

# Ending Homelessness: Dream or Illusion?

**Stephen Hwang, MD, MPH**

Director, Centre for Research on Inner City Health,  
St. Michael's Hospital  
Professor of Medicine, University of Toronto

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# Introduction

- The problem of homelessness has been widely discussed across Canada
- The Housing First model has been advanced as a solution for chronic homelessness
- Is the goal of ending homelessness in Canada attainable?

# Learning Objectives

- (1) To understand the strengths and hazards of the Housing First approach to ending homelessness
- (2) To discuss the complementary roles of intervention programs for individuals and systemic policy changes
- (3) To have a realistic understanding of the relationship between homelessness, housing, and health, and the health benefits of ending homelessness



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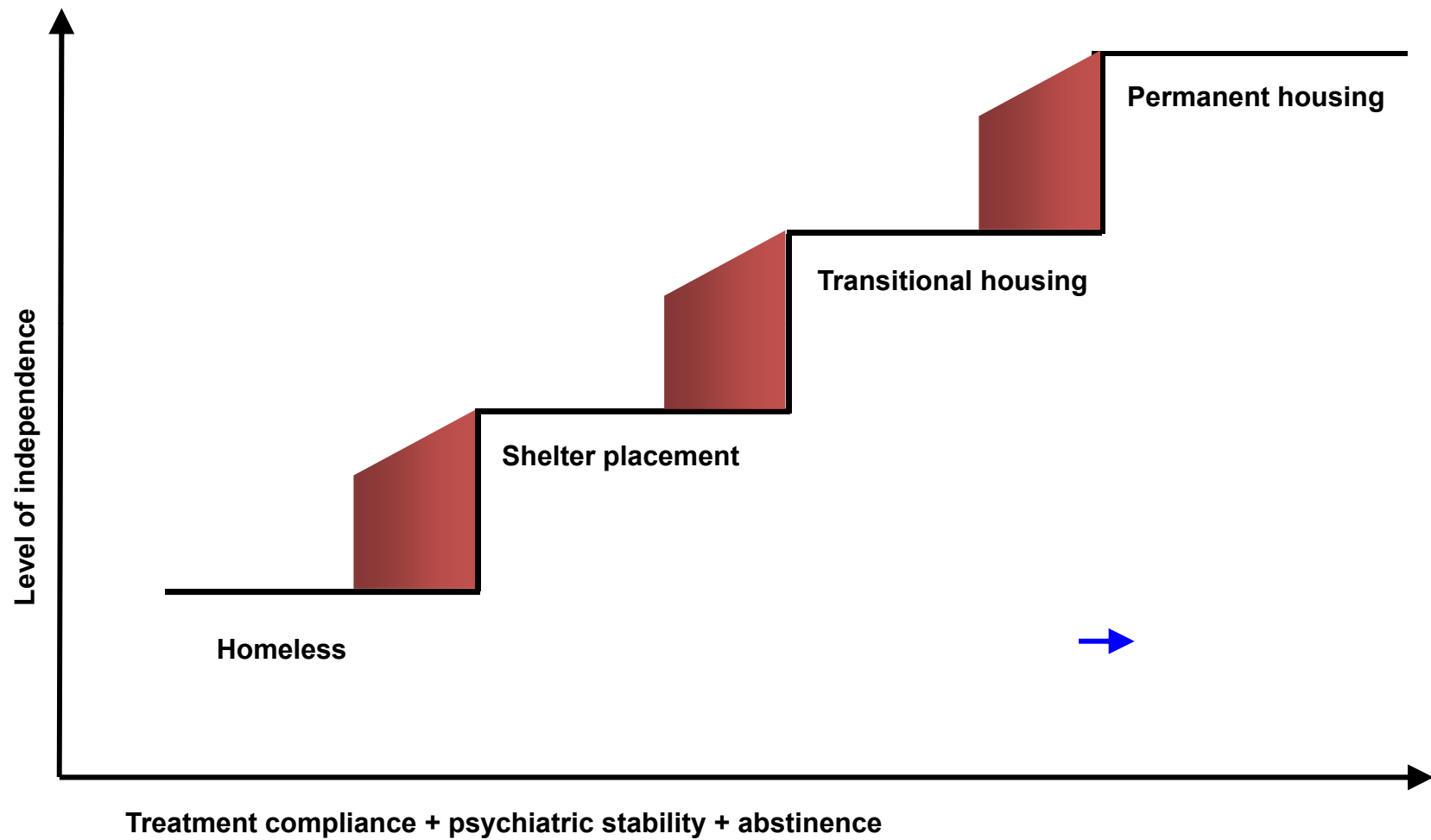
# At Home/Chez Soi Study

