

# Expert Q&A — Healthcare Access and Homelessness in Arizona

Institutional Spokesperson Response

PORTFOLIO WORK SAMPLE

INSTITUTIONAL VOICE

# Liz Sahadi Smith

## Collection

Institutional Voice

## Engagement Type

Academic Research  
Q&A, Expert  
Spokesperson Response

## Organization

Healthcare Nonprofit,  
Arizona

## Requestor

Student Researcher,  
State University

## Role

Organizational Subject Matter Expert and Spokesperson

# How to Read This Piece

## Work Submission

This is an original work submission: a full spokesperson response to an academic research inquiry. It demonstrates institutional subject matter expertise in healthcare equity and homelessness policy and the ability to translate complex systemic issues into accessible, authoritative language for research, media and funder audiences.

## What This Shows

Institutional spokesperson depth, equity-centered policy fluency, systems-level thinking about healthcare access barriers and root causes, public health expertise and the executive capacity to speak credibly across operational, policy and systemic dimensions of a complex social issue – without notes, without a script and in a single written response.

# Why Spokesperson Depth Belongs in an Executive Portfolio

A Comms Leader who manages message control from the sidelines is a communications function. A Comms Leader who can step into the role of institutional spokesperson and speak with precision on policy, operations, equity and systems – in the register of a researcher, a reporter or a funder – is a **strategic asset**.

This Q&A was produced not for a journalist on deadline but for an academic researcher at a state university. The audience is rigorous, citation-driven and attentive to specificity. The answers are detailed, structured and grounded in organizational evidence. That is a different register from a media pitch or a donor appeal – and it requires a spokesperson who has genuinely internalized the institution's work, not just its messaging.

## Media Pitch

Broad, persuasive, deadline-driven

## Donor Appeal

Emotional, mission-forward, relationship-driven

## Academic Research Q&A

Rigorous, citation-driven, attentive to specificity

# Q: How does this organization specifically address the healthcare needs of individuals experiencing homelessness?

This healthcare nonprofit takes a multi-faceted approach to address the unique healthcare needs of individuals experiencing homelessness. By offering a comprehensive range of services and programs, we strive to provide accessible, high-quality care that meets people where they are – both physically and emotionally.



## Primary Healthcare Clinics

Two primary healthcare clinics serve as medical homes for our patients, staffed by dedicated healthcare professionals providing a full spectrum of primary care services, from preventive screenings to chronic disease management.



## Medical Respite Centers

Two medical respite centers, each with 50 beds, offer a safe, supportive environment where patients can rest, heal and receive ongoing medical care and social services for those recovering from illnesses or injuries.



## Mobile & Street Medicine Teams

Five mobile medical outreach teams and three street medicine teams bring critical healthcare services directly to individuals in need – whether living on the streets, in shelters or in other locations throughout the community.

Our goal is not simply to treat medical conditions but to provide comprehensive, compassionate care that promotes healing, fosters dignity and supports our patients on their journey toward improved health and stability.

# Q: What are some common barriers individuals experiencing homelessness face in receiving consistent healthcare, and how does this organization work to overcome them?

Individuals experiencing homelessness often face numerous barriers that can prevent them from receiving consistent, quality healthcare. The most common challenges include:

## Common Barriers

- **Lack of transportation** – Many individuals do not have reliable access to transportation, making it difficult to attend medical appointments at fixed locations.
- **Absence of a stable mailing address or phone number** – Without a consistent point of contact, it can be challenging to follow up with patients, share test results or coordinate ongoing care.
- **Competing priorities** – Individuals experiencing homelessness often must prioritize basic needs such as food, shelter and safety, which can make healthcare feel less immediate.
- **Stigma and discrimination** – Fear of judgment or negative past experiences with healthcare providers can make individuals hesitant to seek care.
- **Lack of health insurance or difficulty navigating the healthcare system** – Many individuals may not have health insurance or may find the complex healthcare system overwhelming to navigate on their own.

## How We Overcome Them

We address transportation barriers through our mobile medical outreach teams and street medicine program, which bring healthcare services directly to where individuals live and congregate. We work closely with patients to establish reliable methods of communication – using a shelter's mailing address, a case manager's phone number or other solutions tailored to individual circumstances.

Our healthcare teams prioritize building trust and rapport, creating a welcoming, non-judgmental environment that encourages individuals to seek care without fear of stigma or discrimination. Our case managers and patient navigators work one-on-one with individuals to help them access health insurance, understand their healthcare options and navigate the system. We understand that healthcare is just one piece of the puzzle. That is why we collaborate closely with community partners, social service agencies and housing providers to address the holistic needs of our patients.

