Strengthening Health Outcomes through Digital Opportunity and Inclusion

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KEY INSIGHTS

Expanding digital opportunity and inclusion **has been shown to improve health care access, health management, and health education**.

Expanding broadband coverage can increase access to care by making telemedicine more available, increasing provider access, and reducing patient travel. These benefits improve access to preventive and specialized care, patient choice, and health outcomes.

Strengthening patients' digital skills can improve health management and increase health literacy by empowering people to participate in their care and effectively use tools like online health portals and wearable devices.

A national data privacy framework would increase trust in digital tools, improve health outcomes, and protect sensitive data.

To learn more, see the following case studies:

"Digital Opportunity Increases Economic Mobility" urbn.is/4hMZdOa

"Expanding Digital Opportunity in Rural Communities" urbn.is/4gDwoTr

As technology advances, expanding digital opportunity and inclusion is important for improving individual and community health. Access to reliable internet and digital devices, and the skills to navigate them, can support better health management, expand virtual health care access, strengthen community care services, and help people and communities thrive in a digitally connected society.

But barriers such as a lack of broadband infrastructure, complex devices and platforms, unreliable internet service, and a lack of necessary digital skills can limit the reach of these benefits and exacerbate health disparities.

THE PROMISE OF DIGITAL OPPORTUNITY AND INCLUSION FOR HEALTH

Digital equity means everyone has the tools and skills needed for civic participation, employment, lifelong learning, and access to essential services, including health care.[1] Internet access is now recognized as a "super determinant" of health, shaping health care outcomes and affecting other key social determinants like education and employment. Increasing digital opportunity and expanding digital inclusion can narrow health disparities by increasing access and quality of care. In the context of health care and community health, digital equity includes the following:

- **Getting people connected,** which means ensuring they have access to reliable, high-speed internet to access telehealth services, health information, and resources for managing chronic conditions and expanding community health programming (Lee et al. 2023). It also involves addressing a range of barriers to promote equitable digital adoption (Brewer et al. 2020).
- **Teaching digital skills,** which means helping people build the skills to navigate digital health tools and platforms, such as wearable devices, electronic medical records, and online health portals to evaluate and manage health data and information.
- **Helping people navigate safely,** which means equipping them with the knowledge to use digital tools securely and minimize exposure to threats. This includes understanding digital footprints, protecting personal health information, and reducing risks such as data tracking, data inaccuracies, and unauthorized data access and use.

- **Helping people use digital tools effectively,** which means ensuring they have access to the skills, resources, and supports to meaningfully use digital devices and the internet to improve health outcomes. This means ensuring people can make informed decisions, actively participate in their care, and improve their overall health and well-being.

OPPORTUNITIES AND SOLUTIONS

Multiple innovations that expand digital opportunity and inclusion have been shown to improve health and health care outcomes.

Telehealth Care

Telehealth refers to the use of technology to provide health care services remotely, such as over the phone and through video consultations. Telehealth care can improve access to health care services, especially for people in rural and underserved areas; reduce travel burdens for patients; improve administrative efficiencies; and save providers and patients time. Telehealth can also increase patients' access to providers and specialists and their choices of where they receive care (Alawiye 2024; Graetz et al. 2025).

Telehealth services can be integrated with patient health portals, which can improve patients' engagement in virtual and in-person care by providing them with easy access to medical records and facilitating regular communication with their health care providers (Nishii et al. 2022).

Increased digital engagement with providers has been linked to improved health outcomes. For example, in a study involving Black patients with hypertension, patients who participated in a nurse-managed telemonitoring program saw a greater reduction in systolic blood pressure than patients who received usual care protocols (Hernandez and Rodriguez 2023). In another study, researchers found that when compared with traditional care pathways, telehealth services reduced the amount of time needed to manage symptoms and improved patient outcomes, including survival rates (Pritchett et al. 2023).

There is also evidence that some patients are more satisfied with the flexibility of telehealth care compared with traditional care. In a study of increasing digital accessibility for lactation support among new mothers, participants expressed high user satisfaction with "telelactation" services, particularly in the early postpartum weeks. As reported by participants, a key value of the digital services was that shorter, flexible video calls were available outside business hours, which is not the case for traditional, in-person lactation support (Kapinos et al. 2019).

