Building Value and ROI in Housing and Health Partnerships

NCHPH
National Center for Health in Public Housing

December 8, 2022

Kevin Lombardi, MD MPH

Housekeeping

- All participants muted upon entry

- Engage in chat

- Raise hand if you would like to unmute

- Meeting is being recorded

- Slides and recording link will be sent via email

zoom

NCHPA
National Center for Health in Public Housing

HOUSEKEEPING

Click to mute & unmute your mic
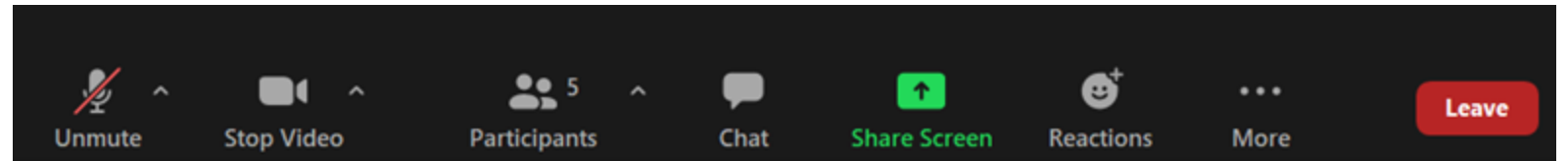
Chat your comments & responses to the group here

Zoom Tips
- Videos on!
- Mute when not speaking
- Engagement
- Breaks when you need them

Follow-up Items
- Brief survey poll at the end of the module
- CME/CNE credit link to be shared in our Google folder

Unmute | Stop Video | Participants 5 | Chat | Share Screen | Reactions | More | Leave

Turn your video on/off

During the session: Zoom Tips
- Videos on (when possible)
- Mute when not speaking
- Engagement
- Breaks when you need them

NCHP
National Center for Health in Public Housing

National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Training and Technical Assistance

Research and Evaluation

Outreach and Collaboration

Increase access, quality of health care, and improve health outcomes

Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**

- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**

- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: 2021 Health Center Data

Source: Health Centers in or Immediately Accessible to Public Housing Map

Public Housing Demographics

1.5 Million Residents

2 Persons Per Household

38% Disabled

52% White

91% Low Income

43% African-American

26% Latinx

19% Elderly

36% Children

32% Female Headed Households with Children

Source: HUD, 2022

Today's Learning Objectives

1. Identify the key elements of optimal partnerships between housing and healthcare providers.

1. Describe the value of building cross-sector partnerships and the methods for implementation.

1. Understand the concept of social return on investment and its applications for community partnerships.

NCHP
National Center for Health in Public Housing

Poll Question 1

1. Do you currently have an existing partnership with a health center, public housing agency or a community organization?

