



Housing is Health Care: Prevalence and Considerations across the Housing Spectrum



November 14, 2019

Disclaimer

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MUTE



CHAT



RAISE HAND

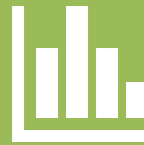


Q&A

Learning Objectives



Participants will recognize the unique health care needs of patients experiencing homeless, living in supportive housing, or are public housing residents.



Participants will be able to describe data supporting the health needs of health center patients in various housing situations.



Participants will be able to describe strategies to improve access to care and identify opportunities to apply them.

Agenda



Lauryn Berner, MSW, MPH
Research Manager
National Health Care for the Homeless Council



Lawanda Williams, MSW
Director of Housing Services
Baltimore Health Care for the Homeless



Ian Costello
Program Manager, Data & Analytics
Corporation for Supportive Housing



Ashley Shearer, LCSW, CSAC
Clinical Operations Manager
Queen's Medical Center



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Director of Research, Policy, and Health Promotion,
National Center for Health in Public Housing



Q&A

Housing is Health Care: Health Care for the Homeless

Lauryn Berner, MSW, MPH
Research Manager

National Health Care for the Homeless Council

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Background?

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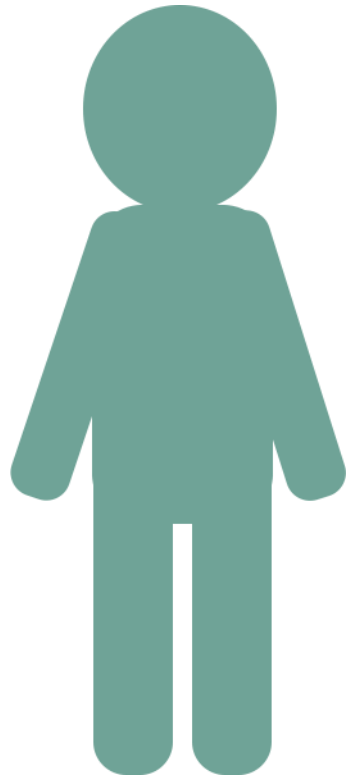
Health Care for the Homeless Grantees

“...an individual who lacks housing, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.”

“A recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.”

Source: <https://bphc.hrsa.gov/technicalassistance/taresources/hchfaq2011.pdf>

Demographics



Adult 18 – 64 (81%)

Male (53%)

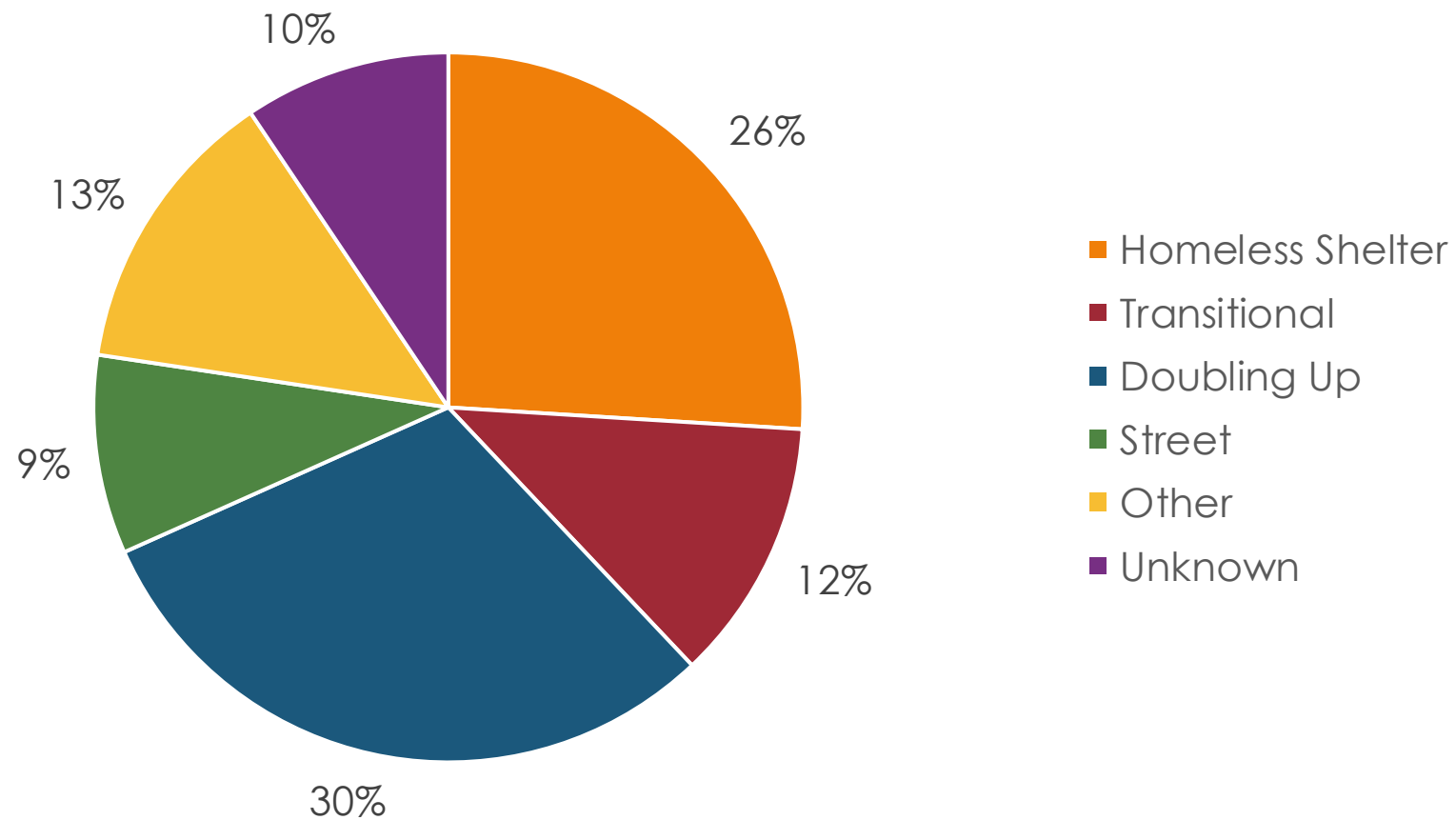
Below 100% FPL (86%)

More Likely to Be African American (29%)

