Jimmy Heath House and Over-the-Rhine Community Housing Proposal: A Call for Housing First Support in Cincinnati

LC9: Acharya, K., Agyeman, N., Bourne, M., Clarke, J., Felker, S., Giordullo, I., Kellerman, K., Le, C., Scott, C., Viswanath, V., Zhang, G.

Jimmy Heath House (JHH) and Over-the-Rhine Community Housing (OTRCH) aim to provide stable housing to individuals who have experienced chronic homelessness in the Over-the-Rhine (OTR) neighborhood of Cincinnati. JHH specifically utilizes a Housing First approach, which focuses on providing basic needs including shelter, before moving on to other issues, such as employment and substance use (1). Ultimately, removing the barrier to stable housing magnifies and improves health holistically. As of 2022, JHH provides 25 stable supportive housing units under OTRCH's umbrella (Figure 1).

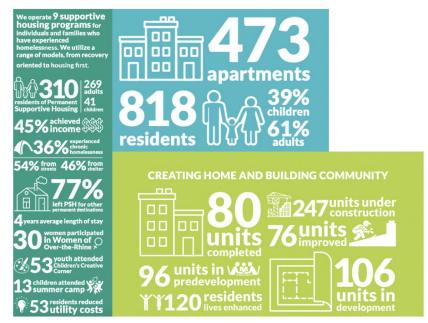


Figure 1. OTRCH housing program overview. OTRCH operates a multitude of housing programs specified for those who have experienced homelessness in Cincinnati. Their impact in the community has been detailed in the above figure. Modified from: OTRCH 2021 Annual Report (2).

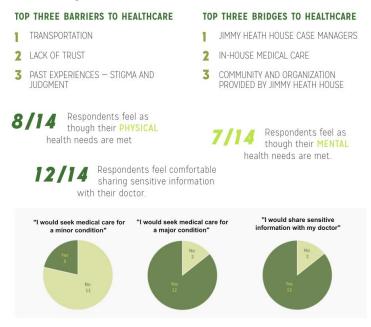
Through our research with JHH, we explored how effectively the Housing First model addresses social determinants of health, mainly focusing on access to care. Our purpose was to investigate areas of disconnect between healthcare services and residents of JHH to further advise program improvements. Our conclusions point to a need for further investment in these housing models.

Healthcare access encompasses a variety of factors, including transportation, financial means, and access to timely services. Healthcare inaccessibility is a notorious barrier throughout the United States. This is specifically shown in the mortality rate being approximately eight times higher for unhoused men, and twelve times higher for unhoused women with an average life expectancy of 52 years, compared to the general population's life expectancy of 79 years (3). Locally, healthcare inaccessibility is particularly demonstrated in the OTR neighborhood. In recent years, OTR residents have been marginalized and displaced as the city of Cincinnati has remodeled and grown. Even before the effects of COVID and inflation, the neighborhood of OTR had experienced increasing gentrification which left many of the neighborhood's existing residents behind. In doing so, already vulnerable populations are

displaced to the streets as costs of housing, groceries, and transportation rise. A 2017 study by the Community Building Institute explored the effects of new developments on affordable housing, revealing that there is a deficit of 40,000 units of affordable housing and that there are only enough affordable housing units to meet 28% of demand (4). Nearly nine million people were late on their rent payments between April 27–May 9, 2022, across the United States (5). Almost a third of these individuals believed that they were "somewhat likely" or "very likely" to be evicted (5). Without stable housing, other factors that contribute to the lack of healthcare access can be amplified.

In particular, the COVID pandemic presented many logistical and safety challenges to social services provided within the OTR community; however, JHH did well in adapting to the circumstances and maintaining in-house case management and primary care for its residents. Their success in maintaining and improving the health of its residents even in the face of COVID highlights the importance of Housing First initiatives that provide in-house medical care to the most vulnerable within the community. Furthermore, with unreliable public transportation, many patients are less likely to have the resources to make all medical appointments. In addition, the increase in the cost of living due to the recent recession and inflation has made healthcare even less accessible. The lack of healthcare access not only directly impacts individual patients but also creates a burden for the entire community healthcare system, driving up healthcare costs (6).