Telehealth has also been shown to benefit veterans receiving health care through the Veterans Health Administration (VHA), the largest integrated health care system in the United States. About a third of veterans enrolled in the VHA live in rural areas,[2] which presents challenges for those whose VHA providers are located far away. In a recent meta-analysis of research articles on the impacts of telehealth for rural veterans, researchers found that telehealth is effective in supporting the management of various medical conditions, including complex ones like diabetes and cancer. They also found it played a key role in improving health care access during emergencies, such as the COVID-19 pandemic and disasters. In addition, telehealth

THE DEPARTMENT OF VETERANS AFFAIRS ATLAS PROGRAM SIMPLIFIES TELEHEALTH ACCESS

The VA's ATLAS (Accessing Telehealth through Local Area Stations) pilot program makes it easier for veterans to access care through the VA by establishing convenient locations to receive VA care, reducing common obstacles such as poor internet connectivity at home and long travel times to appointments. Key features of the pilot include private appointment rooms equipped with technology for secure video conferencing via the VA's Video Connect telehealth platform, assistance from on-site attendants, and a range of clinical services.

was associated with VHA provider and travel cost savings between $65.29 and $72.94 per visit, and time savings between two hours and ten minutes and three hours per visit (Quayson et al. 2024).

It is crucial for providers to engage with patients to ensure they are comfortable using devices to schedule appointments, access and interpret medical test results, and communicate virtually with providers. Improving patients' overall digital skills helps them better navigate digital applications, platforms, and telemedicine services, which in turn improves health-seeking behaviors and promotes better health outcomes (Chidambaram et al. 2024). Resources such as handouts, videos, and guides that help patients use digital tools effectively have proven beneficial for this skill building (McCall et al. 2022).

Digital Diagnosis and Health Management

Increasingly used health monitoring devices hold promise for alerting patients and their health care providers when vital biometrics indicate something is wrong, potentially leading to earlier interventions. Devices such as Fitbit, Apple Watch, and Oura Ring enable symptoms to be recorded and reported faster and offer more in-depth patient information for diagnosis and treatment (Kang and Exworthy 2022). The availability of online health information also increases people's access to valuable resources and helps patients make more informed decisions about their health.[3]

There is also evidence of increased psychological benefits from access to digital health management tools. In a study of the effectiveness of a smartphone app designed to help patients manage mental and chronic health conditions, results showed improvements in psychiatric and medical self-management, and increased self-reported feelings of hope, quality of life, and empowerment (Brewer et al. 2020).

The role of AI in health management is also promising, with the potential to analyze vast amounts of data, identify patterns, and assist in diagnosis (Alowais et al. 2023). Although these advancements hold potential to improve health outcomes, further research and careful implementation are necessary to ensure patient safety and privacy.

Digital Community Health Programming

Programming that integrates digital resources and innovations can increase health care access and flexibility, allowing more people to participate in and benefit from community health initiatives. It can also help health departments, hospitals, community health centers, and other organizations better reach community members with important health information. For example, increasing access to and adoption of internet services can improve public health education by increasing access to information about vaccines, screenings, and general health and wellness. Digital platforms, apps, and social media can also support targeted outreach to raise awareness of critical health issues.

Community-Engaged Approaches to Digital Health Design

Collaboration between health care providers, technology companies, governments, and communities is essential for creating systems and policies that ensure equitable access to digital health resources and services. Human-centered design approaches, in which platforms and services are developed in collaboration and partnership with the communities they are designed to serve, have shown positive results. For example, participants in human-centered health approaches reported increased agency, better health literacy, improved illness management, and increased confidence in interacting with providers (Evans et al. 2023). Tailored solutions for high-risk subgroups, such as veterans and formerly incarcerated people, are also essential for addressing care gaps during critical periods like reentry (Reentry Coordination Council 2022).

CURRENT CONTEXT CONSIDERATIONS

Recent technological, market, and policy innovations are shaping the landscape of digital investments, tools, and resources in the health and health care sectors.

