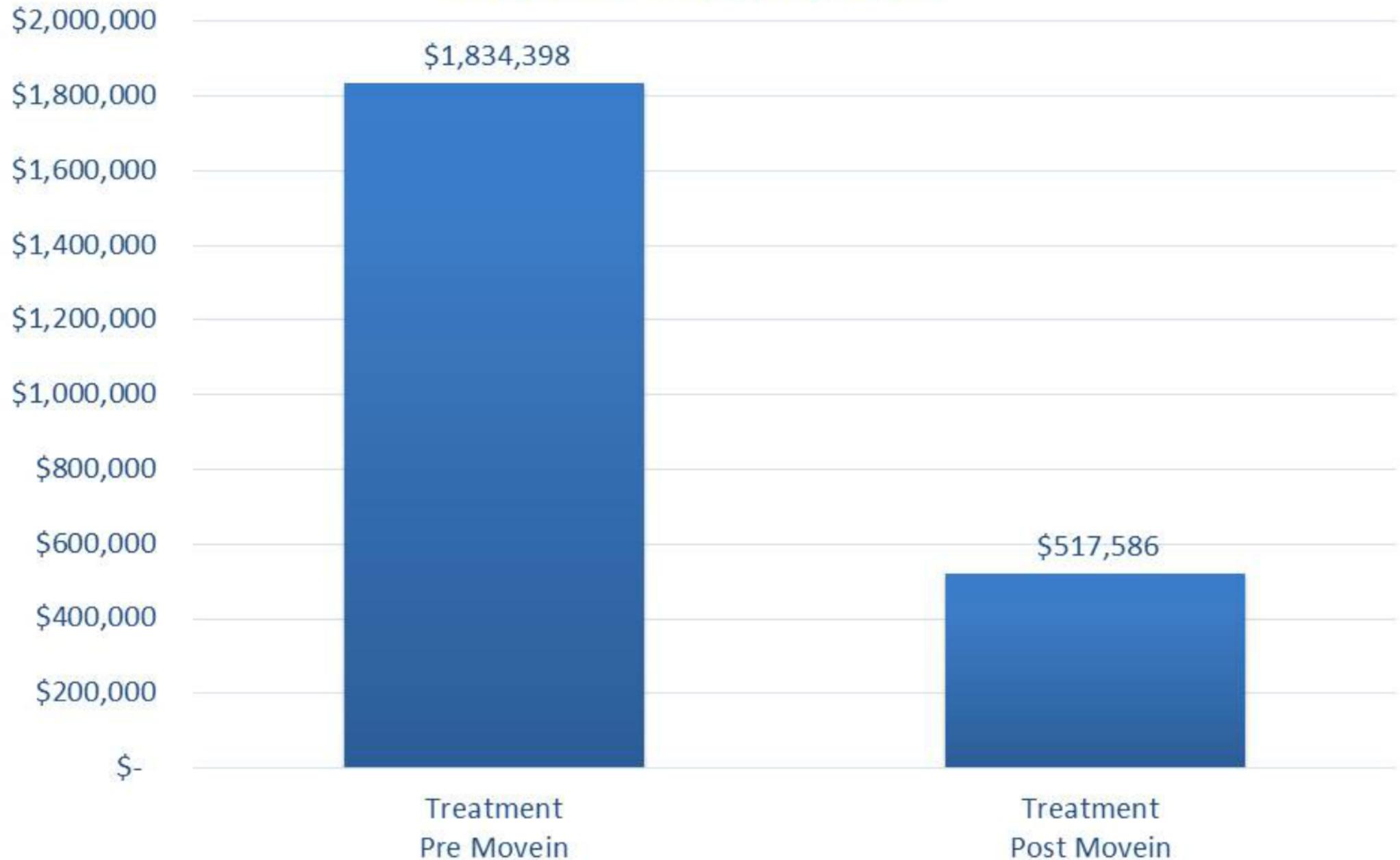
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