- Vancouver
- Winnipeg
- Toronto
- Montreal
- Moncton



# The Housing First Model



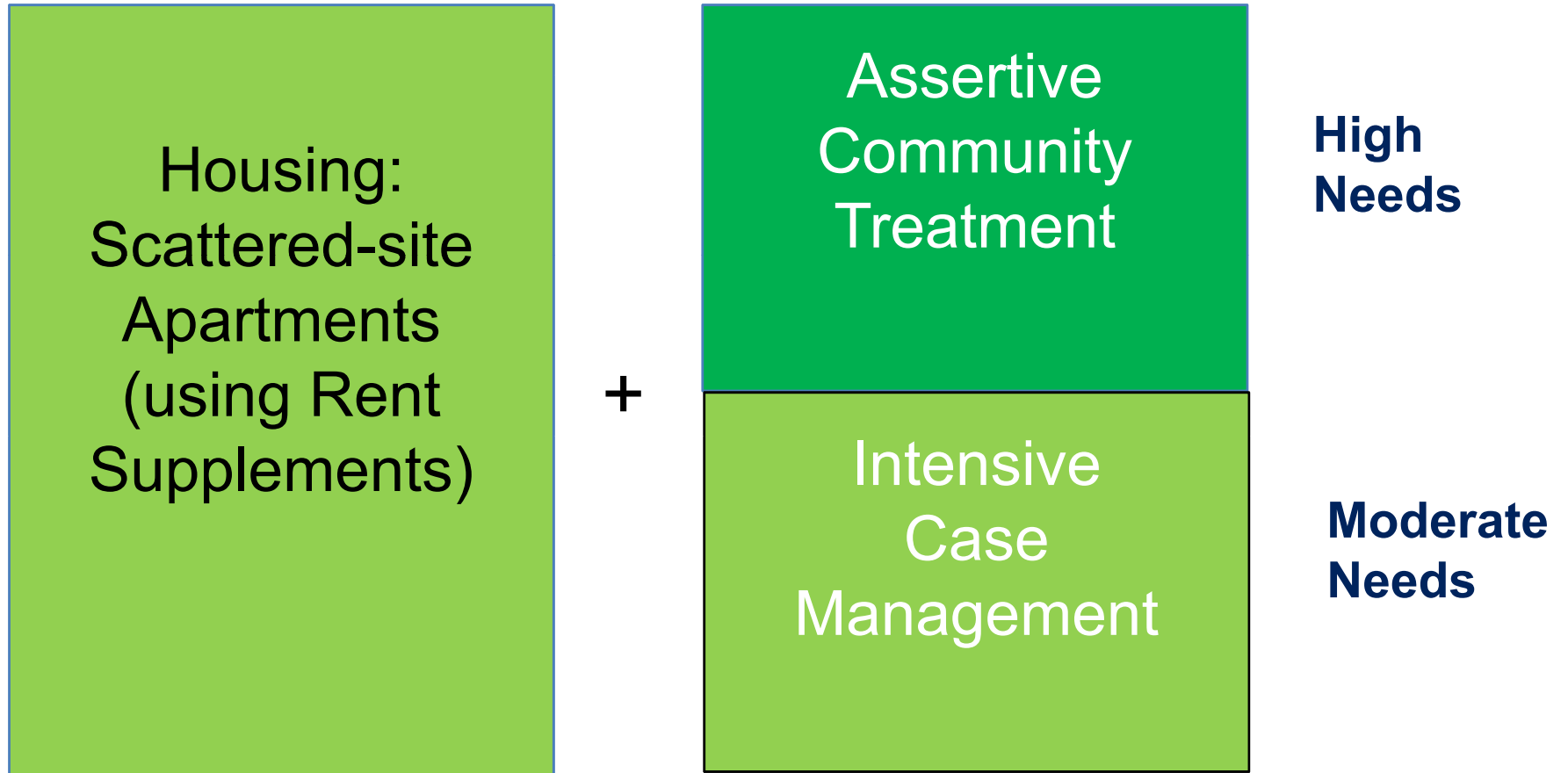


# Housing First principles:

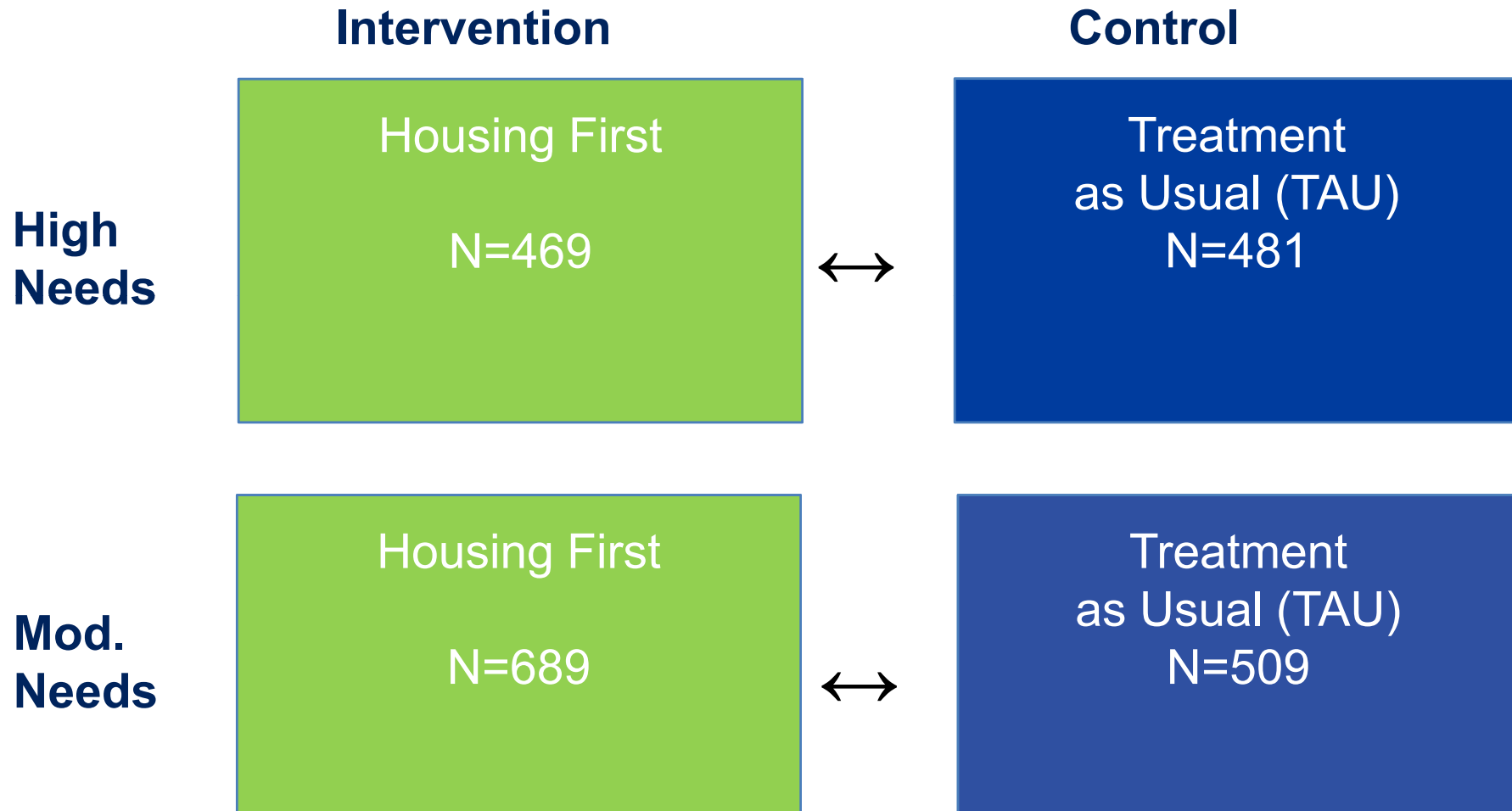
- 1 Immediate access to housing with no housing readiness conditions
- 2 Consumer choice and self-determination
- 3 Recovery orientation
- 4 Individualized and person-driven supports
- 5 Social and community integration