# Q: In your experience, what are some of the underlying factors contributing to the cycle of homelessness, particularly in Maricopa County?

Numerous underlying factors contribute to the cycle of homelessness in Maricopa County. From working directly with individuals experiencing homelessness, the most significant drivers include:

## Lack of Affordable Housing

Maricopa County has seen substantial population growth, leading to rising housing costs and a shortage of affordable options. Many individuals and families find themselves priced out of the market, making it difficult to secure stable, long-term housing.

## Insufficient Wages and Employment Opportunities

Many individuals are employed in low-wage jobs that do not provide enough income to cover basic living expenses. This income instability can make it challenging to maintain housing, especially in the face of unexpected expenses.

## Mental Health and Substance Use Disorders

A significant proportion of individuals experiencing homelessness struggle with mental health conditions, substance use disorders or both. Without access to appropriate treatment and support services, these individuals may find it difficult to maintain stable housing and employment.

## Domestic Violence and Family Instability

Domestic violence is a leading cause of homelessness, particularly among women and children. Family instability – including divorce, abandonment or the death of a primary income earner – can also contribute to housing loss.

## Limited Access to Affordable Healthcare

For individuals living on the margins, healthcare expenses can quickly become overwhelming, leading to a cycle of poor health, missed work and financial instability that can ultimately result in homelessness.

## Systemic Inequities

Racial and ethnic minorities, LGBTQ individuals and other marginalized groups are disproportionately affected by homelessness, often due to a complex interplay of structural inequities, discrimination and reduced access to opportunities and resources.

- i** Addressing homelessness requires a comprehensive, collaborative approach that tackles these underlying factors directly. By providing high-quality healthcare services, partnering with community organizations to connect patients with housing and social services and advocating for policies that promote housing stability and economic opportunity, we strive to help our patients build a foundation for a healthier, more stable future.

# Q: Are there specific programs or initiatives this organization has implemented to address root causes and prevent individuals from falling into the cycle of homelessness?

Yes. Several programs target root causes directly:

- 01 Outreach and Engagement**

Our mobile medical outreach teams and street medicine program serve as a critical point of contact for connecting people with housing resources, social services and other support systems. By building trust with individuals living on the streets or in shelters, we help them access the resources needed to prevent or break the cycle of homelessness.
- 02 Integrated Behavioral Health Services**

Recognizing the strong link between mental health, substance use disorders and homelessness, we have integrated behavioral health services into our primary care model. By providing on-site counseling, therapy and medication management, we help patients address underlying issues that may contribute to housing instability.
- 03 Partnerships and Referral Networks**

We collaborate with a wide range of community organizations, social service agencies and housing providers to ensure our patients have access to comprehensive support services. These partnerships allow us to address not only the immediate healthcare needs of our patients but also the underlying social determinants of health that can contribute to homelessness.
- 04 Patient Navigation**

Our patient navigators work one-on-one with individuals to help them access health insurance, enroll in benefits programs and navigate the healthcare system. By reducing barriers to care and ensuring our patients have the resources they need, we help prevent the cycle of poor health and financial instability that can contribute to homelessness.
- 05 Care Coordination**

Our case managers provide ongoing support to help our patients access the full range of services they need, including housing, employment assistance, substance use treatment and mental health support. By taking a holistic approach to care, we work to address the complex factors contributing to homelessness and help our patients achieve greater stability and well-being.

# About Liz Sahadi Smith

Strategic communications executive with 25 years of experience architecting institutional narrative, governing AI-era brand reputation and building resilience infrastructure for organizations operating under high public scrutiny.

## 540+

### National Media Placements

Generating \$18M in earned media value, verified by Cision.

## 143%

### Positive Sentiment

Achieved across 113 consecutive days of record heat, contributing to the first heat death decline in a decade.

## 91%

### Award Win Rate

20 wins from 22 submissions.

### 1

#### Narrative Arbitrage — Category Engineering

Engineered the climate-adaptive healthcare category to bypass political friction and generate \$18M in earned media value. The category was adopted by partner organizations statewide.

### 2

#### Algorithmic Brand Governance

Architects organizational Share of Model strategy, ensuring authoritative citation status in AI-generated outputs and governing how institutional reputation is synthesized across media and information platforms.

### 3

#### Resilience Architecture — Reputational De-risking

Designs crisis communications infrastructure that outlasts staff transitions and survives narrative hijacking. Built systems that achieved 143% positive sentiment across 113 consecutive days of record heat.

### 4

#### Relational Capital Stewardship

Manages high-value media and institutional relationships as balance-sheet assets — PBS/WETA documentary feature, coverage in The New York Times, Reuters, AP, NPR, BBC and Politico.

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