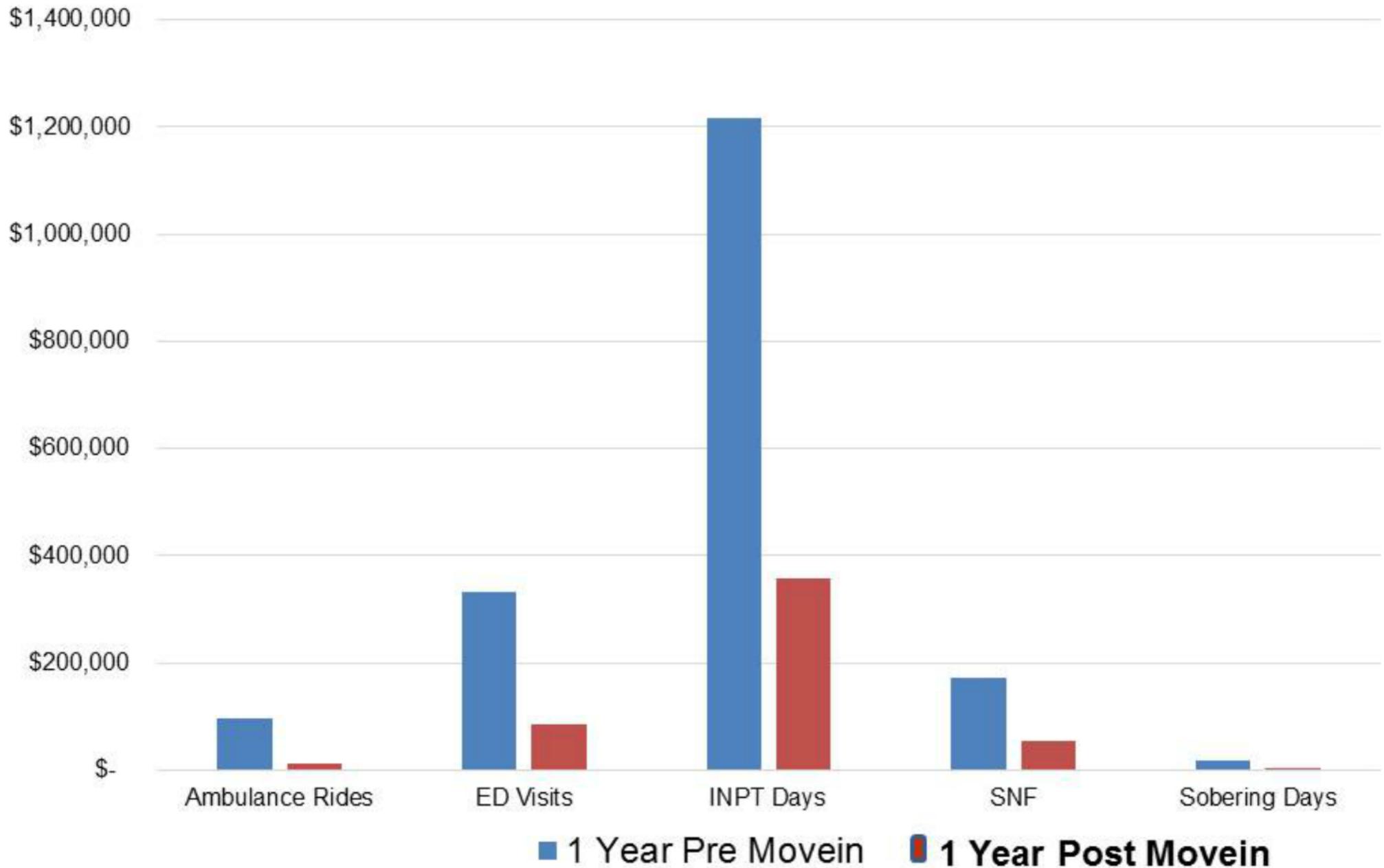
Control Group Total Healthcare Cost 1 Year Pre/Post Move-in



