AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 208
(A-17)

Introduced by: Medical Student Section
Subject: Housing Provision and Social Support to Immediately Alleviate Chronic Homelessness in the United States
Referred to: Reference Committee B
(Alethia E. Morgan, MD, Chair)

Whereas, The January 2015 point-in-time count identified 564,708 people experiencing homelessness in the United States, including 96,275 chronically homeless people;¹ and

Whereas, Homeless individuals suffer from drastically increased incidence of HIV/AIDS, tuberculosis, hepatitis, exposure-related health conditions, substance abuse, mental illness (especially schizophrenia), and other chronic and infectious diseases;² and

Whereas, Homelessness creates barriers to continuity of care and adherence to prescribed treatment regimens for patients, in part because of the transient and unstable nature of their living situations, leading to poor management of chronic illnesses like diabetes and hypertension;² and

Whereas, Homeless persons utilize a disproportionate share of health care resources, with higher rates of hospitalization and emergency department use than the general population, partially due to lack of access to primary and preventative care;² and

Whereas, The Housing First model of addressing chronic homelessness is an evidence-based method that provides immediate, low-barrier permanent housing without treatment or behavioral preconditions;³ and

Whereas, The Housing First model provides social support services, as needed on a voluntary basis, to help individuals experiencing chronic homelessness remain stably housed and meet behavioral health needs;³ and

⁵ Collins, S. et al. Suicidality among chronically homeless people with alcohol problems attenuates following exposure to housing first. Suicide Life Threat Behav. 2016 Apr 8.
Whereas, The implementation of a Housing First approach decreased hospitalizations by 29%, hospital days by 29%, and emergency department visits by 24% in homeless adults with chronic medical illnesses;¹ and

Whereas, Those who are receiving stable housing under a Housing First model experience reduced severity and clinical significance of suicidal ideation;² and

Whereas, The overall costs to society of implementing a Housing First model are offset by the reduced costs of utilization of public services, including savings in emergency department visits, hospitalizations, and housing shelter expenses;³,⁴ and

Whereas, The Housing First model has been successfully implemented in several United States cities, including New York, Chicago, Denver, and Salt Lake City;⁴,⁸,⁹,¹⁰ therefore be it

RESOLVED, That our AMA amend H-160.903 by addition to read as follows:

Eradicating Homelessness H-160.903

Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) will work with state medical societies to advocate for legislation implementing stable, affordable housing and appropriate voluntary social services as a first priority in the treatment of chronically-homeless individuals, without mandated therapy or services compliance; and (3) supports the appropriate organizations in developing an effective national plan to eradicate homelessness. (Modify Current HOD Policy)

Fiscal Note: not yet determined

Received: 04/28/17

RELEVANT AMA POLICY:

Financial Barriers to Health Care Access E-11.1.4
The Mentally Ill Homeless H-160.978
Eradicating Homelessness H-160.903
Caring for the Poor H-160.961