Digitization of the Health Care Sector

The health care sector is undergoing significant transformation through the integration of digital tools and systems, including the expanded use of electronic medical records, telemedicine platforms, and AI-driven diagnostics. People's adoption of digital health tools has also increased, with widespread use of mobile phones, laptops, tablets, and wearable health monitoring devices.[4]

Expanded Coverage for Telehealth

Since the COVID-19 pandemic, insurance coverage for telehealth services has expanded significantly, with most private insurers covering at least some form of telehealth service.[5] But coverage can differ greatly depending on the insurer and the specific service. States' medical licensing requirements for providers to practice out of state also differ. Medicare also covers many telehealth services, often at the same cost as in-person visits, and Medicaid coverage differs state by state.[6]

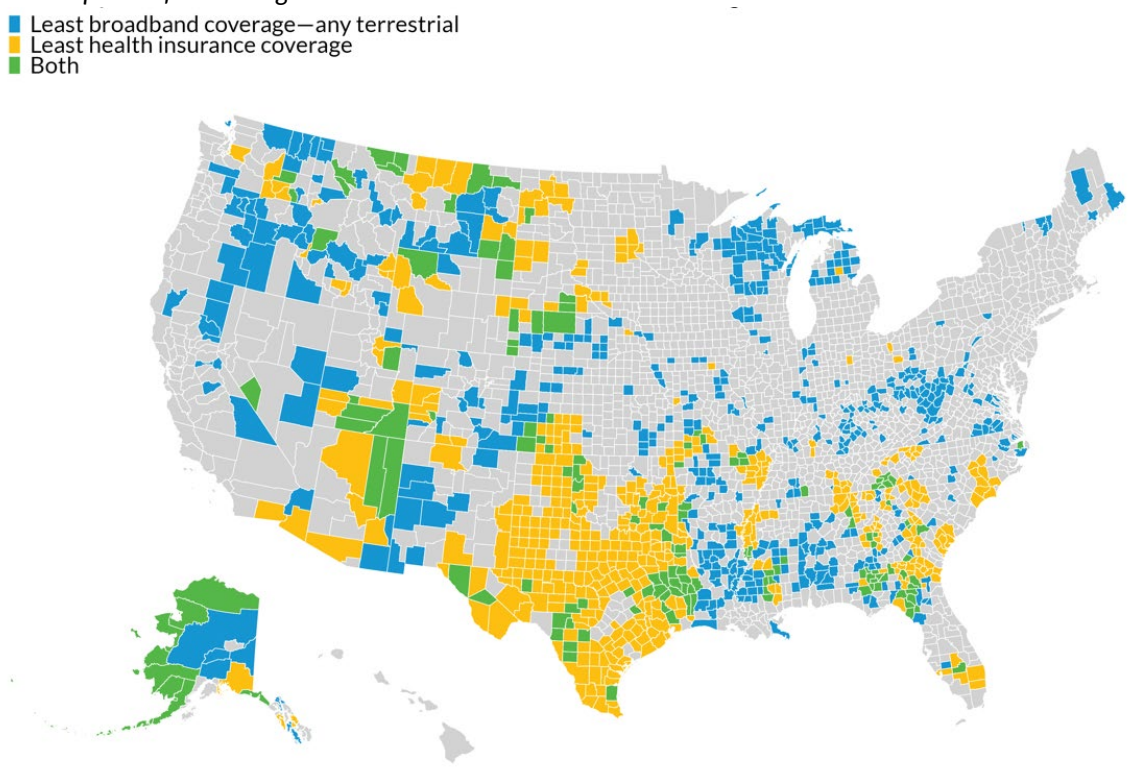
The State of Broadband and Health Insurance Access

Many regions of the United States lack sufficient access to both broadband internet and health insurance, compounding health risks and vulnerability. Figure 1 shows counties with the lowest broadband coverage (in blue), those with the lowest health insurance coverage (in yellow), and those with both the lowest broadband coverage and the lowest health insurance coverage (in green).

