Health in Housing
The intersection between housing and health care

National Health Care for the Homeless Conference
Amanda Saul, Enterprise Community Partners
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Research Questions

What is the effect of stable, affordable housing on health care outcomes in a low-income population who has experienced housing instability?

What role do integrated health services play in health care expenditures and quality?
What’s different about this study

• Uses claims data to assess health care costs and utilization

• Looks across several different affordable housing types

• Looks at the effect of integrated health services

• Analysis of impact in a Medicaid plan that serves more than 10,000 residents in major metropolitan area
145 properties:

Health staff

- Resident Services Coordinator: 88%
- Community Health Worker or Health Navigator: 11%
- Social Worker: 8%
- Doctor, Nurse, or Nurse Practitioner: 6%
- Activities Coordinator: 6%
- Other Health Professional: 11%
<table>
<thead>
<tr>
<th>Health services</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Food Resources</td>
<td>68%</td>
</tr>
<tr>
<td>Medical Resources</td>
<td>54%</td>
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<tr>
<td>Insurance Assistance</td>
<td>36%</td>
</tr>
<tr>
<td>Mental/Behavioral Health Resources</td>
<td>35%</td>
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<tr>
<td>Fitness Resources</td>
<td>29%</td>
</tr>
<tr>
<td>Nutrition/cooking Resources</td>
<td>23%</td>
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<tr>
<td>Transportation Resources</td>
<td>19%</td>
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<tr>
<td>Dental Resources</td>
<td>15%</td>
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145 properties:
Prevalence of physical health diagnoses (claims data)

- Hypertension
  - Avg. Member: 20%
  - FAM: 14%
  - PSH: 42%
  - SPD: 54%

- Asthma
  - Avg. Member: 9%
  - FAM: 18%
  - PSH: 21%
  - SPD: 20%

- Diabetes
  - Avg. Member: 10%
  - FAM: 8%
  - PSH: 17%
  - SPD: 28%

- Obesity
  - Avg. Member: 12%
  - FAM: 17%
  - PSH: 20%
  - SPD: 21%

- COPD
  - Avg. Member: 3%
  - FAM: 3%
  - PSH: 15%
  - SPD: 19%
Prevalence of behavioral health diagnoses (claims data)

- Affective Disorder: 51% (Avg. Member), 17% (FAM), 13% (PSH), 2% (SPD)
- Depression: 34% (Avg. Member), 13% (FAM), 26% (PSH), 2% (SPD)
- Chemical Dependency: 2% (Avg. Member), 2% (FAM), 11% (PSH), 9% (SPD)
- Non-Organic Psychosis: 15% (Avg. Member), 3% (FAM), 10% (PSH), 2% (SPD)
Analyzing changes in health care cost & utilization

- Medicaid claims of 1,625 residents
- Includes all physical, behavioral, mental, and dental claims
Health care costs went down significantly.

<table>
<thead>
<tr>
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<th>Before move-in:</th>
<th>After move-in:</th>
</tr>
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<tbody>
<tr>
<td>Per member, per month costs</td>
<td>$386</td>
<td>$338</td>
</tr>
</tbody>
</table>

Overall Cost Reduction: **12%**

Extrapolated annual cost reduction: $936,000 a year across 1,625 residents
Costs down across all housing types

* Statistically significant change, paired t-test, p<.05

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<thead>
<tr>
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<th>Overall</th>
<th>FAM</th>
<th>PSH</th>
<th>SPD</th>
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</thead>
<tbody>
<tr>
<td>Pre</td>
<td>-12% *</td>
<td>-8%</td>
<td>-14% *</td>
<td>-16% *</td>
</tr>
<tr>
<td>Post</td>
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Avg. pre/post cost (PMPM)
KEY FINDING

Residents used health services differently when they had housing

- Emergency Department: -20%
- Primary Care: +18%
Emergency Department use down across all housing types

* Statistically significant change, paired t-test, p<.05

-18% *
-10% *
-37% *
-18% *

Avg. # ED Visits (PMPY)

Overall
FAM
PSH
SPD
Primary care visits up across all housing types

Overall FAM PSH SPD
0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0
Avg. # PCP Visits (PMPY)

* Statistically significant change, paired t-test, p<.05

Pre Post

Overall: +20% *
FAM: +17% *
PSH: +23% *
SPD: +19% *
Ability to get care same or better across all housing types

- Overall: 50% Same, 40% Better, 4% Worse
- FAM: 27% Better, 4% Same, 4% Worse
- PSH: 59% Better, 32% Same, 3% Worse
- SPD: 35% Better, 35% Same, 6% Worse
Quality of care same or better across all housing types

- Overall: 38% Better, 48% Same, 7% Worse
- FAM: 23% Better, 62% Same, 8% Worse
- PSH: 46% Better, 40% Same, 6% Worse
- SPD: 42% Better, 43% Same, 7% Worse
Analyzing impact of integrated services

• Bucketed staff and services into three categories to assess impact
  • Health Staff & Services – Includes medical, mental health, and dental staff and services
  • Social Staff & Services – Includes Social Workers, Community Health Workers, Health Navigators
  • Wellness Staff & Services – Includes food/cooking services, fitness services and other residential activities

• Utilized multivariate regression models to measure impact of each service category
KEY FINDING

Integrated health services drove outcomes... even though awareness was low.

Adjusted impact of health services:

- Expenditures: $115 per member per month
- ED Visits: 0.43 visits per year

Awareness of select services:

- Medical: 33%
- Mental Health: 26%
Emerging Best Practices

Housing With Services – A collaboration of three housing owners, five services providers and funders have come together to serve 1400 senior and disabled residents in 11 buildings located in downtown Portland.

Services include:

• Resident Services Coordinators
• Health Navigators funded by a Medicaid insurer, available to all residents, even if not insured by them
• A health and wellness center
• Primary and urgent care
• A Providence ElderPlace PACE program
• Prescription medication management
Emerging Best Practices

Housed and Healthy (H+H) Program – a collaborative project of four affordable housing owners which coordinates communication and services between Resident Service Coordinators in affordable housing and care teams at local health clinics. The program includes:

• Needs assessments at move-in to identify high-need individuals
• Standardized Release Of Information forms
• Streamlined referral processes
• Increased coordination between service providers, and in-housing programming to improve residents’ health
What’s Next?

Work with the Oregon Health Authority on its Medicaid 1115 Waiver. The draft waiver includes Medicaid funds for a targeted number of at-risk adults, families, and adults eligible for both Medicare and Medicaid programs including:

- Homelessness prevention - care coordination at exit
- Tenancy supports – 1st/last month rent
- Housing sustaining services – eviction prevention
- Incentivize CCOs to use Flexible Benefits Funding by considering them “health related expenses” rather than administration expenses
Amanda Saul  
Enterprise Community Partners  
Senior Program Director  
Asaul@EnterpriseCommunity.org  
www.EnterpriseCommunity.com

Maggie Weller, MS  
Center for Outcomes Research and Education, Project Manager  
Maggie.Weller@Providence.org

Bill Wright, PhD.  
Center for Outcomes Research and Education, Director  
Bill.Wright@Providence.org  
Oregon.providence.org/CORE

Center for Outcomes Research and Education