a. Yes
b. No

NCHPA
National Center for Health in Public Housing

Poll Question 2

2. Is your health center actively considering a new partnership?

a. Yes
b. No
c. Not applicable (N/A)
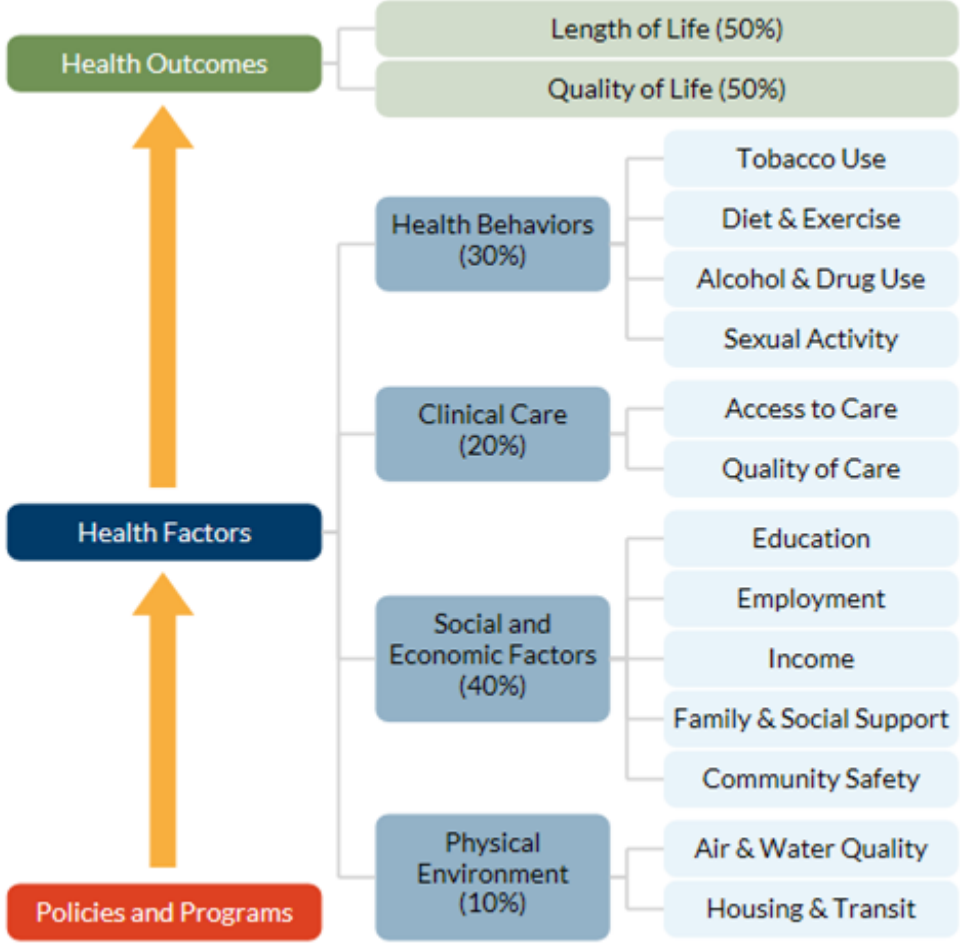
=

Building ROI in Housing and Health Partnerships

Kevin Michael Lombardi, MD MPH
Director of Research, Policy, and Health Promotion
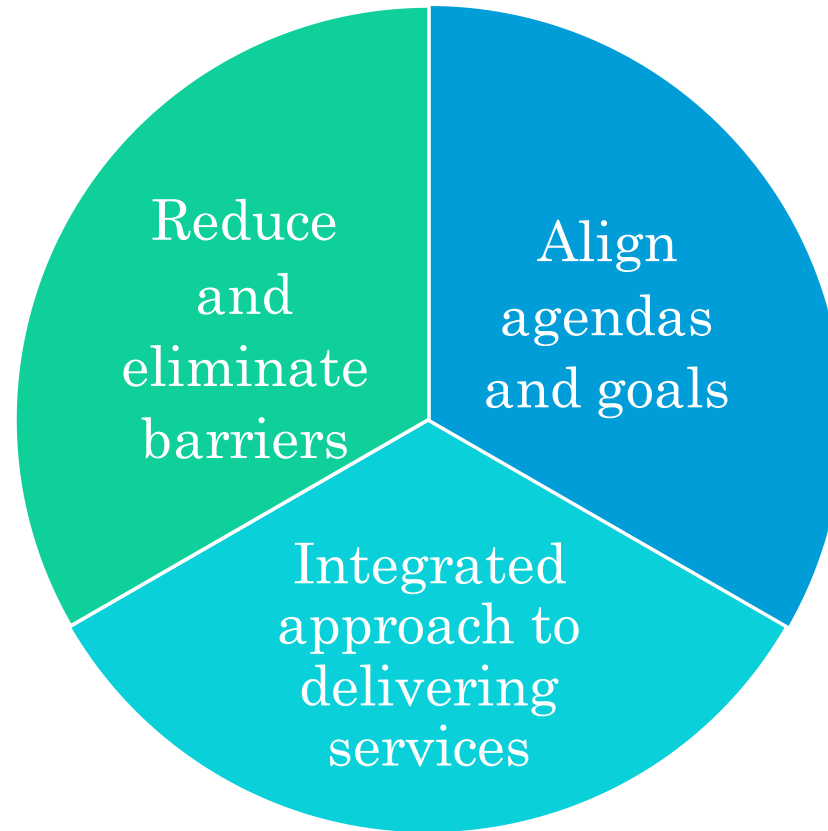**National Center for Health in Public Housing**

Fide Pineda Sandoval, CHES
Training and Technical Assistance Manager
National Center for Health in Public Housing

Impacts of Housing on Health

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social and Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit

