

EDITOR'S NOTE

This issue of *Health Progress* focuses on housing and transportation as two important social determinants of health. When pairing housing and transportation together, the metaphor of a journey seemed apt: a place to get to and a way to get there; somewhere to call home and the means to travel to it. It's a theme that recurs in Western folklore, literature and film from Homer's *Odyssey* to Mark Twain's *Huckleberry Finn* to Pixar's *Nemo*.



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The journey we're interested in is not a noun that functions as metaphor for a mission accomplished, but rather a verb that describes what is not yet accomplished, still underway and fraught with hardships that delay the journey's end. There may be many references to the journey of faith, but the Bible itself says more about the action of the journey: Abraham making his way from Ur to the Promised Land; the Israelites wandering through the desert to return to the Land of Israel; Jesus traveling through Palestine to arrive at Jerusalem's gates.

Stable housing and reliable transportation are less secure for people in the United States than they have been in three decades. According to an Aug. 1, 2019, article in *The Wall Street Journal*, median incomes have remained relatively stagnant (adjusted for inflation), while costs for housing and transportation (expenses of vehicle ownership) are in triple-digit percentages of increase. It becomes a particularly thorny problem when the third factor of the equation is that the highest increase in household expenses comes from health care.

The authors of articles in this *Health Progress* are concerned with how housing and transportation affect the health of the people they care for and the communities they serve. They know that patients discharged from care into insecure housing may be unable to follow through with treatment regimens. They know that people with chronic conditions who don't have cars or rides or proximity to public transportation often will not make it to dialysis, chemo or other needed therapies. And most of all, they know that poor housing, unsafe neighborhoods and no way to get

to parks or services can cause health problems, not just exacerbate them.

Some of our ministries are experimenting with multiple strategies to serve people who are street homeless or live in unsafe housing or can't make the trip to treatment on their own. Others are taking big risks to invest in housing or leasing vehicles to ensure more permanent solutions. Still others, longtime community anchors committed to improving the regions they serve, are maximizing their community connections to join with churches, developers, community organizers, granting agencies and large companies that focus their philanthropic efforts on housing and transportation. It's all working. It's also early days.

As *Health Progress* celebrates its 100 years of publication, this issue includes a look back at CHA's history of advocacy. Clay O'Dell, CHA's director of advocacy, has written a detailed and extremely thoughtful review of how the priorities and strengths of its advocacy agenda have developed over the last 40-plus years. O'Dell recounts how CHA has supported policies leading to action in health care improvement and access over the years.

I find CHA's tradition of leadership on reforms to be a powerful model for how Catholic health care must come together to address housing and transportation, along with other social determinants of health. Tying health to housing, food security, access to transportation and other determinants of health will be very expensive and labor intensive. While there are people who would say that the health care industry is complicated enough and its resources limited enough without adding real estate and subsidized housing to its mission, we know that our preferential option for the poor calls us to better understand the problems, develop strong policies and act on them in communion with other willing and invested partners.

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