Source: 2018 UDS Health Center Data

Demographics

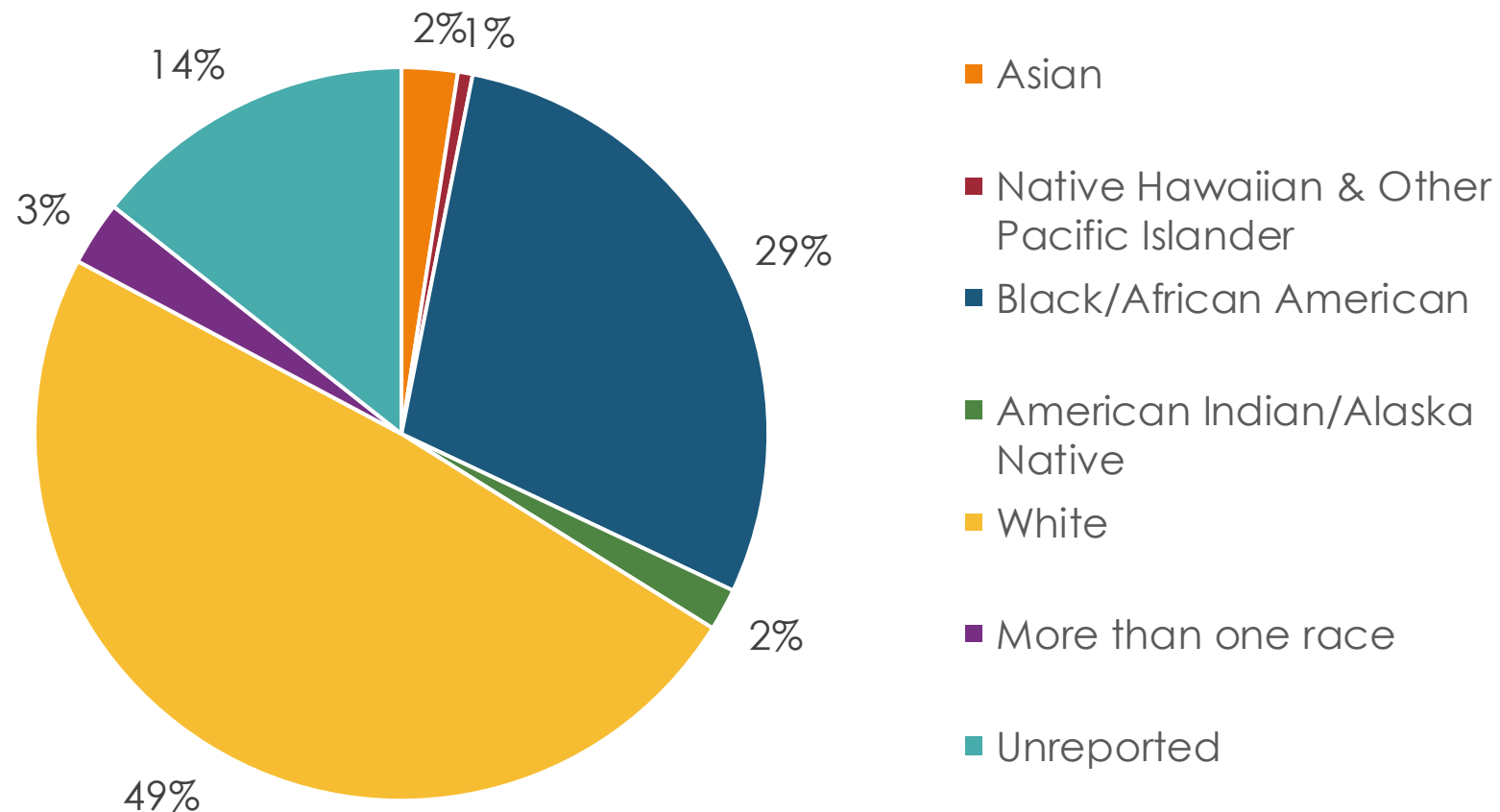
Housing



Source: 2018 UDS Health Center Data

Demographics

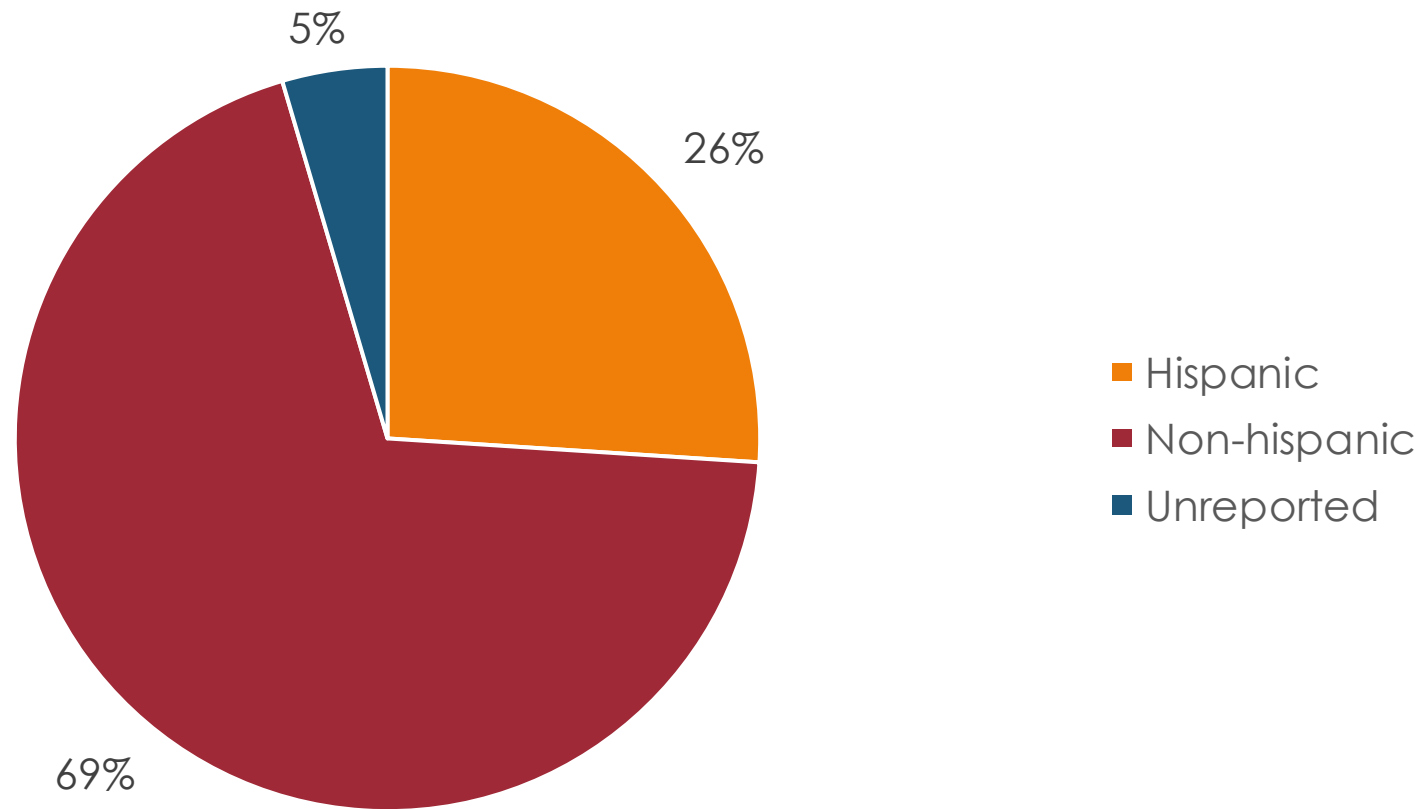
Race



Source: 2018 UDS Health Center Data

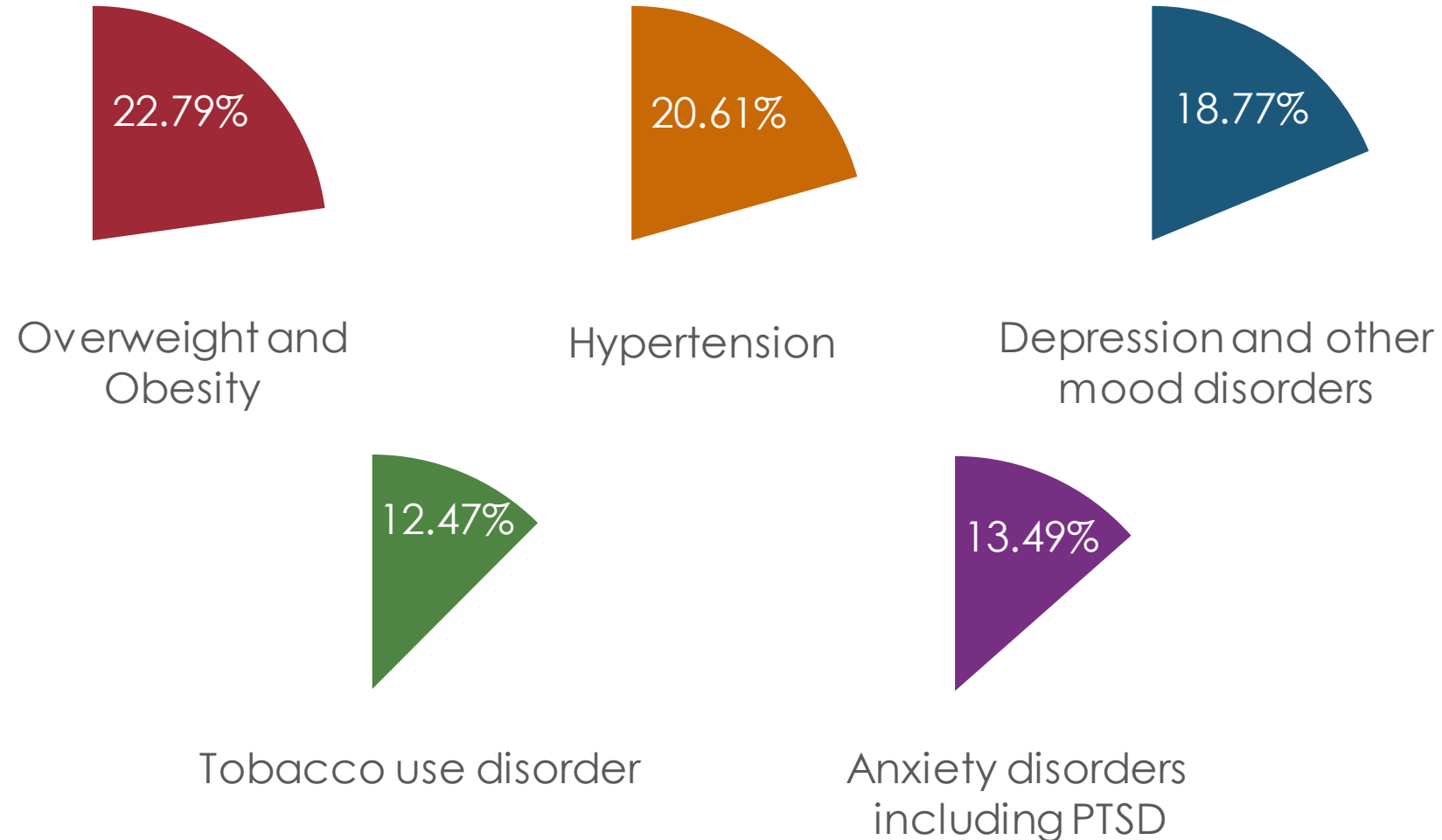
Demographics

Ethnicity



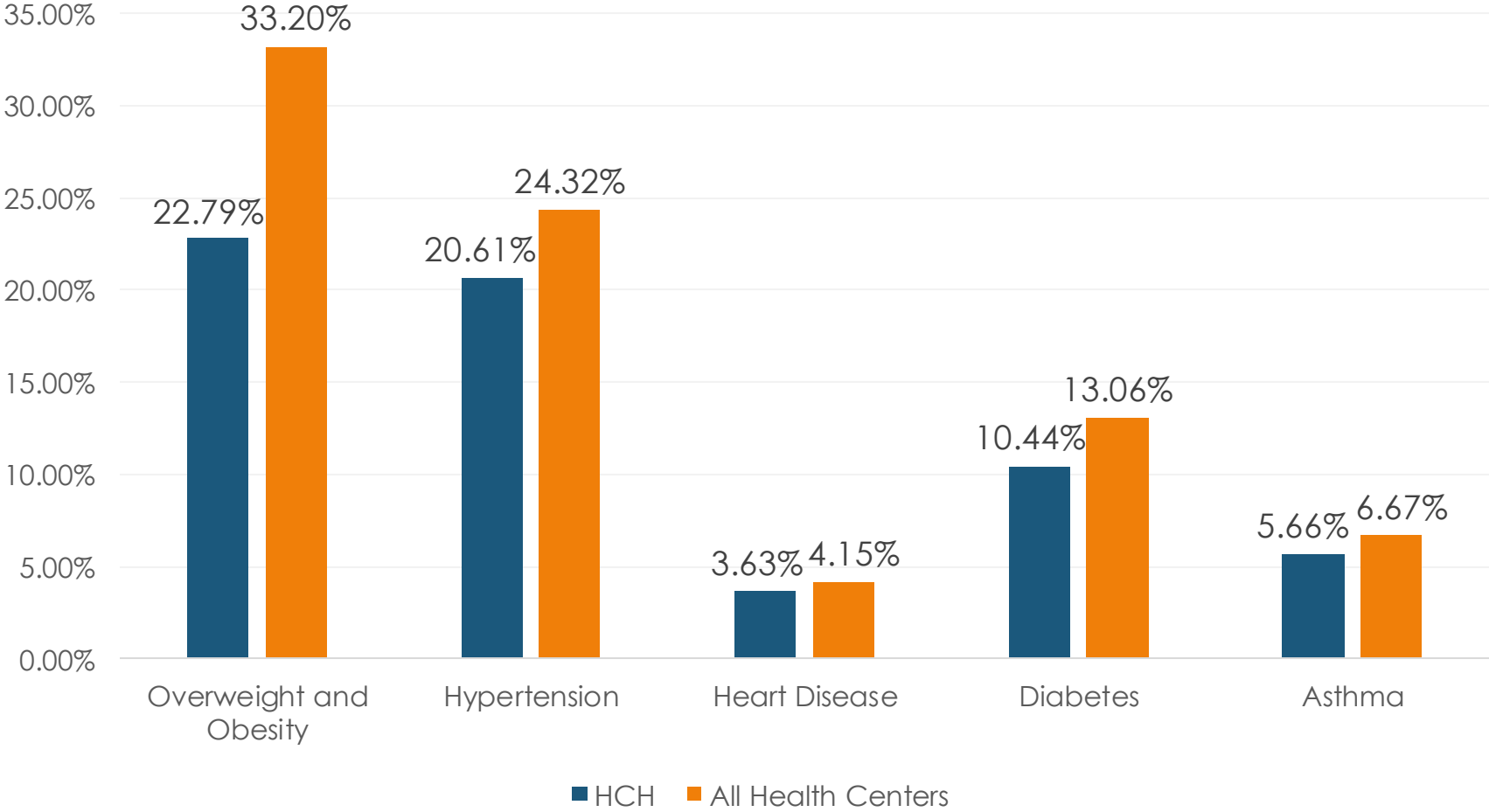
