

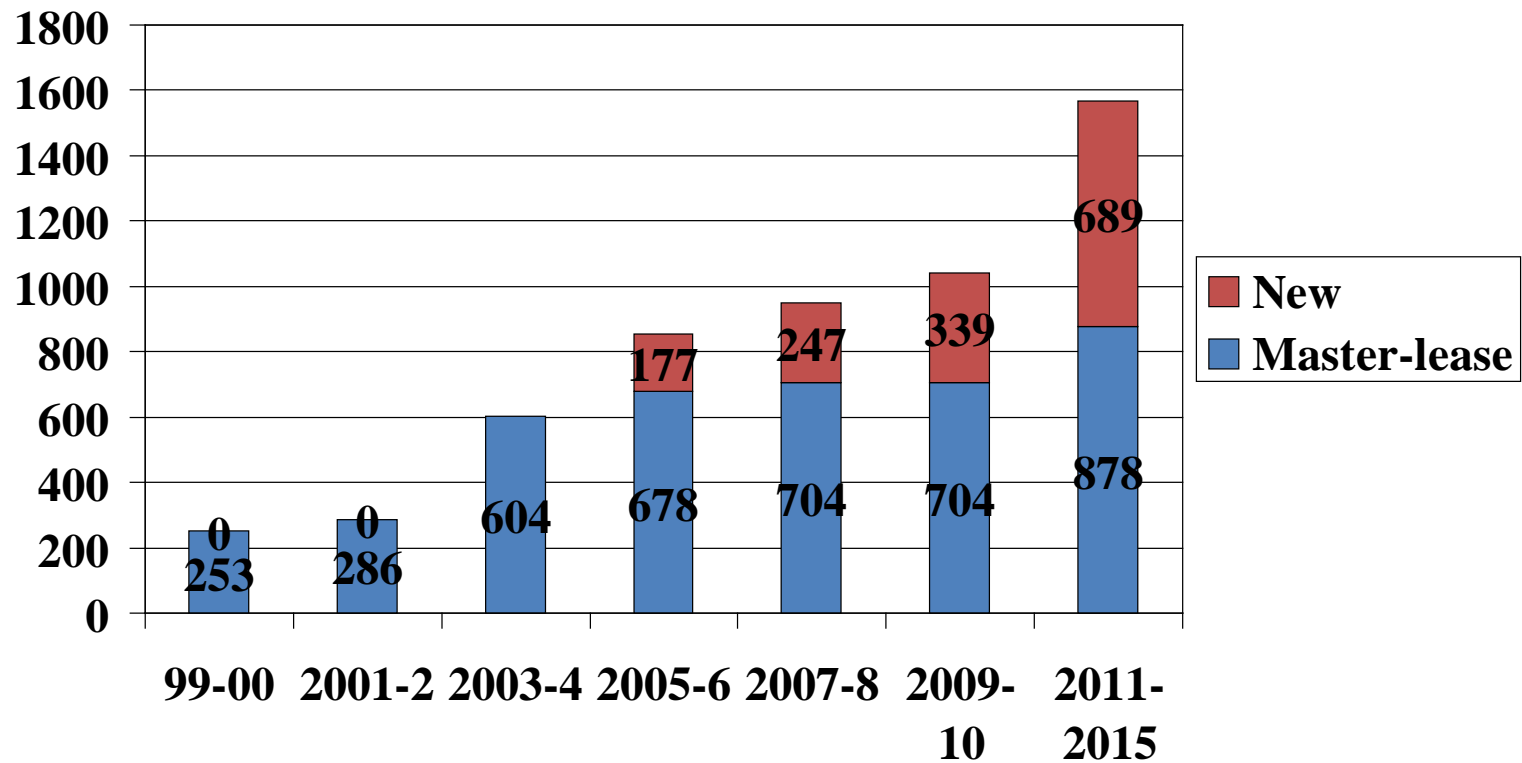
Progress Towards Reducing the Health Disparity Between Housed and Homeless People with HIV

