Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens

Wednesday, May 16, 2018
Housing is Healthcare

- Poor health puts one at risk for homelessness
- Homelessness puts one at risk for poor health
- Homelessness complicates efforts to treat illnesses and injuries

Source: National Healthcare for the Homeless Council, “Housing is Health Care”, 2011
“…circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”

- World Health Organization
What is Supportive Housing?

Permanent
Affordable
Independent
Tenant-Centered
Flexible
Voluntary
Introduction to Partnerships

- The past few years have brought new regulations, funding opportunities, and priority shifts.
- Result has been a game changer for health, housing, and supportive services for vulnerable populations.
- The ACA has expanded access to care for many vulnerable populations.
- New opportunities to meet the health needs of this population via partnerships between health and housing sectors.
Benefits of Partnership

How Housing helps Health Centers:
- Care Coordination
- Broad Reach
- Development of Collaborative Systems

How Health Care Helps Housing:
- Outreach Ability
- Access to Healthcare Delivery
- Increase Preventative Care
Health Center + Housing Models

On-Site Health Center
Health Center (e.g. FQHC) is co-located with single site supportive housing.

Works well with a high-need population

Off-Site Health Center
Patients can live in either single site/scattered site housing

Increases clients connections beyond housing into the community
Proximity and transportation are important

Mobile Services Model
Provides healthcare out of a clinic and in the community

Works with both single and scattered site housing
Themes

What We’ve Learned
Barriers

- Client Level
- Staff Related
- Systemic
Barriers

- Not a high priority when dealing with profound competing priorities
- Lack of understanding of the disease
- Limited options for healthy foods
- Distrust of health care system – as result of a mental health or general distrust
- Medication adherence
- Hopelessness or inevitability when friends and family have diabetes or died from associated complications
Barriers

Staff Level

- For those without experience, diabetes seems complicated and confusing. Some diabetes symptoms mimic those of a mental health challenge
  - Particular challenge for those without a health/clinical background
- Lack of training/uncomfortable with discussing diabetes with tenants
- Navigating your role as a housing provider
- Being creative around engagement
Systemic

- Fragmented health care system that doesn’t address whole-person care needs. Current system not patient-centered.
- Lack of trust/perceived miscommunication with health care system
- Social determinants such as transportation, food insecurity and costs of healthy food
- Insurance coverage inconsistencies
- Long waits in waiting rooms
- No income/SSI
- Access to safe places to engage in physical activity
Opportunities

- Tenant Level
- Staff Related
- Systemic
- Successful Interventions
Opportunities

 Tenant Level

➢ Attending doctor visits with tenants to help ensure they are getting
➢ Building relationships with clients and taking their concerns seriously
➢ Going grocery shopping with tenants to help understand ingredients
➢ Medical liaisons that assist with health education and med management
➢ Empowering tenants to self-manage diabetes
➢ Effective care coordination

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Opportunities

➢ Motivational Interviewing; Harm Reduction
➢ Having an onsite nurse
Opportunities

➢ Promoting conversations about housing and health
Opportunities

➢ NP on site to help with building bridge between housing and health; home visits
➢ Healthy cooking classes
➢ DEEP program
➢ CDSMP/ Stanford Model
➢ Peer support
➢ Community Health worker models
➢ Walking groups
➢ Linkages with Farmer’s Markets. Markets accepting EBT
➢ Certified Diabetes Educators
➢ Partnerships with local nursing school programs

Successful Interventions

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Tenants of supportive housing have a high burden of chronic health conditions, with mortality rates that are 3-4X higher than the general public.

Health care becomes “relevant” with housing.

Housing is a key factor for health promotion, but alone is insufficient.
THANK YOU!
Discussion