Policies and Programs

County Health Rankings model © 2014 UWPHI

NCHPH
National Center for Health in Public Housing

Reasons for Partnership

Reduce and eliminate barriers

Align agendas and goals

Integrated approach to delivering services

NCHPH
National Center for Health in Public Housing
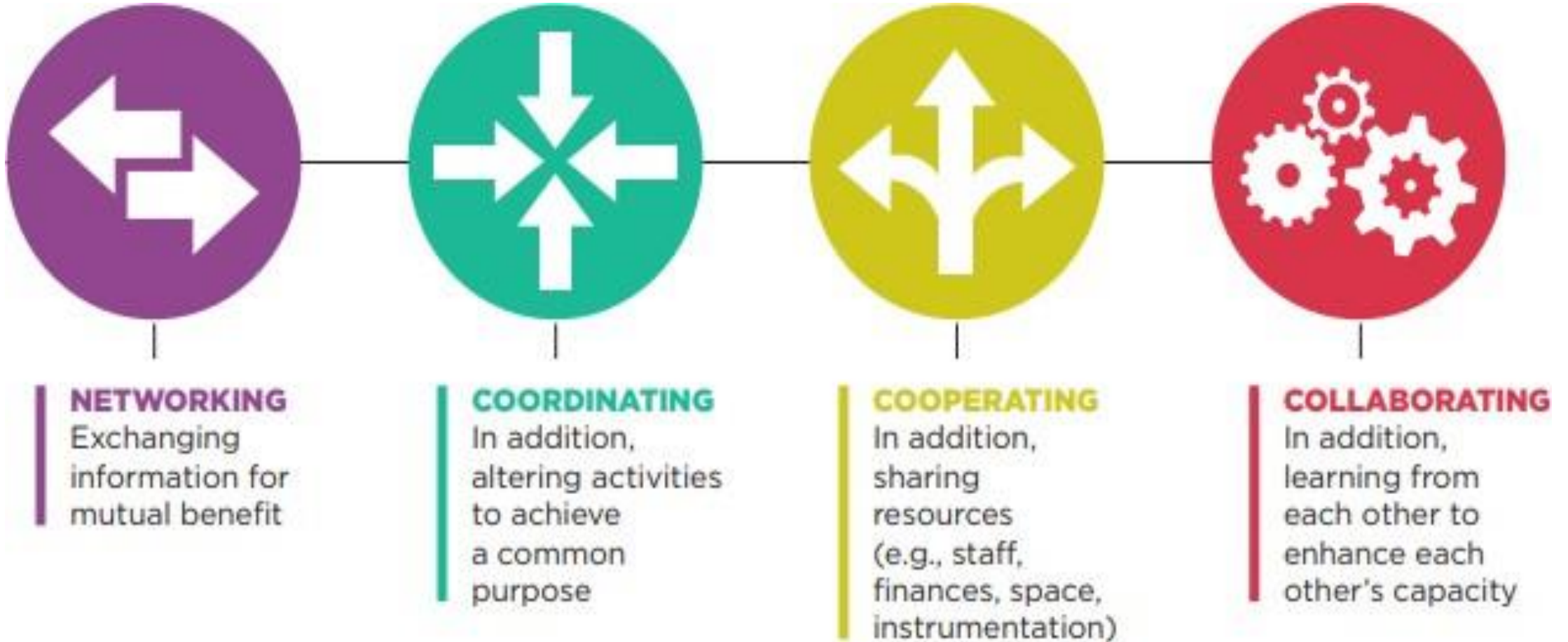
Benefits and Barriers of Partnerships

Benefits

- Improved delivery of programming;

- Increased use of programs and resources available in the community;

- Opportunities for professional development;

- Elimination of duplication;

- Improved communication and enhanced information;

- Increased availability of resources; and

- Improved public image.

Barriers

- Turf issues and turf mentality;

- Lack of staff, time, resources to participate in the collaboration;

- Conflicts with organizational focus and priorities between the collaboration and its members;

- Mistrust of other organizations;

- Slowed decision making;

- Decreased levels of cooperation among collaborators during a crisis

Source: Ohio State University Fact Sheet http://ohioline.osu.edu/bc-fact/0001.html

NCHPH
National Center for Health in Public Housing

Building Value- Moving Across the Continuum

NETWORKING
Exchanging information for mutual benefit

COORDINATING
In addition, altering activities to achieve a common purpose

COOPERATING
In addition, sharing resources (e.g., staff, finances, space, instrumentation)

COLLABORATING
In addition, learning from each other to enhance each other's capacity