Source: 2018 UDS Health Center Data

Top Diagnoses



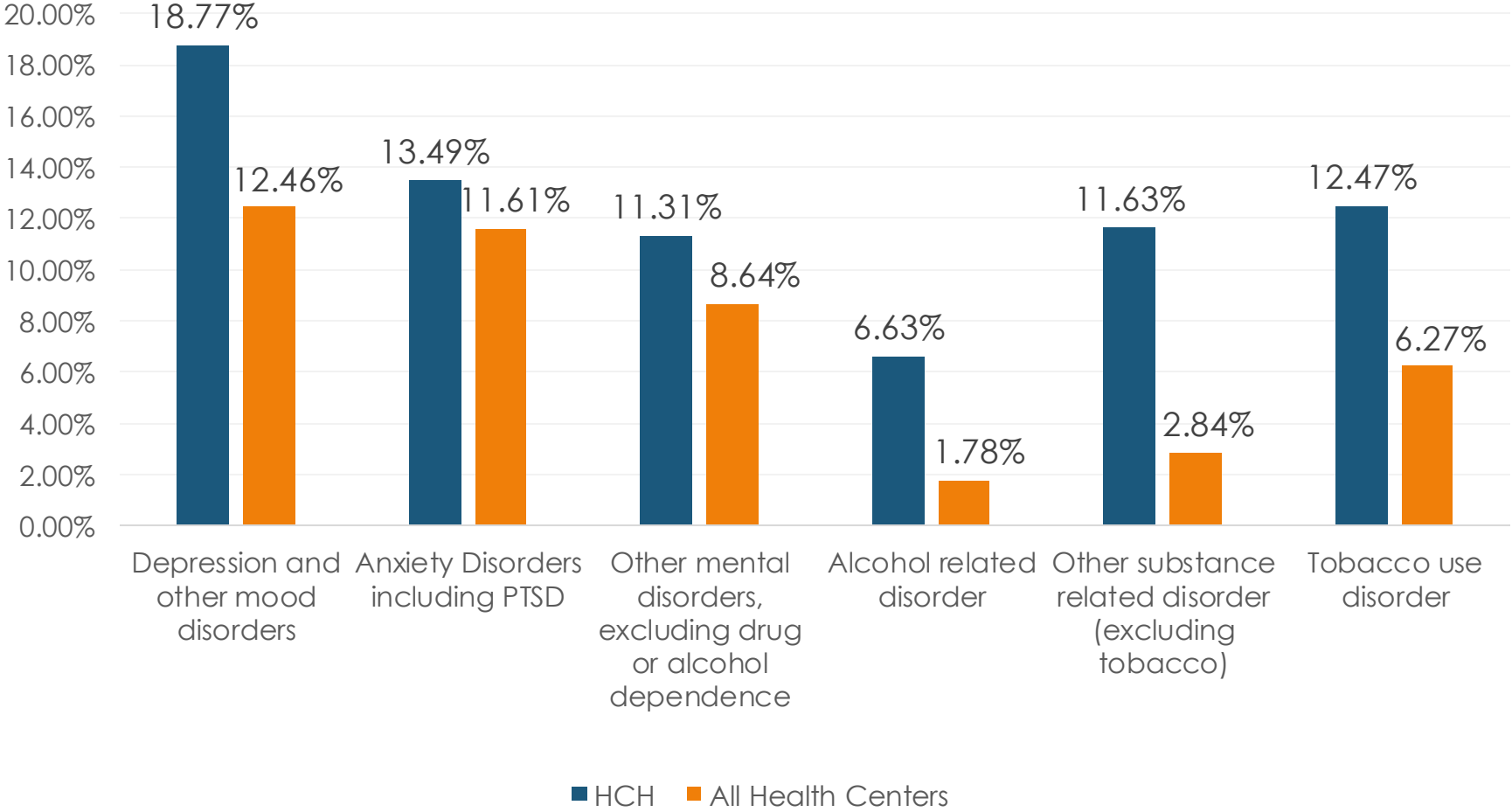
Source: 2018 UDS Health Center Data

HCH vs. All HCs



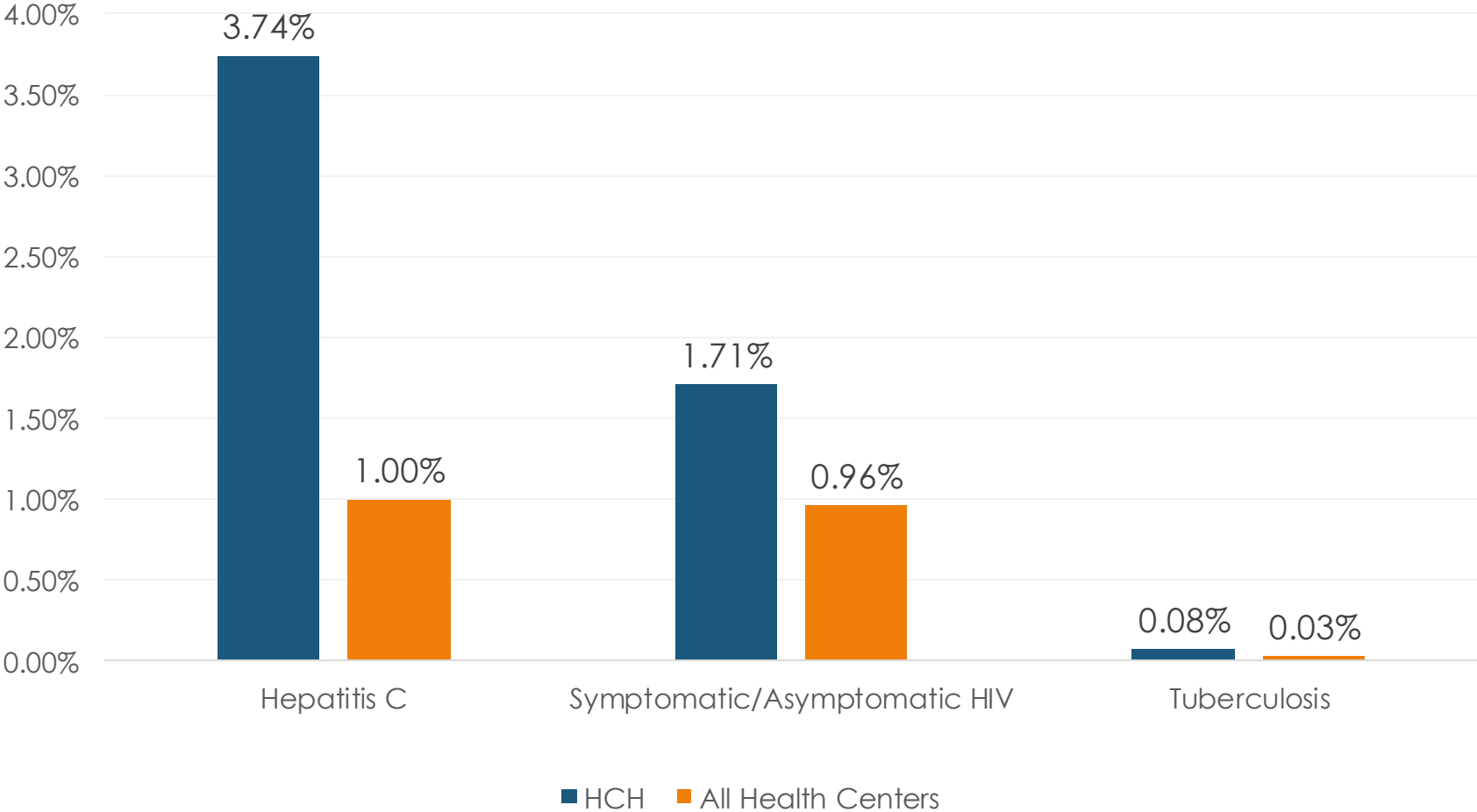
Source: 2018 UDS Health Center Data

HCH vs. All HCs



Source: 2018 UDS Health Center Data

HCH vs. All HCs



Source: 2018 UDS Health Center Data

Serving People Experiencing Homelessness and Transitions to Housing

Lawanda Williams, LCSW-C
Director of Housing Services
Health Care for the Homeless-
Baltimore



Hear from Lawanda Williams

What are some of the special considerations you have in providing care for people experiencing homelessness?



