



Safe & Affordable Housing: Social Determinants of Health

ISSUE BRIEF

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KEY TAKEAWAYS

 **500,000+**
homeless Americans

On a single night in 2017, more than half a million Americans were homeless¹. Hospitalization rates and emergency room use can be up to three to four times higher for those without a home.



Health insurance providers design housing solutions to fit the needs of the people they serve. They offer safe and affordable housing options that improve health and ultimately reduce costs.



Successful housing solutions typically combine housing assistance with community-based support and on-site health care. Together, these services ensure that people have access to both medical and nonmedical help for better health and stability.

Background

A person's health is influenced by many factors, including housing, education, employment, and access to food. These factors, sometimes referred to as social determinants or social influencers of health, are defined by the conditions and environment in which people are born, grow, live, work, and age.

The connection between housing and health is one of the most studied social determinants of health:

- A [study](#) published by the American Public Health Association found that hospital admissions and emergency room visits were three to four times higher for people who are homeless.
- Of people without a home, nearly [2.5 million](#) are children under the age of 18.
- A 2018 [study](#) by the Boston Medical Center found that children aged 4 and under in low-income, unstable housing, had nearly a 20 percent increased risk of hospitalization and over a 25 percent increased risk of developmental delays.

There are many terms used to describe housing status. Even across the federal government, different agencies have different definitions of homelessness:

- **U.S. Department of Education (DOE)**
[DOE defines](#) *homeless youth* as youth who “lack a fixed, regular, and nighttime residence” or an “individual who has a primary nighttime residence that is a) a supervised or publicly operated shelter designed to provide temporary living accommodations; b) an institution that provides a temporary residence for individuals intended to be institutionalized including welfare hotels, congregate shelters, and transitional housing for the mentally ill; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”
- **U.S. Department of Health & Human Services (HHS)**
[HHS defines](#) an individual who is homeless as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.”
- **U.S. Department of Housing & Urban Development (HUD)**
[HUD defines](#) four categories of homeless:
 1. Individuals and families who lack a fixed, regular, and adequate nighttime residence. This includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;
 2. Individuals and families who will imminently lose their primary nighttime residence;
 3. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or

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4. Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Similarly, many unique terms have been used to describe a person's housing status for the purposes of policy and research. Some examples include:

- **Housing instability** refers to unstable housing (e.g., multiple moves, higher rates of eviction, difficulty paying rent and utilities, situations where housing costs are a large percentage of a person's income).
- **Transitional homelessness** refers to the experience of people that may enter a shelter or short-term residential center for shorter periods of time (e.g., less than 30 days). Often, these individuals are younger. They may have experienced a catastrophic event causing them to lose their home.
- **Episodic homelessness** refers to the experience of those that frequently move in and out of homelessness. These individuals may be chronically unemployed and/or experience medical, mental health, or substance use disorder conditions.
- **Chronic homelessness** refers to either (1) the experience of an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.

Housing instability and homelessness may be related to mental health conditions for patients as well. According to research from [the Office of National Drug Control Policy](#), approximately 30 percent of people who are homeless have a serious mental illness, and nearly 66 percent have a primary substance use disorder or other chronic health condition. Individuals with a mental health condition may also suffer from multiple chronic conditions, making it difficult to secure and maintain affordable housing.

Of the 43.6 million renter households in the United States, **11.4 million** are extremely low income (ELI) households.

In their [annual 2017 report](#), the National Low-Income Housing Coalition found that the U.S. has a shortage of **7.4 million** affordable and available rental homes for ELI renter households. This means there are only 35 affordable and available units for every 100 ELI renter households.

Note: ELI is defined as households with income at or below the Federal Poverty Level Guideline or 30% of Area Median Income (AMI), whichever is higher.

