Case 58

The Health Care for the Homeless Program


Scott Kohler

Background. By many indicators, the U.S. economy was strong in the mid-1980s. However, the problem of homelessness in American cities was acute, and it was growing rapidly. Estimates as to the number of homeless people in the U.S. ranged from 350,000 (according to HUD) to over 3 million (according to the National Coalition for the Homeless). Unfortunately, the federal government did not seek to coordinate any substantial response to this growing crisis.

Of specific concern to the Robert Wood Johnson Foundation and the Pew Charitable Trusts was the widespread lack of health care options for the American homeless. Pew and RWJF teamed up for a four-year effort to try out new methods in reaching out to the homeless, specifically in offering them access to medical care. The two foundations aimed to achieve several goals through the program:

- demonstrating new ways to deliver health and social services
- demonstrating better ways to link people with public benefits
- encouraging community agencies and organizations to work together to solve problems [of homelessness]
- providing an opportunity for learning which may lead to further action
- making a difference for the homeless people served

Strategy. Pew and RWJF committed a total of $25 million over five years to create the Health Care for the Homeless Program (HCHP). The initiative started out in five cities, but had expanded to nineteen by the time the foundations’ involvement ended. The national program was overseen, for both RWJF and Pew, by Dr. Philip Brickner, but each regional HCH office had the flexibility to determine which combination of tactics would be most effective in connecting the homeless to local healthcare systems. In Philadelphia, for example, HCHP linked hospitals to homeless shelters, allowing the homeless to receive both inpatient care and outpatient “respite” care. In New York, on the other hand, the program focused on offering health care services at soup kitchens. All HCH programs emphasized “aggressive street outreach” in targeting the homeless. Throughout the program, the foundations kept “meticulous records and reports [which] explained how to develop and conduct such programs.”

Outcomes. The nineteen pilot programs reached hundreds of thousands of homeless people, many of whom had previously been receiving virtually no medical attention. Between 1985 and 1988, the foundations proved (1) that America’s homeless were, on average, far more susceptible to health problems than average citizens, and (2) that the homeless “can be reached by emphasizing outreach and offering targeted, flexible services in locations [such as shelters] where homeless people can be found.”

Impact. Most of the program’s impact was as a demonstration project that both spurred the federal government to action and blazed the trail for future efforts. It represents yet another example of a foundation initiative that almost certainly led to federal legislation. The careful record-keeping and
selfevaluation done over the course of the program allowed homeless advocates to make a persuasive case to Congress in support of federal assistance for the homeless. In 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act, “the first federal attempt to address the problems of homeless people.” Included in the McKinney Act was the authorization of a governmental Health Care for the Homeless Program, which picked up right where the foundations were leaving off.

The sections of the bill dealing with healthcare were “adopted nearly verbatim” from the two foundations’ HCHP research materials. In fact, the U.S. Department of Health and Human Services, which now oversees government funding of the HCHP, asserts on its website that “[t]he HCH Program was modeled after [the] successful four-year demonstration program operated in nineteen cities by the Robert Wood Johnson Foundation and the Pew Charitable Trust.” The foundations’ HCH Program probably did not cause the McKinney Act, but it certainly helped to shape it, and indeed made possible its effectiveness in providing health care. In particular, it illuminated the need for a health care appropriation to be included in the bill, and showed the government a proven way to attack effectively the problem at hand.

The Health Care for the Homeless Program now has over 130 local offices, active in all fifty states, the District of Columbia, and Puerto Rico. The McKinney Act (now known as the McKinney-Vento Homeless Assistance Act) was reauthorized by Congress in 2002, and to date has contributed well over $1 billion to the HCH Program.

Notes

878. Marshall A. Ledger, “Stopping By,” Trust, January 2000, available from http://www.pewtrusts.com/ideas/ideas_item.cfm?content_item_id=253&content_type_id=17&page=17&issue=13&issue_name=Misc&name=Pew-produced%20Publications. In all likelihood, the large discrepancy between these figures results from the distinction between the occasional homeless (those who are forced onto the streets but will find new jobs and housing) and the chronic homeless (those who, over a long period of time, are unable to house or support themselves).


881. Ledger, “Stopping By.”

882. Ibid.


884. Ledger, “Stopping By.”

885. Ibid.

886. “About HCH.”