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DAH Portfolio





Windsor
HOTEL

Windsor HOTEL





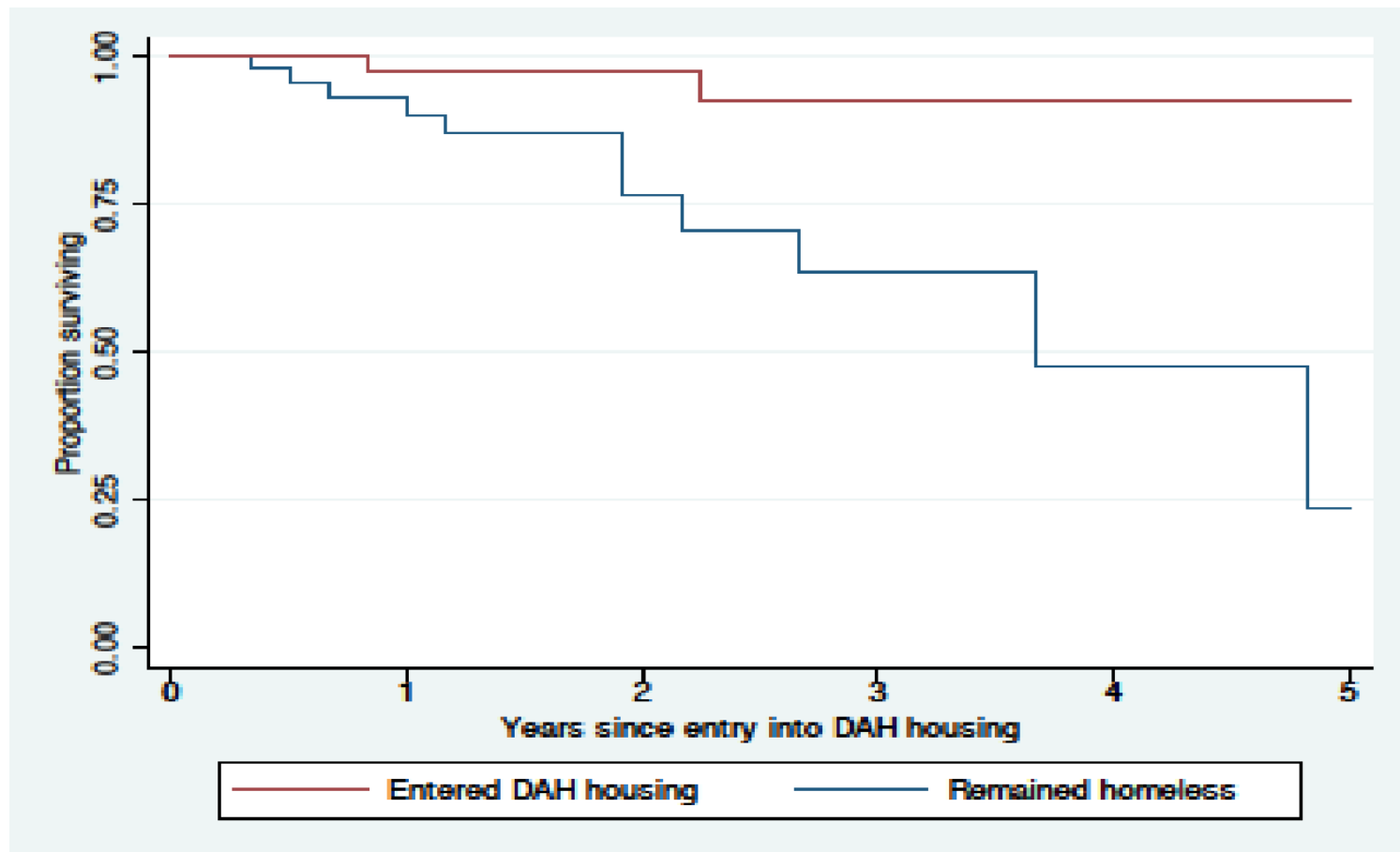






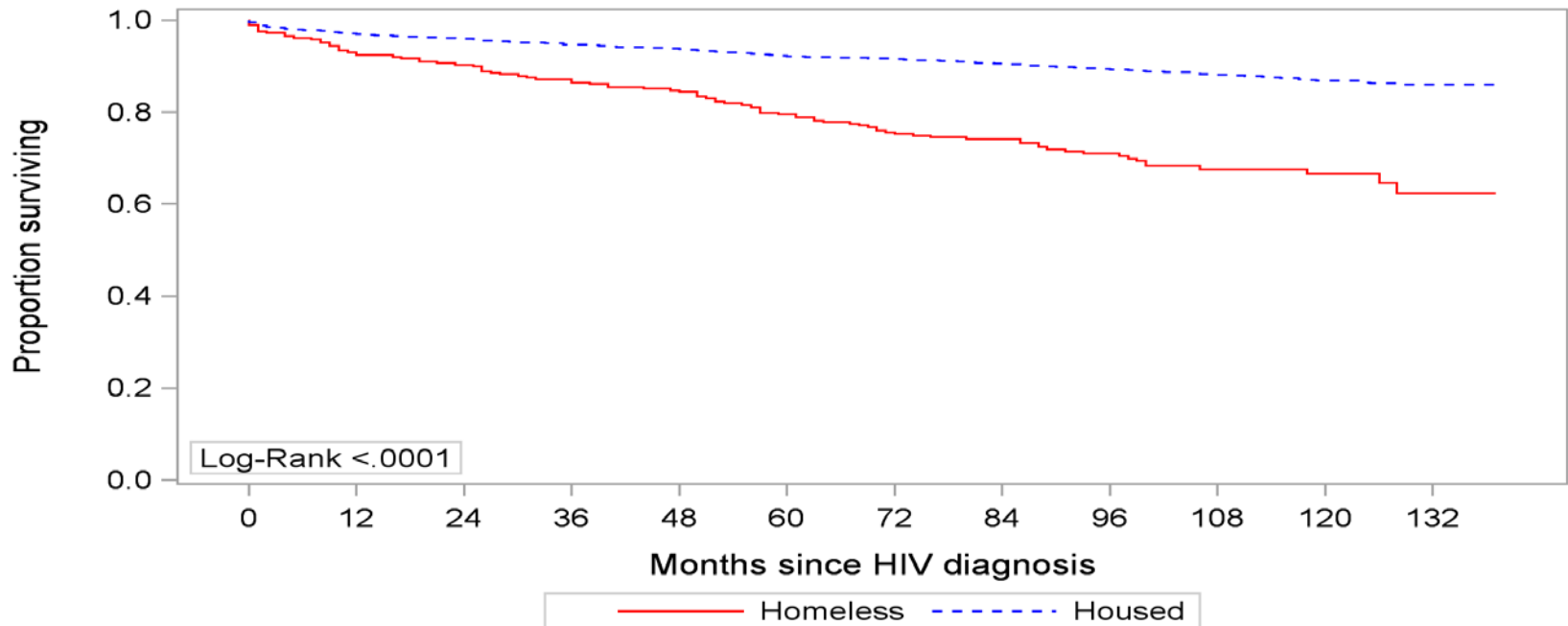
Medical success: housing homeless

