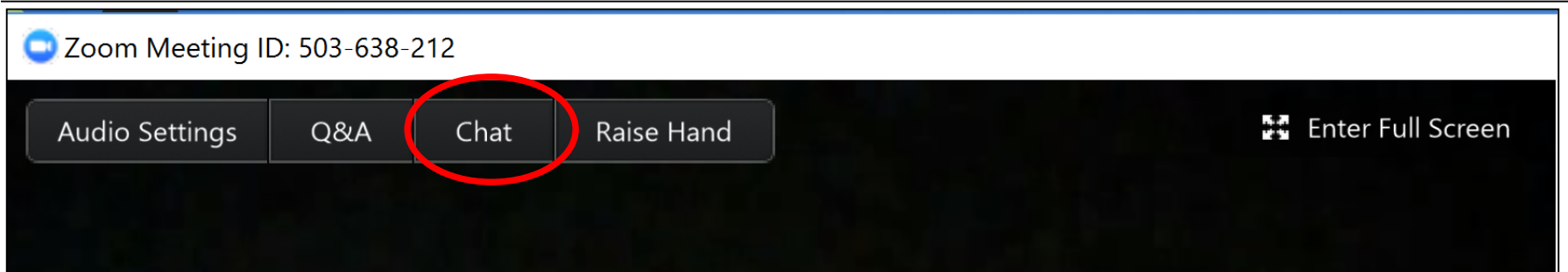


Assessing health needs & outcomes associated with Service-Enriched Housing

December 7, 2016



Zoom Logistics:



- The webinar will be recorded
- Q&A
 - ✓ Zoom chat function
 - OR
 - ✓ Email questions to health@nw.org
- For other technical questions contact health@nw.org

Agenda:

- 1) Dan Valliere, REACH Community Development Center
&
Howard Klink, Housing with Services, LLC**
- 2) Q & A**
- 3) Dr. Paula Carder, Portland State University**
- 4) Q&A**

Daniel Valliere



Chief Executive Officer
REACH CDC

Dan Valliere joined REACH as CEO in May 2013. REACH Community Development is a nonprofit affordable housing development and property management company that owns and manages a portfolio of 2,000 units of affordable housing located across the Portland metropolitan region, including properties in Multnomah, Washington, and Clark Counties. In 2013, REACH expanded its footprint by combining with Affordable Community Environments in Vancouver, WA. REACH serves a diverse range of low-income individuals, families, the formerly homeless, children and senior citizens. Approximately 2,500 people make their home in REACH properties.

Prior to REACH, Dan worked in Chicago where he served for seven years as Executive Director of Chicago Commons, a long-standing neighborhood social services organization. He currently chairs the Housing with Services Collaborative here in Portland, a partnership with Cedar Sinai Park, CareOregon, Home Forward and several other service providers focused on health and housing services coordination.

Working Together for Strong Communities®



Howard Klink



Project Director
Housing with Services, LLC

Howard Klink is the Principal Consultant for the Klink Consulting Group and Project Director for the Housing with Services LLC. The current focus of his work has been on the development of social determinants of health, health equity, and social justice program models. Current and recent clients include housing agencies, public health agencies and social services nonprofits.

In recent years Howard has worked as Vice President of Community Investment for United Way of the Columbia Willamette, Multnomah County Director of Developmental Disabilities Services, and as an Adjunct Professor in the University of Portland's Executive MBA program. In past lives he worked as an early childhood educator, special education teacher, community organizer and a public health agency lobbyist. Howard holds a Master's Degree in Education from Harvard University.

Housing with Services

Portland, Oregon

Version 4.0

A Work in Progress

Presented by

Dan Valliere; CEO, REACH Community Development
and

Howard Klink

Housing with Services Project Director
Klink Consulting Group

Social Determinants of Health

Circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with social well-being, health and illness. These circumstances are in turn shaped by a wider set of forces: distribution of money, power and resources at global, national and local levels.

