chicagotribune.com



A Chicago project for homeless people shows strong results

What do homeless men and women with emphysema, hypertension, diabetes and congestive heart failure need to take better care of their health?

A home and a period of intensive support from social workers, Chicago researchers reported Tuesday in the Journal of the American Medical Association.

The report describes encouraging results for the Chicago Housing for Health Partnership, the first program in the country to link hospitals serving homeless, chronically ill patients with groups that help people find federally subsidized housing.

The organization was formed in 2002 to deal with a common and unfortunate situation: Ill, homeless people are discharged from hospitals and end up back on the streets without regular medical care. Inevitably, their health deteriorates.

If there were some way to stabilize these homeless men and women and provide ongoing help, then perhaps they would have fewer medical crises and not return to hospitals as often, members of the partnership reasoned.

Between September 2003 and May 2006, Stroger Hospital and Mount Sinai Hospital in Chicago recruited more than 400 homeless individuals with chronic medical conditions to participate in a study testing the hypothesis.

Half were assigned to an intervention group. Social workers helped these patients find housing and worked with them for a year and a half to secure medical services and provide other help. The other half got "usual care"—discharge to a homeless shelter or the city's only respite center for the homeless.

The benefits of intervention were significant, according to the JAMA report: Homeless people who got assistance had 24 percent fewer emergency department visits and 29 percent fewer

hospitalizations at the end of 18 months.

Put another way, the study shows that for every 100 homeless adults offered assistance, expected benefits include 49 fewer hospitalizations, 270 fewer hospital days and 116 fewer emergency department visits.

"With stable housing, people get linked up to primary care and are better able to follow medical advice," said Dr. Laura Sadowski, the lead researcher and a physician at Stroger.

"When people who are homeless have a place to sleep and eat and keep their medicine, they don't have to be in and out of hospitals and emergency rooms all the time," said Arturo Bendixen, the Chicago partnership's director and vice president for programs at the AIDS Foundation of Chicago.

That was true for Sam, a 57-year-old formerly homeless man with gout, arthritis and cirrhosis of the liver who participated in the study. A member of the research team at Stroger Hospital arranged an interview.

Sam, who asked that his last name not be published, described waking up "dizzy and disoriented" several years ago and calling 911. "You're dying and you're an alcoholic," Sam said the paramedic told him.

But Sam kept drinking until he ended up at Stroger Hospital in 2006, where a social worker told him about the partnership study and he signed on.

"I didn't even imagine all the stuff that's happened since," Sam said. "I got taken care of. They got me into the program. They got me an apartment. I'm not drinking anymore. It's a different lifestyle."

Housing organizations helped by changing their criteria for prospective residents, which most homeless people couldn't meet, said Lori Pacura, vice president of patient care services at Mount Sinai.

The hospital and other partnership members are continuing the program because "it's the right thing to do and it makes such a dramatic difference," she said.

Other members of the Chicago Housing for Health Partnership include the Jesse Brown Veterans Administration Medical Center, Interfaith House, Franciscan House of Mary & Joseph, Deborah's Place, Chicago House, Vital Bridges, Housing Opportunities for Women, Heartland Human Care Services, Lawson House YMCA, Christian Community Health Center, Mercy Housing Lakefront, Featherfist, AIDSCare and the Chicago Christian Industrial League.