Housing and Health: What are the Future Directions?

Megan Sandel MD MPH October 16, 2023





Roadmap

- Understanding Social Drivers of Health
- 4 Dimensions of Housing and Health
- Healthcare 101
- Examples of Partnerships
- Future Directions







Social Factors Drive Health Positively and Adversely

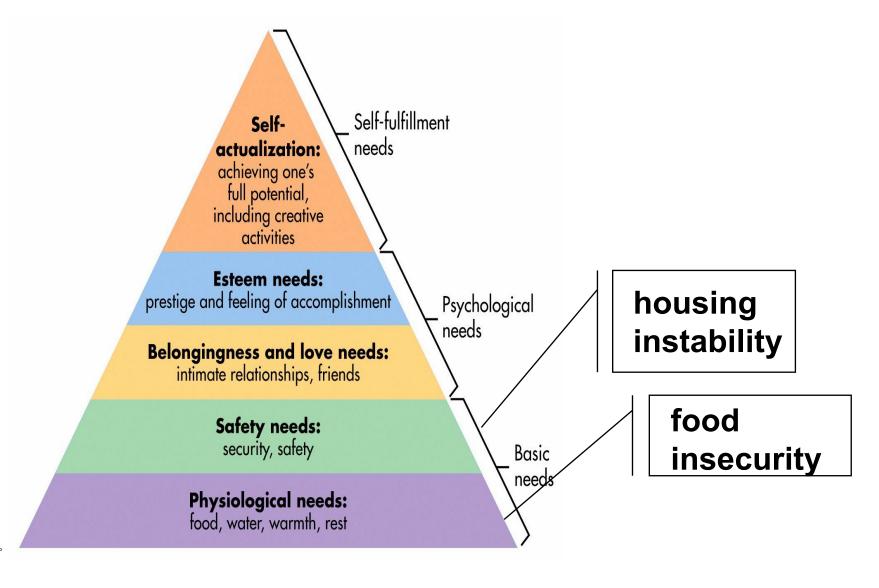




SDOH are the structural factors and conditions in which people are born, grow, live, work and age.



Why Housing is the Foundation of Positive Health







Dimensions of Housing and Health Impact

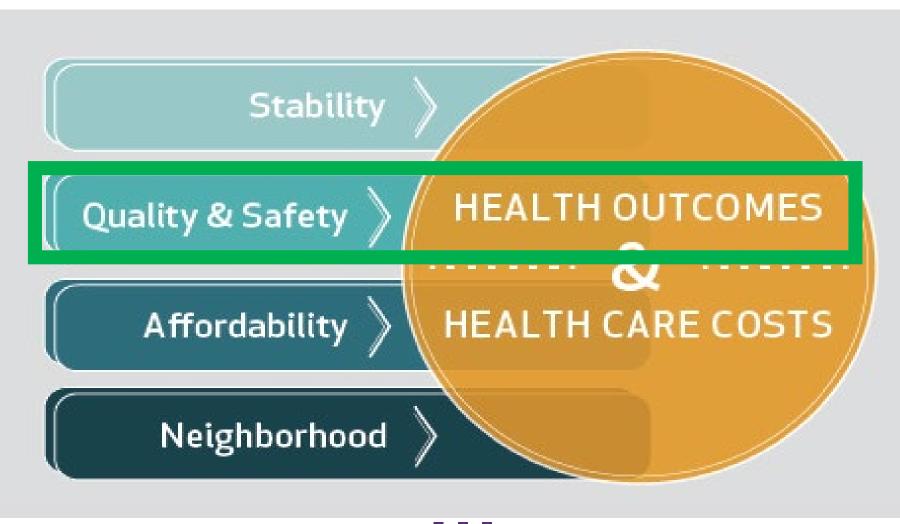


Taylor, L. Health Affairs, 2018





Dimensions of Housing and Health Impact



Taylor, L. Health Affairs, 2018





Home Quality and Mental Health

MacArthur Foundation HOW HOUSING MATTERS

macfound.org/HousingMatters

POLICY RESEARCH BRIEF

Poor Quality Housing Is Tied to Child Emotional and Behavioral Problem

Parents' stress from living in poor quality and unstable homes takes a toll on children's well-being

by REBEKAH LEVINE COLEY, TAMA LEVENTHAL, ALICIA DOYLE LYNCH, AND MELISSA KULL

SEPTEMBER 2013

family's home is their haven, but for families living with leaking roofs and roaches, for those who have to choose between paying for rent or for food, or for families who repeatedly move in search of higher quality or more affordable housing, one's place of refuge may not be very homey.