-World Health Organization

Health Equity

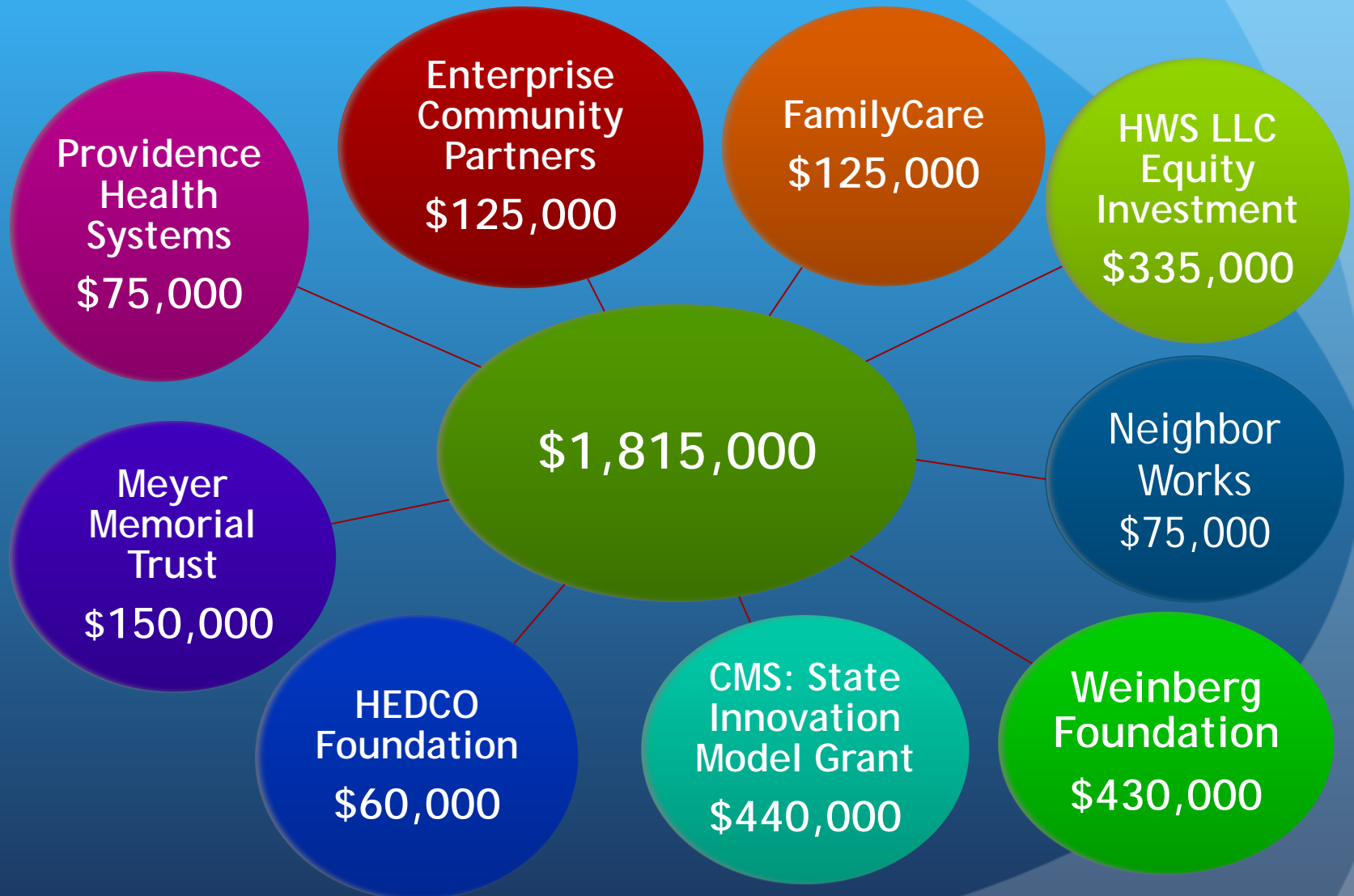
Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups and communities, especially for those who have experienced socioeconomic disadvantage or historical injustices related to poverty, race, ethnicity, tribal affiliation, age, gender, education, disability or sexual minority status.