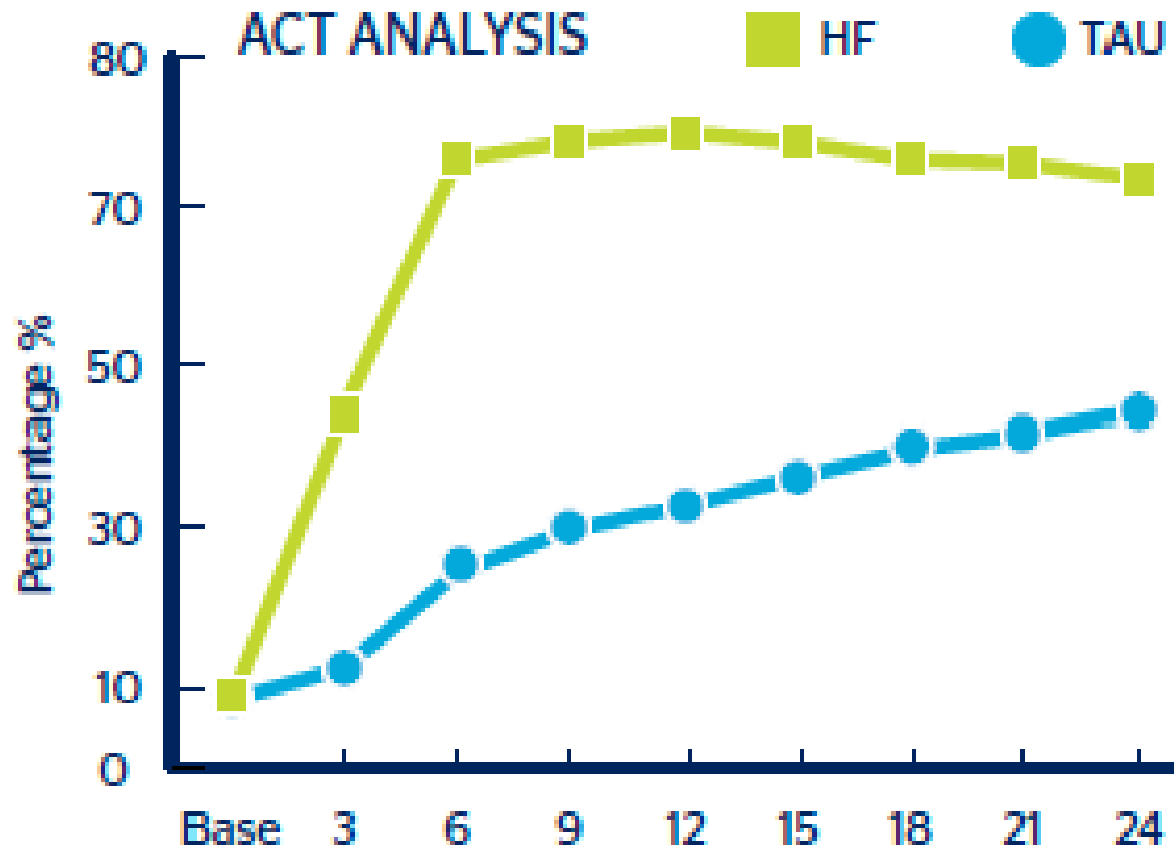
# The Housing First Model



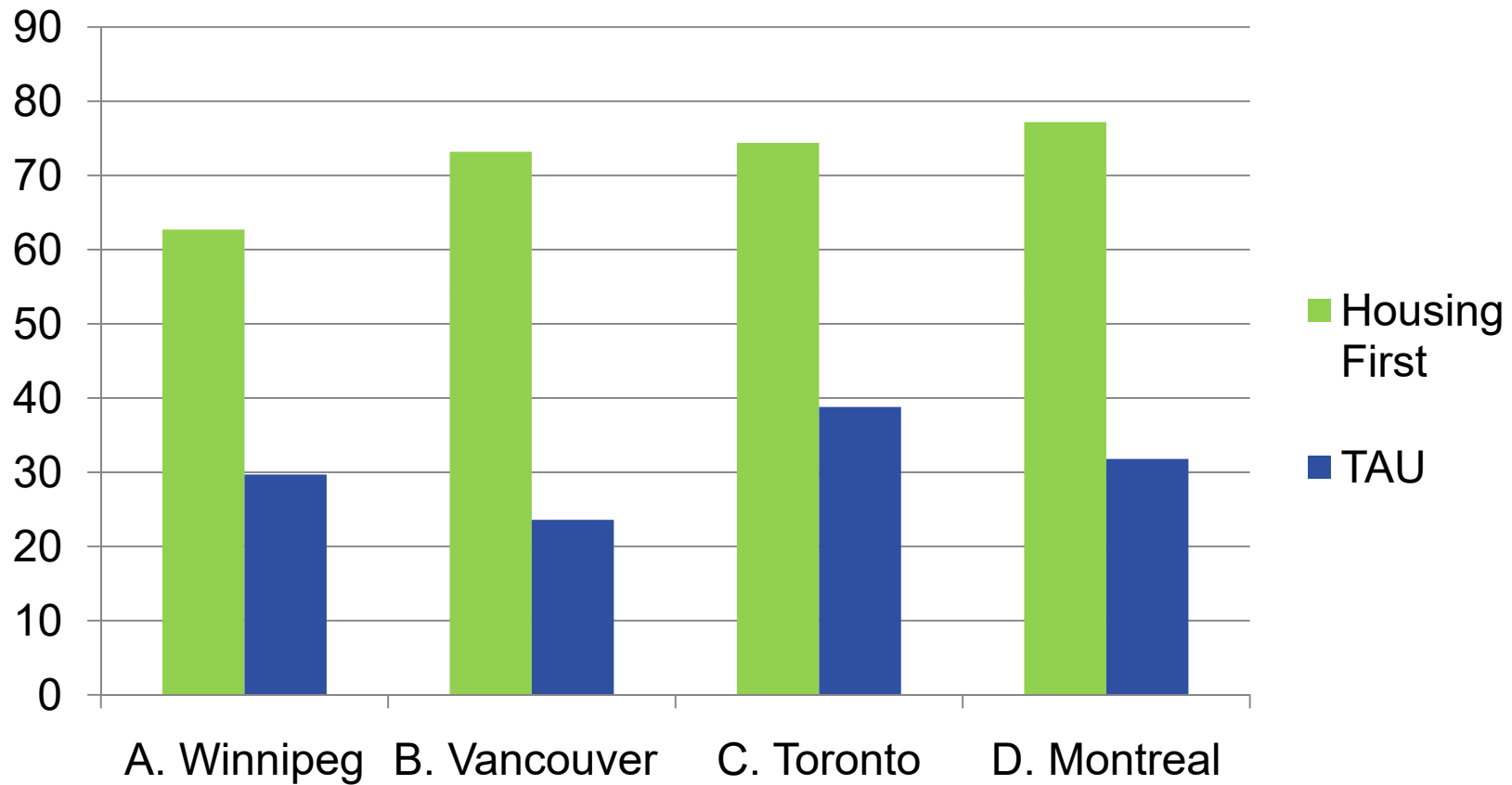
# Randomization



# Housing First ends homelessness



# % Time Stably Housed over 24 months



# Housing First ends homelessness

- Housing First is highly effective in ending chronic homelessness
- At Home/Chez Soi provided substantial rent supplements, support services tailored to need, and rigorous attention to fidelity

# Hazards of Housing First

- Hazards = potential *misinterpretations or misapplications*, not inherent flaws

# 1. Debate about Housing Choices

- Housing First = scattered-site private market units, using rent supplements
- “versus” Social Housing
- “versus” Supportive Housing

# 1. Debate about Housing Choices

- Factors that must be considered:
  - Individual preference (favors scattered site)
  - Likelihood of housing success (?comparable)
  - Costs – rent & capital (favors scattered site)
  - Current availability of housing units (favors scattered site)
- Is Housing First a pragmatic approach or an ideology?



## 2. Dependence on Housing Markets

- Housing First depends on existing rental housing units
- Problem: Underlying market failure to produce decent, affordable rental housing in large urban centers

## 2. Dependence on Housing Markets

- Hazard: Thinking of Housing First as “the solution for homelessness”
- Housing First is an intervention that can end chronic homelessness for individuals

## 2. Dependence on Housing Markets

- Housing First alone is unlikely to result in sustained reductions in homelessness over time, unless accompanied by major policy changes
  - Inclusionary zoning
  - Investment in social housing and/or rent supplements
  - Guaranteed income

- Housing First alone is unlikely to result in sustained reductions in homelessness over time, unless accompanied by major policy changes
- Why?
  - Ongoing entry of individuals into chronic homelessness
  - Diversity of homelessness

# 3. Exclusive Focus on Chronic Homelessness

- Homelessness comes in many forms
- Housing First is not a panacea for everyone experiencing homelessness
  - Youth
  - Families

## 4. Housing First in name only

- Hazards when disseminating and scaling up the Housing First model
- Lack of attention to model fidelity

## 4. Housing First in name only

- Hazards when disseminating and scaling up the Housing First model
- Housing First “on the cheap”