NCHPℍ
National Center for Health in Public Housing

Building and Evaluating Partnerships: Procedure

1. Build your medical neighborhood

2. Define the level of partnership that meets your needs

3. Evaluating barriers to partnership

4. Maintaining relationships

5. Evaluating Partnerships

Building your Neighborhood

Medical Neighborhood of Jefferson Health – New Jersey

Health center staff can begin the process of identifying medical neighbors by:
1. Creating care maps for patients/populations.
2. 2. Identifying the community organizations that play a role inn patient/population care maps.
3. Identifying the community organizations that play a role in patient/population care maps.
4. Operationalize partnership by creating a shared protocol/memorandum of understanding

Levels of Partnerships

- Networking: Information sharing between groups

- Coordinating: Aligning activities to meet a common goal

- Cooperating: Sharing resources or space through a written contract

- Collaborating: Enhancing capacities through seeking mutual feedback

Barriers to Partnerships

Maintaining partnerships

Evaluating Partnerships
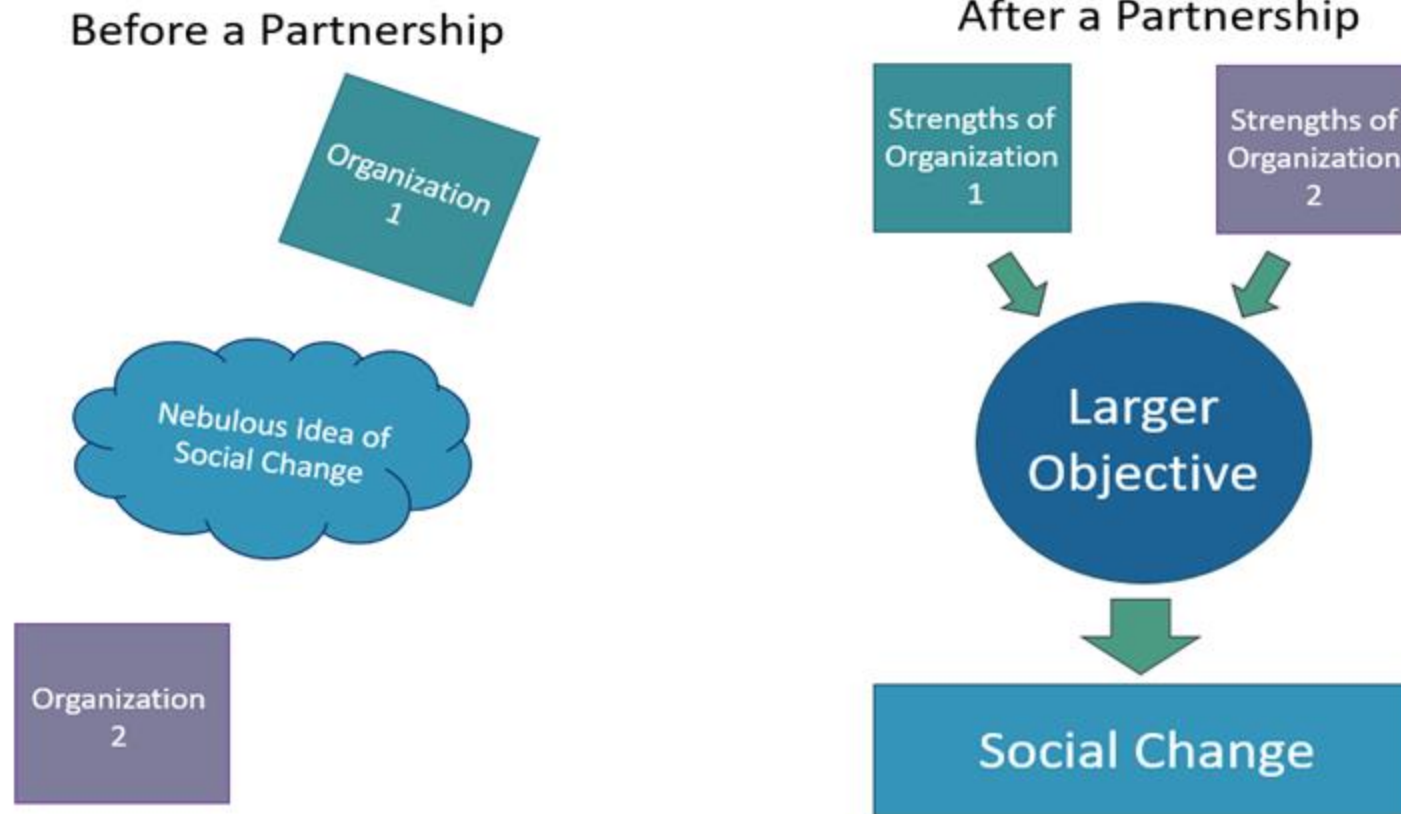
Case Study

Embedding Community Health Workers (CHW) in Public Housing: A place-based Approach To Health (CHW PATH)