Housing homeless with AIDS increased survival rates by about 80%



HIV, Homeless and Survival*

Figure 2b: Persons diagnosed with HIV/AIDS, 2002-2006 (N=3,157)



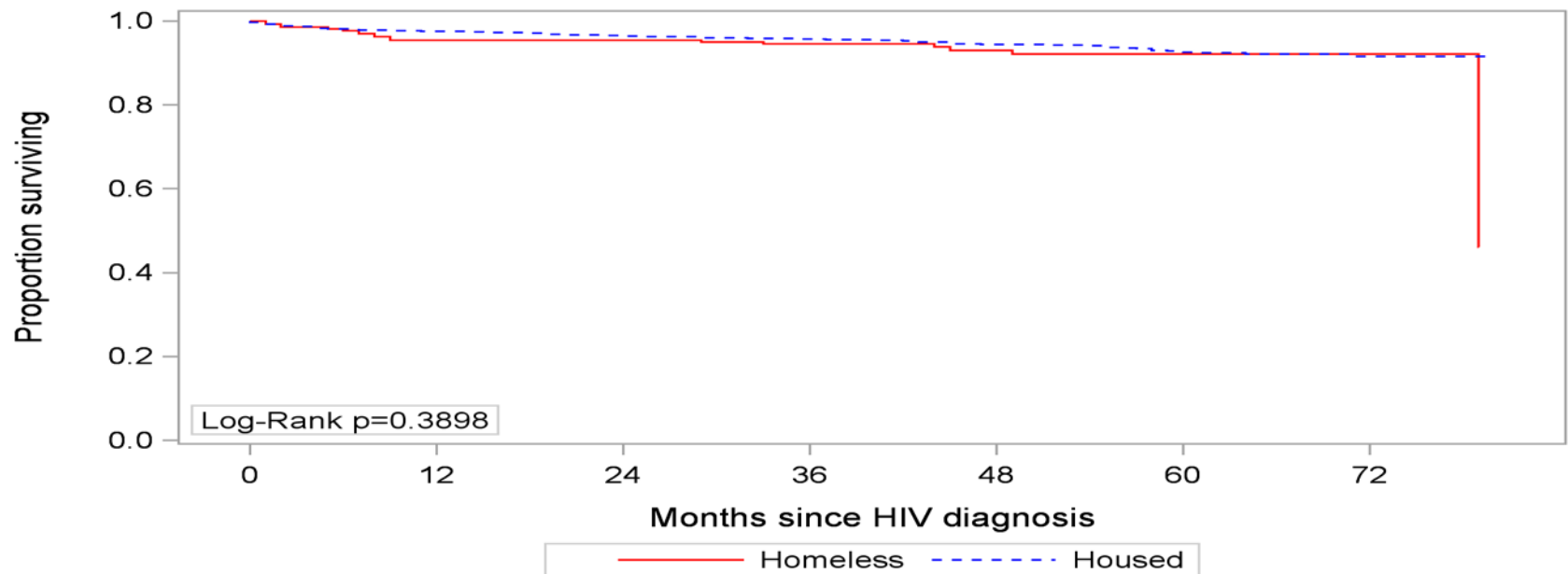
Number at risk:

| | | | | | | | | | | | | |
|----------|------|------|------|------|------|------|------|------|------|------|-----|-----|
| Homeless | 289 | 269 | 261 | 252 | 245 | 230 | 210 | 177 | 137 | 101 | 55 | 13 |
| Housed | 2868 | 2786 | 2753 | 2718 | 2693 | 2646 | 2534 | 2206 | 1703 | 1210 | 618 | 175 |

*Khanijow et al, Journal for the Healthcare of the Poor and Underserved, under review

HIV, Homeless and Survival

Figure 2c: Persons diagnosed with HIV/AIDS, 2007-2011 (N=2,315)



Number at risk:

| | | | | | | | |
|----------|------|------|------|------|-----|-----|-----|
| Homeless | 269 | 251 | 217 | 166 | 112 | 54 | 20 |
| Housed | 2046 | 1945 | 1696 | 1282 | 915 | 456 | 142 |

Quality impacted by 5 domains

- Quality of building/architecture
- Quality of neighborhood
- Severity of illness among the tenants
- Homogeneity of the population
- Quality of the on-site services





Measuring Quality in Affordable Housing

“Magic Number > 9”

| Building | Neighborhood (1-3) | Housing quality (1-3) | Severity of tenant illness (3-1) | Quality of on-site service (1-4) | Mixed population (1-2) | Total (5-15) |
|--------------------------|-----------------------|--------------------------|--|--|------------------------------|--------------|
| Mission Creek | 3 | 3 | 1 | 2 | 2 | 12 |
| Kelly Cullen Comm. | 1 | 3 | 1 | 2 | 1 | 8 |

1 Point Bonus for Strong Community

1 Point Bonus for a Work Program





Achieving Excellence in Supportive Housing

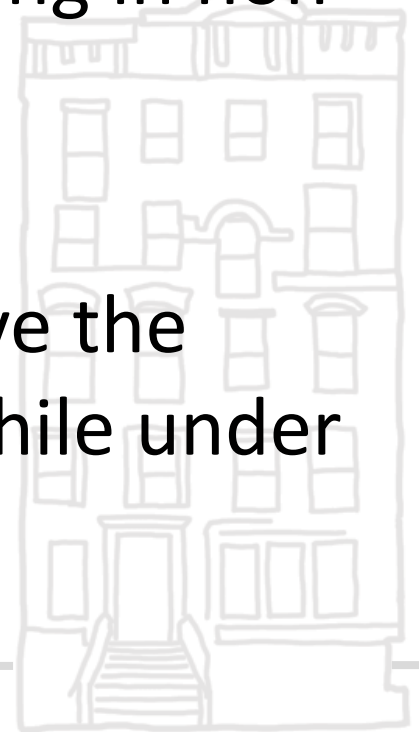
>9 points to achieve standard

| Building name | Neighborhood (1-3) | Housing quality (1-3) | Severity of tenant illness (3-1) | Quality of on-site service (1-4) | Mixed population (1-2) | Total (5-15) |
|--------------------|--------------------|-----------------------|----------------------------------|----------------------------------|------------------------|--------------|
| Mission Creek | 3 | 3 | 1 | 2 | 2 | 12 |
| Kelly Cullen Comm. | 1 | 3 | 1 | 2 | 1 | 8 |

