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HOUSING FIRST



The Housing First Model

PROJECT OVERVIEW

JHH staff has observed an underutilization of healthcare resources in the population staying in JHH.

We explored the disconnect between services offered and utilization/perception of those services in 3 areas:

- Characteristics of the provider
- Characteristics of the patients themselves
- The process of care

COMMUNITY OBJECTIVES

- Evaluate feelings of JHH residents towards healthcare
- Determine barriers JHH residents experience from getting healthcare
- Determine effects of stable housing on health

GROUP LEARNING OBJECTIVES

- Learn strategies to foster positive relationships with individuals experiencing chronic homelessness
- Learn how to combat the structural inequalities in the healthcare systems as providers
- Gain awareness of these inequities in the healthcare system to help us in our practice future

SOCIAL DETERMINANT OF HEALTH: HEALTHCARE ACCESS

Quality comprehensive





TOP THREE BARRIERS TO HEALTHCARE

- TRANSPORTATION
- 2 LACK OF TRUST
- 3 PAST EXPERIENCES STIGMA AND JUDGMENT

8/14 Respondents feel as though their PHYSICAL health needs are met

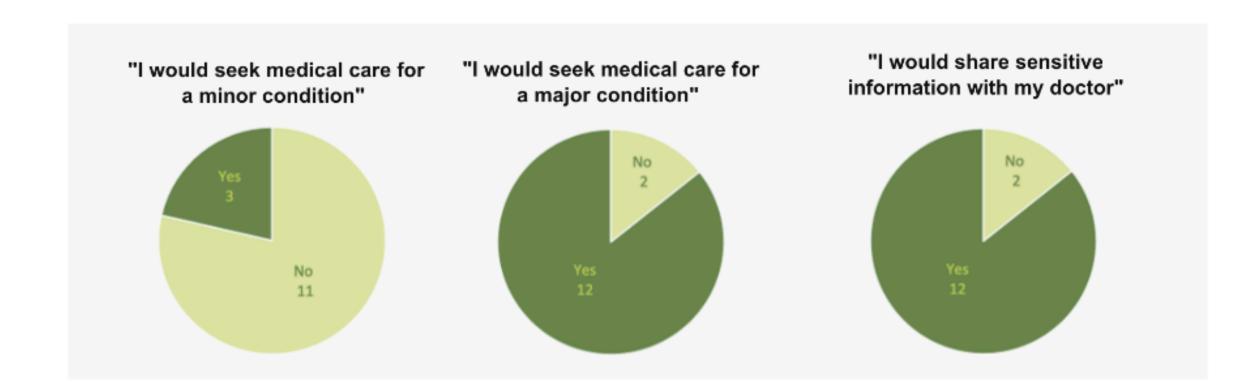
JIMMY HEATH HOUSE CASE MANAGERS

TOP THREE BRIDGES TO HEALTHCARE

- 2 IN-HOUSE MEDICAL CARE
- 3 COMMUNITY AND ORGANIZATION PROVIDED BY JIMMY HEATH HOUSE

7/14 Respondents feel as though their MENTAL health needs are met.

12/14 Respondents feel comfortable sharing sensitive information with their doctor.



HOUSING IS HEALTHCARE

12/14 residents stated that getting into stable housing improved their healthcare (other two responses were neutral)

Challenges faced by JHH

- OTR is undergoing "revitalization."
- 2. Insufficient support from Cincinnati and the community.
- 3. High demand and inability to house all requesting individuals.

Impacts on their mission

- 1. Revitalization brings pushback from new neighbors and displacement of long-term residents.
- 2. Without funding, it is hard to sustain and expand to new, similar projects.
- 3. Can broaden mission and improve communities by providing housing to more needing individuals.

Intro to Advocacy

- Unhoused population is historically left without a voice in government
- Review of 22 studies concluded that to obtain health and social care, people experiencing homelessness must prioritize obtaining basic human needs including shelter and food.
- Housing First Models provide value to the community that no other resource can replicate
- Serves as an opportunity to better address existing commitments:
 - #5 Collective impact
 - #6 Equity
 - #7 Equity informed policy



How you can help

- * We propose supporting an increase in city funding for JHH and other similar **Housing First** projects.
- * By supporting Housing First projects through OTRCH, we believe Cincinnati can better support healthcare utilization by those who have experienced chronic homelessness.
- * We believe that providing this **stability and access** to housing and supportive communities will increase primary care and decrease the burden of more acute issues on the medical system.
- * We also believe the Housing First model is the best method to provide a more **permanent remedy** to chronic homelessness in the city for those being displaced. We believe these organizations would be aided by inclusive policies that allow more of these facilities to operate in areas accessible to this population.
- ❖ Creating more lenient policies surrounding substance use for those who have experienced chronic homelessness may create **better relationships in the community** and help to keep them off the street and healthy in the future.