## 4. Housing First in name only

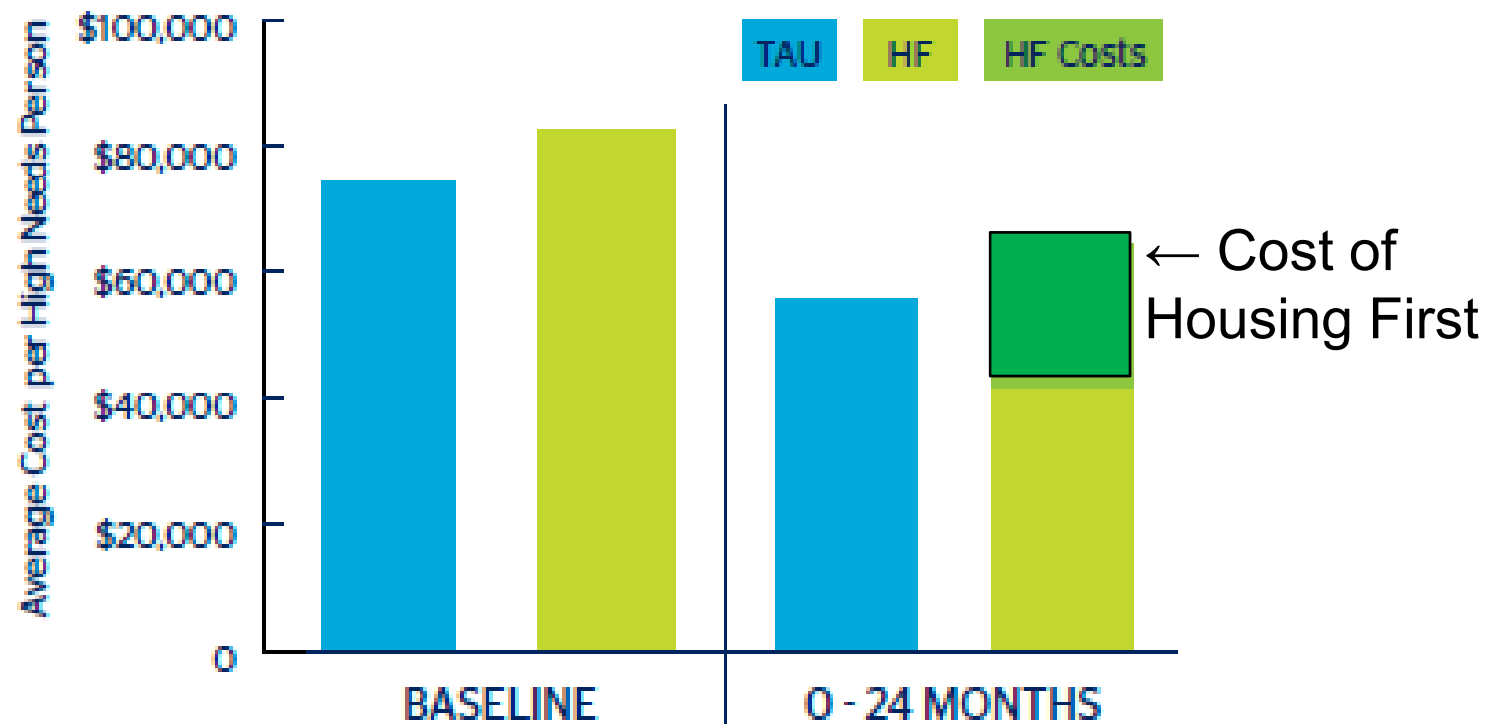
- At Home/Chez Soi study
- Rent supplement \$400-600 / month
- Housing (rent+admin): \$7,400 / year
- Case management: \$6,900 / year
- **Total cost: \$14,300 / year**



# 5. Focus on Cost Savings

- Misleading
- Potentially harmful to public discourse
- Potentially harmful to people experiencing homelessness