Treatment Group Total Healthcare Cost 1 Year Pre and Post Move in

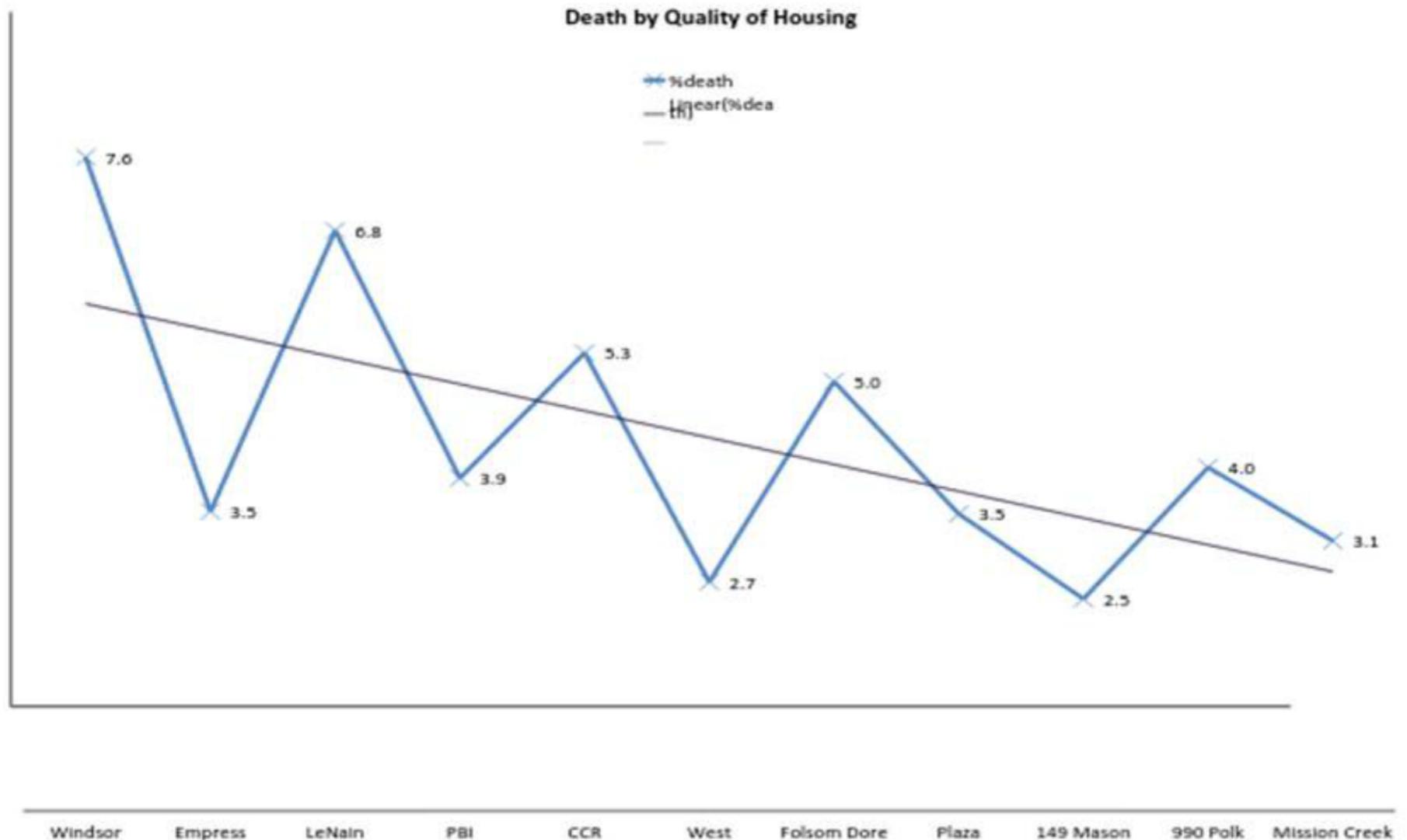


Treatment Group Health Care Costs

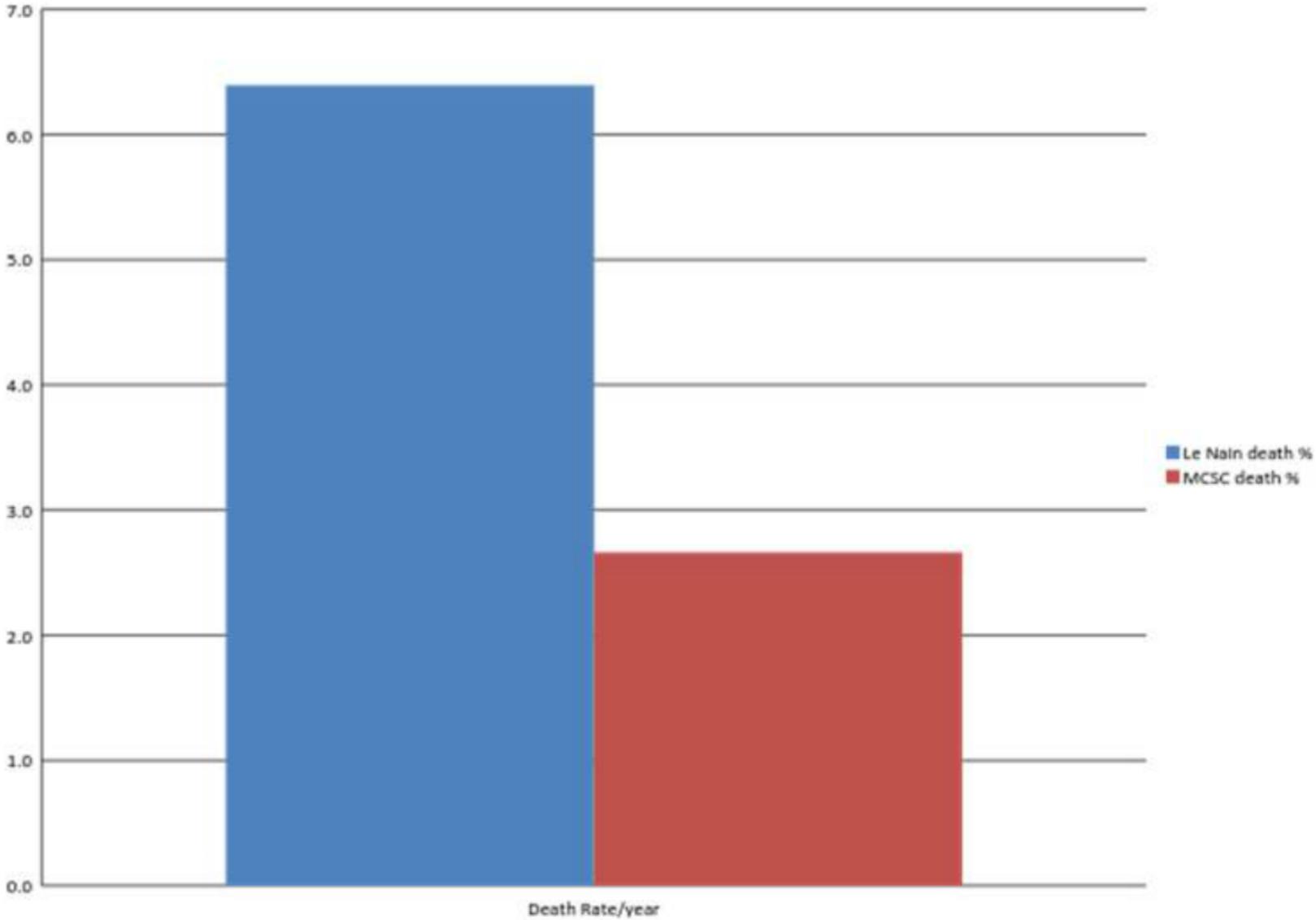


Quality

Relationship between Housing Quality and Mortality



Death rate: **Le Nain** vs. **Mission Creek**



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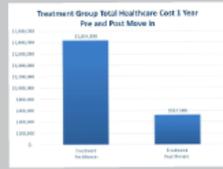
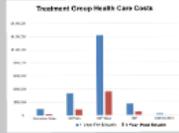




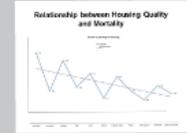
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