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Investing in Public Health Infrastructure to Address the Complexities of Homelessness

Homelessness is an increasingly critical public health problem in North America. The complex causes of homelessness include a shortage of affordable housing, unemployment, poverty, addiction, and mental illness. Allegrante and Sleet (2021) discuss how failing infrastructures, recently amplified by the pandemic, impact public health. Failing to address these concerns contributes to the spreading infectious diseases and increasing health risks.

By investing in affordable housing, better-paying jobs, and effective public health services, North America could have prevented this public health problem from increasing for decades (Allegrante & Sleet, 2021). Allegrante and Sleet (2021) emphasize the need to prioritize infrastructure projects, such as affordable housing, transportation, and public health services, to address the root causes of homelessness. Habitat for Humanity helps address the structural housing challenges. However, regulations need simplifying due to the legal barriers hindering the construction of new housing and infrastructure. Furthermore, creating new government funding sources for low-income households and racial discrimination in housing opportunities need to be addressed. A comprehensive assessment of housing policies prioritizing the essential components to prevent homelessness can improve public and population health.

Safety-Net Accountable Health Model Partnership Drives Inpatient Connection to Outpatient Social Services, Reducing Readmissions in a Population Experiencing Homelessness

Those experiencing homelessness face many challenges daily, causing an effect on their health. Emergency room and inpatient hospitalization rates of those experiencing homelessness are greater than those who do not, and these patients have increased readmission rates and length of hospital stays. Rhodes et al. (2021) compared hospital readmission rates of those who were screened for homelessness while being hospitalized and utilized outpatient care management to those who did not utilize services. The case manager would build rapport with the patient, allowing them to connect before discharge. This study revealed a significant decrease in hospital readmission rates among the individuals who engaged in the offered services (Rhodes et al., 2021). Proactively identifying homelessness during hospitalization and connecting them to outpatient services improves the patient's health and is effective for the hospital's readmission rates. The Rhodes et al. (2021) study also successfully housed many patients experiencing homelessness that utilized these interventions. Overall, this study helps show the significance and importance of addressing social determinants of health, establishing a relationship with patients, and connecting patients with services after hospitalization and how it can make such a tremendous difference.

References

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