# Housing First does not result in net cost savings



# ...except for those who are the top 10% of service users

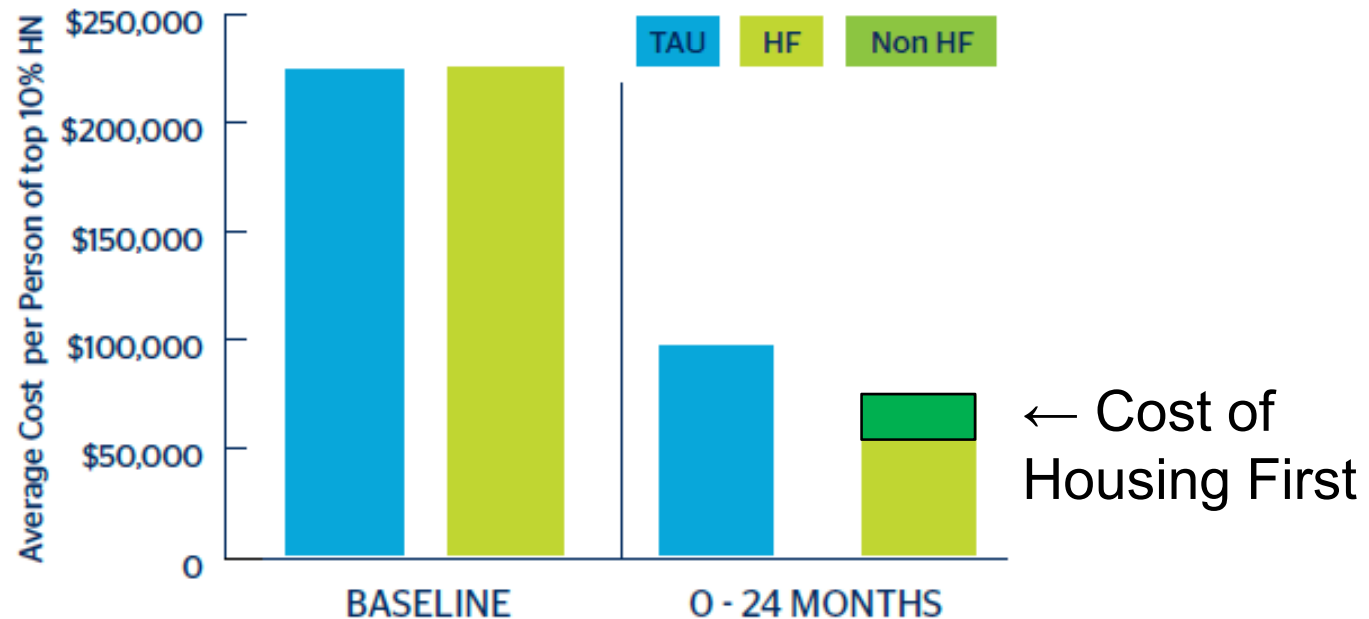


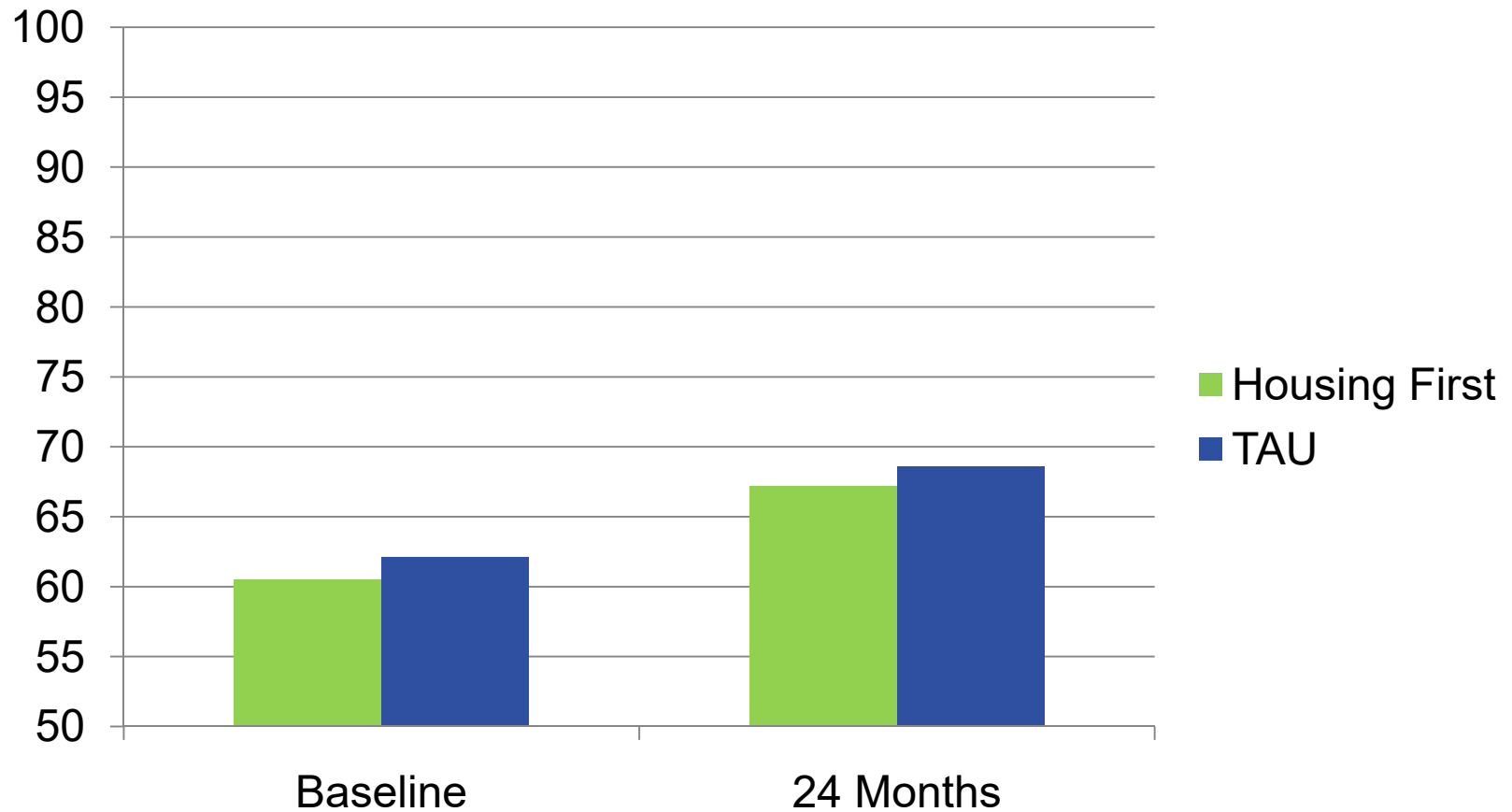
Figure 13. Comparison of TAU group and HF group cost offsets on annualized average costs per person for 10 per cent of participants with highest costs at baseline.

