

1-2020

Investigating Chronic Illness in Pathways to Housing Clients

Joshua Malerich

Thomas Jefferson University, joshua.malerich@jefferson.edu

Lara Weinstein, MD, DPH

*Thomas Jefferson University, lara.weinstein@jefferson.edu*Follow this and additional works at: https://jdc.jefferson.edu/si_phr_2022_phase1 Part of the [Public Health Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Malerich, Joshua and Weinstein, MD, DPH, Lara, "Investigating Chronic Illness in Pathways to Housing Clients" (2020). *Phase 1*. Paper 24.https://jdc.jefferson.edu/si_phr_2022_phase1/24

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Investigating Chronic Illness in Pathways to Housing Clients

Joshua Malerich MS-2

*Dr. Lara Weinstein MD, DPH**

Approximately 553,000 individuals were homeless in the US each night in 2017, each at significant risk for substance use disorder, severe mental illness, and untreated chronic disease. Housing First (HF) is an evidence-based model for reaching high risk homeless individuals by providing a personal home to clients without the requirement for abstinence. HF has been shown as effective as other frameworks in remission of substance use, connectedness in the community, and client perceived quality of life, but there is a gap in the literature regarding the impact of HF services on clinical measures of chronic health, which could help further bolster HF's evidence-based practice. Using SAMHSA data available from 5 participating Philadelphia HF centers, this study evaluated survey responses via the CMHS NOMs, as well as blood pressure, BMI, and breath CO at baseline, 6 months, and 12 months enrolled into the program. Survey responses were evaluated using Cochran Q test and clinical endpoints were assessed through paired t test. Clients perception of their own health improved, as well as their own perceived social connectedness. However, there were no differences noted in any of the clinical endpoints measured. HF clients are at high risk for substance use disorder and serious mental illness, which makes short-term progress on health concerns difficult. While responses to surveys matched the literature, no improvement in measured clinical endpoints suggests reevaluation of a more mature data set and emphasis on collecting clinical endpoints such as HbA1c and Lipid studies to further evaluate HF services in Philadelphia.