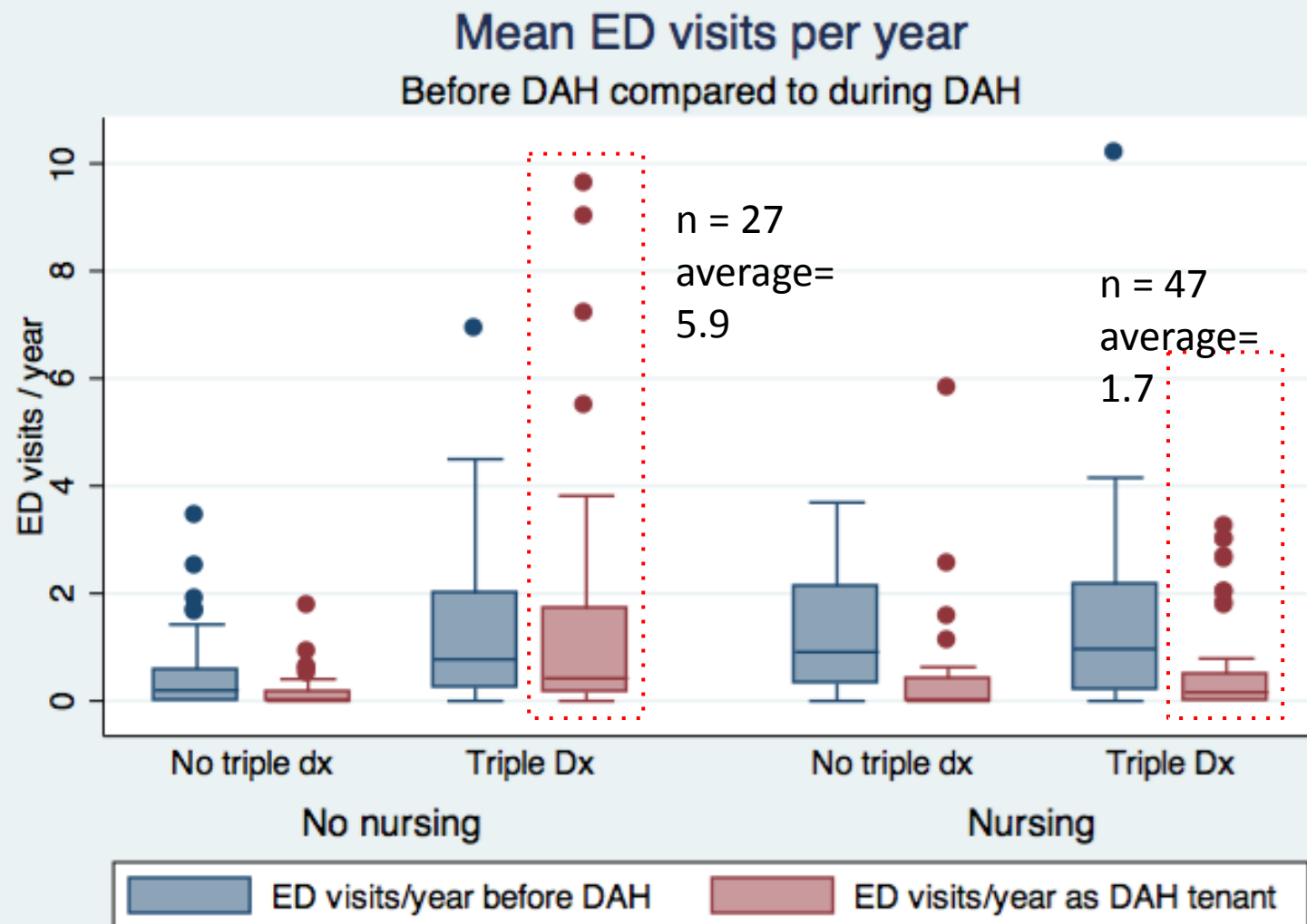
1 point bonus for strong community
1 point bonus for work program