This brief examines how housing characteristics matter to children and families' well-being:¹ Among the various possibilities tested, poor housing quality was the most consistent and strongest predictor of emotional and behavioral problems in low-income children and youth. It also had a sizable association with school performance among older youth. Housing affected children because the stress of living in unhealthy and unsafe conditions affected parentine.

Advantages of the Current Study

Past research has identified several aspects of housing that are thought to be associated with children's development.² Researchers, for example, have found that substandard housing—exposed wiring, peeling lead paint, rodent infestation, and the like—may contribute to physiological stress in children, inhibiting their emotional stability and learning.⁵ Similarly, residential instability may interrupt peer

KEY FINDINGS

 Poor housing quality is the most cons strongest predictor of emotional and problems in low-income children and you the five housing characteristics studies stability, affordability, ownership, and a housing subsidy).

 Residential instability also is importan dren's well-being.
 Even though much of the sample strug housing costs, unaffordability has little of link to children's well-being.

 Much of the association between poor q unstable housing and children's well-beir through parental stress and parenting be

and school networks, impeding academic a success. If housing costs are unaffordable, far forced to limit other valuable investments, s curricular activities, and even other basic neas food and medical care, all of which are important to healthy development. On the other hand, owning one's home or receiving government subsidies may increase family stability and social connections, helping to improve children's school success.

Poor housing quality strongest predictor of emotional and behavioral problems in lowincome children

Much of association between poor housing quality and children's wellbeing operates through parental stress, parenting behaviors and mental health





Homelessness matters across the life course

Homelessness During Pregnancy: A Unique, Time-Dependent Risk Factor of Birth Outcomes

Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes

Timing and Duration of Pre- and Postnatal Homelessness and the Health of Young Children

