Preservation of Affordable Housing
NEWSLETTER

Integrating Health Care Services into Affordable Housing

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"Housing is a vaccine" according to Dr. Megan Sandel, Associate Professor of Pediatrics and Public Health at the Boston University Schools of Medicine and Public Health and Boston Medical Center. Numerous studies and research have linked the impact of healthy, safe and affordable housing to reducing the stressors that lead to poor physical, developmental and mental health.

Nationally, the Departments of Housing and Urban Development and Health and Human Services are using the research as the basis for stressing the importance of healthy housing as a platform for coordinated health services as a way to achieve better health outcomes.

For many low-income families, gaining access to the "vaccine" of affordable housing is only the beginning of the journey to increased health and well-being. Increasingly, POAH has observed that the families we house bring with them a range of negative health issues that include higher incidences of asthma, diabetes, anemia, and heart disease; clinical depression; post traumatic stress disorder; learning disabilities, attention deficits, impulsive behavior, and other cognitive impairments. These conditions themselves often make it difficult for individuals to access needed health services, many of which have their roots in, or are exacerbated by, multi-generational, long-term poverty and the exposure to violence and trauma from a very young age that is often found in extremely low-income communities.

POAH recognized that housing providers and community-based Federally Qualified Health Centers (FQHCs) serve the same populations of vulnerable, low-income, often uninsured families and saw the need to connect and engage families with health and social services.

As a result, POAH began identifying and exploring opportunities to partner with high-capacity FQHCs located near our housing developments. Initial collaborations are focused on leveraging our housing platform, specifically POAH's relationships with the households, with the FQHCs' existing and future health initiatives that can bring services to traditionally underserved families who are often resistant to receiving health services. *see Corporation for Supported Housing Report on Integrating FQHCs with Permanent Supported Housing in Los Angeles. http://documents.csh.org/documents/ca/IntegratingHealthReport_FINAL.pdf*

As part of the first collaboration, the executive leadership of the local health center attended an introductory meeting on site with a group of interested residents. A follow up brainstorming session with the residents identified their initial priority health service needs and generated an action plan and time line for interventions that the center was prepared to provide.

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A resident advisory board now meets monthly with health center staff to further develop and implement priority services such as on-site dental screening that provided exams for 36 children, a youth group focused on reproductive health that engaged fifteen teens in bi-weekly meetings and a general health fair. Each of these services are building blocks that will lead to the creation of other initiatives.

With assistance from a planning grant for the Development of Health-Housing Partnerships funded by the Kresge Foundation, POAH is exploring collaborative models for health care delivery that respond to a range of situations and opportunities presented by our properties. The opportunities will match the interests and capacity of the Federally Qualified Health Centers in each geography with the medical needs of each neighborhood and include:

- the "outreach model" described above where extensive outreach is initiated on the housing site by a traditional FQHC in an effort to make health services more accessible, break down psychological barriers to accessing health services and market the FQHC to build their customer base and customer loyalty.

- A middle-ground "embedded model" in which a home health care professional is a routine, weekly presence in the housing community, working closely with an array of primary care and other health professionals (including the local FQHC) on the issues most relevant to the resident population. In this model, we are evaluating the benefits of the regular presence of home health and physical therapy rehab staff on site in senior developments coupled with rehabilitation and exercise facilities for doctor-prescribed physical therapy and rehabilitation at home. This model will evaluate the impact that fewer or shorter nursing home/rehab stays have on elder depression and social isolation.
(See work of Dr. Mary Tinetti and others at Yale University on prevention of falling in the elderly.)

- And finally, at the opposite end of the spectrum, the "co-location model" would establish or utilize a FQHC in or adjacent to the housing development to provide primary care services and support services that are particularly needed in a high-risk, vulnerable population. These keys include behavioral health, social services, prenatal care, nutrition counseling, access to healthy food and fitness activities.
By integrating health care services more fully into the daily lives of residents, we are providing the "booster shots" necessary for families and individuals to manage and improve their health with the added benefit of creating overall household stability so important to success.