FIGURE 1

Counties with Low Terrestrial Broadband and Health Insurance Coverage

Lowest quintile for coverage



URBAN INSTITUTE

Source: Urban Institute analysis of December 2023 Federal Communications Commission terrestrial broadband coverage data (100/20 Mbps) and US Census American Community Survey 5-year estimate data for health insurance coverage.
Notes: Federal Communications Commission data contain summary information about the percentage of residential and other units served by broadband technologies and maximum advertised download and upload tiers. We analyzed county-level coverage of fixed terrestrial broadband

technologies (cable, digital subscriber line [DSL], fiber, and terrestrial fixed wireless) excluding satellite because it advertises national coverage but at different and often costly cost thresholds. American Community Survey data reflect the county-level percentage of the civilian noninstitutionalized population with health insurance coverage. The map depicts the lowest quintile of coverage for terrestrial broadband and health insurance and does not account for underinsurance, which is a significant issue even in areas with the highest coverage of both broadband and health insurance.

Many rural and tribal communities are overrepresented among counties with both the lowest broadband and health insurance coverage, and these counties are often clustered in pockets of compounded vulnerability. For example, many rural and tribal regions across the Southwest, Mountain West, and Intermountain West and in Alaska have both less broadband availability and less health care insurance coverage, as do many areas across the Deep South. The digital divide compounds many health care disparities in these regions, further marginalizing vulnerable populations and hindering access to essential medical resources and support.

BARRIERS AND CHALLENGES

Several recent and persisting challenges can diminish access to the many benefits of digital opportunity and innovations in the health and health care sectors.

Broadband Adoption and Quality

Unreliable internet and a lack of broadband connections can limit patients' access to health information and community health programming, contributing to lower health literacy and poorer health outcomes (Arias López et al. 2023). And without internet subscriptions or reliable internet services, people are more likely to miss out on important health care services over time, leading to lower uptake of preventive services (Traver and Haggstrom 2019). Although virtual health education has been shown to increase screening and vaccination uptake, the lack of broadband connections has contributed to unequal vaccination rates, with Black and Latine people receiving the COVID-19 vaccine at lower rates than white people (Press, Huisingh-Scheetz, and Arora 2021).

Intersecting Geographic, Racial, and Social Disparities

People and places with limited or poor digital opportunity also often experience compounding inequities in health outcomes, especially underserved or disadvantaged groups. This means tailored and targeted investments are needed to ensure they have equal access to the many benefits of digital innovation in the health sector. These groups include the following:

- **People living in rural areas**. People in many rural communities experience higher rates of chronic diseases, limited access to health care services, and increased health risks because of relative geographic remoteness and lower socioeconomic status.[7] Compounding these challenges, residents in low-income rural communities have the least choice of internet service providers, with many having access to just one (Garnett, Jeffrey, and Johnson 2024).
- **People living on reservations and tribal lands**. Many rural tribal communities face significant health disparities, including lower life expectancy, higher rates of chronic diseases, higher rates of mental health challenges, and higher rates of substance use disorders, compared with the general population.[8] Nationally, Native communities have the largest digital divide in access to high-speed infrastructure and the least choice of internet service providers. Among Native American households in low-income and rural areas, more than two out of three (68.3 percent) have no access at all (Garnett, Jeffrey, and Johnson 2024). Even without considering rurality or income, Native American communities nationwide still have the least access, with most (55 percent) having no access to a broadband provider (Garnett, Jeffrey, and Johnson 2024).
- **Many people of color**. For many communities of color in the United States, particularly Black, Hispanic and Latine, and American Indian and Alaska Native people, socioeconomic inequities contribute to higher rates

of chronic health conditions that are diagnosed later in life.[9] Persisting impacts of these inequities also reinforce systems of care that are not always safe for or responsive to the health needs of many people of color.[10]

- **Many people with disabilities**. People with different disabilities have diverse medical needs, but many encounter unique barriers to accessing and using online health platforms. For example, despite their benefits, many telemedicine tools are not accessible to people with hearing, visual, or cognitive impairments (Chidambaram et al. 2024).
- **Veterans**. Veterans face unique health issues, including higher rates of mental health challenges such as post-traumatic stress disorder and substance use disorder, which are often compounded by difficulties accessing timely and adequate health care. Supporting digital health care access is a promising approach to increase care for veterans, with one study finding that veterans equipped with video-enabled devices increased their health care engagement (Wray et al. 2022).
- **People experiencing homelessness**. People experiencing homelessness have higher rates of mental health challenges and acute and chronic diseases, and face significant barriers to accessing health care, resulting in poorer overall health outcomes. A lack of safe and reliable ways to access the internet and charge portable devices disrupts a critical line to care when transportation is not available (Galperin, Bar, and Nguyen 2021). This exacerbates their vulnerability, making it even more difficult to receive timely medical attention and support.

