Wednesday Morning Breakfast Program:
Accelerating the Integration of Housing & Health: Strategies from Across the Nation & Pennsylvania
Housing as a Platform for Better Health

A PHILANTHROPIC PERSPECTIVE
We have known that housing and health were interconnected for a long time.

The connection between health and dwelling of the population is the most important one that exists.

Florence Nightingale (1820-1910)
Housing as a Platform for Better Health

The evolution of Kresge’s thinking

- Housing quality
- Neighborhood quality
- Neighborhood context
- Macro policy and practice
Housing as a Platform for Better Health

POLICY

- Olmstead
- ACA
- Medicaid Expansion
- Affirmatively Furthering Fair Housing

THE FIELD

- Public Housing Authorities
- Managed Care Organizations
- Hospitals
- Housing Finance Agencies
Housing as a Platform for Better Health

POINTS OF INTERVENTION

Engaging those affected
Building partnerships
Data and measurement
Financial innovation
Policy and practice innovation
Engaging Those Affected

- Vitalyst Health Foundation, Phoenix, AZ
- Measure 1, Alameda County, CA
Building Partnerships

• Healthy Neighborhoods and Healthy Families, Columbus, Ohio
• Health Starts at Home, Boston
• myConnections, Phoenix
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Data and Measurement

• SAHF (Stewards of Affordable Housing for the Future)
• Colorado Coalition for the Homeless
• City of Boulder, Colorado
Financial Innovation

- Flexible Housing Subsidy Pool, LA
- Health Housing Rewards (Center for Active Design and Fannie Mae)
- Healthy Futures Fund, LISC
Policy and Practice
Innovation
• Advancing Safe and Healthy Housing Initiative
• Housing Code Enforcement, Oakland, California
Absent comprehensive and bold investments in our nation’s housing infrastructure, the inequities in access to affordable healthy housing will continue to grow. As policy-makers turn their attention to this rising national crisis, it is imperative that plans and strategies mirror the scale of the challenge and are anchored in equity: just and fair inclusion for all.

PolicyLink, 2016
The Results

Outcomes from 5-year Longitudinal Study:

• 85% of eligible members were successfully housed (some found other means for housing)
• Unplanned medical cost decreased after housing was established. There was an observable decrease in facility days after housing.
• Enrollment in the program was associated with an increase in PCP and specialist visits. Planned office visits doubled after housed.
• Additional increase in visits was observed once participant was stably housed
• Medical cost decreased after housing. Pharmacy cost continued to increase (due to planned medication management)

Basically….:
✓ Unplanned Care Costs Decreased
✓ Rates of Primary/Specialty Visits Doubled
✓ Pharmacy Costs Increased
✓ It worked!

The Numbers

*Source: UPMC Health Plan. Department of Health Economics HUD Initiative Analysis. May 2017. Results based on 32 housed members within 2-year membership over CY 2015 and CY2016 vs. a comparison group of homeless members*
Comparison Study for CY 2015, 2016

MAJOR TAKEAWAY: CHFS members had statistically higher pharmacy costs and lower unplanned care over the 2 years:

- 59% more routine office visits than comparison
- 57% more specialty office visits than comparison
- 72% more Rx spending, to manage their care

*Source: UPMC Health Plan. Department of Health Economics HUD Initiative Analysis. May 2017. Results based on 32 housed members within 2-year membership over CY 2015 and CY2016 vs. a comparison group of homeless members
The Bu$ine$$ Case

• Average net savings for UPMC for You was $6,384 per member
  - Average medical costs **savings** $8,472
  - Pharmacy costs **increased** by an average of $2,088