Better Health through Better Housing

A Low-Cost, High-Impact Home Modification Model
NAHRO Conference July 2018
Learning Objectives
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• Understand the role the physical environment (the home) plays for older adults in terms of health and safety.

• Receive an in-depth overview of one model being implemented in Maine, *Comfortably Home*.

• Learn about the lessons learned, unexpected surprises, and key indicators of success from six housing authorities implementing the program model.
Context and Background
Program Background

*Comfortably Home* began as a vision of Bath Housing with the belief that safe, stable housing is critical to the health and wellness of a community.

Like many housing authorities across a state dealing with an increasingly aging population, Bath Housing was facing a senior housing shortage. Elderly and disabled residents in need were waiting up to 24 months for eligible housing units.

Research showed many preferred to stay in their own homes but could no longer keep up with maintenance—creating potentially serious health and safety issues.

Bath Housing recognized the need to innovate housing solutions and quickly realized the organization was already armed with the resources to lay the foundation for change—a skillful maintenance department and a caring, dedicated staff.
Why did we need a new model?

- Maine’s aging population
- High rate of homeownership
- Desire to age at home
- Continuum of services
- Partnerships
- Leverage
Pilot Period

• 18-month pilot program funded by John T. Gorman Foundation

• Promising initial outcomes

• MaineHousing invited local PHAs to participate in program replication and allocated $300,000

• Bath Housing trained four PHAs with program start in 2017; one additional PHA joined in 2018

• MaineHousing serves as lead evaluator and data repository
Program Overview
Core Services

- Safety Checks
- Accessibility Modifications
- Minor Repairs
Intersection of Health & Housing
Evidence-Based Data

• In today’s health care environment, improving health largely falls outside of health care facilities. Home is where health is.

• People with functional limitations and chronic conditions are more than four times more likely than the general population to be among the 5 percent costliest users of health services. And yet, function is rarely addressed in medical visits.

• According to the CDC, more than one-third of people aged 65 and older fall each year, and those who fall once are two to three times more likely to fall again. Fall injuries are responsible for significant disability, loss of independence, and reduced quality of life. In recent years, systematic reviews of fall intervention studies have established that prevention interventions can reduce falls.

• Comfortably Home is modelled in part on the evidence-based CAPABLE program at Johns Hopkins University in Baltimore. CAPABLE is a patient-directed, team-based intervention comprised of a nurse, OT, and maintenance technician. Roughly $3,000 in program costs yielded more than $20,000 in savings in medical costs driven by reductions in both inpatient and outpatient expenditures.
Aging in Place Segments

1) Without Urgent Needs
   This includes those who want to age in place although they are not currently experiencing immediate or significant health issues.

2) With Progressive Condition-Based Needs
   This includes those with a chronic or progressive condition that requires special modifications or attention to allow them to age in place. They are usually aware of their needs but addressing them may not be urgent.

3) With Traumatic Change Needs
   This includes those who have experienced an abrupt or traumatic change that necessitates accommodating modifications to allow them to age in place . . . or even to return home from the hospital or rehab.

From National Association of Home Builders “Certified Aging in Place Specialist” training
These repairs allow me to stay at home. I can’t believe you’re doing all of this for me at no cost; this is going to allow me to stay at home.
- Taping down area rugs
- Moving furniture
- Changing the location of items
- Adding nightlights
- Removing trip hazards
- Use chairs with armrests
- Non-skid strips in the bathtub
- Throw away step stools
- Grab bars
- Handrails
- D-shaped handles on cabinets
- Rocker light switches
- Enhanced lighting
- Lever-style faucets
- Smoke and CO detectors
- Winterizing
- Flooring repairs
- Washer/dryer platforms
- Shower wands
- Gutter repairs
- Widening doorways
- Adding a first floor bathroom
- Adding a ramp
- Adding a chair lift to stairs
- Lowering cabinets
- Replacement of flooring
- Zero-step entries
- First floor bedroom
- Converting bathtubs to showers
Data compiled from skillednursinghome.org-Average Healthcare Costs by State: Maine

- **Home Modification Cost**: $1,578
- **Emergency Room Visit and Discharge Home**: $3,294
- **Home Health**: $3,813
- **Skilled Nursing Stay**: $13,475
- **Hospital Stay**: $31,091

*Comfortably Home*

**Making home a safer place to stay**
Exercise
Opportunities for Modifications?
Installed grab bar to increase stability

Installed grab bar for ease of entering and exiting the shower

Shower seat creates safer conditions and increases ease of use
Opportunities for Modifications?
Installed gutter to channel water away from walkway

Removed tree to reduce pine needles and water (ice) runoff onto ramp
Low Cost, High Impact
Program Goals

• Extend the time older adults and people with disabilities can stay safely in their homes while improving health and safety outcomes.

• Expand role of local housing authority in meeting area housing needs.
Core Values

- Respectful
- Responsive
- Resourceful
Criteria

- Live within [insert geographic footprint]

- Own your home or live in home owned by a family member

- Have income at or below 80% Area Median Income for PHA Service Area

- Be over the age of 60 or disabled
Differentiators

• **Comprehensive:** *Comfortably Home* assesses the problems, provides the solution and covers the cost. Most don’t do all three, leaving the homeowner to coordinate assessment, obtaining and distributing funds and hiring and coordinating providers.

• **Low-Cost, High-Impact:** *Comfortably Home* specializes in one-time, minimally disruptive but high-impact minor home improvements. This is a gap that few (or no other) providers fill the way we do.

• **Individualized:** *Comfortably Home* approaches assessment from the homeowner’s perspective and provides personalized solutions customized to their daily routines, needs, and preferences. Most low-cost, no-cost programs provide only standard options, while our solutions and services are equivalent to those of high-end providers.