From Healthy People 2020 (mostly)

Project Overview

- 11 Section 8 and Rent Subsidy Apartment Sites housing 1408 Seniors and People with Disabilities
- 9 LLC Partners; including 3 housing agencies, the state's largest Medicaid Insurer, and 5 social services nonprofits
- Governed by a LLC Operating Agreement that requires equity contributions, defines decision making and risk sharing.
- LLC staff provide administrative support and services coordination management
- Services are provided by staff assigned to HWS and funded by partner agencies

HWS Funding Sources



Housing with Services - GOALS

- Improved health outcomes
- Reduced costs
- Delayed entry or re-entry into institutional care
- Increased resident and community engagement
- Sustainability through health care stakeholder support
- Increased resident access to mental health, addiction and culturally specific services

Services Delivery Model

- Resident Services Coordinators
- Health Navigators
- Health and Wellness Center
- Primary and urgency care
- Prescription Medication Management
- On-site Federally Qualified Health and Wellness Center

Services Delivery Model- cont'd

- Culturally Specific Outreach and Navigation
- Site-based Mental Health and Addiction Services
- Give2Get (Resident Services Exchange)
- Food Insecurity Prevention and Intervention
- Inter-agency Agreement among Community Based Providers

Resident Choice, Privacy and Engagement

- Consent to Participate
- Release of Information
- Notice of Privacy Practices
- Resident Bill of Rights and Grievance Procedure
- Policies and Procedures
- Resident Advisory Council

What's in it for the Health Care System?

- Investment in best practice and innovative program development
- Access to research and evaluation data
- Improved individual and population health outcomes.
- Reduced health care costs.
- Alignment with ACA mandates
- Reduction in Medicare Re-admissions penalties

QUESTIONS

Howard Klink

Housing with Services Project Director

Klink Consulting Group

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Dr. Paula Carder



Associate Professor,
Portland State University
School of Public Health

Paula Carder is an Associate Professor at the Oregon Health Sciences University-Portland State University School of Public Health. Dr. Carder has been the PI and co-PI of studies funded by the Agency for Healthcare Research Quality, National Institute on Aging, Oregon Partners for Alzheimer's Research, and Oregon's Department of Human Services. Current and recent projects include a survey of Oregon's community-based care settings, an evaluation of an affordable housing plus services demonstration project, and a national review of assisted living/residential care regulations. She received her Ph.D. in Public Policy in 1999 from Portland State University and teaches courses in long-term care policy, health and housing, and qualitative research methods.