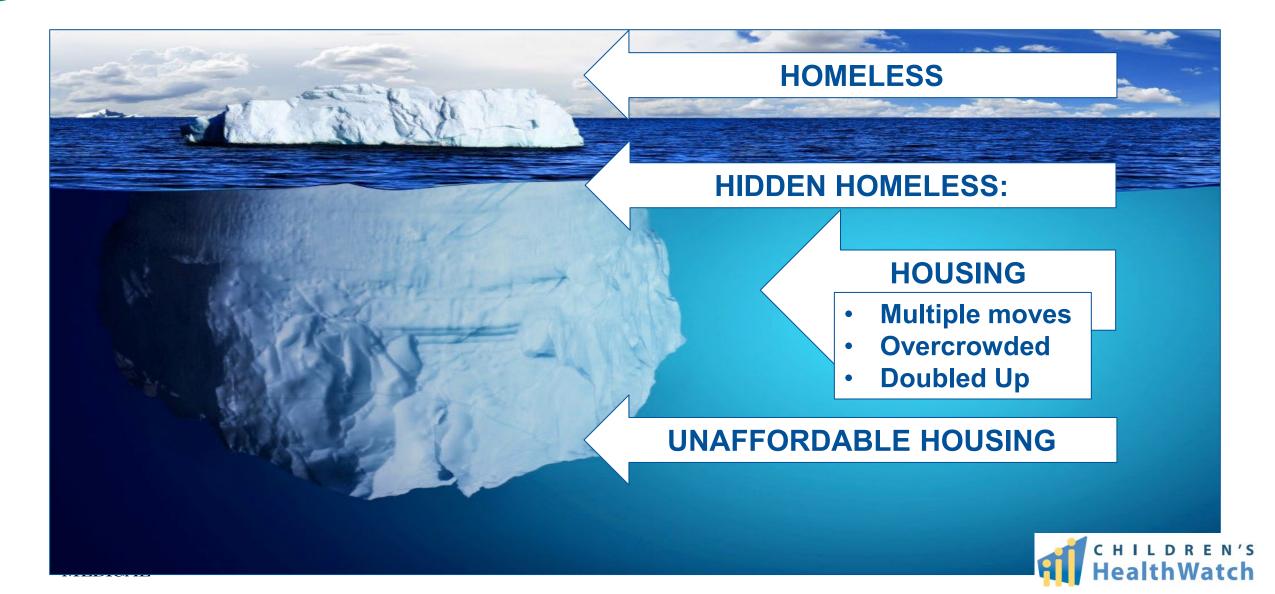




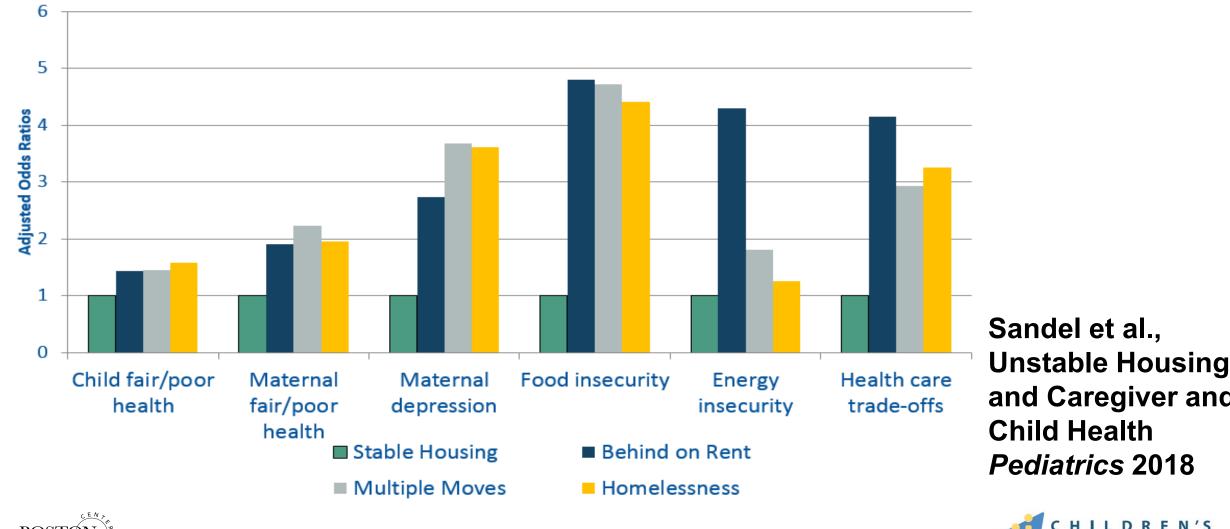




Housing Stability Iceberg



Affordability and Stability Both Matter to Health



HealthWatch

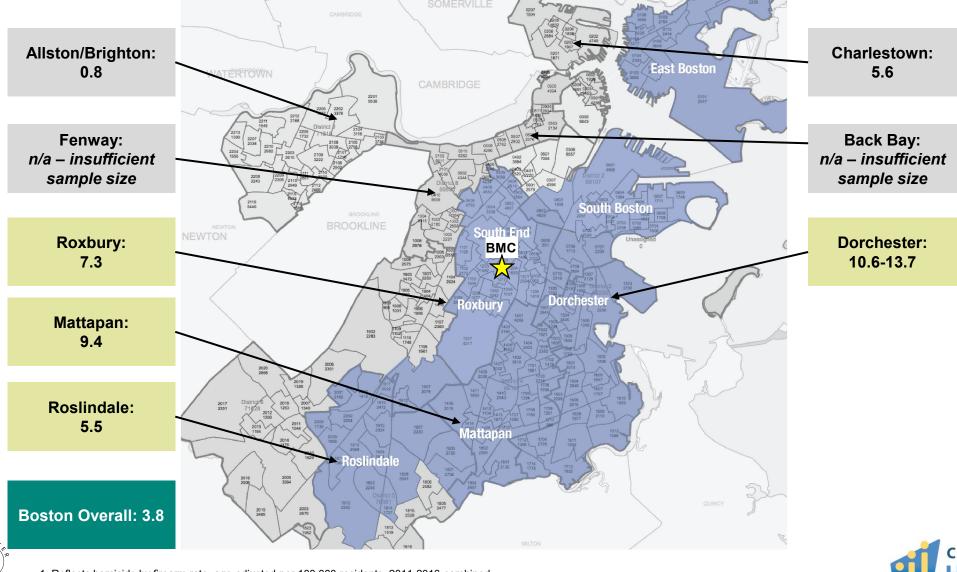
Neighborhoods in BMC's catchment area still display stark disparities in many measures like prevalence of diabetes¹



