The presentation will begin shortly.
Housing and the Role of Hospitals
September 21, 2017

Speakers:
• Margo Quiriconi, Director of Community Health Initiatives, Strategic Planning, Children’s Mercy Kansas City
• Stephen B. Brown, Director of Preventive Emergency Medicine, Department of Emergency Medicine, University of Illinois Hospital and Health Sciences System
• Moderator: Vincent Tufo, Chief Executive Officer, Charter Oak Communities
Lead, Bugs, Rent, Mold and Beyond: Housing and Children’s Health

Margo Quiriconi
Director, Community Health Initiatives
Ahead of Their Time…
Founded in 1897

Alice Berry Graham

Katharine Berry Richardson
The Region’s Pediatric Health System of Choice

- 367 beds
- 352,286 outpatient visits
- 191,500 ER/UC visits
- 14,190 admissions
- 20,188 surgeries
- 5,586 transport

*All numbers Fiscal 2016
Health happens where children live, learn, play
Why is Housing Important?

• Epicenter of stability for a family
• Source of health
• Address for mail
• Residency for school
How Housing Affects Children’s Health

• Poor housing conditions increase the risk of severe ill-health and/or disability during childhood.

• Children living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems.

• Children who are homeless are sick more often than other children.
  – Have twice as many ear infections, five times more gastrointestinal problems and are four times more likely to develop Asthma

• Housing costs may produce parental stress and leave limited resources to meet children’s health and developmental needs.

• Violence, neighborhood safety and resource-poor environments may have an impact on mental health, physical activity and weight.
Children’s Mercy Programs/Initiatives that Address Housing

- Community Health Needs Assessment
- Determinants of Health Screening
- Center for Community Connections
- Intimate Partner Violence Program
- Section on Toxicology and Environmental Health
CHNA Methodology-2016
Incorporated questions related to housing across all areas

Focus Groups
- Representatives from non-profit agencies serving children and their families
  - 225 invited; 46 participated

Key Informant On-line Survey
- Representatives from government, legal, and business AND nonprofit agencies that did not participate in Focus Groups.
  - 100 invited; 46 returned surveys

Telephone Survey
- Randomly selected, stratified sample of families with at least one child living at home; 4 counties represented.

Secondary Data Analysis
- National, State, Local and Internal Sources
- Population Characteristics, Housing, Socio-Economic Factors, Health Data

1000 Families

Children's Mercy
KANSAS CITY
Housing Conditions
Housing Conditions and Low Income Children

- Approximately 50% of very low-income families live in homes built before 1950.

- Low-income black and Hispanic children in Jackson and Wyandotte County are most likely to have gone without electricity, hot water or heat in the past year.

- Low-income black children are more likely to live in homes with peeling paint, long lasting stale odor or water leaks or flooding.

Source: 2015 PRC Child & Adolescent Survey-Kansas City
Year Home was Built
(Johnson & Wyandotte Counties, Kans. and Clay & Jackson Counties, Mo., 2015)

- Before 1950: 14.0%
- Between 1951 and 1978: 33.8%
- After 1979: 52.2%

Notes: • Children’s Mercy Hospital Community Health Needs Assessment, 2016. www.childrensmerry/About.Us/Community_Health_Assessment
• Asked of all respondents about a randomly selected child in the household.
Source: • 2015 PRC Child & Adolescent Health Survey-Kansas City, Professional Research Consultants, Inc. [Items 326-333]
Housing Instability

• 16.2% of area families moved residences at least once in the past year

• Over 6,900 children (5 – 18 years of age) in the Kansas City region, met the McKinney-Vento homeless definition.

How Often Worried or Stressed about Having Money for Rent or Mortgage Payment
(Johnson & Wyandotte Counties, Kans. and Clay & Jackson Counties, Mo., 2015)

- Never 56.2%
- Always 6.2%
- Usually 4.2%
- Sometimes 33.3%
The Built Environment

• Far too many children live in neighborhoods with:
  – Vacant properties
  – Poorly kept housing
  – High levels of Vandalism
  – Litter and loose garbage

2015 PRC Child & Adolescent Health Survey-Kansas City
Screening for Determinants of Health

- Children’s Mercy Pediatric Care Center
- Screening for determinants of health with the SEEK Tool - Safe Environment for Every Kid
- Assessed at all visits
- Resources given and/or social worker consulted for positive screen and/or referral to Center for Community Connections
I-HELP Screening (inpatient settings)

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For other areas & questions, see Kenyon, Pediatrics 2007.
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<th>Housing (Poor Conditions, Evictions, &amp; Homelessness)</th>
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- **Do you have any concerns about having enough food?**
  - Have you ever worried whether your food would run out before you have money to buy more?
  - Within the past year, has the food you bought ever not lasted and you didn’t have money to get more?