67% High Needs, 33% Moderate Needs

## 6. Health Benefits of Ending Homelessness?

- Housing is an important social determinant of health
- People who are homeless have poor health
- Housing people who are homeless will improve their health

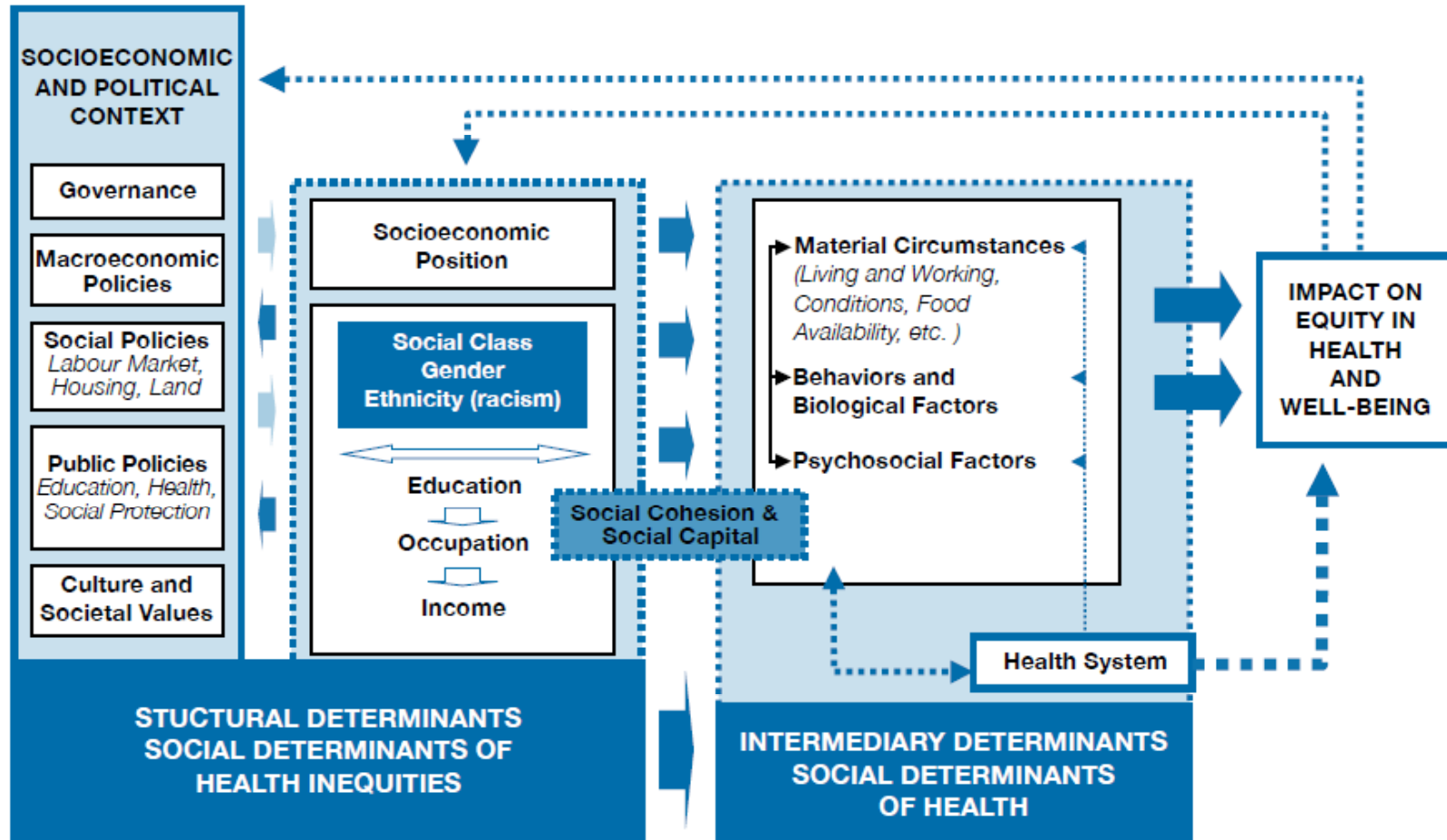
# Quality of Life (EQ-5D)