Programming Bias

Implicit bias in digital platforms and programming can also affect health outcomes. While digital innovations can reduce health disparities, they can also worsen them if not designed inclusively (Chidambaram et al. 2024). Using frameworks such as Responsible Innovation in Health, which emphasizes designing and developing health care innovations with a focus on societal value and considering ethical, social, and environmental impacts alongside technical advancements, can help ensure digital health advancements are inclusive of all races, abilities, and geographies and do not worsen existing health disparities.

Inaccurate Health Information

The spread of false or misleading health information online poses significant challenges in the digital age, affecting both individual and community health. According to the Office of the US Surgeon General, health misinformation, aside from causing confusion and mistrust, harms people's health and undermines public health efforts.[11] During the COVID-19 pandemic, the spread of inaccurate health information led some to reject public health measures and others to use unproven treatments. Addressing this issue requires concentrated efforts at the individual, business, and government levels to improve the quality of health information available online and educate people using the internet on how to navigate it safely.[12]

Digital Health Privacy

With the digitization of health systems, risks to patient privacy increase. The Health Insurance Portability and Accountability Act, or HIPAA, offers protections for health information security in traditional medical settings. But existing privacy regulations have not kept pace with rapid technological advancements, leading to significant challenges securing patient data (Rockwern, Johnson, and Sulmasy 2020). The health care sector is particularly vulnerable to cybersecurity threats because of its size, dependence on technology, sensitive data, and susceptibility to operational disruptions. These factors make health care facilities attractive targets for cyberattacks, where the stakes for patient safety and care are high (HHS 2023). With nearly half of US states having passed their own consumer privacy laws and even more actively developing state privacy legislation,

protections for consumers in different states differ.[13] This state privacy patchwork poses significant risks to the security and privacy of personal health data.

CONCLUSION

Despite the above barriers to digital opportunity and inclusion in the health and health care sectors, ongoing efforts to close the digital divide and expand access to, and adoption of, health technologies present real opportunities to reduce health disparities and improve overall quality of life and well-being for individuals and communities. By addressing challenges through targeted policies, partnerships, and people-driven solutions, policymakers and practitioners can support a future with improved health outcomes for all.

