The Value Proposition of Homes for Health

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1. Dimensions how Homes affect Health
   - Quality, Stability, Affordability, Location
   - How can it be like a Vaccine
2. Homes and People (Population Health)
3. Value of Homes and Health (Addressing each other’s Pain Points)
4. Homes as a route to Health Equity
Evidence on Home Quality

- Accidents/Injuries – exposed wiring, needed repairs
- Development and worsening asthma, allergies tied – specific conditions in the home
  - Pests (cockroaches and mice)
  - Molds/Chronic Dampness
  - Tobacco smoke
- Lead exposure tied to long term effects
  - Developmental delay, Attention deficit

Skinner et al, 2014
Poor housing quality strongest predictor of emotional and behavioral problems in low-income children

Much of association between poor housing quality and children’s wellbeing operates through parental stress, parenting behaviors and mental health
The Home Stability Iceberg

HOMELESS

HIDDEN HOMELESS:

HOUSING INSECURE

UNAFFORDABLE HOUSING

- Multiple moves
- Overcrowded
- Doubled Up
Being behind on rent is a strong indicator of other household hardship.

Sandel et al. In submission.
Durable Inequality. New York City is one of the MTO study sites analyzed by Ludwig et al. The spatial pattern of past and present neighborhood poverty in this and other cities constrained the ability of study participants to move. [Data from (12, 13)]
Public Health 101 – Vaccine Review

Why vaccinate?
• Personal protection
• “Herd immunity”
• Community and economic benefit
Kids in Food Insecure Families were TWO FOLD less likely to be underweight if they had a housing subsidy than similar kids who were eligible but did not receive a subsidized home.
For Healthcare costs alone, it did not save money, but cost $2 per chicken pox case prevented. But by societal costs, every $1 invested in vaccines saved $5 including work-loss costs.
How Should Population Health be Defined?

Population by Housing Risk

- **High-Risk Clients** (Top 5%)
  - Homelessness Addressed

- **Rising-Risk Clients** (5-35%)
  - Housing Instability Addressed

- **Low-Risk Clients** (60-80%)
  - No Need Addressed

How Healthcare Alone Looks at Risk

- **High-Risk Patients** (Top 5%)
- **Rising-Risk Patients** (5-35%)
- **Low-Risk Patients** (60-80%)

- Trade high-cost services for low-cost management
- Avoid unnecessary, higher-acuity, higher-cost spending
- Keep patient healthy, loyal to the system
Children’s HealthWatch

- Non-partisan network of pediatric & public health researchers → research & policy center

- Improve health & development young children → public policies → alleviate economic hardships
  - Hunger (Food Insecurity)
  - Unstable Housing (Housing Insecurity)
  - Keeping Heat or Lights on (Energy Insecurity)
  - Adverse Healthcare Tradeoffs (e.g., foregoing care)
Where our data come from:

Emergency Departments and Primary Care Clinics in Boston, Baltimore, Philadelphia, Little Rock and Minneapolis.

- A household survey
- Interviews - caregivers with children 0 to 4 years old
  - “invisible” group
  - critical window of time
Health Risks Associated with Unstable Homes

- Homelessness: 9%
- Multiple Moves: 6%
- Behind on Rent: 25%
- No Unstable Homes: 60%
- Child hospitalizations: 20-24%
- Developmental risk: 26-31%
- Maternal depression: 174-268%
- Child fair/poor health: 43-58%
- Maternal fair/poor health: 91-123%
- No health risk: 0%

N=22,234
Since [current month] of last year,

1. Was there a time when you were not able to pay the mortgage or rent on time?
   Answer is yes/no, positive screen if answer is yes

2. How many places have you lived?
   Answer is # of places lived, positive screen if answer is 3 or more (i.e. multiple moves ≥ 2 in 12 mos.)

3. At any time where you did not have a steady place to stay or stayed in shelter (including now)?
   Answer is yes/no, positive screen if answer is yes

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Avoidable Costs in Health Care and Education for Mothers and Children

• Mental health costs linked to maternal depression largest contributor to cost

• Other costs associated with increased:
  • Hospitalizations
  • Ambulatory visits
  • Dental procedures
  • Medications
  • Special education services
Market that Values Homes for Health*

- Healthcare Sector Pain Point
  - Unstably housed patients cost $
- What is the Housing Sector’s Pain Point
- Can we find a cure?

*Acknowledging David Erickson “Marketplace that Values Health”
What is the Housing Sector’s Pain Point?

- Capital
  - To Build New Units
  - Renovate existing housing stock
- Capital to assist retail on the first floor
- Operating Subsidy
- Money to cover resident services
What Value Does the Housing Sector have?

- Units
  - New construction
  - Renovation
  - Turnover
- Proven Method of Addressing Chronic Homelessness
- Onsite residential services
  - Monitoring
  - Link with medical case management
  - Wellness (Health, Financial)

Cutts et al. MCH, 2014.
What Value does the Healthcare Sector have?

- Money
  - Provider (ACO)/Insurance
  - Community Benefit
  - Investment portfolio
- Political capital
- Services dollars
  - Case management
  - Community Health Workers
  - Health/wellness

Cutts et al. MCH, 2014.
How Could the Two Sectors Exchange Value?

• Set aside units for investment
  – Units for High Utilizers
  – Fair Housing Waiver
  – Investment portfolio invests capital

• Set aside units for services dollars
  – Units for High Utilizers
  – Fair Housing Waiver
  – On site resident services paid for
How Could the Two Sectors Exchange Value?

• Flex funds for rent with landlords
  – Pool of funds for rent or renovations
  – Units for High Risk populations
  – Resident services paid for by Healthcare
What Could This Look Like in Action

Healthy Start in Housing

- Housing insecure, high risk pregnant/parenting families, child <5 with complex condition requiring specialty care
- Secure and retain housing to
  - improve birth outcomes
  - improve the health and well-being of women and families
- Provision of housing by public housing
- Intensive case management: housing retention, engagement in services, family development plan paid for by health sector

Boston Public Health Commission & Boston Housing Authority
Thank You!

The mission of Children’s HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships.

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