HILDREN'S

hWatch

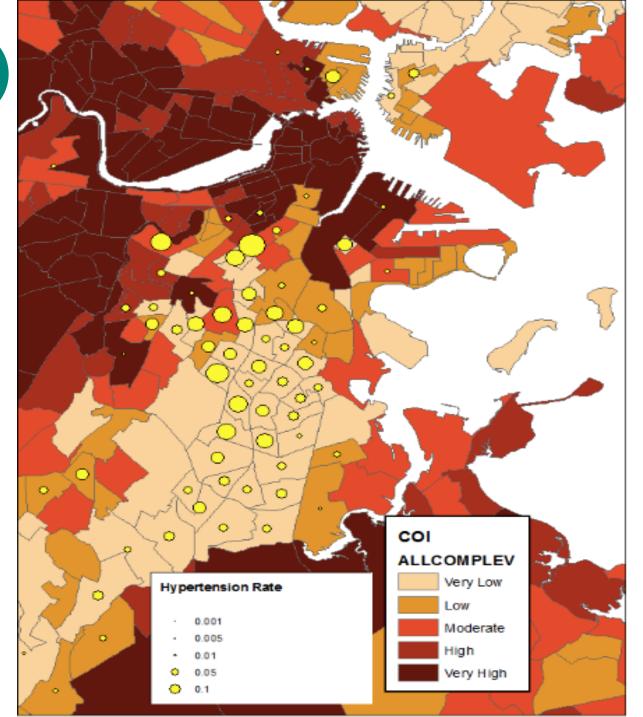
Neighborhoods in our catchment area have higher rates of homicide by firearm¹ than other neighborhoods





1. Reflects homicide by firearm rate, age-adjusted per 100,000 residents, 2011-2016 combined SOURCE: 2019 Boston Community Health Needs Assessment

CEN



Place, Opportunity, and Health

- Mapping Boston
 Neighborhoods by Child
 Opportunity Index from
 Kirwan Institute and
 diversitydatakids.org
- Vital Village Network at Boston Medical Center maps relationship between opportunity and stress (elevated BP at age 3)

Sandel et al.,

Academic Pediatrics 2014 **HealthWatch**

Healthcare 101

- A Hospital is different from a Health Plan
 - An Integrated Health System is different too
- How Hospitals get paid has changed
 - Changed from Fee for Service to Value-based care
 - Medicare is different from Medicaid and from Commercial
- Not all patients/members are created equal
 - Small number of patients drive costs
 - Homelessness/housing insecurity drives costs
 - But there are structural reasons its hard to target specific
 patients and housing



BMC—an integrated health system serving the most marginalized populations



Largest <u>safety net hospital in New</u> England >500 beds

Largest emergency/trauma service provider in New England

Primary campus in Boston; **new Brockton inpatient behavioral health facility**

26K discharges, 1M OP visits and 20K OR cases per year



~665K member health plan serving Medicaid beneficiaries in MA and NH

Our largest ACO, Boston ACO, includes 19 groups, BMC's on-campus practices and many community health centers in MA

Participates in government and commercial **risk contracts**

We now serve over 40% of the Medicaid market in Massachusetts.