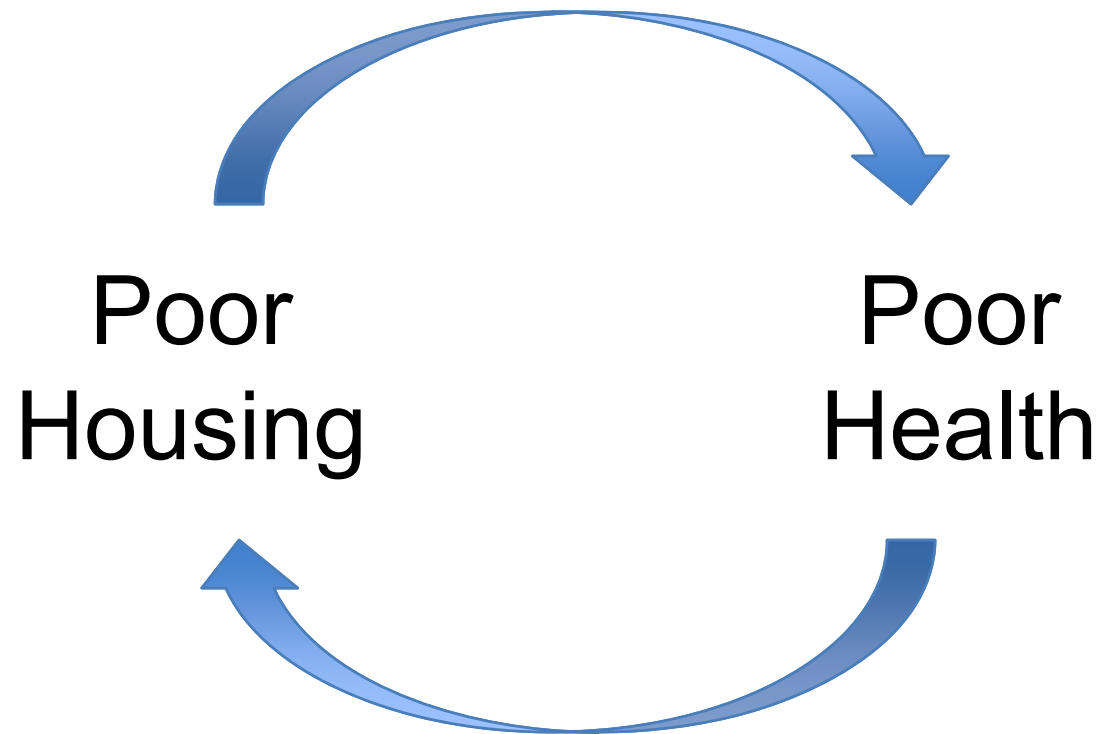


**Table 3. Secondary and Exploratory Outcomes for Participants During the Follow-up Period**

Outcomes <sup>a</sup>	Treatment Effect							
	6 Months		12 Months		18 Months		24 Months	
	Difference in Mean Changes From Baseline (95% CI)	P Value <sup>b</sup>	Difference in Mean Changes From Baseline (95% CI)	P Value <sup>b</sup>	Difference in Mean Changes From Baseline (95% CI)	P Value <sup>b</sup>	Difference in Mean Changes From Baseline (95% CI)	P Value <sup>b</sup>
<b>Secondary Outcome<sup>c</sup></b>								
Generic quality of life	2.11 (-1.00 to 5.23)	.18	0.91 (-2.18 to 4.00)	.56	0.06 (-3.18 to 3.3)	.97	0.10 (-2.92 to 3.13)	.95
<b>Exploratory Outcomes</b>								
Mental illness symptom severity	-0.96 (-2.29 to 0.37)	.16	-0.51 (-1.87 to 0.84)	.46	0.18 (-1.19 to 1.56)	.79	0.57 (-0.88 to 2.01)	.44
Condition-specific quality-of-life score	5.91 (3.41 to 8.41)	<.001	4.11 (1.43 to 6.79)	.003	4.21 (1.56 to 6.86)	.002	4.37 (1.6 to 7.14)	.002
<b>Family<sup>d</sup></b>								
Finances	0.34 (-0.06 to 0.74)	.10	0.23 (-0.2 to 0.65)	.29	0.32 (-0.11 to 0.74)	.14	0.37 (-0.04 to 0.78)	.08
Leisure	0.71 (-0.18 to 1.59)	.12	1.21 (0.3 to 2.12)	.009	1.19 (0.27 to 2.11)	.01	1.09 (0.16 to 2.01)	.02
Living situation	1.47 (1.17 to 1.78)	<.001	0.99 (0.69 to 1.29)	<.001	0.79 (0.49 to 1.08)	<.001	0.68 (0.38 to 0.97)	<.001
Safety	1.93 (1.12 to 2.75)	<.001	1.14 (0.28 to 1.99)	.009	0.74 (-0.08 to 1.55)	.08	1.11 (0.27 to 1.96)	.01
Social	0.66 (0.07 to 1.24)	.03	0.55 (-0.04 to 1.13)	.07	0.55 (-0.02 to 1.12)	.06	0.33 (-0.23 to 0.9)	.25
Overall quality of life	0.16 (-0.07 to 0.38)	.18	0.28 (0.04 to 0.52)	.02	0.18 (-0.06 to 0.42)	.15	0.18 (-0.06 to 0.41)	.14
Community functioning	1.33 (0.45 to 2.22)	.003	1.38 (0.38 to 2.38)	.007	1.16 (0.08 to 2.24)	.03	1.06 (0 to 2.13)	.051