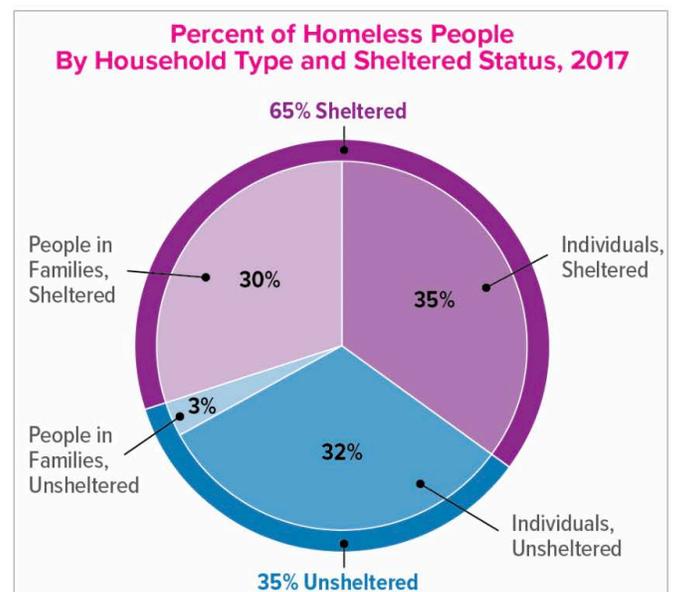


Figure 1: [2017 HUD AHAR to Congress](#)

Even for people in relatively stable housing, housing conditions can still play a huge role in a person's health. For example, deteriorating paint and old plumbing systems can result in elevated blood lead levels in children. As of 2014, more than 500,000 children were estimated to have lead poisoning; while this can be difficult to detect, even small amounts of lead poisoning can severely affect mental and physical development. At higher levels, lead poisoning can even be fatal. Substandard housing conditions (e.g., poor ventilation, pest infestation, dirty carpets) can lead to an increase in allergens associated with asthma, one of the most common chronic diseases among children. [A 2017 Urban Institute Report](#) found that households with children are more likely to have an incidence of asthma when they also report exposure to smoke, mold, and leaks in the home. High housing costs that are a huge proportion of a family's income may also cause some families to make critical trade-offs (e.g., paying for housing instead of buying healthy foods or filling prescriptions).

Research

Several studies, including a few outlined below, have looked at the impact of providing housing to at-risk or high-risk populations.

1. [Housing First Interventions for Chronically Homeless with Severe Alcohol Problems](#). Researchers from the University of Washington (Seattle) studied the impact of a "Housing First" (HF) intervention for chronically homeless individuals with severe alcohol problems and high health care use. Researchers studied chronically homeless individuals who incurred the highest total costs in 2014 for use of alcohol-related emergencies, shelter centers, and incarceration in the King County Jail. These individuals were enrolled in a HF Initiative, which focuses on offering permanent, affordable housing as quickly as possible for people without a home. Meals and on-site health services were also provided to enrollees. The intervention demonstrated significant cost savings and reductions in alcohol use over the first year, as well as decreases in the use of hospitals and jails. HF participants had median costs of \$4,066 per person per month in the year prior to the study; median costs decreased to \$1,492 after 6 months in housing, and to \$958 after 12 months in housing. Housed individuals also decreased their use of crisis-oriented systems (e.g., hospitals, jails), used less alcohol, and were less likely to become intoxicated.
2. [HUD Family Options Study](#). Directed by the U.S. Department of Housing & Urban Development (HUD), this study assessed the impact of long-term housing subsidies for families who are homeless, compared to community-based rapid rehousing (which provides short-term rental assistance for up to 18 months with limited services) and project-based transitional housing (which provides a service-intensity stay for up to 24 months). After 37 months, long-term housing subsidies resulted in reduced psychological distress and intimate partner violence.
3. [Estimating Cost Reductions Associated with a Housing Support Program for Individuals Experiencing Chronic Homelessness in Massachusetts](#). Funded by the Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation, this report examined the impact of the Community Support Program for People Experiencing Chronic Homelessness (CSPECH) on the use and cost of health care services. CSPECH is a program through which the state's Medicaid program (MassHealth) reimburses community-based support services provided to chronically homeless individuals residing in permanent supportive housing. Findings show that coupling supportive services, like the type provided by CSPECH with permanent housing, can lead to substantial

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improvements in housing stability and significant reductions in the use of acute health care services. In fact, the research demonstrated that every dollar spent on CSPECH translates into as much as \$2.43 in savings due to reductions in other types of health care service use.

While Medicaid and Medicare generally do not pay for housing, health insurance providers recognize that investments in secure housing can be a critical to improving health outcomes. To support these efforts, insurers collaborate with other organizations in the community to build and tailor programs for the communities that they serve. They connect their members with housing through coordinated referrals to community housing agencies. This traditional approach is now bolstered by a new wave of private initiatives by Medicaid and Medicare providers which offer housing directly to members or through community-based partnerships, without federally facilitated funding.