- **Do you have any concerns about poor housing conditions such as mice, mold, or cockroaches?**

- **Do you have any concerns about being evicted or not being able to pay the rent?**

- **Do you have any concerns about not being able to pay your mortgage?**
Center for Community Connections

- Goal: To reduce barriers to accessing and engaging in pediatric health care
- Intensive navigation of resources within Children’s Mercy and in their own community, housing and utilities in the top five issues of concern
- Medical Legal Services on-site
Intimate Partner Violence Program

• The Intimate Partner Violence Program provides multiple opportunities for access to resources at the right time

• Key program components
  – Passive educational cues
  – Universal education and screening
  – Social Work consultation
  – Domestic Violence Shelter on-site
Section on Toxicology and Environmental Health

- Healthy Homes Program
  - Healthy home assessment, coaching by phone or in person, and referrals to community services
  - Target population: Asthma, Immunocompromised, Blood Lead level, complex medical conditions

- Lead Poisoning Prevention Home Assessment Program for Kansas

- Pediatric Environmental Health Specialty Unit, Region 7 collaboration

- Education and Training Programs
  - Community health workers, shelter case workers, neighborhood associations, environmental organizations, etc.
In Progress

• OneTouch KC Pilot
  – Common intake, referral and follow-up to address housing issues

• Universal Screening tool for Determinants of Health Screening across system

• CHNA 2018
  – Identify opportunity areas
“The connection between health and the dwelling of the population is one of the most important that exists.”

Florence Nightingale

For further information contact:

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healthcare & homelessness

A deadly, dangerous and underreported social condition

Stephen Brown MSW LCSW PMP
Director, Preventive Emergency Medicine
University of Illinois Hospital & Health Sciences System
healthcare & homelessness: agenda

- A Population/Public Health Perspective
  - Homelessness in Chicago
- Public sector costs & utilization
- What is Housing First?
- The Better Health Through Housing Program
- Lessons learned
  - Homelessness is a dangerous health condition
  - The homeless are invisible in healthcare
  - Exorbitant healthcare cost & utilization
- Towards Collective Impact
The Chronically Homeless population follow a **Power-Law Distribution**

A minority of patients accumulate most of the cost & utilization.
In Illinois and other states, 5% of Medicaid patients make up 48% of the cost.
Where you live, what schools you attended, your parents style of upbringing, the presence of mental illness or substance abuse, access to healthy food, the neighborhood, the environment, access or limitations to healthcare, all affect health.

“We found that many of the chronically homeless came from households where one or both of the parents suffered from mental illness and/or substance abuse.”

Source: http://determinantsofhealth.org
Chicago: ranked 11th
Lagging behind other U.S. cities in a coordinated, multi-sector strategy

- Measured two ways
  - Annually: Estimated to be ~125,000
  - Point-In-Time: Every January: 5,833
- Undercount in some west and south side community areas: “Abandominiums”

- The highest concentrations of homelessness are in:
  - Loop (9.7% of all homeless)
  - Uptown (9.4%)
  - Near Northside (8.4%)
  - Near Westside (7.8%)
  - Lower South Loop (6.8%)

Source: Chicago Department of Family and Support Services (DFSS), Annual Point In Time Count (7/17)
The 3 types of homelessness

A time-oriented classification of the homeless, based upon the length of time they have been homeless.

- **Episodic**
  - Both individuals (48%) and families (52%) who become homeless due to a housing, health care, or other financial crisis. They come into the shelter system and stay about three months and often move into housing. **50% are homeless less than 7 days.**

- **Transitional**
  - More individuals than families who regularly go in and out of shelters. They tend to be younger and leave shelters when they get income, or use shelters seasonally. **31% of foster care children who age-out** of the system will be homeless in their twenties.

- **Chronic**
  - Primarily individuals who have been homeless for a year or more, or four times in the last three years. They tend to be older with significant mental illness, substance abuse and many have a chronic medical condition(s).
Why is their homelessness?

The episodic & chronically homeless have high rates of mental illness & substance abuse.

- A lack of a comprehensive, unified, coordinated strategy cause homeless persons to remain homeless, who then become vulnerable to injury and the development of poorly managed chronic.
- Housing prices: Trending over 30% of disposable income.
The chronically homeless have very high public sector costs

Among all homeless, the chronically homeless make up 10-20% of the general population...

...yet account for nearly 80-90% of the total cost of services to the entire population.

"We’ve found that chronically homeless people, who are about 12% of the homeless population, make up 80% of the total government costs spend, from emergency room visits to jail time... We are wasting a huge amount of money in this country keeping these people homeless."

Jack Maguire, Director of Communications for the 100,000 Homes Campaign.
Fragmented, uncoordinated silos shift costs to the most expensive public facilities.

“It would cost us $1/3 to $1/2 of what we now spend collectively on the homeless if we simply gave them a place to live.”

Sam Tsemberis – Pathways to Housing, NYC

Source: https://www.pathwayshousingfirst.org
Resulting in a wasteful, inefficient use of public resources. Other cities have found it is a third to twice as expensive to manage homelessness than to prevent it.

Management: $100m
- Ambulance
- Jail
- Psychiatric care
- Shelter
- Police
- Healthcare
- Housing

Prevention: $50m
- Ambulance
- Jail
- Psychiatric care
- Shelter
- Police
- Healthcare
- Housing

How do we reduce costs while increasing access to supportive housing?
What is Housing First?

