



## **CSH Literature Review of Supportive Housing: Quality of Life**

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Information listed in the Outcomes table has been taken directly from the relevant study. Such outcomes do not constitute analysis or advice.

Please direct all questions and concerns about the literature review to [pfs@csh.org](mailto:pfs@csh.org).

#	Study	N	Study design	Impact: Quality of Life
1	<b>Rosenheck et al (2003)</b>	460	RCT	<p>Greater social network size (11.6 compared to 9.3 case management group and 10.1 standard care group).</p> <p>Greater social contacts and greater social support compared to case management group and standard care group.</p> <p>Improved QoL overall score compared to case management group and standard care group.</p>
2	<b>Tsemberis (2004)</b>	225	RCT	Intervention group reported significantly more choice than control group at 6, 12, 18, and 24 months
3	<b>Greenwood et al (2005)</b>	197	RCT	<p>Perceived choice fluctuated over the 6 to 36 month time period but had increased from 3.37 to 3.40 by 36 months.</p> <p>Mastery of self fluctuated over the 6 to 36 month time period but had increased from 3.32 to 3.44 by 36 months.</p>
4	<b>Milby et al (2005)</b>	196	RCT	Employment increased for all three groups (non-abstinence housed, abstinence-contingent housed and non-housed) over 12 months. Groups did not differ significantly from each other at 12 months
5	<b>Perlman and Parvensky (2006)</b>	19	Pre/post study	<p>50% of participants documented improved health status</p> <p>43% improved mental health</p> <p>64% improved overall QoL</p> <p>Avg monthly income increased from \$185 to \$431</p>
6	<b>Kertesz et al (2007)</b>	138	RCT	Among men, the predicted percentage expected to achieve Stable Employment in the Combined Housing Arm, adjusted for other factors in the model, would be 45.2% (95% CI 33.7%-56.7%), compared to 27.3% (95% CI 11.1%-43.5%) in the No Housing Arm
7	<b>Linkins et al (2008)</b>	1,180	Pre/post study	Of the participants without insurance, 64% were connected to local county indigent program. Medi-Cal apps filed for 25%.

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#	Study	N	Study design	Impact: Quality of Life
8	<b>Hirsch et al (2008)</b>	50	Pre/post study	62% of clients 'very satisfied' and 29% 'somewhat satisfied' with housing  50% rated health as 'good' or 'very good'
9	<b>Latham et al (2008)</b>	586	Pre/post study	Youth in housing program experience an increase in school enrolment, time spent on schoolwork, and educational attainment  Housed youth had more positive outlook on life  Increase in income by 50%
10	<b>MA Housing &amp; Shelter Alliance (2012)</b>	555	Pre/post study	34% pt increase in life satisfaction  22% pt increase in health satisfaction  32% pt increase in housing satisfaction
11	<b>Aidala et al (2013)</b>	72	Control group	Compared to the comparison group, the intervention group score significantly lower on a measure of psychological stress and higher on measures of current family and social support, factors associated with improved social functioning among those with mental illness  Physical health functioning is lower for intervention group than comparison group members; however, it is not clear that the difference is sufficiently large to indicate a clinically significant difference.
12	<b>NYC Dept of Health &amp; Mental Hygiene (2013)</b>	1695	Control group	Increase in food stamps by \$436 per person compared to control group
13	<b>Thomas et al (2014)</b>	73	Pre/post study	Avg tenant income increased from \$402 to \$503 over one year  Residents perceived greater social support after being housed

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#	Study	N	Study design	Impact: Quality of Life
14	<b>CORE (2014)</b>	99	Pre/post study	<p>Reported physical health was 'fair' or 'poor': 80% pre move, 54% after one year, 52% after two years</p> <p>Reported mental health was 'fair' or 'poor': 80% pre move, 63% after one year, 57% after two years</p> <p>Reported being 'not too happy' in life: 59% pre move, 14% after two years</p>
15	<b>MA Housing &amp; Shelter Alliance (2016)</b>	900	Pre/post study	52% reported 'much' and 41% 'some' life improvement after housing
16	<b>Mental Health Commission of Canada (2014)</b>	1158	RCT	<p>To measure quality of life, we used the Quality of Life Index (QOLI 20), which is based on participant self-report. To measure community functioning, we used the Multnomah Community Ability Scale.</p> <p>Improvements in community functioning and quality of life were somewhat greater in HF than in TAU for the total cross-site group.</p> <p>We saw improvements in participants' mental health and substance-related problems (based on the Colorado Symptom Index for mental health and the Global Assessment of Individual Needs Substance Problem Scale, but these changes were similar among participants in all groups</p>

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