Health Plan Strategies for Improving Access to Safe & Affordable Housing

Health insurance providers develop new, innovative programs to improve access to safe and affordable housing for the people they serve. These efforts reflect the growing trend toward a “whole person” approach to health care that more effectively addresses a member’s health conditions, as well as their social needs.

AmeriHealth Caritas. AmeriHealth Caritas District of Columbia is a managed health care plan serving Medicaid recipients in Washington, DC. A 2016 report by the U.S. Conference of Mayors reported that Washington, DC had one of the highest rates of homelessness among the country’s 38 largest cities, with a 34 percent increase in overall homelessness between 2009 and 2016. To supplement a wide variety of care management strategies to identify housing needs and offer placement options, AmeriHealth Caritas established a multiyear plan to invest \$250,000 with DC-based organizations that are fighting homelessness on the front lines. Community of Hope, So Others Might Eat, Pathways to Housing DC, Woodley House, Christ House, and N Street Village were selected given their demonstrated program success and the number of clients served. Beyond providing housing support, these organizations also offer crisis and transitional housing services, as well as programs to address substance use disorders, education, and employment. AmeriHealth Caritas is also collaborating with several community-based organizations to establish a Housing Acquisition and Resource Team (HART) to provide: comprehensive assessments; housing plan development; integration of psychosocial and medical needs; coordination with core service agencies and existing service providers; and linkage to the District’s coordinated entry system for enrollment and navigation assistance.

Anthem. Serving more than 74 million Americans across the country, Anthem is dedicated to providing programs to address social determinants of health. In May of 2017, Anthem Indiana Medicaid launched the Blue Triangle Program, a new value-added benefit to improve the health and quality of life of Anthem members at risk of homelessness. Blue Triangle provides short-term, transitional housing and health care through 50 single room units in downtown Indianapolis. While working to connect members with long-term permanent housing, the program helps residents stabilize their mental and physical health, and gain access to recovery focused services through a low barrier, Housing First, harm reduction approach. Many of these services are offered onsite. Anthem collaborated with local partners on the program, including: the City of Indianapolis; Partners in Housing, a nonprofit organization; and Adult & Child Health, a local community mental health center.

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While Anthem staff are responsible for managing the day-to-day aspects of the program, they work closely with their community partners to better coordinate services for participants. Since the program launch in May 2017, 266 people have been referred to the program, 105 individuals have moved into the program, and eligible members have spent more than 17,289 nights at Blue Triangle. More than 90 percent of members have received services, including case management, peer support, life skills training, and medical care. Inpatient stays at hospitals and skilled nursing facilities among individuals in the program have declined by 40 percent. The Blue Triangle program has resulted in an \$872 monthly average cost decrease per participant.

CareOregon. Serving more than 280,000 Medicaid recipients throughout the state of Oregon, CareOregon works with community partners to improve the patient experience and improve population health. CareOregon recognizes that many members face complex housing barriers that may prevent them from getting and keeping permanent support housing. To address this challenge, the health plan ensures that all case managers are skilled in housing placement and often help members get housing. For those members with extra medical complexity, CareOregon has a specialized team of housing case managers that work one-on-one with members. Often these housing case managers have standing relationships with certain landlords who will work with the health plan to take on more complex members. CareOregon also contracts with a large Federally Qualified Health Center (FQHC) called Central City Concern (CCC) to provide recuperative care for homeless members leaving the hospital. Not only does this help those members that might need additional care post-discharge, it also connects CareOregon to CCC's robust housing network so members can find permanent, supportive housing. Together with six other investors, CareOregon has also invested more than \$4 million to build more than 370 affordable housing units in Portland. These units will be equipped with an integrated health center and supportive, respite, and transitional housing.

Kaiser Permanente. Serving more than 12.2 million members across eight states and the District of Columbia, Kaiser Permanente is committed to shaping the future of health care. Earlier this year, they announced an impact investing commitment of up to \$200 million through its Thriving Communities Fund to address housing stability and homelessness. The organization's initial focus will be on preventing displacement or homelessness of lower- and middle-income households in rapidly changing communities; reducing homelessness by ensuring access to supportive housing; and making affordable homes healthier and more environmentally sound. Kaiser Permanente's \$200 million investment follows a long-held commitment by the nation's largest nonprofit integrated health care system, to improve the communities in which they work. For California, this investment follows Kaiser Permanente's support of several state and local bond measures, including financial support of pro-housing campaign measures.

