

As the discussion around Transitional Housing in Dallas has evolved, a concern has risen about the impact on the current health care in the community, specifically at West Valley Hospital (WVH). A current trend with those in opposition to the Housing is that the Emergency Department (ED) would be “overwhelmed” with people experiencing homelessness. The review of statistics and conversation with West Valley Hospital though, does not support that hyperbole.

Current plans for the Transitional Housing in Dallas call for a 20–40-person capacity, with a mix of both single parent families and single residents. The residents would be from the rural Polk County region, which is the identical service area for WVH. Indeed, WVH is the only ED available from McMinnville to Corvallis and from Salem to the Coast. In essence, the ED would be serving the same population and the same service area as its current mission.

With this service region, the average daily ED census for September 2023 at WVH ED was 55 or 2.3 patients/hour over the 24-hour period. The capacity of WVH ED is about five patients at a time, which equates to the ED about ½ full, averaging over a full day. Because the population does not increase, there should be minimal change in the total patient load at the ED. (Personal Communication).

A common complaint at ED’s across the nation is the extended wait time to get into the ED and the time spent in the ED itself. This reality is especially true at Salem ED, which is the busiest ED in the state. This is a result of a multitude of factors, some of which are its trauma designation, the location of specialists and subspecialists seeing a medically complex cohort of patients, a large population of persons without primary care, and a large baseline population extending along the I-5 corridor from Woodburn to Corvallis and extending from the Santiam Canyon to the Coast (except for the WVH ED in between). Comparing WVH ED with SH ED is not an accurate comparison.

The average wait time at WVH is 35 minutes and most patients are discharged in under 2 hours. Those numbers reflect the difference in medical acuity and the smaller population base when comparing to Salem ED. An additional 20-40 persons in the community would not impact the load of WVH. As stated above, the individuals at Transitional Housing would be from the same population that is using the WVH ED currently. There is no net increase in regional population. Indeed, many of the Transitional Housing residents would have their private physician (persons under 18 years old are universally covered by OHP). If they did not have a private physician, the process would be the same as other EDs across the nation - the patient would be treated in the ED then assigned a local primary physician for follow up. In Polk County’s scenario, this would include the Salem Health clinics in Dallas, Monmouth, Independence, and the Primary Care Providers located in Willamina and the Grand Rhonde Tribal center.

My experience with caring for patients and interacting with both Salem and Dallas Emergency Departments extends over 30 years. The review of the information provided by SH concerning the WVH ED utilization confirms my analysis that the impact of relocating rural Polk residents from their automobile or substandard housing to the Transitional Housing unit is not going to significantly impact the local Emergency room. Many of the proposed residents already have local Primary Care Providers, so the impact on the local outpatient care is not going to change.

There are numerous medical reviews that support the fact that housing decreases ED usage and improves the overall health of any individual, regardless of age. In addition, access to regular medical care improves childhood and adult vaccination rates, treatment of chronic diseases such as Hypertension and Diabetes, and improves the Mental Health of individuals allowing access to Counseling services, appropriate medication, or timely referrals. In total, adequate housing leads to an improvement in public health and decreasing the use of medical dollars.

The Transitional Housing unit is sorely needed for those in Polk County. It will allow the Social Service agencies to work in conjunction with Church in the Park to establish stable housing for at risk families. It will allow children to remain in school with their cohort of classmates and teachers - who provide a stable social structure for them. It will be a beginning in the challenge of the homeless issue that plagues us today.

## REFERENCES

Clark, Robin E, et al; Health Care Utilization and Expenditures of Homeless Family Members Before and After Emergency Housing; Am J Public Health. 2018; 108:808–814.

Stefancic, Ana, et al; Implementing Housing First in Rural Areas: Pathways Vermont; Am J Public Health. 2013;103: S206–S209.

Henwood, Benjamin F, et al; Permanent Supportive Housing: Addressing Homelessness and Health Disparities? Am J Public Health. 2013;103: S188–S192.

Brown, Rebecca T, et al; Health Outcomes of Obtaining Housing Among Older Homeless Adults; Am J Public Health. 2015; 105:1482-1488

Pottie, Kevin; Health Care for patients without stable housing; Dynamedex, July 2022, accessed on November 29, 2023;  
[www.dynamedex.com/approach-to/health-care-for-patients-without-stable-housing](http://www.dynamedex.com/approach-to/health-care-for-patients-without-stable-housing)

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