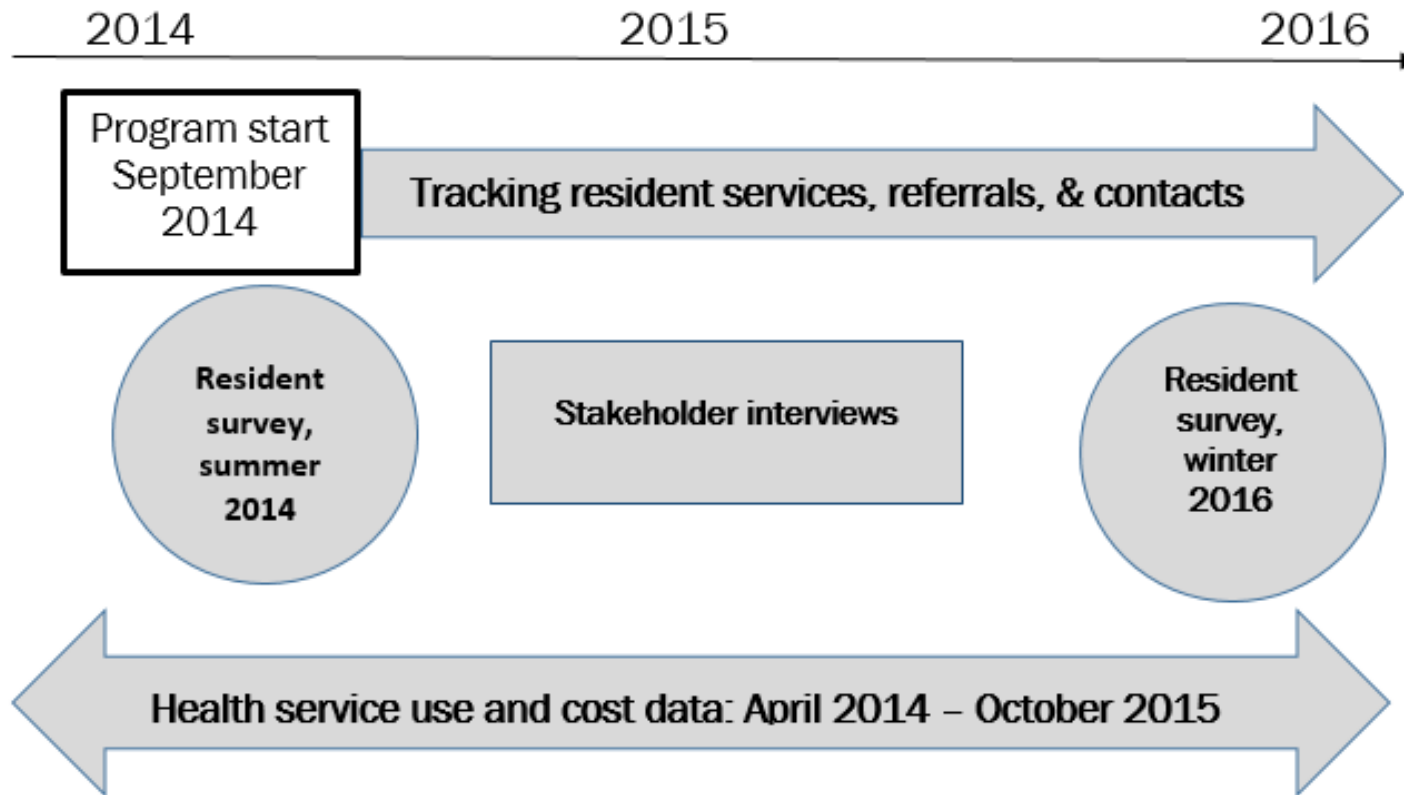
Housing with Services, LLC

Portland, Oregon

Program Goals

1	Promote optimal use of health and social services by: improving access to health and social services, and reducing health care costs associated with emergency department use and other high-cost health services	2	Improve access to long-term supports and services, and delay nursing home admissions
3	Improve housing stability	4	Improve resident quality of life
Underlying Goal: Integrate culturally-specific services & programs			

Evaluation Plan



Data Sources

- Resident self-administered survey
 - Two time points: pre-program and interim
 - Hand-delivered questionnaires to over 1400 doors in 10 buildings
 - Multiple languages, especially Mandarin, Cantonese, Korean
 - Response rate: 39%
 - Incentive: lottery to receive 1 of 100 \$20 gift cards
- Interviews with key stakeholders, including residents
- Medicare-Medicaid claims
- HWS team tracked resident contacts & referrals



Resident Profiles

Survey respondents (n=272*)

- 45% male
- 62% over age 65 (avg age 67)
- 60% White; 24% Asian
- 78% single
- 72% U.S. born
- Income
 - 14% none
 - 61% less than \$10,000
- Tenure: 8 years avg; range 1 month – 33 years

* Matched surveys, Time 1 + Time 2

Claims (n=1,395)

- 46% male
- 48% over age 65 (av age 61)
- 59% White; 11% Asian



Top 5 Medical Diagnoses

Survey respondents

- Hypertension
- Depression
- Sleep disorder/apnea
- Anxiety
- Acid reflux

Claims

- Hypertension
- Diabetes
- Affective disorder
- Depression
- Asthma



Mental Health

Survey respondents

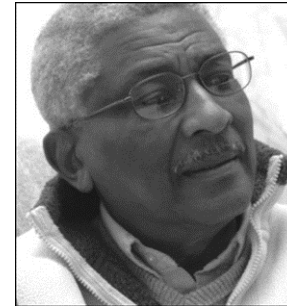
- 45% of survey respondents had a MH diagnosis
- Residents with MH diagnosis were more likely to have:
 - food insecurity, poor quality of life, pain, depression & anxiety, and problems with self-care and daily activities.
- 32 HWS contact versus 20 contacts ($p < .05$)

Claims

- 1.0 outpatient mental health visits per member per year (PMPY) among HWS contacts
- .80 visits PMPY for residents with no HWS contacts (n.s.)