AxessPointe Community Health Center

WATTS Healthcare Corporation

Case Study

Developing Cross-Sector Relationships: Casa Maravilla

ALIVIO MEDICAL CENTER
An Active Presence for a Strong Community

NCHPH
National Center for Health in Public Housing

Social Return on Investment

Social return on investment (SROI) is an analysis of how much positive impact is created by an organization, translated into a dollar-to-dollar value.

$$SROI = \frac{social\ impact\ value}{initial\ investment}$$

Why measure SROI?

Identify successes and gaps in programming

Improve services and staffing

Generate reports for funders and boards

How to Measure SROI

Establish scope

1. What is the purpose of the SROI?
2. Who is it for?
3. What is the background?
4. What resources do you have available?
5. Who will undertake the SROI?
6. What activities will you focus on?
7. What timescale (period) will your analysis cover?
8. Is the analysis a forecast, a comparison against a forecast or an evaluation

How to Measure SROI

2. Identify stakeholders
   - List stakeholders and decide which stakeholders are relevant

Example: Selecting material stakeholders at MillRace IT	
Key stakeholders	**Reason for inclusion**
Employees	Those employed would not otherwise be employed. This is a significant change to their lives
Project participants – people recovering from mental ill health	Primary beneficiaries who are likely to be experiencing significant outcomes if intervention is successful
The family members of project participants	Improvement in mental health of participants is likely to have a significant impact on families who may have previously had significant caring responsibilities
Local government in Essex	The computer recycling may reduce landfill charges for the local authority and help to meet environmental targets
National government (NHS and Department of Work and Pensions)	Savings in health spending if mental and physical health improves. Potential for reductions in benefit payments and increased state income from taxes where employment is increased
Excluded stakeholders	**Reason for exclusion**
Board members	No significant changes to board members were identified
Individual customers who purchase recycled IT equipment	Could buy computers elsewhere
Organisations that purchase IT services	Could buy services elsewhere
Members of the local community	Benefit likely to be too diffuse to measure in this analysis and difficulties in determining who would properly represent stakeholders in the community
Local mental health care system	Savings already captured by the national government (see above)

Stage 1

How to Measure SROI

3. Create an Impact Map
   - Identify the inputs and valuing inputs (including non-monetized inputs, such as volunteers or in-kind contributions)
   - Identify the outputs and outcomes of the program/initiative

Activity	Example output	Outcome 1	Outcome 2	Outcome 3
Luncheon club	group activities, including exercise sessions	as a result residents were fitter	as a result they fell less	as a result they ended up in hospital less

How to Measure SROI

4. Identify unique indicators to match the outcomes
   - Gather stakeholder input to understand social outcomes, like reduced social isolation

The example below is for a mental health day service.

Example: Choosing indicators	
Outcome	Indicator
Reduced social isolation	• Whether participants are taking part in new activities (eg taking up new sports or hobbies, visiting new places) • Whether participants report having more friends • Level of social skills reported by participants • Whether participants are accessing relevant public services that they had not used in the past, like public transport
Decreased stigmatisation of people with mental health problems	• Number of activities participants are involved in outside the mental health services • Number of incidents of discrimination reported by participants • Involvement of local community in organisation's activities • Change in attitudes within the local community

NCHPᴀ
National Center for Health in Public Housing

How to Measure SROI

5. Provide a value for each outcome
   - Contingent valuation
   - Revealed preference
   - Travel cost method
   - Average household spending