Hypotheses

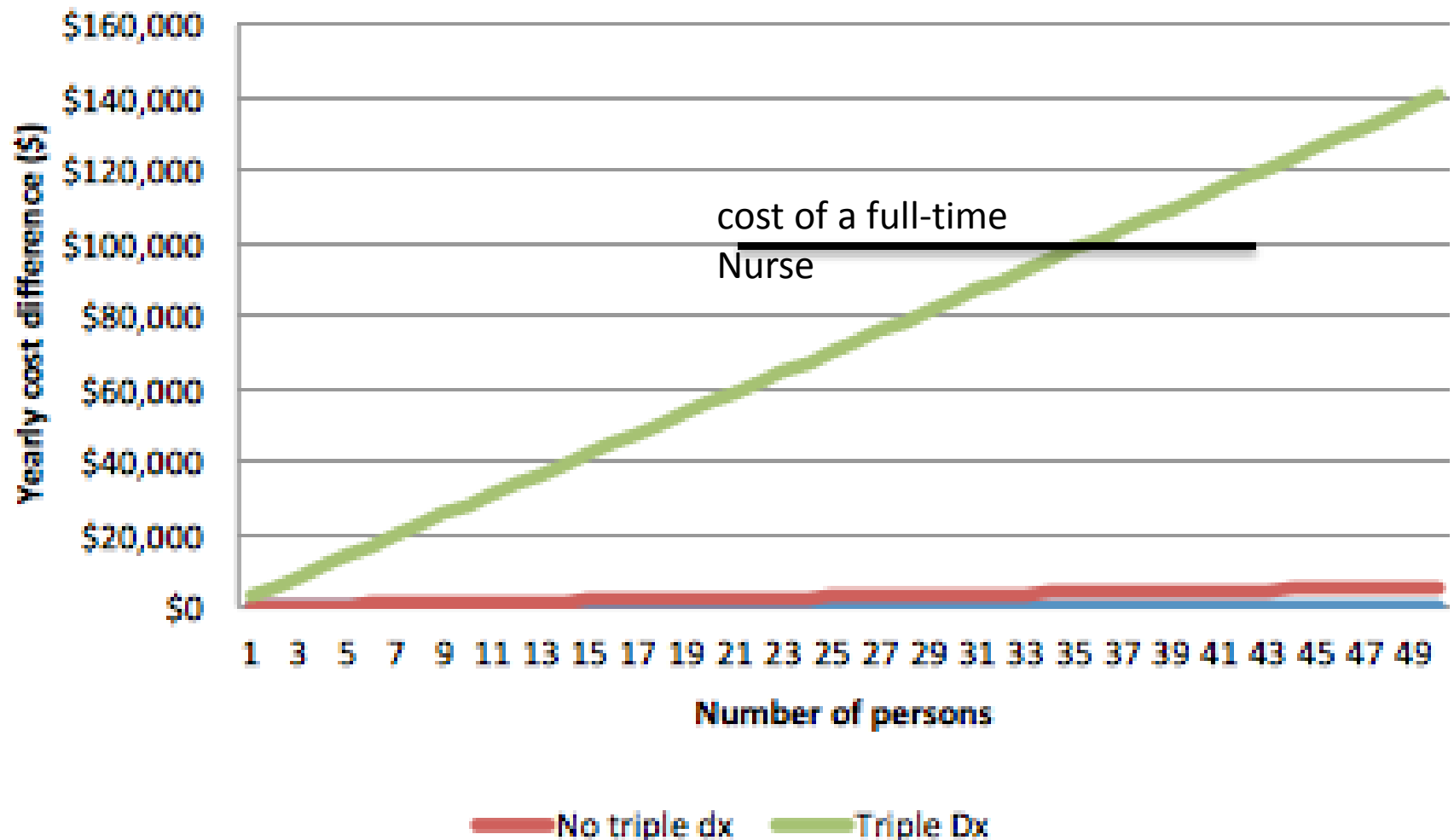
1. Those who live in DAH buildings with on-site nursing show a decrease in health care utilization compared to people living in non-nursing buildings.
2. Those who are the sickest will have the greatest reduction in utilization while under nursing care



A difference of **4.2 ED visits** per person per year



Yearly cost savings per person on ED visits in buildings with Nursing (USD\$)



“It costs less to house homeless people than to leave them on the streets and in shelters.”

-Shaun Donovan

U.S. Secretary of Housing & Urban Development

The Daily Show, March 5, 2012

Chez Soi/At Home Study

- 3000 adults with mental illness and chronic medical problems
- Randomly assigned to housing vs. regular care
- For the top 10% of the healthcare users, \$10 returned for every \$1 in housing
- For next 40%, \$1 returned for every \$1 in housing
- For bottom 50%, housing did not significantly reduce healthcare utilization

Conclusions

- Targeting housing towards homeless adults with HIV reduces mortality disparity.
- Targeting nursing towards triply diagnosed HIV infected chronically homeless adults pays reduces healthcare costs
- Quality of environment and services improves outcomes
- Targeting high users of the healthcare system towards housing reduces cost

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