



# Housing as a Prescription for Improved Health of Chronically Homeless Persons

**Tatjana Meschede, Ph.D.**

Center for Social Policy, University Massachusetts Boston

The Heller School for Social Policy and Management, Brandeis University,  
Waltham, Massachusetts

&

**Jessie M. Gaeta, M.D.**

Boston Health Care for the Homeless Program  
Massachusetts Housing and Shelter Alliance

# Housing First in Quincy, MA

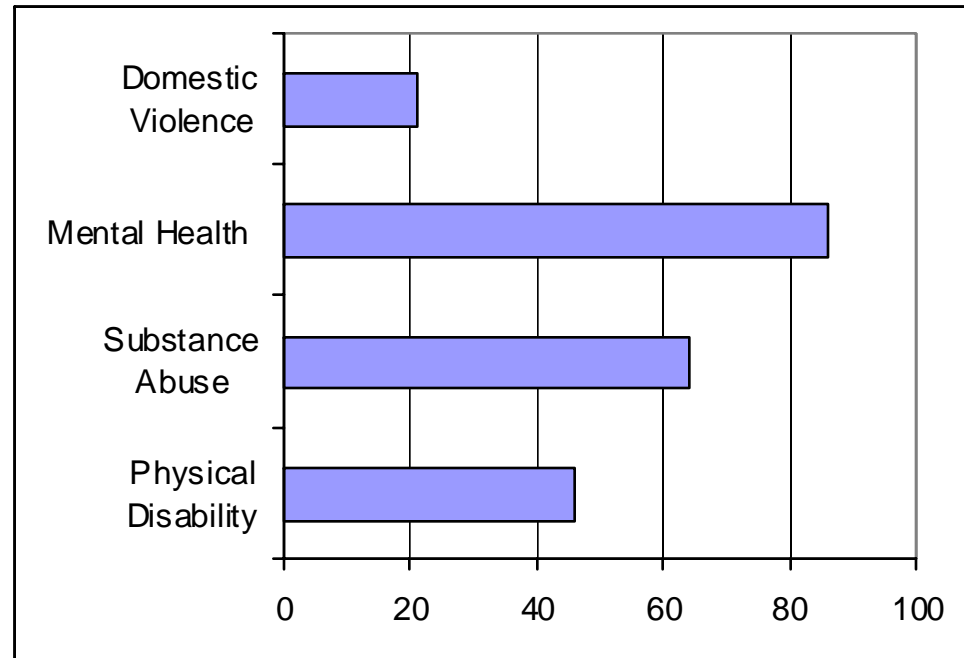
- Father Bill's Place vision
  - to house every homeless person in a short period of time vs housing them in the emergency shelter
- First house (Claremont House) opened in May 2005 (capacity for 12 women)
- Second house (Winter Street) started housing men in November 2005 (capacity for 18 men)
- 8 scattered site units in shared apartments opened in 2006 and 2007 when state \$\$s became available
- Total units by summer 2007: 52 units