How Healthcare is paid for changes the balance of power

Change from Free for Service to Value Based Care

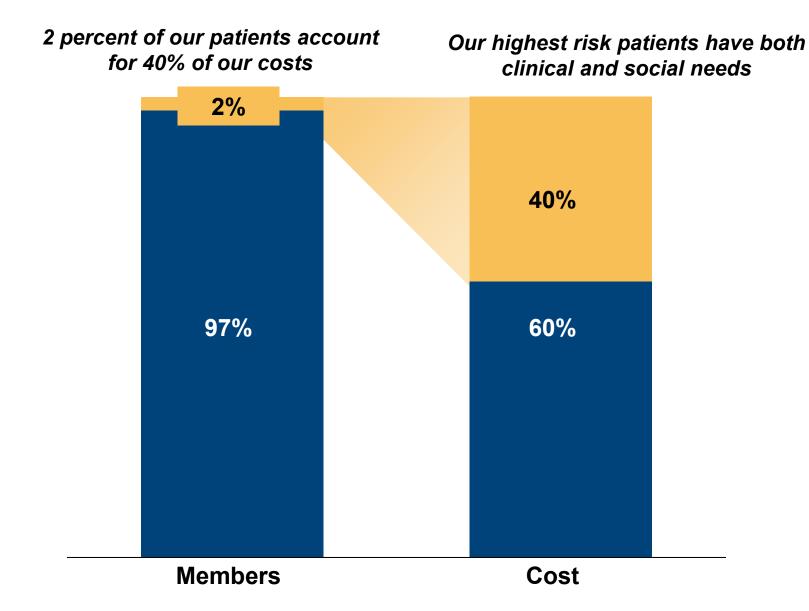
Emphasize reduced costs

Hospitals get fixed \$ to be "Accountable" for Care Insurance companies get large premiums, and control costs by passing risk to hospitals For Profit and Not for Profit

This balance is different for Medicare (federal) vs Medicaid (state) vs Commercial contracts

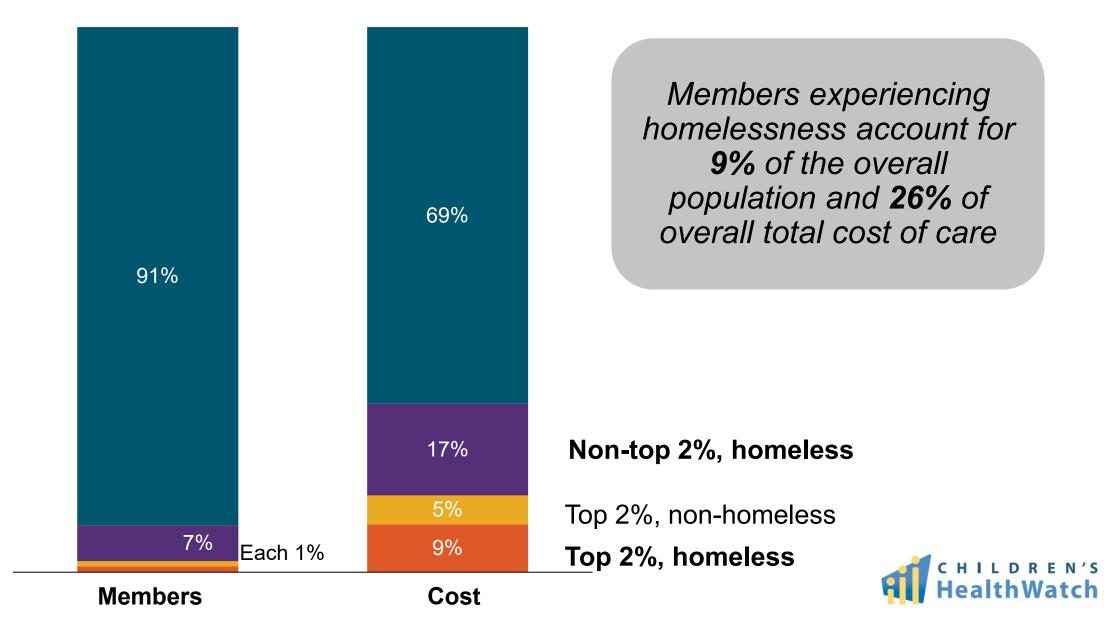


A small number of patients drives healthcare costs





Homelessness disproportionately drives healthcare costs



The Ingredients for Housing and Health Partnerships







Capital for housing production Rental assistance and income boosting policies

Tailored services for family and individual needs





Connecting Systems for Medically Complex families



Housing Prescriptions RCT show improved child health and parent mental health



NTEGRATING SOCIAL SERVICES & HEALTH

By Allison Bovell-Ammon, Cristina Mansilla, Ana Poblacion, Lindsey Rateau, Timothy Heeren, John T. Cook, Tina Zhang, Stephanie Ettinger de Cuba, and Megan T. Sandel

Housing Intervention For Medically Complex Families Associated With Improved Family Health: Pilot Randomized Trial Difference-in-differences in changes from baseline to 6 months between intervention and control groups, among participants in Housing Prescriptions as Health Care in Boston, Massachusetts

	Difference	95% Cl
Behind on rent in past year	19ª	(-2, 40)
Two or more moves in past year	-9ª	(-11, 28)
Homeless in past 6 months	15ª	(-11, 40)
Child in fair or poor health	-32***	(–59, –06)
In past 6 months, mean no. of child: Urgent care visits ED visits Hospitalizations	-0.51 -0.41 0.05	(–1.54, 0.51) (–1.66, 0.83) (–0.38, 0.49)
Mean GAD-2 score	-1.38**	(-2.46, -0.31)
Mean PHQ-2 score	-1.04**	(–1.95, –0.13)

