TITLE: Impact of a National Housing First Policy on Frequent Emergency Department Use in Canada

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ABSTRACT

Certain populations, such as those experiencing homelessness, access emergency departments more frequently leading to rising wait times. This article explores the impact of a Housing First policy on frequent emergency department use by Canadians experiencing homelessness. We discuss the evidence behind the cost-effectiveness, efficacy, and feasibility of Housing First strategies, and an overview of how a Housing First approach was successfully implemented in Canada as a national policy. While Canadian Housing First policies have demonstrated success in addressing homelessness and decreasing costly healthcare utilization, we consider policy improvements, such as expansion into more communities and establishing more points of access, that can be made to overcome future challenges.

INTRODUCTION

Emergency department utilization and wait times are rising, with certain populations accessing these services more frequently.¹ Amongst these frequent user populations, homeless individuals in Canada visit emergency departments and are hospitalized at significantly higher rates when compared to age, gender, and income-matched controls.¹ Canadians suffering from chronic and episodic homelessness more frequently access emergency medical services for a variety of reasons, such as a lack of access to primary care physicians, missing health cards, lack of transportation to attend appointments, and an inability to afford prescription medications.²

Housing First (HF) is an innovative policy created to combat homelessness. The HF approach begins with individuals suffering from chronic homelessness being referred to and assessed at community-level points of access, such as homeless shelters.^{3,4} HF users are then provided with permanent housing and housing supports, such as the provision of rent subsidies and landlord mediation.^{3,4} Once stable housing has been established, HF users then have the stability to receive other supports, such as mental health and addiction services, assistance in finding employment and education, and development of life skills.³ HF users successfully exit the program when they become self-sufficient. The most common alternative policy approach to addressing homelessness is the linear residential model, which requires clients to maintain sobriety and remain compliant to physical and mental health treatment before gaining stable housing. Finding a permanent residence is the final goal in this model; however, clients often stay in transitional housing or shelters during this process, with significant rates of return to homelessness.⁵

In this discussion article, we examine the evidence supporting HF programs and provide a brief overview of the successful implementation of HF programs in Canada, including an

exploration of the impact on emergency department utilization among people who are experiencing homelessness. Currently, HF programs are implemented in many communities across all Canadian provinces and territories.

EVIDENCE SUPPORTING HOUSING FIRST

By addressing housing instability, HF programs have led to improved physical health, mental health, and addiction recovery outcomes. One study demonstrated that HF users had significantly lower rates of substance abuse than those in more traditional strategies addressing homelessness.^{3,6} HF programs have also been shown to reduce emergency department utilization. Studies show that people supported by HF programs were less likely to seek emergency medical services, subsequently leading to fewer unnecessary hospitalizations and reduced use of inpatient services.^{7,8} A study examining individuals supported by a Vancouver HF program found that they experienced significantly less usage of emergency department visits in the first two years of the program compared to traditional programs.⁸

HF strategies may also have other advantages on a broader policy level. Numerous studies have assessed the efficacy and cost-effectiveness of HF programs that have been implemented in several countries, including Canada.¹⁰ Studies show that HF programs can be more cost-effective than alternative programs that require clients to maintain sobriety and receive treatment before receiving permanent housing. HF programs are cost effective due to a multitude of reasons, such as decreased use of costly emergency medical and police services, less money spent on criminalization, and decreased hospitalizations and emergency shelter drop-ins.⁹ HF strategies also have high retention rates of approximately 90% in the first year, and result in fewer nights spent in institutions, shelters, and transitional housing when compared to alternative

strategies.³ HF programs have been shown to be feasible and versatile, as they have been implemented in different communities of various population sizes.³

IMPLEMENTATION OF HOUSING FIRST IN CANADA

The adoption of a HF approach in Canada is a prime example of successful health policy implementation. Macnaughton et al. describe the success of a HF program using John Kingdon's multiple streams framework, which posits that health policies are put into effect when "problems", "policies", and "politics" align.^{3, 11}

"Problems" refer to societal issues that the general public may pay attention to. In 2013, the first national report card on homelessness was published and highlighted the issue of housing instability.¹¹ The report described how up to 1.3 million Canadians had experienced housing instability between 2008 and 2013, and emphasized that homelessness was costing the Canadian economy a total of \$7 billion annually.³ "Policies" in this context refers to potential solutions developed by experts and advocacy groups. The "At Home/Chez Soi" (AHCS) initiative was a large pilot project beginning in 2008, with \$110 million invested by the Government of Canada.³ The project was conducted in five Canadian cities: Toronto, Montreal, Winnipeg, Vancouver, and Moncton.³ Site selection was significant, as it demonstrated that a HF approach to tackling homelessness is feasible and effective in Canadian cities of various sizes and diverse populations.³ The data from AHCS, as well as several other case studies supporting the use of HF strategies in other Canadian cities, were essential in convincing the government that HF policies should be implemented.³ "Politics" here refers to the political climate, changes in government, and renewal of laws. In April 2014, the Government of Canada was a Conservative majority government. While they were considering the renewal of the Homelessness Partnering

Strategy, the federal policy towards addressing homelessness, they were greatly concerned with reducing costs.³ HF experts and advocates recognized this, and framed the research evidence in a way that highlighted the potential cost-effectiveness of a federal HF policy.³ They also met with many government officials and policymakers on both provincial and federal levels, and the resulting positive relationships between advocates and policymakers were key to the eventual implementation of an HF policy.

This HF policy is well-suited to addressing frequent use of emergency departments caused by homelessness. Communities participating in the program are required to have “coordinated access systems,” which are points of access where potential HF program users can be assessed for their suitability for the HF program.¹² Communities with high levels of frequent emergency department use by adults suffering from chronic or episodic homelessness should consider establishing access points in emergency departments.

CONCLUSION

While the HF policy has seen success in Canada, future challenges include continued monitoring and improvement of the program. The program has increased housing stability with 43% of HF program users in the 2015-2016 fiscal year successfully exiting the program, but the proportion of those who remain in stable housing afterwards remains unclear.¹³ Evidence demonstrating decreased emergency department utilization by individuals in HF programs is promising, but further follow up is needed to determine if this will hold true for HF program users in the long run.⁸ Improvement of the program should include expansion into more communities and the establishment of more points of access within participating communities, particularly emergency departments. HF programs should also expand to include more targeted

solutions towards specific subpopulations within homeless individuals in Canada, such as Indigenous individuals, veterans, and youth.¹⁴ It is also necessary to identify and address the barriers of HF users to become self-sufficient.

In summary, evidence supports Housing First as an effective policy to address homelessness with associated reductions in the need for emergency medical services. By targeting housing as a key social determinant of health, these programs can lead to better housing stability, improved health outcomes and less healthcare utilization. While more monitoring and improvements can be made to the program, the adoption of a national HF approach to address homelessness serves as a successful example of health policy implementation.

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