# Housing First Residents

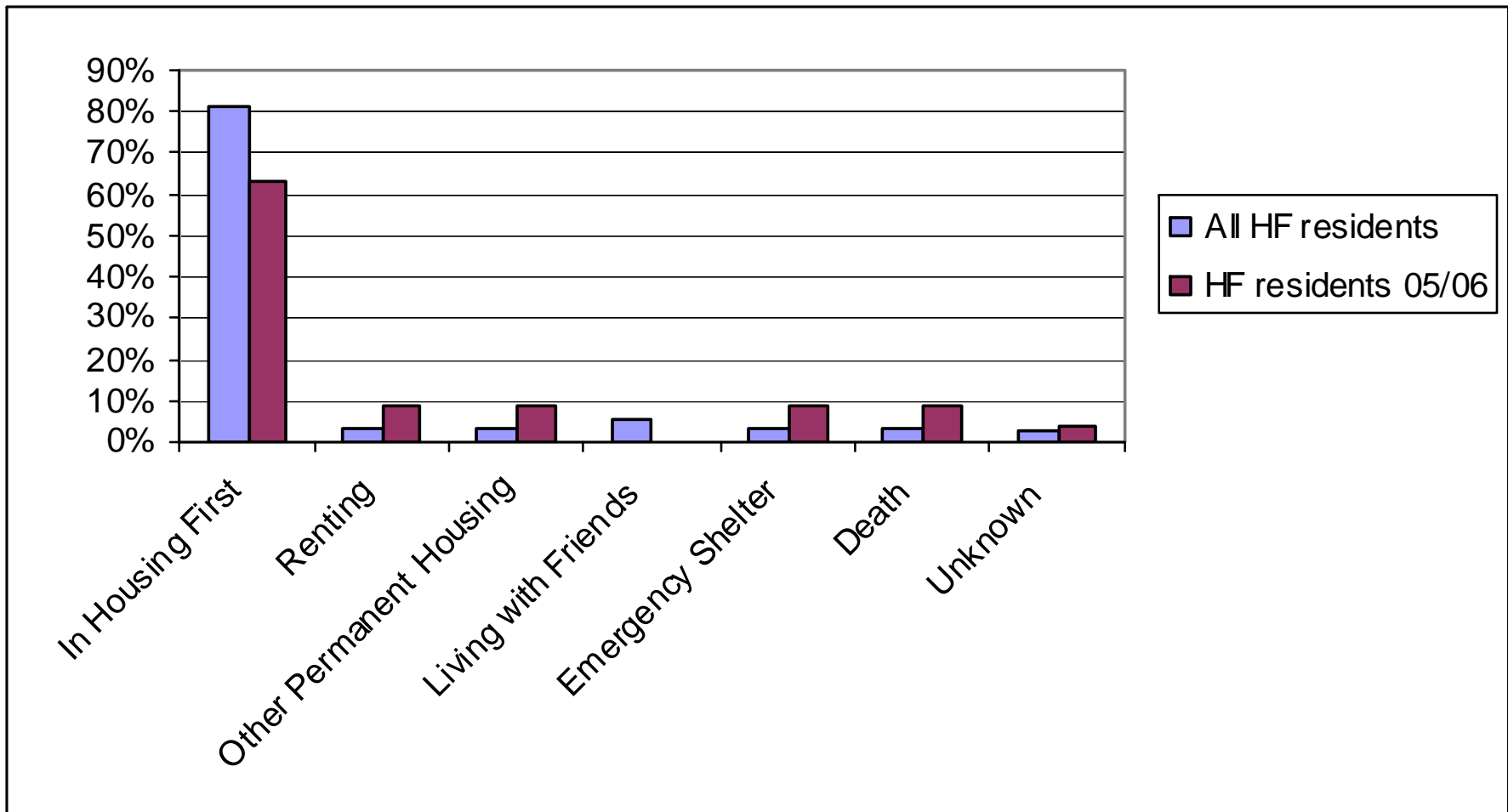
## Diverse Group

- 64 participants 05-07
- 47% women
- 91% Caucasian (representative of Quincy Shelter population)
- Average age: 45
- Length of homelessness ranging from just under 1 year to over 10 years

## Extent of Physical, Mental Health, Substance Abuse, and Domestic Violence Victimization Among Housing First Participants



# Housing Tenure



# Claremont House

- Project-based house
  - 12 bedrooms
  - Shared kitchens
  - Shared bathrooms
  - Shared laundry
- Services
  - Case Manager on site
  - 24 hour access to case management
  - Visiting nurse
  - Close proximity to shelter kitchen and computers
  - Harm reduction philosophy

# Claremont House



# Before & After



**Shelter Dormitory Bed**



**A Claremont Bedroom**





# Impact of Housing First on Health Outcomes

- Chronic illnesses improved
- New illnesses diagnosed and treated
- Improved rate of screening measures
- Health service utilization



# Primary Care Screening Measures After Housing

- 62% obtained Pap smears
- 71% obtained Mammograms
- 40% obtained Colonoscopies

# Case Study

- 59 yo woman with COPD
- Inability to work full time as cashier due to frequent hospitalizations for COPD and limited exercise tolerance
- Doubled up with mom until mom died
- Shelter-dweller 2004-2005
- Housed in 2005
- COPD improved with complicated regimen of inhalers
- 5 hospitalizations for COPD in year prior to housing, no hospitalizations in year following

# Case Study cont.

- First pelvic exam in years showed extensive genital warts
- Biopsy revealed invasive squamous cell carcinoma of vulva
- Extensive surgery required to resect cancer (radical vulvectomy, perirectal exploration, inguinal dissection, distal urethrectomy)
- Surgical complications: wound infection and prolonged need for urinary catheter
- Discharged *home* with VNA services, avoided rehab stay
- Cancer free after one year

# Case Study cont.

- Other health issues addressed after placement in housing:
  - Anxiety
  - Hypertension
  - Impaired glucose tolerance
  - Hyperlipidemia
  - Routine health maintenance
- Moved into a 2-bedroom independent apartment with friend in 2006