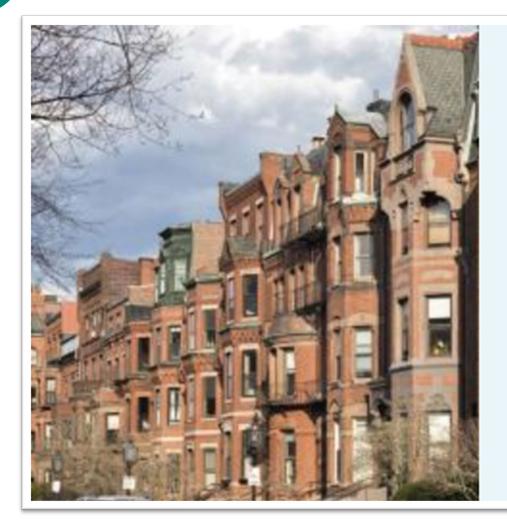
Analysis demonstrated **significantly greater improvements in child health status and parent anxiety and depression scores** among those in the intervention group, compared to the control group.

Bovell-Ammon A, et al . Health Affa





Investing in Partnerships



Press Releases

Boston Medical Center to Invest \$6.5 Million in Affordable Housing to Improve Community Health and Patient Outcomes, Reduce Medical Costs

December 07, 2017





What are the Future Directions?



What are the Future Directions?



- Understand the sources of dollars in healthcare and what motivates them
- Cracking the code of resident services and how to match with housing production may require policy changes
- Hospitals and Health Plans may have political capital for larger investment in housing
- State Housing Finance Agencies can create more acceleration in housing production to benefit everyone





Understand the different sources of money in Healthcare



Investment portfolios Healthcare delivery

Community benefit





Different sources are driven by different motivations







Investment portfolios differ by Hospital and Health Plan

Healthcare delivery needs to be tied to specific patients Community benefit is best but smallest \$





Resident services require scale and targeting to have a return on investment



Jean her Simoasoa/Milanesota Pablic Radio

The Seasons Townhomes development Monday, Feb. 3, 2014 in Ramsey, Minn.





The NEW ENGLAND JOURNAL of MEDICINE



Housing as Health Care — New York's Boundary-Crossing Experiment

Kelly M. Doran, M.D., M.H.S., Elizabeth J. Misa, M.P.A., and Nirav R. Shah, M.D., M.P.H. N Engl J Med 2013; 369:2374-2377 | December 19, 2013 | DOI: 10.1056/NEJMp1310121

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Article References Citing Articles (1)

Among the countries in the Organization for Economic Cooperation and Development (OECD), the United States ranks first in health care spending but 25th in spending on social services.¹ These are not two unrelated statistics: high spending on the former may result from low spending on the latter. Studies have shown the powerful effects that "social determinants" such as safe housing, healthful food, and opportunities for education and employment have on health. In fact, experts estimate that medical care accounts for only 10% of overall health, with social, environmental, and behavioral factors accounting for the rest.² Lack of upstream investment in social determinants of health probably contributes to exorbitant downstream spending on medical care in the United States. This neglect has ramifications for health outcomes, and the United States lags stubbornly behind other countries on basic indicators of population health.

The role of social determinants of health, and the business case for addressing them, is immediately clear when it comes to homelessness and housing. The 1.5 million Americans who experience homelessness in any given year face numerous health risks and are disproportionately represented amor highest users of costly hospital-based acute care. Placing people who are homeless in housing — affordable housing paired with supportive services such as on-site case mar



Audio Interview

Interview with Dr. Nirav Shah on New York State's decision to address housing needs as a social determinant of health. (10:56)

> **⊲**⊉Listen ¥ Download



Health Systems can bring Political Capital and Leverage Funding











762 Carpenter Street

Healthy Homes





Housing production and wealth building are the biggest things needed for health

- Lack of housing affects both healthcare workers and patients
- State Housing Finance Agencies have power to accelerate through guarantees, and simpler financing mechanisms
- Innovations are needed to develop more home ownership opportunities, whether in rent to own, or other ways to address the wealth gaps







Thank You!

