Homelessness is traumatic and unhealthy. People experiencing homelessness have an average life expectancy of around 50 years of age, almost 20 years less than people with stable housing. In addition, they often experience chronic health conditions that lead to recurrent emergency department visits.

We connected with Allison Bogdanovic, Executive Director of Virginia Supportive Housing (VSH), and Sheryl Garland, Chief of Health Impact for VCU Health, to learn more about ways their organizations are collaborating at the intersection of health and housing to address issues of chronic homelessness.

Each year, VSH serves approximately 1,500 people in Greater Richmond, South Hampton Roads, and Charlottesville, with a mission to eliminate homelessness. They focus on those experiencing chronic homelessness\(^1\) (one year or more) with a disabling condition, such as serious mental illness, substance use disorder, or physical disability. VSH’s programs are evidence-based, combine affordable housing with supportive services, and have a 97% success rate in residents not returning directly to homelessness.

In 2014, VSH published a report that included data on their clients who had received services at VCU Health over a three-year period. The report reviewed data for VSH clients before and after they were stably housed for more than 12 months. The outcomes were as follows:

- 54% reduction in ED visits and inpatient admissions
- 67% reduction in 30-day readmissions
- Increase in the number of patients enrolled in insurance plans
- Increased engagement with providers for preventive care and management of clinical conditions as evidenced by a 40% increase in outpatient visits

A second study drew from the same cohort of 30 patients with highest hospital utilization. Prior to intervention, this sub-group accounted for over 63% of inpatient and ED visits. For clients remaining in stable housing for at least one year, there was a significant decrease in utilization of services and a reduction in health system charges of more than $18,000 per patient.

Sheryl Garland shares that these and other published studies “clearly link economic and social disadvantage with avoidable illness, disability, and premature death. As the largest safety net provider in the Commonwealth of Virginia, VCU Health is concerned about the social risk factors that burden many of the patients we serve. Housing is one of these factors.”

\(^1\) The federal definition of chronic homelessness is homelessness for at least a year OR four episodes of homelessness in three years.
VCU Health has embraced its role as a “health care anchor institution” in the Greater Richmond region. Across the country, organizations that have adopted an “anchor mission” are incorporating strategies to improve the long-term welfare of the communities in which they reside. As stated by Sheryl Garland, one of VCU Health’s strategies is “making investments to expand the capacity of community partners to support their efforts in addressing the health-related social needs of the populations we jointly serve.”

VCU Health wants all patients to be discharged into a safe environment that will not only assist with their healing and recovery but also provide pathways for health and well-being. To that end and in support of their investment strategies, they’ve partnered with VSH on a program that’s based upon the nationally recognized Housing First model. The partnership seeks to provide stable housing and supportive services to VCU Health patients experiencing complex health issues—such as Sickle Cell Disease—coupled with housing instability. VCU Health provided funding support to cover the rent for ten patients to live at New Clay House, a VSH community in Richmond’s Carver neighborhood. In addition, VSH and VCU Health staff collaborate on services. The VCU grant also provides success payments to VSH if the patients remain stably housed at New Clay House. VCU and VSH staff have seen dramatic improvements in the quality of life of the patients who moved into New Clay in April and May 2019, and VCU has started to document reductions in emergency department visits and in-patient stays. The partnership is important because it unites health and housing to directly impact and improve the lives of patients and uses resources more efficiently and effectively.

When asked about the partnership, Sheryl Garland said that, “the expansion of our partnership is important as we collectively work to demonstrate the value of the model as it relates to improved health outcomes and increased housing stability. Of critical importance is the ability to evaluate the outcomes to support the development of a sustainability plan for the model.”

As she looks to the future, Allison Bogdanovic shares that, “Every night in Greater Richmond there are about 500 people experiencing homelessness. We need to increase the supply of supportive housing with partnerships such as the one with VCU Health and VSH and identify long-term sources of rental assistance and services, as many residents will need support for multiple years or possibly even longer.”

While significant progress has been made, a robust, community-level evaluation strategy is needed to move this work forward and demonstrate the impact and cost of caring for and providing housing for the homeless population. This would create opportunities to acknowledge the value of the model to policy advocates, legislators, public officials, and payers.

Finally, there exists a need to develop data sharing capabilities across health care and social services organizations. The effort required to collect and analyze data to support the hypotheses related to improvement in outcomes and reductions in costs is often cost-prohibitive and resource intensive.

RMHF’s mission is to foster an equitable and healthy Richmond region. We know that doing so requires a focus on social determinants of health, such as housing and the built environment. We are grateful for partners in our community like VSH and VCU Health that are doing work every day to advance health equity and reduce health disparities.
Allison Bogdanovic, executive director of Virginia Supportive Housing, partners with the board of directors & stewardship team to develop, promote, and execute evidence-based strategies for ending homelessness and building affordable housing. Allison has served as the executive director since 2014 and in other various roles within the organization since 2003. Allison received a Masters of Urban and Regional Planning from Virginia Commonwealth University and graduated Summa Cum Laude from University of Richmond with a Bachelor of Science in Business Administration.

Sheryl Garland, MHA, FACHE is Chief Health Impact Officer for VCU Health. In this role she is responsible for establishing strategic direction and building partnerships to make measurable, sustainable improvement on health issues that impact the populations and communities served by VCU Health. She was a long-time RMHF Trustee, serving in multiple leadership roles including Board Chair.