Documenting HWS Contacts

Most Used	Least Used
Benefits/insurance access	Legal assistance
Information and referral	Family support
Healthcare services	Lease education
Mental health services	Employment
Isolation intervention	Fair housing
Monitoring services	
Outreach	



Number of residents with a HWS contact, first 15 months:

686 residents	14,465 HWS contacts
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Preventative Health Service Use

Residents who had HWS contact

- 91% had a PCP
- 89% had preventative screening

Residents with no HWS contacts

- 81% had a PCP ($p < .05$)
- 78% had preventative screening

Overall, more residents (80%) got a flu vaccine in 2016 than in 2014 (69%)

Emergency Department & Hospital Use

Resident Survey

- 45% of residents with a high level of HWS contacts (24+) went to ED, compared to 20% of residents with no HWS contact ($p < .01$).
- 26% of residents with high level of HWS contacts were hospitalized overnight compared to 12.5% of residents with no HWS contacts ($p < .05$).

Claims

- ED visits decreased slightly among HWS users, from .722 to .711 PMPY (n.s.)
- Hospital use was higher in the 6 months prior to HWS among residents who later had HWS contacts.

Food Insecurity

- Food insecurity decreased by 50% among residents with a high level of HWS contact
 - Decreased by 34% among those with fewer contacts.
- 40% of residents with a MH diagnosis were food insecure compared to 19% of residents with no MH diagnosis ($p < .001$).





Housing Stability

- 24% of 865 residents in 8 buildings moved out over 17 months
 - 32% moved by choice, 28% for unknown/other reasons, 27% died, and 14% were evicted or moved at the management's request or under duress

Residents with HWS contacts

42% needed help to prepare for an apartment inspection.

24% had difficulty passing an inspection in the prior year

Residents with no HWS contact

16% needed help to prepare for an inspection ($p < .001$).

11% had difficulty passing an inspection ($p < .05$).

Culturally Specific Services



Asian language residents

14 HWS contacts

36.5% food insecure at T1

28.6% food insecure at T2

15.8% used the ED

6.0% hospitalized overnight

7.8% called 911

All other residents

30 contacts ($p < .001$)

32% food insecure at T1

22% food insecure at T2 (n.s.)

32.9% used the ED ($p < .01$)

15.8% hospitalized overnight ($p < .01$)

17.9% called 911 ($p < .01$)

Other language groups included Spanish, Farsi, and Russian.

[Survey data]

Collecting/tracking resident information

Resident survey

- Low-cost and relatively easy
- Initial needs assessment
- On-going tracking of service use
- Keep it short and simple
- Questions must ask about topics of concern to residents

Other sources

- Claims: Dept of Health or a Medicaid insurance provider
- Long-term care: Area Agency on Aging or state unit
- Health and social service providers

Considerations for Collecting Information

- Must be voluntary and kept private
- Cannot be a condition of occupancy
- Consent takes time and might raise suspicion
- Memorandum of understanding – MOU – with partners
- Sharing data requires a legitimate rationale, such as improving health services and preventing homelessness or eviction
- HIPAA
- Consider partnering with a university or research center
 - Student projects (social work, statistics, public health, sociology)
 - Grant-funded



Conclusions

- Partnership among multiple health, housing, and social service agencies is key
- HWS team had successful outreach to vulnerable residents
- Improved access to preventative health care, OPMH and food resources
- Residents were involved in the planning, implementation, and evaluation



More information on local Health & Housing research & initiatives

- Final report: <http://www.pdx.edu/ioa/research-and-publications>
- Providence CORE studies: <http://oregon.providence.org/our-services/c/center-for-outcomes-research-and-education-core/>
- LeadingAge: <http://www.leadingage.org/Center for Housing Plus Services.aspx>

Q&A



You can type questions in the chat box or email questions to health@nw.org.

Thank You!

