

This is a summary of Ben Rachbach's (a GiveWell Research Analyst) review of Benjamin Soskis's case study on the Robert Wood Johnson Foundation/Pew Memorial Trust's Healthcare for the Homeless Program. Dr. Soskis' full write-up is available [here](#).

## **Evaluating the core arguments the case study makes**

The report's thesis statement is the one cited in our blog post:

"Incorporation of the HCH program within the McKinney Act was the result of a convergence of a well-designed demonstration project with a policy window opened by a campaign by homeless advocates begun earlier in the decade. The advocates pushed for the federal government to address the mounting crisis of homelessness and when that campaign came to fruition, the HCH program was available as a policy model. The RWJF-Pew HCH program, therefore, does not merely represent a model of a successful demonstration project, but of a particularly powerful convergence between philanthropic initiative and broader political currents." (Case Study, Pg 3)

I focused on vetting the arguments that:

1. The homelessness bill happened primarily because of the advocates and the general political context, not because of RWJF and Pew.
2. HCH was included in the bill primarily because of RWJF and Pew.

I think the report pretty convincingly shows both of these, though I have some doubts, particularly about the latter:

On #1, various sources closely involved with the bill agreed that it had come about mostly through some combination of a mounting sense of the crisis of homelessness, a changing political context (including increased power for Democrats), and the work of the advocates. RWJF and Pew seem to have had only a marginal role in increasing attention to the problem of homelessness. Also, the report makes a very convincing mechanistic case that the homelessness advocates reached out to Congress and worked with legislators to write a bill, based on the recollections of people involved with writing the bill.

On #2, The RWJF-Pew HCH program seems to have been the only large-scale program offering healthcare to homeless people at the time, and thus it seems to have served as a model to advocates and policymakers. In a personal email to me, Ben

wrote, “Ultimately, none of the sources--written or interview--that I consulted discussed any other potential source for a federal program that addressed the health care needs of the homeless than RWJF-Pew.”<sup>1</sup>

Several key advocates for the homeless said that the RWJF-Pew HCH program was a big factor in making them think about homeless people's health issues. Jim Wright, a sociologist who collected data about the program for RWJF, wrote that the data demonstrated that it was possible to provide healthcare to the homeless (some people previously thought it would be too difficult to provide healthcare to them).

Sources including recollections of key foundation staff and congressional staffers convincingly show that RWJF and Pew intended the HCH program to be a demonstration project that they hoped government (especially local governments) would build on, and that the foundations promoted HCH to Congress in various venues.

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<sup>1</sup> After I discussed point (2) with Ben, he sent me further information confirming that the RWJF-Pew HCH program was the only program of its sort:

- Ben contacted Maria Foscarinis, who confirmed that she was one of “several activists” who supported this statement: “Several of the activists and policymakers who were involved in crafting the legislation made clear to me the importance of having programs that were credible and scalable in operation that could be used as a model while the legislation was being drafted; if there were other programs that dealt with the healthcare of the homeless, they were isolated, in single cities or towns.”
- “Jim O’Connell, the director of the Boston program told me that, at the time of the RWJF-Pew program, “there was a rudimentary nursing health care system,” but little else on the ground. He also explained that there was no “career path” laid out before the HCH program for doctors that hoped to care for the homeless.” Jim O’Connell signed off on this statement.
- “Bruce Vladeck in his article on the Health Care for the Homeless writes that though there were a few “notable precursor programs,” the “watershed event” in the field was the RWJF-Pew Call for Proposals. I didn’t talk to Vladeck to ask him what those precursors might be, but he himself did not give them any further note in his article.”
- “Jim Wright, in his interview and book on homelessness, noted the prevailing sense at the time that it was too difficult to deliver out-patient primary care services to homeless--this was the climate that the HCH was operating in. As Jim Wright explains, the RWJF-Pew programs was specifically designed to prove such prevailing notions false. Furthermore, the little research that existed at the time suggested that the homeless received little primary health care.” Jim Wright signed off on this statement.

Some of this information was already in the report, but much of it was new.

David Bley and Andy Schneider, Congressional aides, said that they drew on the model of the RWJF-Pew program in writing the HCH provisions in the bill. Comparing the RWJF-Pew call for proposals to the bill shows a number of similarities in the basic design.

It seems possible to me that the authors of the McKinney Act might have drawn on other sources to include in the bill provisions for giving healthcare to the homeless even without the RWJF-Pew programs. I think it's inherently really hard to be sure about that counterfactual, and so I don't fault the report for not providing certainty on this question.

It would be helpful to know whether those involved with the bill believe that there might possibly have been some form of healthcare for homeless people included in the bill without RWJF and Pew running an HCH program.

To help verify that my interpretation of what the report shows about points (1) and (2) is correct, see this [spreadsheet](#) where I looked more closely at the claims that I thought were most important.

I think that it could be interesting to think more about how RWJF and Pew found this opportunity and about what strategies they used, particularly once we have more case studies to compare. If we did that I'd want to vet the evidence for how they found it and what strategies they used, though, especially since these were less core to the report than points (1) and (2) and the evidence may not be as comprehensive.

### **Evidence: checking that sources supported footnotes and that footnotes supported claims**

I identified 10 claims that I thought were some of the most important to supporting points (1) and (2) above (see this [spreadsheet](#)). I tracked down the original source(s) for each of these except for two that relied on books that would have been hard to obtain. For each of the 8 claims that I had the source(s) for, I checked whether the source(s) supported the footnote for the claim (including whether quotations were transcribed accurately). I also checked whether the information in the footnote had been taken out of context from. For each of the eight claims, the sources supported the footnote and the information in the footnote was not taken out of context.

I also checked whether each footnote fully supported the footnoted claim. I found that they mostly did. In two cases, the report claims definitive impact for RWJF and Pew on

the basis of quotes from Jim Wright, a sociologist hired by RWJF to collect data on its program. I don't believe that these claims can be confidently made based on quotes from a single person who was employed by RWJF.

The 8 claims I checked support points (1) and (2) fairly well just by themselves (despite the weakness noted in relying on the two quotes from Jim Wright), even without the additional support provided by the rest of the report. The strong level of support that I found for these claims when I closely investigated them also suggests that other claims throughout the report were likely well-substantiated

In the same [spreadsheet](#), I listed some other claims I noticed that I feel were not wholly supported by their footnotes (or that didn't have footnotes or other justification).