



MEDICAID: BEYOND THE SILOS HEALTH & HOUSING INTEGRATION

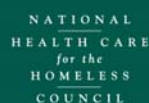
Barbara DiPietro, Ph.D.
Senior Director of Policy

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HEALTH & HOUSING: WHAT'S THE CONNECTION?

1. *Poor health causes homelessness*
 - Loss of job/income, medical debts
 - Mental health/addiction can alienate friends & family
 - Lack of income = eviction
2. *Homelessness causes poor health*
 - Exposure to weather, street violence, parasites, unclean conditions, disease
 - Exacerbation of existing health conditions & creation of new ones
 - Poor sleep/inability to rest; lack of food/contaminated food
3. *Lack of housing complicates treatment*
 - Competing priorities (safety, food, shelter)
 - Adherence to medical plan (medications, wound care, diet)
 - Hospital discharge to streets



Institute of Medicine, *Homelessness, Health, and Human Needs*. Washington: National Academy Press, 1988.

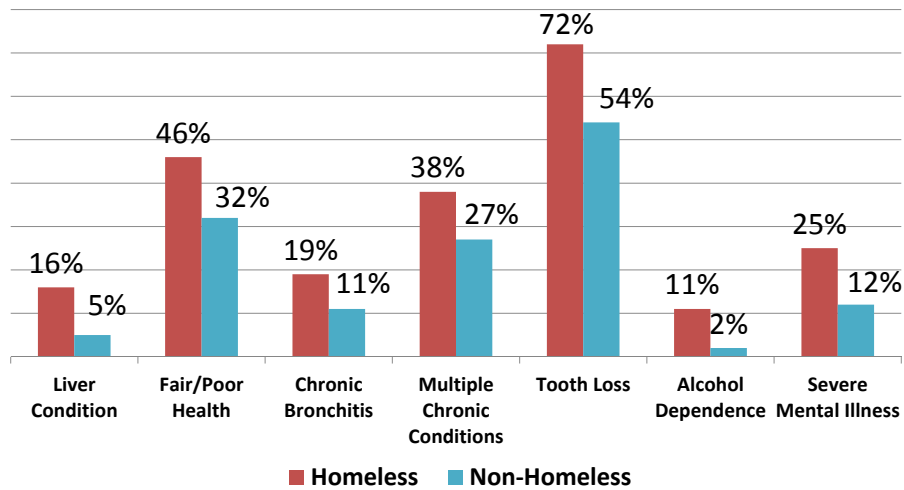
HENCE....

- High rates of acute, chronic & communicable illnesses (3-6 times)
- Multiple complex morbidities
- Intermittent/low access to care – OR – high ED & hospital utilization/readmission
- Discharge difficulties/poor outcomes
- Deferred care & high costs
- Challenges exiting homelessness
- Premature mortality



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Health Status of Health Center Users



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Source: Lebrun-Harris, L., et al. (June 2013.) Health Status and Health Care Experiences among Homeless Patients in Federally Supported Health Centers: Findings from the 2009 Patient Survey. *Health Services Research* 48 (3): 992-1017.

WHAT IS SUPPORTIVE HOUSING?

- Not time-limited
- Same lease as anyone in the community
- No requirement for sobriety
- Services are voluntary and consumer-driven
- Wide range of team-based services:
 - Medical
 - Behavioral health
 - Case management
 - Care coordination
 - Employment/rehab
 - Living skills
 - Family stabilization



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SUPPORTIVE HOUSING & HEALTH OUTCOMES

- Extensive literature available in past 20 years: peer-reviewed, public data, informal studies
- **Core finding: Housing improves health & lowers total cost of care**
 - Specific findings vary by study type, population, intensity of services & other factors
- Lower rate of alcohol/drug use; fewer visits to ER/hospital and jail
- Decrease risk behaviors (unsafe sex, injection drug use, prostitution, etc.)
- Increase adherence to medications, medical plans
- Better manage diabetes, asthma, hypertension, HIV, mental health, hepatitis & other chronic conditions
- Greater engagement in care, stabilize health, prevent deterioration
- Stronger (re)connection to family, employment, community

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OPPORTUNITIES AT ALL LEVELS

- Strategies & plans to prevent/end homelessness
- Commitment to improve health & focus on outcomes
- Greater awareness of the link between health & housing (*social determinants of health*)
- Greater access to health care services through Medicaid
- Broader implementation of supportive housing in wide range of communities
- Targeted federal priorities linked to funding initiatives
- Increased partnerships between housing & health agencies as well as local providers

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BUILDING THE BRIDGE: HEALTH TO HOUSING



- Health care providers are in a rapidly changing environment (*Medicaid is just one area*)
- Focus on outcomes and cost = need for broader investment in evidence-based practices (*like supportive housing*)
- Efficiency: Nothing we do works well when patients live on the street or in unstable housing arrangements
- **Housing is health care**

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CONTACT

- **National Health Care for the Homeless Council:** Providing training, TA, research, policy analysis and advocacy to unite the best practices in homeless health care
www.nhchc.org or @NatIHCHCouncil
- Barbara DiPietro, Sr. Director of Policy
bdipietro@nhchc.org or @barbaradipietro

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