Hear from Lawanda Williams

What are the considerations for those in supportive housing?



Hear from Lawanda Williams

How is your team addressing access to care needs among your client population?



Hear from Lawanda Williams

What are some of the care needs that you see as someone transitions from homelessness into supportive housing?



Housing is Health Care

Prevalence and Considerations across the Housing Spectrum

Overview

- Supportive housing in brief
- Health outcomes and supportive housing, a research and policy perspective
- The data gap
- Looking ahead and taking action
- Resources

Supportive Housing in brief

“Supportive housing is an innovative and proven solution to some of communities' toughest problems. It combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.”

- csh.org

Supportive Housing in brief

- Data-driven and evidenced-based intervention
- Deep housing subsidy with often intensive wraparound and tailored supports
- Scarce resource in many communities
- Prioritized to high-need persons with complex health or other barriers, who may or may not be experiencing homelessness

The Research

- National Academies of Sciences, Engineering, and Medicine
“Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes among People Experiencing Chronic Homelessness.”
<https://www.ncbi.nlm.nih.gov/books/NBK519591/>
- “Supportive Housing & Healthcare Utilization Outcomes State of the Literature.” CSH.
https://d155kunxf1aazz.cloudfront.net/wp-content/uploads/2018/07/CSH-supportive-housing-outcomes-healthcare_Final.pdf

The Research

- Conducted over the course of decades using different methodologies
- Examined all aspects of supportive housing
 - Housing Stability
 - Housing Retention
 - Emergency Services Use
 - Health and Health Outcomes
- Shown supportive housing is successful, particularly in homeless services
- Difficult to control for all variables when examine effects on specific health conditions

Health and Supportive Housing

- Supported paradigm shift in housing and homeless services, reinforced Housing First
- Measured reductions in emergency services usage, hospital stays, and costs to system
- Lack of data makes it difficult to connect specific conditions, supportive housing, and better health outcomes
- Some success in studies related to supportive housing and persons living with HIV/AIDS

Just to be clear...

Supportive housing is an important, needed, and proven intervention to ending someone's homelessness...

More data and research is needed to adequately explore the impacts of supportive housing on specific health outcomes.

The Data

Gap

- Differing data definitions
- Limited evidence for screening tools
- Data collection on health in supportive housing setting, housing in health settings
- More research using RCT or QE
- Limited academic-service provider partnerships
- Need for better “big data” applications
- Need for research on societal barriers and acceptance of persons with lived experience of homelessness as neighbors, YIMBY
- Disaggregated data across demographics

Closing the Gap

- Quality and complete UDS submissions
- Leveraging those Z-codes
- Changing institutional culture on data and becoming data driven
- Monitoring progress internally, asking questions

System- wide Solutions

- UDS improvements (short-term)
- Data integration at multiple levels (long term)
 - Point-of-care, provider/patient level
 - Administrative and program level
 - System level
 - National level

THANK YOU!



stay connected



[csh.org](https://www.csh.org)

Housing is Health Care

An acute care provider perspective

Ashley Shearer, LCSW, CSAC

November 14, 2018



**THE QUEEN'S
MEDICAL CENTER**

The Queen's Medical Center Background

Our Mission

To fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawaii.



The Queen's Medical Center Background

- Private and community-oriented hospital in Honolulu
- One of the busiest ERs in the state
- One of three ERs on Oahu
- Estimated that 60% of patients experiencing homelessness are seen by Queen's

Queen's Care Coalition

- Established to navigate patients to housing, services, and back into appropriate primary care
- Super utilizer team and Native Hawaiian outreach teams; strict 10:1 case loads
- Strong relationship with local CoC and FQHCs
- Data collection and data matching
 - VI-SPDAT/HMIS
 - Data sharing and service prioritization mismatches

What we've learned...