Our survey results demonstrated that the JHH Housing First project improves health outcomes for its residents (Figure 2). The three most important resources offered by JHH that aided in narrowing the gap between the residents and accessing healthcare were: a) the JHH case managers; b) in-house medical care; c) the community and organization provided by JHH. None of these resources were available to residents before attaining residence at the JHH, so it makes sense that they perceive their health outcomes as improved after living in JHH.



HOUSING IS HEALTHCARE

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

Figure 2. The impact that JHH has had on residents' healthcare access and general health. UCCOM Class of 2025 Learning Community 9 survey data.

Homelessness provides a burden not only for the individual and society but also for the healthcare system. In a recent survey of an urban emergency department, 14% of all visits are people experiencing homelessness or living on the streets (7). In addition, 25% of all visitors were worried about becoming homeless within the next two months (7). By providing those experiencing homelessness with permanent supportive housing, in a Final Evaluation Report prepared for the California Endowment and the California HealthCare Foundation, researchers found that healthcare costs are reduced by 59%, emergency department costs are decreased by 61%, and the number of general inpatient hospitalizations is decreased by 77% (8).

In our research, it became clear that housing is both a social and healthcare issue. Historically the unhoused population is left without a voice in government, and therefore it is important to be a voice for this population when possible. This involves first educating city officials regarding what the Housing First model is. A review of twenty-two studies concluded that to obtain health and social care, people experiencing homelessness must prioritize obtaining basic human needs including shelter and food (9). By educating Ohio government officials on the impact and effectiveness of this model, we can highlight opportunities for them to better address their existing commitments as listed in Ohio's Executive Response—specifically: Commitment #5 collective impact, Commitment #6 equity, and Commitment #7 equity informed policy (10). JHH is living proof that this model is successful. Our survey completed in 2022 directly demonstrates this fact. Beyond the data and studies, it is clear when speaking to the residents of JHH, the inherent human value of these programs surpasses their financial benefit to society. The information presented shows that Housing First models provide value to the community that no other resource can replicate. We propose supporting an increase in city funding for JHH and other similar Housing First projects.

References

- Housing First. National Alliance to End Homelessness.
 <u>https://endhomelessness.org/resource/housing-first/</u>. Published August 5, 2022. Accessed August 19, 2022.
- Standing at the Corner of Community and Inclusion. 2021 Annual Report. Accessed October 11, 2022. https://otrch.org/wp-content/uploads/2022/04/CD-OTRCH 2021Annual12pg V7.2 cb.pdf
- 3. Hossain, Md Mahbub, et al. "Prevalence of Mental Disorders among People Who Are Homeless: An Umbrella Review." *International Journal of Social Psychiatry*, vol. 66, no. 6, 28 May 2020, pp. 528–541., https://doi.org/10.1177/0020764020924689.
- 4. Over-the-Rhine: A Gentrified Home. Women of Cincy. Accessed October 11, 2022. https://www.womenofcincy.org/home/karina-capstone
- Coronavirus updates September 6, 2022. National Low Income Housing Coalition. https://nlihc.org/resource/coronavirus-updates-september-6-2022. Published September 6, 2022. Accessed October 11, 2022.
- Riley WJ. Health disparities: Gaps in access, quality and affordability of medical care.
 Transactions of the American Clinical and Climatological Association.
 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540621/. Published 2012. Accessed October 11, 2022.
- 7. US Department of Health Services. Access to health services. Access to Health Services | Healthy People 2020. https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhitopics/Access-to-Health-Services. Published October 27, 2021. Accessed November 16, 2021.
- 8. Kelly M. Doran, Nathan M. Kunzler, Tod Mijanovich, Samantha W. Lang, Ada Rubin, Paul A. Testa & Donna Shelley (2016) Homelessness and other social determinants of health among emergency department patients, Journal of Social Distress and Homelessness, 25:2, 71-77, DOI: 10.1080/10530789.2016.1237699.
- Omerov, Pernilla, et al. "Homeless Persons' Experiences of Health- and Social Care: A Systematic Integrative Review." Health and Social Care in the Community, vol. 28, no. 1, 16 Sept. 2019, pp. 1–11., https://doi.org/10.1111/hsc.12857.
- 10. DeWine M. Office of the Governor, State of Ohio; 2020. https://coronavirus.ohio.gov/static/MHSF/Executive-Response.pdf. Accessed October 11, 2022.