NOTES

1 "NDIA Definitions," National Digital Inclusion Alliance, accessed January 28, 2024, https://www.digitalinclusion.org/definitions/.
2 "VA Health Care: Office of Rural Health Efforts and Recommendations for Improvement," US Government Accountability Office, January 11, 2024, https://www.gao.gov/products/gao-24-107245.
3 "Surge in Digital Health Information Impacting Wellbeing: One of six global trends in health equity," Robert Wood Johnson Foundation, accessed January 29, 2025, https://www.rwjf.org/en/about-rwjf/how-we-work/learning-and-evaluation/learning-across-global-borders/six-global-trends-in-health-equity/surge-in-digital-health-information-impacting-wellbeing.html.
4 "Types of Computers and Internet Subscriptions," US Census Bureau American Community Survey, accessed January 28, 2024, https://data.census.gov/table?q=S2801&y=2023.
5 "Private Insurance Coverage for Telehealth," US Department of Health and Human Services, last updated January 17, 2025, https://telehealth.hhs.gov/providers/billing-and-reimbursement/private-insurance-coverage-for-telehealth.
6 "How Do I Pay for Telehealth?" US Department of Health and Human Services, last updated February 29, 2024, https://telehealth.hhs.gov/patients/how-do-i-pay-telehealth?utm.
7 "About Rural Health Care," National Rural Health Association, accessed January 28, 2025, https://www.ruralhealth.us/about-us/about-rural-health-care.
8 "Disparities," Indian Health Service, October 2019, https://www.ihs.gov/newsroom/factsheets/disparities/.
9 Nambi Ndugga, Latoya Hill, and Samantha Artiga, "Key Data on Health and Health Care by Race and Ethnicity," KFF, June 11, 2024, https://www.kff.org/key-data-on-health-and-health-care-by-race-and-ethnicity/?entry=executive-summary-introduction.
10 Samantha Artiga, Liz Hamel, Ana Gonzalez-Barrera, Alex Montero, Latoya Hill, Marley Presiado, Ashley Kirzinger, and Lunna Lopes, "Survey on Racism, Discrimination and Health: Experiences and Impacts Across Racial and Ethnic Groups," KFF, December 5, 2023, https://www.kff.org/racial-equity-and-health-policy/poll-finding/survey-on-racism-discrimination-and-health/.
11 "Health Misinformation," US Department of Health and Human Services, Office of the Surgeon General, last reviewed January 20, 2025, https://www.hhs.gov/surgeongeneral/priorities/health-misinformation/index.html.
12 "Health Misinformation," US Department of Health and Human Services, Office of the Surgeon General.
13 C. Kibby, "US State Privacy Legislation Tracker," IAPP, last updated January 21, 2025, https://iapp.org/resources/article/us-state-privacy-legislation-tracker/.

REFERENCES

Alawiye, Taiwo Raheemah. 2024. "The Impact of Digital Technology on Healthcare Delivery and Patient Outcomes." *E-Health Telecommunication Systems and Networks* 13 (2). https://www.scirp.org/journal/paperinformation?paperid=134710.

Alowais, Shuroug A., Sahar S. Alghamdi, Nada Alsuhebany, et al. 2023. "Revolutionizing Healthcare: The Role of Artificial Intelligence in Clinical Practice." *BMC Medical Education* 23 (689). https://doi.org/10.1186/s12909-023-04698-z.

Arias López, Maria del Pilar, Bradley A. Ong, Xavier Borrat Frigola, et al. 2023. "Digital Literacy as a New Determinant of Health: A Scoping Review." *PLOS Digital Health* 2 (10). https://doi.org/10.1371/journal.pdig.0000279.

Brewer, LaPrincess C., Karen L. Fortuna, Clarence Jones, et al. 2020. "Back to the Future: Achieving Health Equity Through Health Informatics and Digital Health." *JMIR mHealth and uHealth* 8 (1): e14512. https://doi.org/10.2196/14512.

Chidambaram, Swathikan, Bhav Jain, Urvish Jain, et al. 2024. "An Introduction to Digital Determinants of Health." *PLOS Digital Health* 1 (3): e0000346. https://doi.org/10.1371/journal.pdig.0000346.

Evans, Laura, Jay Evans, Claudia Pagliari, and Karin Källander. 2023. "Scoping Review: Exploring the Equity Impact of Current Digital Health Design Practices." *Oxford Open Digital Health* 1: oqad006. https://doi.org/10.1093/oodh/oqad006.

Galperin, Hernan, Francois Bar, and Hoan Nguyen. 2020. "The Power Divide: Mobile Communication in Los Angeles' Skid Row." *Mobile Media & Communication* 9 (1): 1–21. https://doi.org/10.1177/2050157920932608.

Garnett, Paul, Alexander Jeffrey, and David Johnson. 2024. *Achieving Internet for All: Socioeconomics and Fixed Broadband Availability in the U.S.* Washington, DC: Vernonburg Group.

Graetz, Ilana J., Jie Huang, Emilie Muelly, Anjali Gopalan, Catherine Lee, and Mary J. Reed. 2021. "Patient Choice of Telemedicine Increases Timeliness of Primary Care Visits." *AMIA Annual Symposium Proceedings*: 502–03. https://pmc.ncbi.nlm.nih.gov/articles/PMC8075419/.