Physical health component summary			0.41 (-1.02 to 1.84)	.57			0.50 (-1.01 to 2)	.52
Mental health component summary			-0.7 (-2.51 to 1.11)	.45			-0.74 (-2.57 to 1.1)	.43
Psychological community integration	0.85 (0.31 to 1.38)	.002	0.29 (-0.26 to 0.84)	.30	0.18 (-0.36 to 0.72)	.51	0.31 (-0.25 to 0.86)	.28
Recovery							0.09 (-1.53 to 1.71)	.92
<b>Count Outcomes, Ratio of Rate Ratios (95% CI)</b>								
Physical community integration	1.03 (0.93 to 1.13)	.55	0.99 (0.89 to 1.1)	.86	0.96 (0.86 to 1.06)	.39	1.02 (0.92 to 1.14)	.67
Severity of substance use problems	1.04 (0.89 to 1.21)	.66	1.00 (0.85 to 1.17)	.96	1.08 (0.92 to 1.28)	.35	0.94 (0.79 to 1.12)	.50
No. of emergency department visits	0.55 (0.39 to 0.77)	.001	0.76 (0.54 to 1.07)	.11	0.89 (0.61 to 1.31)	.55	0.73 (0.49 to 1.07)	.11
No. of arrests	1.42 (0.83 to 2.44)	.20	0.98 (0.56 to 1.72)	.94	1.75 (0.98 to 3.11)	.06	1.05 (0.62 to 1.8)	.84

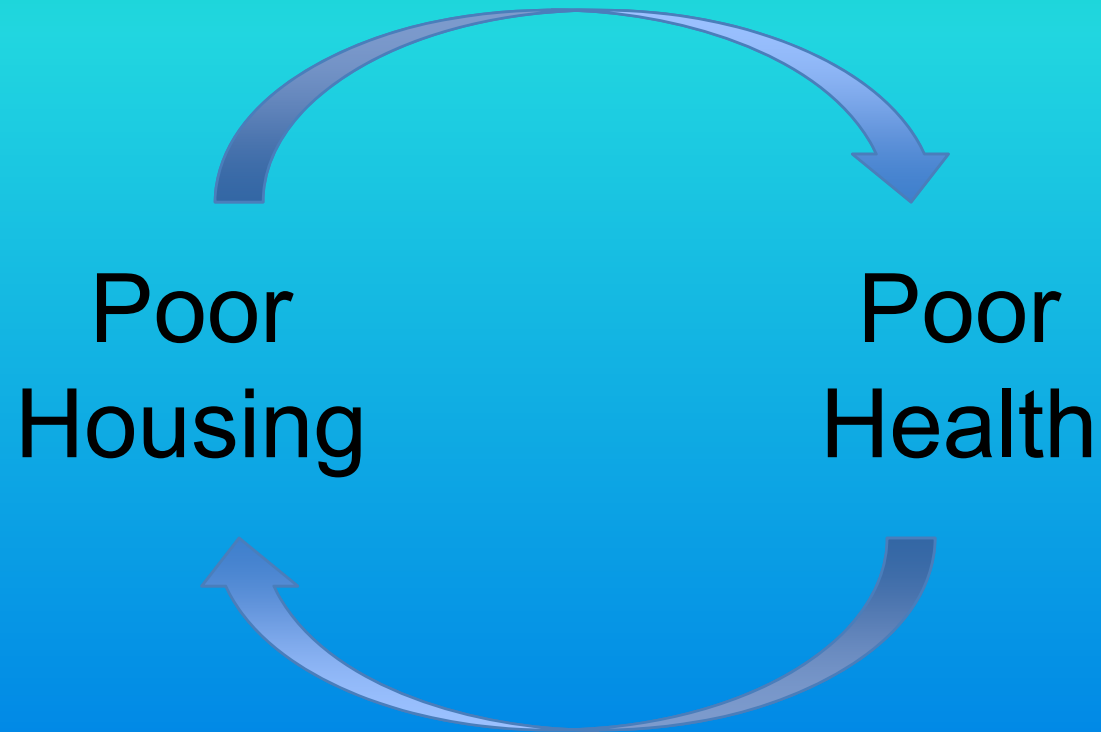
# Social Determinants of Health







# Poverty & its Root Causes



# Housing First is a “Downstream” Intervention

- Housing First does not reverse the adverse effects of deprivation over the entire life course
- Upstream “versus” Downstream approaches to improving health and building a better society
- We need both

# Summary

(1) Housing First is a highly effective, evidence-based approach to ending chronic homelessness, but it must not be viewed as a “magic bullet”

(2) The lack of decent, affordable housing in urban centers requires major policy changes (not just programs targeting specific individuals) if we want to sustain healthy, thriving cities

(3) Ending homelessness is necessary but not sufficient to improve health. We need to address “the causes of the causes.”

**Merci!**  
**Thank you!**