In 2016, Kaiser Permanente invested in the development of Central City Concern (CCC), a development with more than 370 affordable housing units, built in conjunction with a health care facility. Since its founding in 1979, CCC has become the largest provider of supportive housing in Portland, OR, as well as a primary provider of physical and behavioral health services. The new housing units will be prioritized for high users of health care services who are medically or psychiatrically compromised and at the greatest risk for harm on the street. Kaiser Permanente has also supported housing efforts in Denver, CO, providing support for a feasibility study which informed

the creation of an \$8.6 million social impact bond. The bond funded a housing program for 250 of the city's most frequent users of the criminal justice system.

Molina Healthcare. Providing coverage for more than 4.1 million people through their Medicaid and Medicare health plans, Molina Healthcare has worked closely with partners to tailor programs for members in the communities they serve. In Washington, Molina has a Rapid Housing Protocol where case managers assess for housing needs, build a housing plan for the member based on the assessment, make connections to community resources, and when secured, move them into housing and schedule future medical appointments. Molina partners with a number of locally based community-based organization to reach members that need housing, particularly those that are chronically homeless and at high risk of institutionalization and incarceration. For example, Molina works with the King County Jail to identify individuals with housing needs and connect them to the housing entry process to ensure a smoother transition into housing and health services. Washington also collaborates with a number of community-based shelters and respite programs to offer members other opportunities for housing in the event permanent housing is not available.

MVP Health Care. Providing coverage for more than 700,000 members across New York and Vermont, MVP Health Care is dedicated to providing housing support for those members most in need. For their Medicaid Managed Care members in New York, MVP offers the MVP Harmonious Health Care Plan targeted specifically to adults who are determined by New York State to be eligible for services because they need behavioral health and/or substance use care. Eligible members are identified by New York State, based on the types of services they have used in the past. For eligible members, MVP covers medical and behavioral health care, and offers additional Behavioral Health Home and Community-Based Services (BHHCBS), which include assistance with employment, returning to school, and managing stress. Members can also choose to be part of a Health Home, which includes the services of an MVP personal care manager who can assist with everything from finding suitable housing to helping the member with the assessment process for BHHCBS services. MVP serves more than 166,000 Medicaid members in New York and nearly 4,700 are eligible for Harmonious Health Care Plan.

UPMC Health Plan. As part of an integrated health care delivery system, the University of Pittsburgh Medical Center's *UPMC for You* plan worked with their medical providers and hospital discharge planners to determine that at any given moment, 40 to 50 of their Medicaid or Medicare dual eligible Special Needs Plan members may be homeless. (Note: A dual eligible Special Needs Plan is a Medicare Advantage plan is designed to provide targeted care to people who are eligible for both Medicare and Medicaid). UPMC partnered with Community Human Services, a local HUD contractor, to launch the Cultivating Health for Success (CHFS) program in 2010. The program integrates permanent supportive housing, an assigned medical home, and case management services to coordinate health care for eligible members enrolled in the *UPMC for You* Medicaid plan or Special Needs Plan. To qualify, members must be homeless as defined by HUD, have a medical disability, and have at least one year of high health care costs. Since 2010, individuals housed through CHFS have seen declining medical costs and unplanned care. Access to primary care and specialist visits doubled after people enrolled in the program and pharmacy costs increased, suggesting improved medication adherence. More specifically: During the first five years of the program, 51 of 60 enrolled members were successfully housed through the CHFS collaborating organization. After housing was attained, medical cost savings averaged \$8,472 per year and pharmacy costs increased \$2,088 per

year (an indication of greater medication compliance), resulting in an overall annual cost savings of \$6,384 for each housed member.

Working with Community Partners to Support Housing Initiatives

Health insurance providers recognize that the social determinants of health must be addressed in order to prevent and treat health care conditions. Housing remains one of the most complicated determinants to address, with several competing factors at play. Often, federal and state resources are narrowly defined for specific populations with strict eligibility requirements. Innovations in housing must be tailored to local needs – some cities may have a critical shortage of affordable housing while for others, the bigger issue may be the quality of the available housing.

Health insurance providers understand the direct connection between housing and overall health, and partner with organizations to provide members with more options. From investing in affordable real estate to expanding case management services to support people with housing needs, insurance providers are designing creative models to increase housing options for members in need. Successful, sustainable interventions will include public-private collaborations where federal, state, local, and community organizations work together to improve outcomes. As a part of their unwavering commitment to improve the health of all Americans, health insurance providers continue to collaborate across sectors to improve access to safe and affordable housing.

¹ <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>