Hernandez, Mario Funes, and Fatima Rodriguez. 2023. "Health Techequity: Opportunities for Digital Health Innovations to Improve Health Equity and Diversity in Cardiovascular Care." *Current Cardiovascular Risk Reports* 17 (1): 1–20. https://doi.org/10.1007/s12170-022-00711-0.

HHS (US Department of Health and Human Services). 2023. "Healthcare Sector Cybersecurity: Introduction to the Strategy of the U.S. Department of Health and Human Services." Washington, DC: HHS.

Kang, Harjeevan Singh, and Mark Exworthy. 2022. "Wearing the Future—Wearables to Empower Users to Take Greater Responsibility for Their Health and Care: Scoping Review." *JMIR mHealth uHealth* 10 (7): e35684. https://doi.org/10.2196/35684.

Kapinos, Kandice, Virginia Kotzias, Debra Bogen, et al. 2019. "The Use of and Experiences with Telelactation among Rural Breastfeeding Mothers: Secondary Analysis of a Randomized Controlled Trial." *Journal of Medical Internet Research* 21 (9): e13967. https://doi.org/10.2196/13967.

Lee, Hee Yun, Lauren Kois, Kun Wang, et al. 2023. "Correlations between Social Determinants of Health and Technology Access among Rural African American Alabamians." *Journal of Health Care for the Poor and Underserved* 34 (1): 21–34. https://muse.jhu.edu/pub/1/article/882019.

McCall, Terika, Kammarauche Asuzu, Carol R. Oladele, Tiffany I. Leung, and Karen H. Wang. 2022. "A Socio-Ecological Approach to Addressing Digital Redlining in the United States: A Call to Action for Health Equity." *Frontiers in Digital Health* 4. https://doi.org/10.3389/fdgth.2022.897250.

Nishii, Akira, Celeste Campos-Castillo, and Denise Anthony. 2022. "Disparities in Patient Portal Access by US Adults before and during the COVID-19 Pandemic." *JAMIA Open* 5 (4): 1–11. https://doi.org/10.1093/jamiaopen/ooac104.

Press, Valerie G., Megan Huisingh-Scheetz, and Vineet M. Arora. 2021. "Inequities in Technology Contribute to Disparities in COVID-19 Vaccine Distribution." *JAMA Health Forum* 2 (3): e210264. https://doi.org/10.1001/jamahealthforum.2021.0264.

Pritchett, Joshua C., Debra Patt, Gita Thanarajasingam, Anne Schuster, and Claire Snyder. 2023. "Patient-Reported Outcomes, Digital Health, and the Quest to Improve Health Equity." *American Society of Clinical Oncology Educational Book* 43: e390678. https://doi.org/10.1200/edbk_390678.

Quayson, Bright Parker, Jill Hough, Rebecca Boateng, Isaac Duah Boateng, Ranjit Godavarthy, and Jeremy Mattson. 2024. "Telehealth for Rural Veterans in the United States: A Systematic Review of Utilization, Cost Savings, and Impact of COVID-19." *Societies* 14 (12): 264. https://doi.org/10.3390/soc14120264.

Reentry Coordination Council. 2022. *Coordination to Reduce Barriers to Reentry: Lessons Learned from COVID-19 and Beyond.* Report to Congress.

Rockwern, Brooke, Dejaih Johnson, and Lois Snyder Sulmasy. 2021. "Health Information Privacy, Protection, and Use in the Expanding Digital Health Ecosystem: A Position Paper of the American College of Physicians." *Annals of Internal Medicine* 174 (7): 994–98. https://doi.org/10.7326/M20-7639.

Traver, Will L., and David A. Haggstrom. 2019. "The Use of Cancer-Specific Patient-Centered Technologies among Underserved Populations in the United States: A Systemic Review." *Journal of Medical Internet Research* 21 (4): e10256. https://doi.org/10.2196/10256.

Wray, Charlie M., James Van Campen, Jiaqi Hu, Cindie Slightam, Leonie Heyworth, and Donna M. Zulman. 2022. "Crossing the Digital Divide: A Veteran Affairs Program to Distribute Video-Enabled Devices to Patients in a Supportive Housing Program." *JAMIA Open* 5 (2). https://doi.org/10.1093/jamiaopen/ooac027.

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