

NATIONAL  
HEALTH CARE  
for the  
HOMELESS  
COUNCIL

This interview is featured in the January 2018 edition of the National HCH Council's monthly action alert *Mobilizer*. [View the January edition and other issues](#) and [subscribe](#) for *Mobilizer*.

## **A Prescription for Housing (Literally): A Discussion with [Hawaii State Senator Josh Green, MD](#)**

*By Barbara DiPietro, Senior Director of Policy*

He's a ER doctor and he's a state senator. Last year, Senator Green introduced legislation that would allow doctors to prescribe housing, that would allocate more funding to housing and health care, and would direct 2% of the state's Medicaid budget to housing people who are homeless. In fact, he introduced nearly three dozen bills that focus on issues related to homelessness. I recently talked with him about his integration of service and advocacy.

### **Media Clips:**

[Fox News Interview](#): How this Hawaii politician aims to help the homeless

[Boston Globe](#): Hawaii bill would classify homelessness as medical condition

January 8, 2018

### **1. You have an extensive list of legislation you introduced or co-sponsored last legislative session that seeks constructive solutions to homelessness. What is driving your interest in this issue?**

My interest comes first as a physician and then as a legislator. I did my residency with the National Health Service Corps and saw how economic inequality and social determinants of health were damaging a lot of people and creating severe access to care issues. When I got elected to the legislature in 2004, I felt people were not focusing on structural problems and there was a lot of inaction. I got on the committee that oversees the budget so I could put forward new ideas.

In my view, homelessness is a medical condition. This doesn't suggest it's a disease but rather rooted in health economics. If you are homeless and on Medicaid, it's hard to get care and it's expensive. A small number of people are using an enormous portion of budget but they are not getting any better. For this group, it's about \$82,000 a year, but Housing First is only about \$18,000 a year. Housing is health care and homelessness is a health care problem. So many housing and social programs would kill to have that \$82,000 for their programs and it would be more effective. I realized we have to change our paradigm so this was the genesis for the legislation. The point is clear—if you do the right thing and give proper treatment (at a societal or individual level), you can save money to adequately broader fund health care.

We now have a Medicaid waiver on supportive housing services up at CMS to get approved. I think we should keep it simple—a prescription for housing for people who are homeless. That's the ultimate goal—to be able to empower the health care community to be a point of contact to help solve homelessness where many have comorbidities and are suffering.

**2. How have your fellow colleagues in the Hawaii Senate responded to your initiatives, particularly those across the aisle? What messaging or strategies have you found work well?**

NPR and [Rush Limbaugh](#) both liked the concept of prescribing housing. Rush was focused on cost and liked that it saved money. NPR liked it because it ended homelessness. So changing the model appeals to both sides. The federal government could authorize 2% of our state Medicaid budget be dedicated to homelessness as long as we can demonstrate cost savings. This should be easy based on our experience. The biggest problem is finding the housing units.

**3. I see many of these initiatives are slated to come up again in this year's session. What hopes do you have to see some of your legislation become law?**

Legislation moves very slow—new ideas take 5 to 7 years to get passed. I'm leaving office this year either for higher public office or for the private sector. I started the [H4 Institute](#) (Hawaii Homeless Healthcare Hui), which represents four specific needs: hygiene, health care, housing, humanitarian). I want to demonstrate that taking care of people in the right way will save money. I've got \$8M in start-up funds now and a number of partners who are supporting me in this. There will be lots of harm reduction programs and a wide range of providers who will have a home in this model. We traveled the country looking at what works (to include many

HCH programs on the mainland) and we've included what works well in this model that we are hoping to employ.

**4. As someone who sees the problem directly in the health care system and as someone who holds public office, what do you think are the barriers to fixing the systemic problems that create homelessness?**

Political will is the #1 barrier. Less than 4% of Medicaid patients use 61% of the Medicaid budget in Hawaii. When a very small group uses a lot of resources, it's a problem you have to fix. People who are conservative don't want an entitlement program. The easiest thing is to take 2% of the Medicaid budget and refocus these resources. If we can get a return on investment AND help people, then this should be a no-brainer.

Changing our thinking as providers is the #2 barrier. We have to accept that we have to prove the cost savings are there. It's not really what we do because we're not normally bean counters, and this has been a barrier to making our case for changing the system. So for people who want to focus on money rather than human need, we can show them. If we want these changes to happen, we have to make a paradigm change too.

**5. Our community is largely made up of health care providers and people with lived experience of homelessness. What advice do you have for them as they are trying to engage in advocacy with their own state and local policymakers to end homelessness?**

Use social media. When I first ran for office, I walked door to door in scrubs and no one knew me. Now, when I make a Facebook post, I reach 150,000 people. Build a professional and social network where you can communicate massively at all times. In order to move politicians, you have to apply positive pressure—make sure they know this is important and an issue is actionable. We have to create a Revolution that people can see. We have to rise up like that. We have to prove that we are serious about best practices and that our expertise is our strength.

Legislators will have their own interests and focus areas so it might be hard to get your official interested in homeless issues specifically. The challenge is to make the case quickly but it's hard to bring that level of understanding in 3 minutes of testimony. That's why you have to demonstrate you can mobilize large numbers of people—their political survival will motivate them to get engaged more. Use social media to blog about your patients and reach out to legislators to show them photos and interviews with clients. If you get legislators interested in partnering with you, they will feel a sense of participation and pride to be working with us. Then you are creating

alliances with people who can be your biggest supporters and advocates to push legislative proposals.

**6. Tell us about a recent policy "win" that gave you hope for the future.**

It took me a decade to convince my colleagues we should cover autism services in Medicaid. I made the case that if you don't provide children and families with good treatment, they suffer and the state pays a lot more over the course of that kid's life. But if you provide good treatment, it pays for itself in better care. That happened a year or two ago. I want to do the same with services for people who are homeless. We will eventually fund our housing needs in the same way. It takes a long time to change how people think about things.

**7. Our community puts a huge emphasis on self-care. We are constantly reminding ourselves that in order to be an effective advocate we must take time to disconnect and recharge. What's your favorite way to unwind when you're taking a break from solving the poverty crisis?**

I don't take care of myself very well. I work three full-time jobs and I don't sleep enough. But I do walk 8-10 miles a day and I keep it together that way. Americans are doing a worse job of sleeping and eating right, but if I can keep exercising and spending time with my family on my off days, I do better then.

**8. Any final thoughts?**

Be an outspoken advocate. Use social media. Use alliances. Use undeniable facts and statistics to prove your point. That's how we win.