6,292 patients with 3+ ER visits in a quarter in 2018

5,180
Medicaid
recipients

1,056 patients
experiencing
homelessness

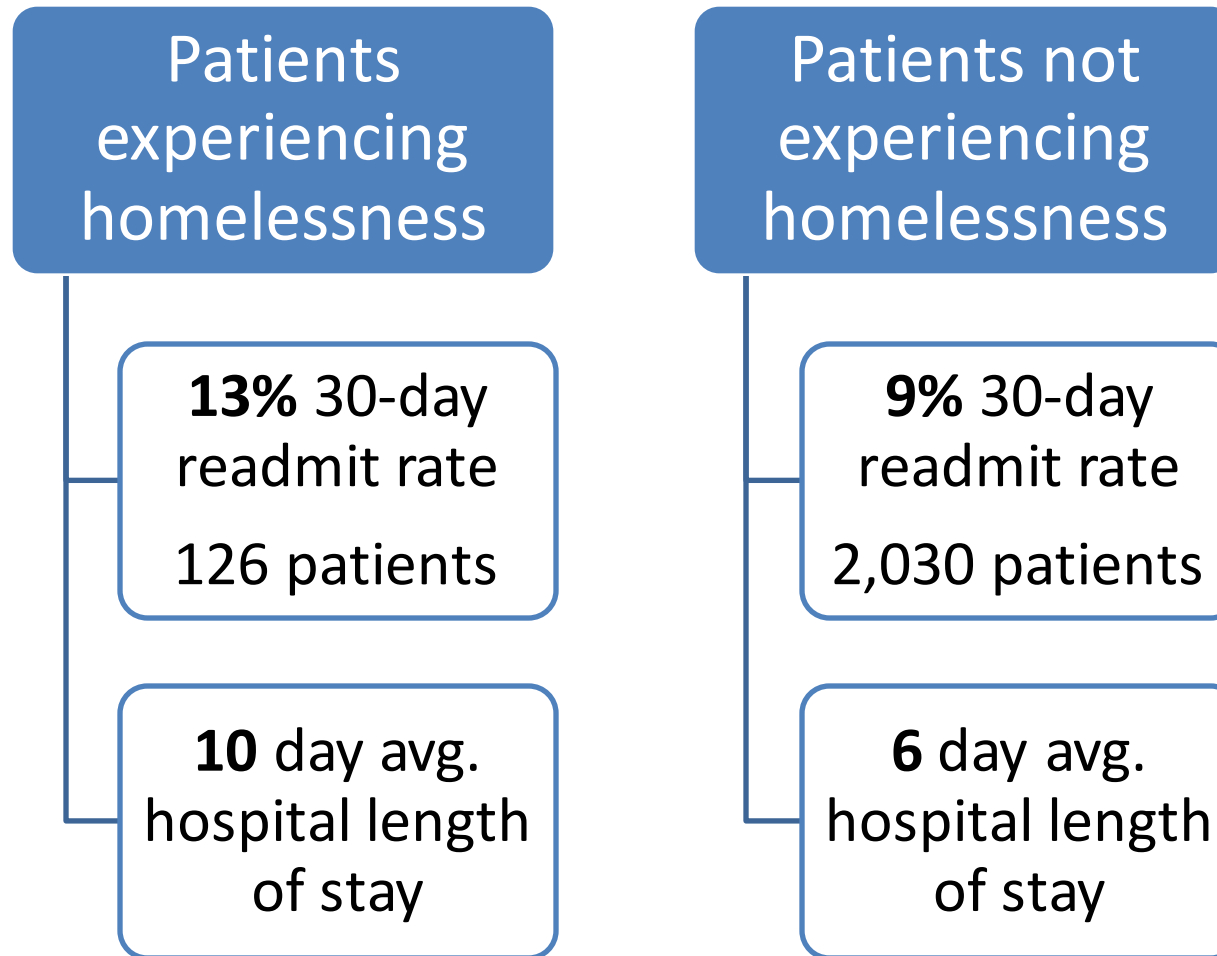
Outcomes of Queen's Care

Our Patients

- 350 patients served since program start
- 281 (62%) experiencing unsheltered homelessness
- 143 (65%) obtained interim or permanent housing on exit
 - 54 diverted from homelessness
 - 29 housed in PSH

Outcomes of Queen's Care

Disparities among patients



Outcomes of Queen's Care

Our Successes

- Better and coordinated care among healthcare and housing services for ER patients
- Reduction in EMS transports
- Reduction in 30-day readmissions
- Reduction in total days hospitalized for Medicaid recipients
- Reduction in total costs of care

How we've used our data...

- Raising awareness and seeking additional funding
- Changing local policies and impacting how services are delivered or prioritized for patients experiencing homelessness or formerly homeless
- Organization-wide decision making and resource allocation
- Those Z-codes again

Housing is Health Care

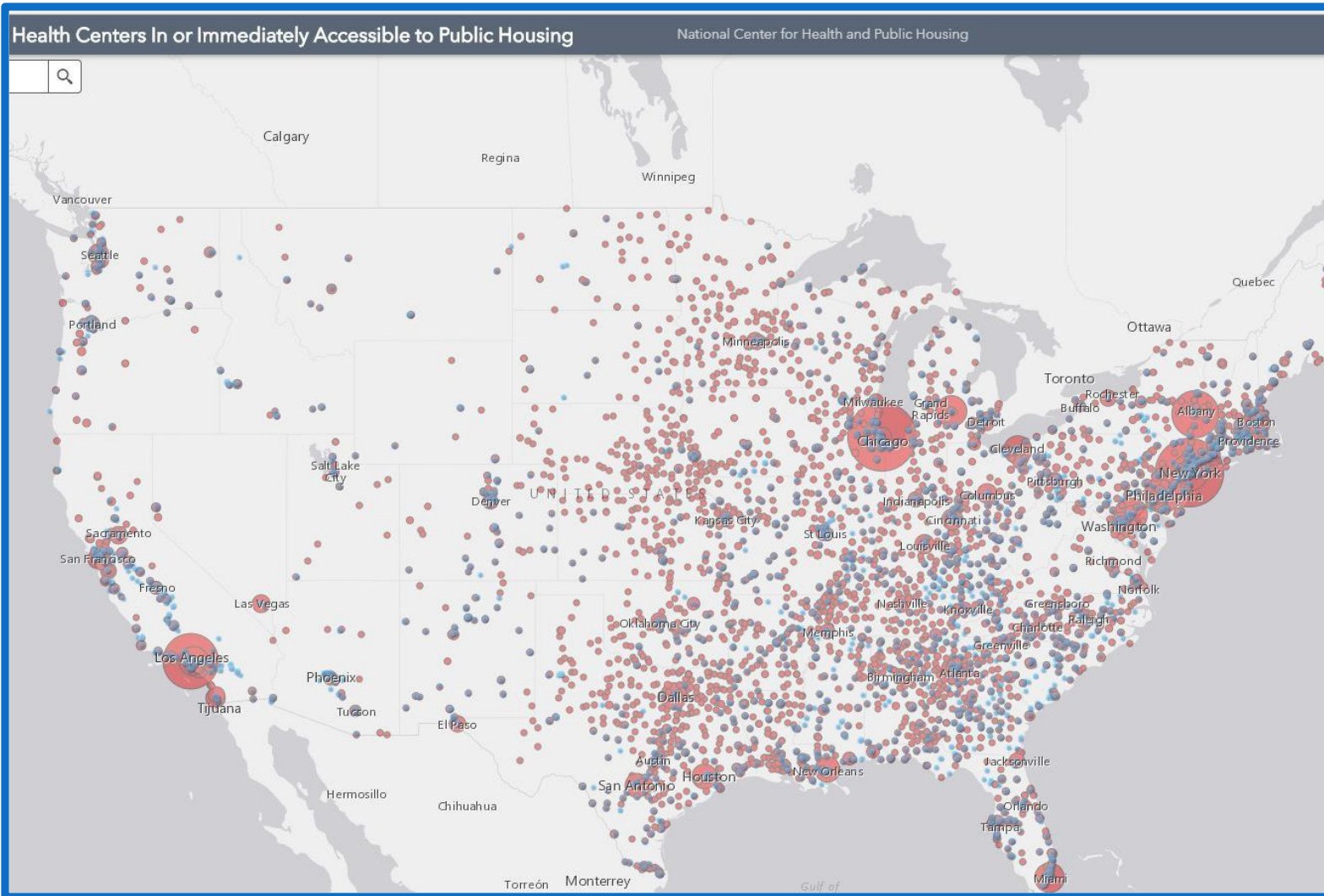
Health Status, Barriers, and Best Practices
for Improving Access to Care for Public
Housing Residents



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National Center for Health in Public Housing





Health Centers close to Public Housing

- 1,400 Federally Qualified Health Centers (FQHC)=28.4 million
- 385 FQHCs In or Accessible to Public Housing= 4.4 million patients
- 106 Public Housing Primary Care (PHPC) = 817,123patients

www.nchph.org

Polling Question 1

Public Housing Demographics

2.2 million
residents

2.2 persons/
household

38% children

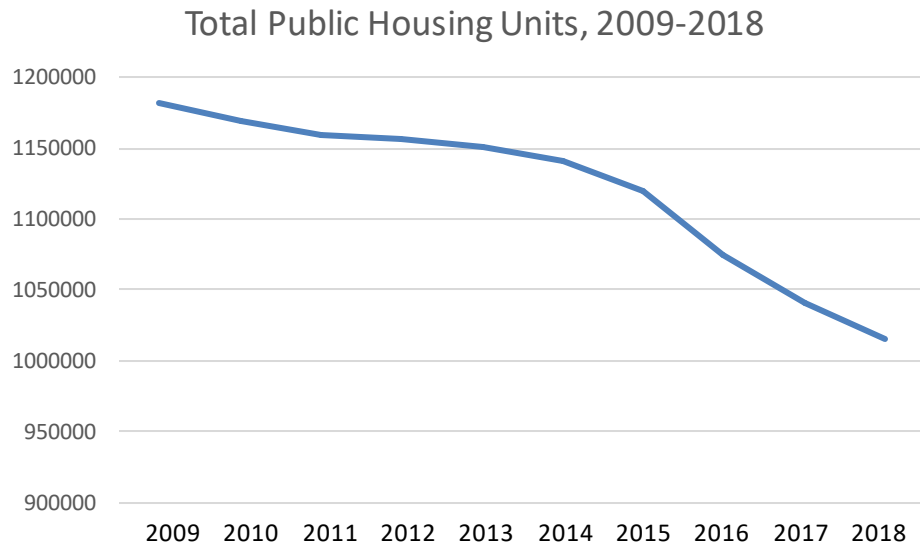
59% female

55% less than
high school
diploma

83.2% below
federal poverty



Traditional public housing is diminishing...



