

Permanent Supportive Housing for Adults with Disabilities: Effects on Health Service Use and Determinants of Program Retention

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Abstract

Individuals with disabilities can confront a number of barriers to maintaining a stable, independent housing situation in the community. Housing instability can in turn lead to poor access to outpatient health care and reliance on acute care for health needs. Permanent supportive housing (PSH) is a service delivery model that can allow individuals with disabilities to live stably in the community by combining affordable, permanent housing with needed support services. Decades of research show the effectiveness of the PSH model in increasing housing stability and decreasing acute care use among chronically unhoused individuals with severe mental illness, but more inquiry into its effects on the broader population of individuals with disabilities is needed. This project examines the PSH experiences of a heterogeneous population of adults with disabilities in North Carolina.

Using a propensity score weighting approach, this study assessed the association between PSH participation and health care use and examined potential sources of heterogeneity in these associations. Among individuals not institutionalized prior to PSH, PSH participation had no effect on health care use during a 12-month follow-up period. Among individuals institutionalized during the baseline period, PSH participants had greater predicted ED use and inpatient use and lower predicted primary care use than non-participants who primarily remained institutionalized. Treatment effects did not vary by participant demographic and clinical characteristics. Using Cox proportional hazards models, this study also identified determinants of tenure in PSH, including demographic characteristics and chronic condition type. Future research should examine the effects of PSH on a broader set of public health outcomes.

Number of pages

95

Publication year

2021

Degree date

2021

School code

0153

Source

DAI-A 83/2(E), Dissertation Abstracts International

Place of publication

Ann Arbor

Country of publication

United States

ISBN

9798535597843

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The University of North Carolina at Chapel Hill

Department

Health Policy and Management

University location

United States -- North Carolina

Degree

Ph.D.

Source type

Dissertation or Thesis

Language

English

Document type

Dissertation/Thesis

Dissertation/thesis number

28543424

ProQuest document ID

2572607852