Stakeholder	Outcome	Indicator	Possible Proxies
Person with mental health problem	Improvement in mental health	• Amount of time spent socialising • Extent to which participants engage in new activities • Level of use of mental health services	• Cost of membership of a social club/network • Percentage of income normally spent on leisure, • Cost of counselling sessions
Local community	Improved access to local services	• Take-up of those services, and by whom	• Savings in time and travel costs of being able to access services locally
Person with physical health problem	Improved physical health	• Number of visits to GP surgery • Extent of improvements in health (self-reported) • How often they exercise	• Cost of visiting private GP clinic • Cost of health insurance • Cost of gym membership
Care giver	Improved wellbeing	• Number of hours respite/spent in leisure activities	• Value of hours spent engaged in these activities
The environment	Less waste	• Amount of waste going to landfill • Level of carbon emissions	• Cost of landfill charges • Cost of CO_2 emissions
Prisoners' families	Improved relationships with family and social ties	• Number of family visits • Satisfaction with family visits	• Cost and time spent on travel

NCHPH
National Center for Health in Public Housing

How to Measure SROI

6. Deadweight adjustment-
   - How much of the change in outcomes is related to the program?

   - Attribution rate

Outcome	Benchmark indicator
Reduction in reoffending rates among young ex-offenders (16-24 yrs) taking part in a rehabilitation programme	National average reoffending rate among 16-24-year-olds
Improvement in educational outcomes for young people in high-quality residential care homes	Educational outcomes for children in the residential care population as a whole
Increase in number of long-term unemployed gaining a job after participating in an employment training programme	Average rate at which the long-term unemployed come off benefits in the same region
Decreased crime in a borough after a borough-wide initiative increasing the number of police on the streets	Change in crime rate in a borough with similar socio-economic profile, but not subject to a specific crime-reduction initiative

How to Measure SROI

7. Attach a monetary value to the impact area

(Outcome value = quantity X financial proxy)

Impact value= Outcome – deadweight – attribution

8. Calculate SROI

$$SROI = \frac{social\ impact\ value}{initial\ investment}$$

8. Report to stakeholders

Resources

https://diytoolkit.org/media/Building-Partnerships-Size-A4.pdf

A guide to
Social Return
on Investment

Cabinet Office
Office of the Third Sector

https://neweconomics.org/2009/05/guide-social-return-investment

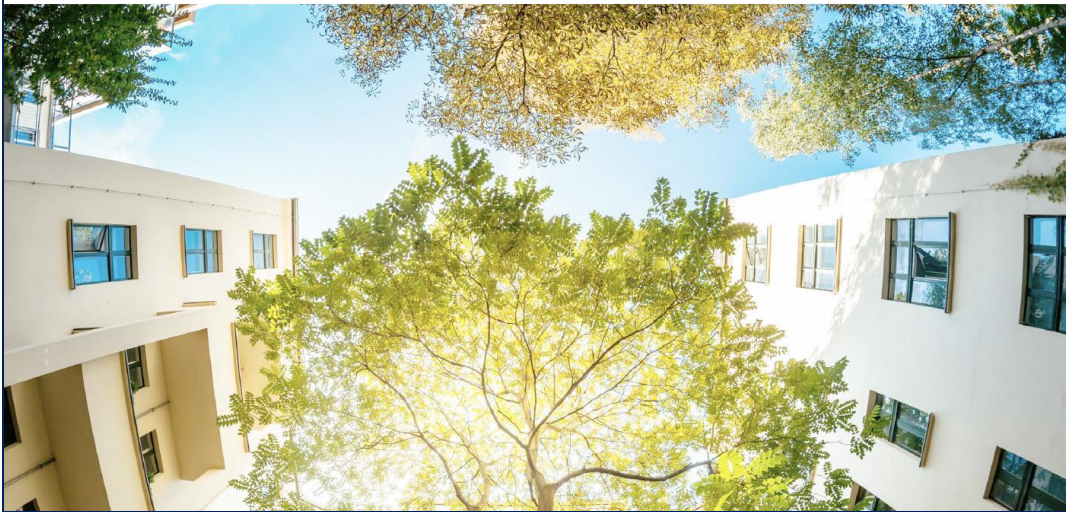NCHPH
National Center for Health in Public Housing

Resources

HEALTHY TOGETHER
A Toolkit for Health Center Collaborations with HUD-Assisted Housing and Community-Based Organizations

Developing Cross-Sector Partnerships

April 2020

NCHPH
National Center for Health in Public Housing

Question & Answers

THANK YOU!

Kevin Lombardi, MD MPH

kevin.lombardi@namgt.com

508-360-0811