Source: HUD, <https://www.huduser.gov/portal/datasets/assthsg.html>

METRO

Housing the poor in poor housing for so long leaves Wellston in the lurch

By Jesse Bogan St. Louis Post-Dispatch Apr 29, 2019

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3 of 6



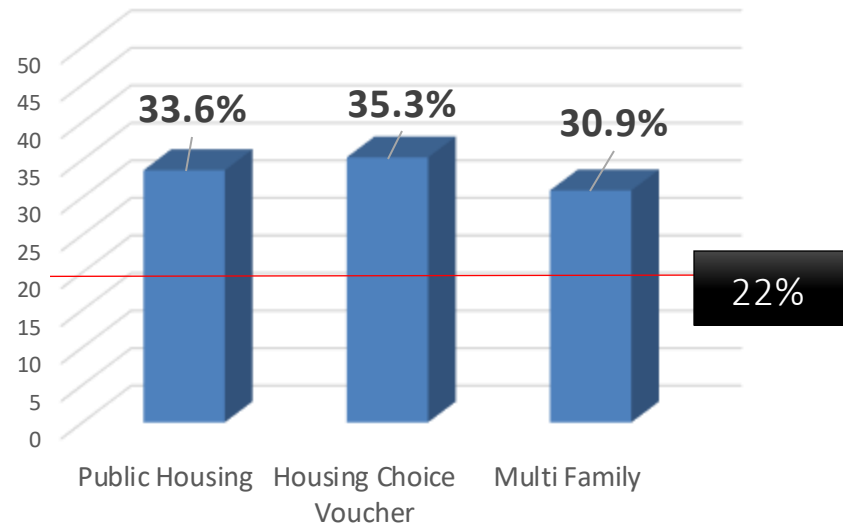
Trinity Staten, 22, plays with her neighbor's daughter, Raven Harris, 9 months, while Raven's mother, Marnay Harris, 20, and daughter Rylie Vickers, 3, stand behind them outside their apartment complex on Isabella Avenue in Wellston on Friday, April 26, 2019. Housing officials are considering getting rid of 201 public housing units in Wellston, including the one pictured here. Photo by Cristina M. Fletes at [post-dispatch.com](mailto:cfletes@post-dispatch.com).



A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

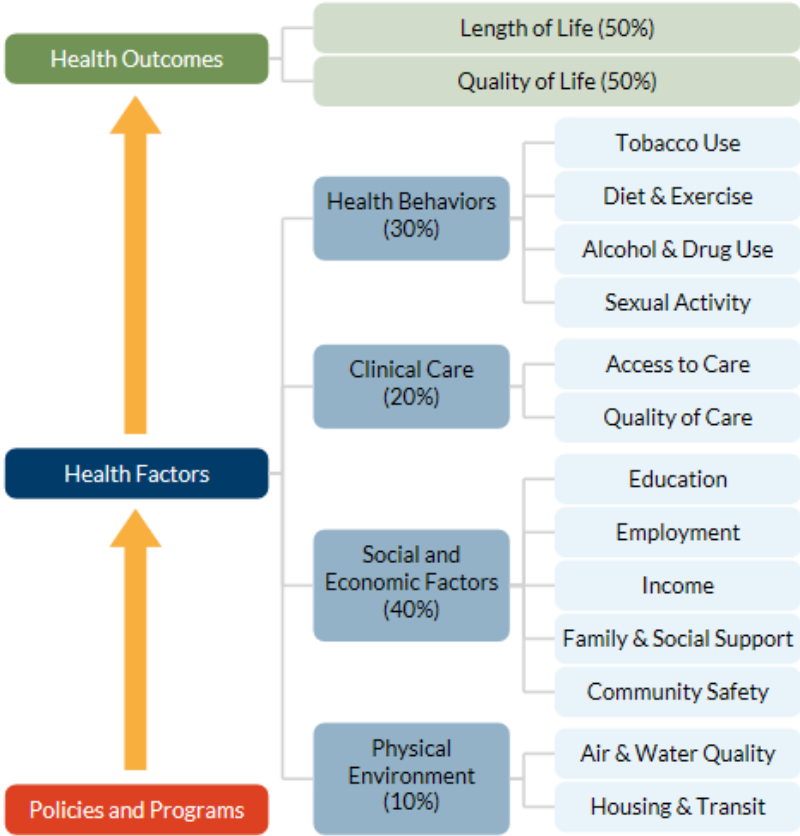
Child Health Outcomes

- 76% lived at or below poverty level
- 75% in single female-headed households (compared to 27% of the gen pop)
- 4.3% in a household with a college degree or higher
- 27% lived in a household without a high school diploma or GED.
- 14.2% had two or more ER visits in the last year (compared to 8.5% in the gen pop)
- More likely to miss school due to illness or injury.
- 1 in 4 have a learning disability compared to 1 in 5 children in the general population.
- 16% have ADHD or ADD (compared to 12.7% of children in the gen pop)

Source: A Health Picture of HUD-Assisted Children 2006-2012



Impacts of Housing on Health



County Health Rankings model © 2014 UWPHI

Polling Question 2

Barriers to care and strategies to improve access



Increasing Access to Healthy Food and Exercise in Public Housing Communities:

EXAMPLES FROM PUBLIC HOUSING PRIMARY CARE GRANTEES

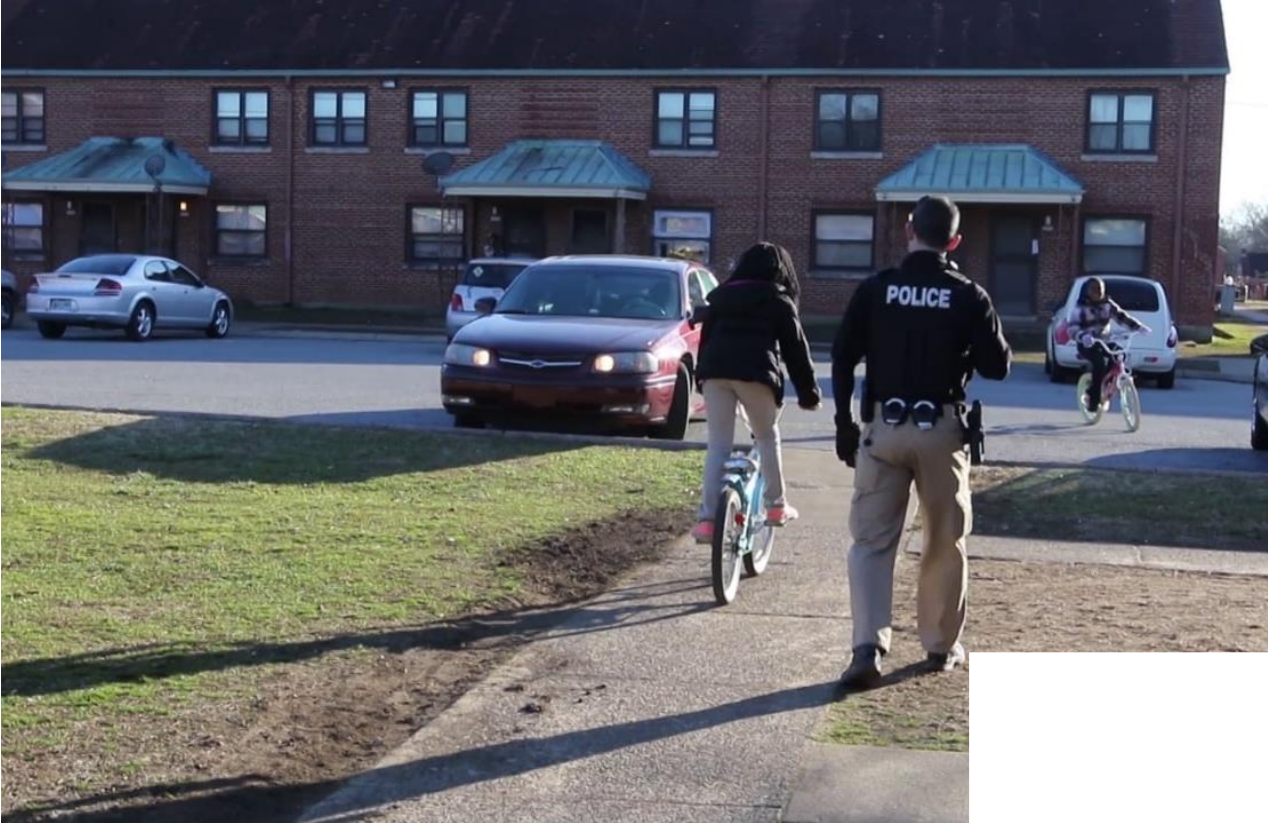


AUGUST 21, 2019

National Center for Health in
Public Housing

How to Improve Attendance at Diabetes Education Meetings

- ✓ Give patients a call- A direct conversation with a patient provides an opportunity to answer questions, give gentle reminders, and troubleshoot barriers to attendance.
- ✓ Provide transportation- Lack of transportation is one of the keys barriers to accessing care for public housing residents.
- ✓ Go to them- Health Centers have created lease agreements with Housing Authorities to provide education and services on site. Or they use a mobile unit.
- ✓ Flexible scheduling- Offer educational courses on weeknights or weekends to accommodate work and school schedules.
- ✓ Provide childcare- For busy parents, childcare is often an obstacle.
- ✓ Make it exciting and useful- Pair nutrition education with a cooking class, end with an exercise session, use dynamic speakers, invite providers to meet residents



Key Strategies for Addressing Community Violence

- Train all staff on basic de-escalation techniques and crisis intervention.
- Provide case management and coordination services.
- Have a private space available, away from the public, to contain potentially violent situations.
- Address the social determinants of health through collaboration with public and private community organizations.
- Develop a consensus on messaging and the responsibilities of community organizations and individuals around the issue of mental illness.

ADDRESSING VIOLENCE IN PUBLIC HOUSING COMMUNITIES

Case Examples of Violence Prevention and
Intervention Strategies from Public Housing Primary
Care Grantees

Key Strategies for Building Trust

- Create a public face by offering health fairs with food and entertainment.
- Honor the resident's time by creating events that do not conflict with the timing of other community activities and try not to duplicate efforts made by other organizations.
- Provide good customer service, maintain good communication, and set appropriate expectations.

There were 12 overdoses
in one community over a
2-week period.

-Genesee CEO



Flint, Michigan

Drug Court, Mental Health Court, Veterans Courts

- Genesee Health Systems staff embedded in the court cross-references booking report with EMR
- Individuals released into appropriate services
- MSU evaluation showed
 - 80% reduction in recidivism
 - \$500,000/yr savings jail costs
 - 50% reduction in costs for psychiatric and sub-acute detox services

Polling Question 3

How Health Centers can position themselves to care for these vulnerable populations



Identify patients



Screen for SDoH needs



Create partnerships



Track interventions



Identify payment models to reimburse for those services



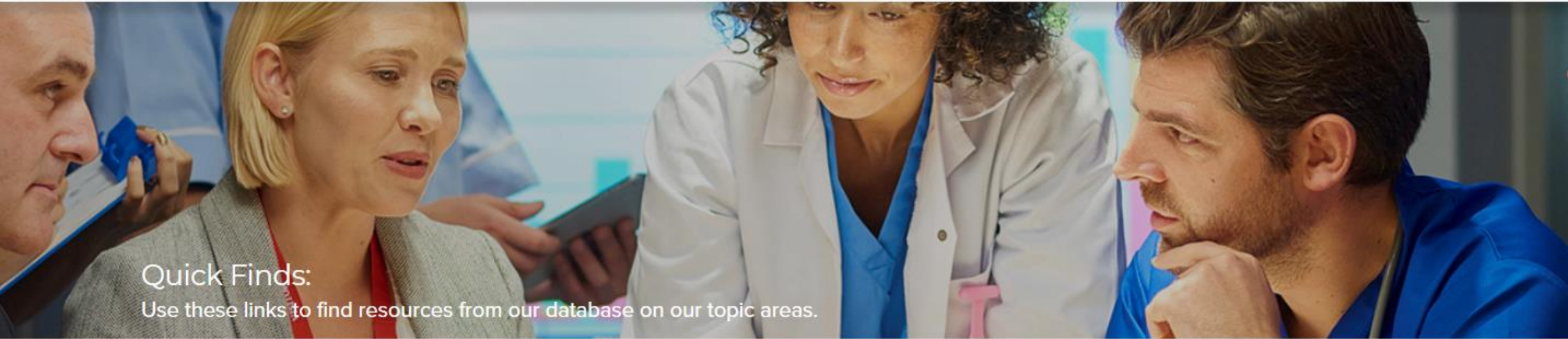
Create care teams using care coordinators



Shape your practice to suit the needs- times that services are available, use of telemedicine, etc.





Act immediately to address needs



Quick Finds:
Use these links to find resources from our database on our topic areas.

 Capital Development

 Clinical Issues

 Diabetes


 Emergency Management

 Emerging Issues

 Finance


 Governance


 HIT/Data

 Leadership

 Outreach

 Practice Transformation

 Quality Improvement

 Social Determinants of Health

 Special & Vulnerable Populations

 Workforce

healthcenterinfo.org

The **Health Center Resource Clearinghouse** addresses the competing demands placed on a busy public health workforce by providing a broad framework of resources, tools, and supports to facilitate professionals' ability to access and utilize critical resources.

Q&A

- If you would like to ask the presenter a question, please submit it through the questions box on your control panel.
- If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.

Contact Information

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Thank you

