Homelessness has deleterious effects on patients’ health. Housing insecurity has been associated with higher hospital resource use, more frequent readmission, and worse health outcomes. Social Security Disability Insurance (SSDI) was created to assist those living with permanent mental or physical disabilities. Supplemental Security Income (SSI) was intended to help elderly individuals unable to escape poverty. Economic, political, and environmental changes have occurred since these programs were initially created and with a growing population of those experiencing homelessness and housing insecurity, it is unclear if these programs are functioning to address the social determinants of health.

Resources from the government were found to be helpful in aiding individuals get access to prescriptions and medical appointments, but government assistance is not adequately addressing housing insecurity. The system is challenging to navigate and there are patients who do not qualify for government assistance despite experiencing challenges meeting their basic needs and attaining housing security.

Participants in this study described the inconsistent and arbitrary nature of attaining SSDI and SSI benefits. Patients who did not receive government assistance described the barriers to attaining employment and housing security, indicating that a significant coverage gap may exist. Hospitalized patients experiencing housing insecurity should be offered individualized and tailored assistance in finding and applying for community and governmental aid programs.