• **Paid staff model:** Many home modifications programs are volunteer-driven.
The Numbers

- $1,578 per house cost
  - $400 materials
  - $450 maintenance labor
  - $450 program coordinator time
  - $278 admin expenses (insurance, marketing, evaluation, overhead, etc.)

- Grants to continue and expand in year and beyond from MaineHousing and other private foundations.

As of April 2018
Case Study
Debbie L.

What was important to her: Lighting, Artwork, not her heating system

1. Inquires/Intake
2. Initial Home Visit/Assessment
3. Work Plan Development and Installation
4. Check-in
5. Final Assessment
Comfortably Home - Work Plan

Description of work to be completed:

- Install 2 grab bars, 1 vertically on the outside wall and, 1 horizontally on tub back wall
- Install 3 Smoke detectors.
- Install 1 CO detector.
- Clean dryer vent.
- Add matching cabinet door pulls to upper cabinets.
- Replace bedroom ceiling fan with new ceiling light fixture
- Add solar light fixture to provide more light on backside of house to entrance.
- Change Light bulbs interior and exterior to brighter bulbs.
- Bring two types of shower chairs to see if they will work for the homeowner and install if one is wanted.
- Bring shower wand to show homeowner and install if one is wanted.
- Trim Closet doors in bedroom and hang them back up for smooth operation.
- Repair weather strip on screen door.
- Attempt to repair door handle on door, possibly replace.
- Clean gutters on front porch.
- Replace deck boards on front porch and reattach outdoor carpet.
- Install railing on both sides and/or one side of walkway leading to driveway.
- Remove bush/tree blocking lights by front door.
- Supply a list of local chimney sweep cleaners.

Estimated time: 7 hours
Evaluation
Evaluation Process

- Collects data from each PHA in a standard format that can be easily aggregated

- Tracks both participant outcomes and modification costs

- Ability to assess individual PHA performance and overall program impact

- Created a cohort of PHAs that are learning and sharing with each other
Impact Data

- 115 homes served in 2017
- To date (July 5, 2018) 101 Final Assessments have been completed

- Median Age: 73
- Median Income: $18,480
- Household Size: 1.4
- Average Age of Home: 53 years
Outcomes

• Consistent from pilot year (n=40) to Year 1 (n=101)

• Simplified collection and analysis
  – Falls
  – Hospitalizations
  – 911 Calls
Have you had a fall in the previous 6 months

6 Months Before Program: 38%, 50
6 Months After Program: 22%, 22
Decline: -56%

Source: Comfortably Home Administrative Data, Accessed July 5, 2018
Hospitalizations

Have you been hospitalized in the previous 6 months

Source: Comfortably Home Administrative Data, Accessed July 5, 2018
911 Calls

Have you called 911 in the last 6 months?

- **Medical**
  - 6 Months Before Program: 20, 15%
  - 6 Months After Program: 6, 6%
  - Decline: -70%

- **Fire**
  - 6 Months Before Program: 2, 2%
  - 6 Months After Program: 0, 0%
  - Decline: -100%

- **Other**
  - 6 Months Before Program: 8, 6%
  - 6 Months After Program: 2, 2%
  - Decline: -75%

Source: Comfortably Home Administrative Data, Accessed July 5, 2018
Lessons Learned
Key Steps for Start-Up

1. Establishing Need
   Area Housing Assessment
   Community Conversations including AAA, AARP, Senior Center, Health Care organizations, CAP agency

2. Organizational Buy-in
   Board, ED and staff buy-in
   Understanding what you are getting into
   Formation of Committee to oversee
   Use existing staff or hire new staff; back-filling positions

3. Due Diligence
   Articles of Incorporation – Use Housing Authority or affiliate?
   Liability Insurance
   Training, Research and Best Practices
   CAPS Certification through NAHB
Lessons Learned

- **Staffing**
  - Twice as much admin time as expected
  - Backfill staff positions
  - Destabilizing staff
  - Participant deaths

- **Maintenance**
  - Breaking things in a house, shopping time, scope creep, the right tools
  - Careful about in scope and out of scope

- **Evaluation**
  - Need to track housing stability as well as health outcomes
Lessons Learned

- Marketing
  - Successes
    - Local media
    - Local Organizations (libraries, senior centers, Churches, community center)
    - Medical Community (visiting nurses, OT, PT, social workers)
    - Word of Mouth/program participants
    - Use of program name versus Housing Authority

- Challenges
  - Emergency Services
  - Reaching Socially Isolated
Lessons Learned

• Clearly define what is in scope and out of scope
  – Out of Scope
    • Foundation Work
    • Furnace Repair/Replacement
    • Appliance Repair
    • Mold Remediation
    • New toilet installation
    • New Ramp/Chairlift
    • Walk-in Shower installation
    • Concrete work
    • Chimney cleaning/repairs
Lessons Learned

– Build community partnerships
  o USDA Rural Development
  o Habitat for Humanity
  o Community Action Home Repair Programs
  o Local Civic Organizations (Rotary)
The Unexpected

- Difficulty of saying no
- Emotional Connection to participants
- Addressing significant variation in housing stock (trailers, etc.)
- GRATITUDE
- Ease of start-up
- Low administrative burden
- Appeal to foundation community
- Ability to leverage community resources
Success Stories
Next Steps
Next Steps

- Add more PHAs in Maine
- National replication
- Finding/strengthening community partners and investors
- Looking at the data over time, including housing stability
Would You?
Would You?

• What excites you about this model?
• Would you consider implementing?
  – Why or Why Not?
• Questions or Concerns?
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