

PHFA Kathy A Possinger Housing Policy Fellowship

2024 Fellows

Issue & Significance:

In the last several years, healthcare systems have become increasingly invested in addressing housing insecurity and affordability in their communities. This is largely due to the intentional focus on the Social Determinants of Health (SDoH) and health equity among healthcare systems. Identifying and addressing the SDoH as part of a clinical visit has become standard of care. Not only do healthcare systems better understand their patients' social needs, but more importantly, they have developed strong relationships with the community-based organizations (CBOs) that work to address the social needs. This better understanding and prioritization of the SDoH has allowed for increase data collection on patient social needs, and furthermore, new research and studies linking the SDOH with poor health outcomes.

One of the largest social indicators of health is housing status. Homelessness is closely connected to declines in physical and mental health. A 2009 study conducted by the National Health Care for the Homeless Council, found higher rates of diabetes (18% vs. 9%), hypertension (50% vs. 29%), hepatitis C (36% vs. 1%), depression (49% vs. 8%) and substance use disorder (58% vs. 16%) among the homeless compared to those housed, respectively. In addition, housing interventions for adults experiencing homelessness who have chronic illnesses have been shown to reduce hospitalizations, hospital days, and emergency department (ED) visits (Sadowski et al., 2009). A 2012 study looking at individuals with chronic medical illnesses experiencing homelessness in Chicago found that those who received a housing and case management intervention experienced 2.6 fewer hospitalized days, 1.2 fewer ED visits, 7.5 fewer days in residential substance use disorder (SUD) treatment, 9.8 fewer nursing home days, and 3.8 more outpatient visits each year, compared to individuals who received usual care (Basu et al., 2011).

Often times, individuals experiencing homelessness are the top utilizers of hospital services. Barriers such as insurance status, financial health, lack of transportation, low health literacy, poor weather conditions, and lack of healthy food, drive unnecessary usage of emergency departments. Unnecessary visits not only impact staffing, but they have a financial implication too. One study found that by providing housing and case management services to individuals experiencing homelessness, the hospital estimated an annual cost savings of more than \$6,300 per patient (Basu et al., 2011). Unfortunately, getting an individual or family into affordable housing isn't always an option. With limited affordable, safe, and stable housing options, the population of individuals experiencing sheltered or unsheltered homelessness is growing. With increased knowledge on the impact lack of housing has on health, hospitals and healthcare systems have started to invest in finding housing solutions in their communities.

A lack of first-hand knowledge including best practices, barriers and creative solutions for hospitals and healthcare systems to invest in housing limits the number of entities that are willing to do so. This project will develop a "how-to" guide for hospitals and healthcare systems that plan to invest in housing by conducting a literature review as well as phone, email and in-

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person interviews with hospital's that have invested in housing already. While many articles discuss the ways in which hospitals can invest in housing, there is little information available on navigating legal challenges, common barriers hospitals and their partners encounter, and overall first-hand experiences that help walk you through the process. This guide will aim to increase the number of hospitals willing to invest in housing.

Methods and Work Plan:

To date, preliminary research has been conducted to identify the current resources available for hospitals and healthcare systems. This has further revealed some of the hospitals and healthcare systems that have invested in housing solutions and could be included in the research of the project.

The Fellowship will be conducted remotely in Pottstown, PA. The Fellowship work plan will include the following tasks and timeline:

January 2024 – March 2024

- Conduct a thorough literature review to determine hospitals and healthcare systems in the country that have previously or currently are investing in housing solutions
- Develop an inventory of hospitals and healthcare systems investing in housing including location, contact information, type of housing investment, timeline, funding source(s), and community partners
- Draft key questions to utilize during the hospital and healthcare interviews

April 2024 – May 2024

- Contact each of the hospitals and healthcare systems to set up one-hour interviews

June 2024 – August 2024

- Conduct phone, email or telephone interviews with key hospital staff working on the housing solution project

September 2024 – December 2024

- Summarize and synthesize major themes identified in the interviews
- Develop a guide for hospitals and healthcare systems to utilize to further expand the healthcare investment in housing
- Disseminate the plan with PHFA, Hospital and HealthSystem Association of Pennsylvania (HAP), housing-related non-profit organizations, local government, and healthcare organizations in Pennsylvania

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Final Product Dissemination:

The completed Guide will be disseminated to PHFA's Board of Directors, senior staff and stakeholders both in a hardcopy and digital copy and accompanied by an in-person or virtual presentation. This will allow PHFA leadership and staff to ask questions and provide comments and feedback on the Guide. A digital copy will also be shared with HAP for mass dissemination to hospitals and healthcare systems in Pennsylvania. In addition, the Guide will be shared with local government, and other non-profits whose mission is to increase housing solutions across the state. Individuals, organizations, and communities receiving the Guide will be invited to participate in a community conversation to ask questions, share comments, and create additional dialogue around the intersection of housing and healthcare.