# Qualitative Data

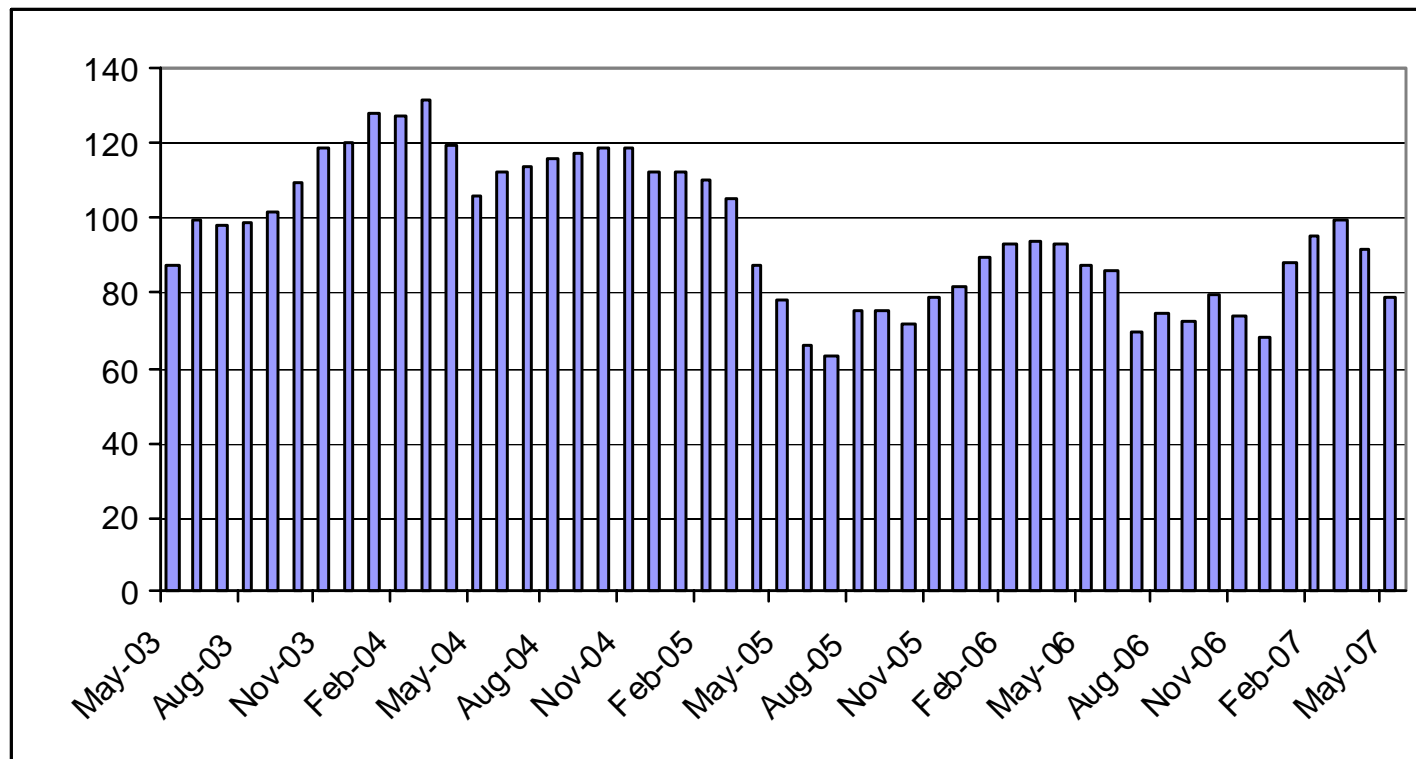
- In-depth baseline and follow-up interviews with the women at Claremont
- Baseline and follow-up focus groups with the men at Winter Street
- In-depth interviews with scattered site residents
- Staff interviews
- Content of interviews/focus group with Housing First residents:
  - Homeless history
  - Social supports
  - Quality of life
  - Health
  - Income/benefits

# Other Outcomes Related to Health

- Social networks
  - Peers: close relationships mostly with formerly homeless peers
  - Family: increased contact and visitations
  - Staff: highest rated source of social support
- General quality of life
  - Independence
  - Self-respect
  - Satisfaction with housing
  - Engagement in meaningful daily activities
- Ability to leave abusive relationships

# Larger Community Benefits

- Reduction in chronic homelessness by 18%
- Reduction in average daily shelter census by about 30





# Larger Community Benefits cont.

- Reduction in expensive health care
  - 77 % decrease in number of inpatient hospitalizations
    - Days hospitalized decreased from 44 to 4
  - 83 % decrease in number of ER visits
  - Cost savings: \$51,750
- Shelter Costs
  - Per person shelter bed costs are about \$10 higher day than HF SRO unit
- Work/volunteer work of HF participants

# Conclusions

- Housing improves quality of life
  - Increased self esteem, independence, satisfaction with housing
- Housing improves health
  - Improved chronic mental and physical illnesses
  - Increased ability to detect and treat illness
  - Improved compliance with testing and treatment
  - Preventive care possible, recovery more likely
- Benefits for All
  - Reduction in chronic homelessness
  - Reduced use of inpatient and emergency services
  - Reduction in the need of emergency shelter beds

# Recommendations

- **Increase funding** for and expand HF, and provide HF units at different levels of service needs
- Allow for **more flexibility** in funds for homeless programs
- **Promote research** on determining factors for success in HF, as well as which HF model fits with particular tenant characteristics

# Acknowledgements

- Oil Painting, “Disciple: Man on the Bench,” by George Bard, Cambridge, MA, 1986
- Father Bill’s Place Staff
- Boston Globe article links:  
[http://www.mccormack.umb.edu/csp/press/csp\\_press\\_5-26-2005.jsp](http://www.mccormack.umb.edu/csp/press/csp_press_5-26-2005.jsp)
- The First Two Years of Housing First in Quincy, Massachusetts  
[http://www.mccormack.umb.edu/csp/csp\\_publications.jsp](http://www.mccormack.umb.edu/csp/csp_publications.jsp)
- “Moving Here Saved My Life: The Experience of Formerly Chronically Homeless Women and Men in Quincy's Housing First Projects”  
[http://www.mccormack.umb.edu/csp/csp\\_publications.jsp](http://www.mccormack.umb.edu/csp/csp_publications.jsp)