Housing First is a process and a philosophy that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – along with supportive services.

Housing First does not require residents to undergo psychiatric treatment or maintain sobriety prior to obtaining housing. Vulnerable clients can more easily engage in services and address their chronic medical conditions once they are no longer dealing with the chaos of homelessness.

- Scattered site housing
- 1-bedroom, independent housing. Not a group setting
- 1/3 of income, no matter what the income
- **Supportive case management** that helps participant learn how to do daily activities, assist them with medical appointments, pay bills, etc.

**EFFECTIVENESS**

- 2-year housing retention is 80-90% (vs 20% for traditional methods)
- 38-72% reduction in healthcare costs & utilization

## Better Health Through Housing

### Program
- Partnership with Center for Housing & Health (CHH)
- Pilot to demonstrate a healthcare-to-housing Housing First model
- $250,000 funding by hospital leadership
- Evaluating health, cost & utilization
  - CHH project manager with 28 supportive housing agencies
  - 125 one-bedroom units
  - 3 bridge unit providers (single room occupancy)
  - Scattered housing across city
  - HUD waiver allows UI Health to select patients to transition

### Patient Status
- 68% male, 32% female
- Age range: 28-63 years old, average is 53
- 60+ - patients reviewed by panel
- 27 - referred into the program
- 4 - deceased
- 1 - violated probation
- 2 - discharged, deemed incapable of independent living
- 1 – discharged, now in home hospice
To successfully move chronically homeless patients into permanent supportive housing, *Care Transition*, not traditional hospital discharge, is required.

The partnership includes UI Health, the Center for Housing and Health as the organizing agency, 27 supportive housing agencies and one outreach agency (Heartland Health).
Lesson # 1: Homelessness is a dangerous health condition.
The average life expectancy is 27.3 years less than the average American.

All-Cause Mortality Risk Compared to the General Population

- **25-44** year range: 8.9
- **45-64** year range: 4.5

*The death rate for the homeless 65 and up was not statistically significant compared to the general population.*

Causes of Death

- Drug Overdose, 16.8%
- Cancer, 15.8%
- Heart Disease, 15.6%
- Psychoactive Substance Abuse Disorder, 7.6%
- Liver Disease, 6.8%
- HIV, 5.8%
- Other, 32%

Those that have had frostbite have an 8x risk of early death

72% of the chronically homeless have neurocognitive deficits. 

Etiologies include severe mental illness, PTSD, uncontrolled seizure disorder, intellectual disability, traumatic brain injury (TBI), dementia, hepatic encephalopathy, childhood lead poisoning.

Nearly 50% have evidence of severe traumatic brain injury.

High rates of head & neck cancers

15.8% of all deaths

Early onset of COPD associated with smoking heroin

60% of crack cocaine users had asthma or COPD, 20% had both

22-48% of homeless women report that domestic violence was the immediate cause of their homelessness.

HIV/AIDS rates are 3-9x higher in the homeless than the stably housed
27% of homeless in LA screened positive for hepatitis C
Tuberculosis prevalence in the homeless is .2 to 7%

Sources:
3) Ibid
Lesson # 2: The homeless are invisible in healthcare.
In 2015, only 48 homeless patients had been identified by ED & Psych staff interviews.

As of January 2017, over 1,300 patients have been identified.

A recent paper suggests that the majority of homeless list other hospitals as their primary address. The number of homeless could exceed 1,500.
Lesson # 3:
The homeless have exorbitant healthcare costs.
First Cohort Cost & Utilization

26 patients referred into permanent supportive housing

21%  
Cost reduction for 17 chronically homeless patients

67%  
Cost reduction for 16 patients after removing one outlier*

“One patient, now deceased, had annual healthcare costs of $533,000”

* Patient in hospice care
All Homeless Cost & Utilization

Among the Highest Cost & Utilization of all UI Health Patients

**Average Costs & Uncompensated Care**

- 616 homeless patients had healthcare costs 32% higher than an average UI Health patient. ($9,207 vs. $6,947)

- 11-14% of their total healthcare costs were uncompensated ($635,936 to $855,195 / $5,671, 071)

**Decile Ranking**

- 32% (197) of 575 homeless patients sampled were in the top decile of the most expensive patients.

- Tenth decile homeless patients costs ranged from $51,010 to $533,000 – 7 to 76 x the average UI Health patient cost ($6,947).

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All CY 2016 Patients (n=156,675)

* Patient in hospice care
Towards Collective Impact

Hospitals can and should play a vital role in decreasing homelessness by acknowledging it is a dangerous health condition, and by creating programs that, along with other hospitals, pay for supportive housing.

If every hospital in Chicago committed to paying for supportive housing for ten chronically homeless individuals, we could reduce that population by a third.*

* Hospitals can also claim a community benefit on their taxes to enhance their non-profit status.

That is major impact.
Thank You

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https://www.surveymonkey.com/r/aha_webinar_09-21-17
Q & A
Housing and the Role of Hospitals

aha.org/housing
Upcoming Guides in the SDOH Series

• Transportation
• Education
• Health Behaviors

Details coming soon!