



Fall Social Determinants Forum: *Health & Housing*

September 28, 2020



Agenda



Welcome and Introductions

Presentations

Marcella Maguire, Corporation for Supportive Housing

Bobby Watts, National Health Care for the Homeless Council

Kevin Progar, Center for Social Impact, UPMC Health Plan

Callahan Seltzer, Local Initiatives Support Corporation (LISC)

Breakout Discussions

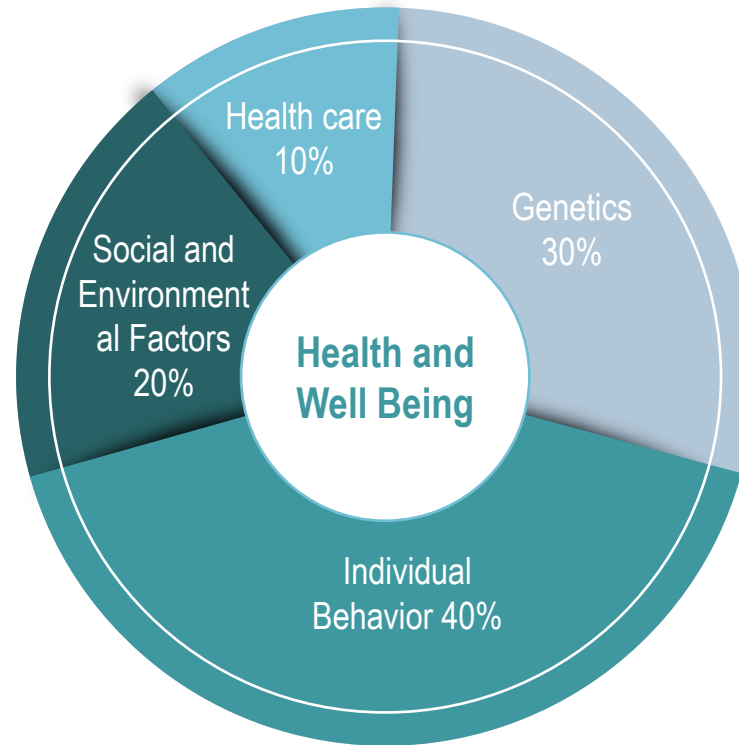
Group Discussion of Key Takeaways



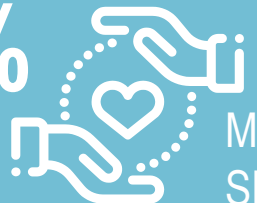
How Social Determinants Impact Health



Health care is estimated to contribute to only 10% of health outcomes, yet we expend huge sums of money and focus solely on medical care



What we spend on being healthy

88%  MEDICAL SERVICES



4% Healthy behaviors



8% Others

What are Social Determinants?



Stable, affordable
housing and
supportive
housing



Access to quality
nutrition



Ability to meet
basic needs,
including
transportation or
childcare



Healthy homes
through energy
subsidies,
weatherization, etc.



Access to health
care services,
including
behavioral health
services



Workforce training,
employment
opportunities,
mobility and
independence.

The Intersection of Health & Housing



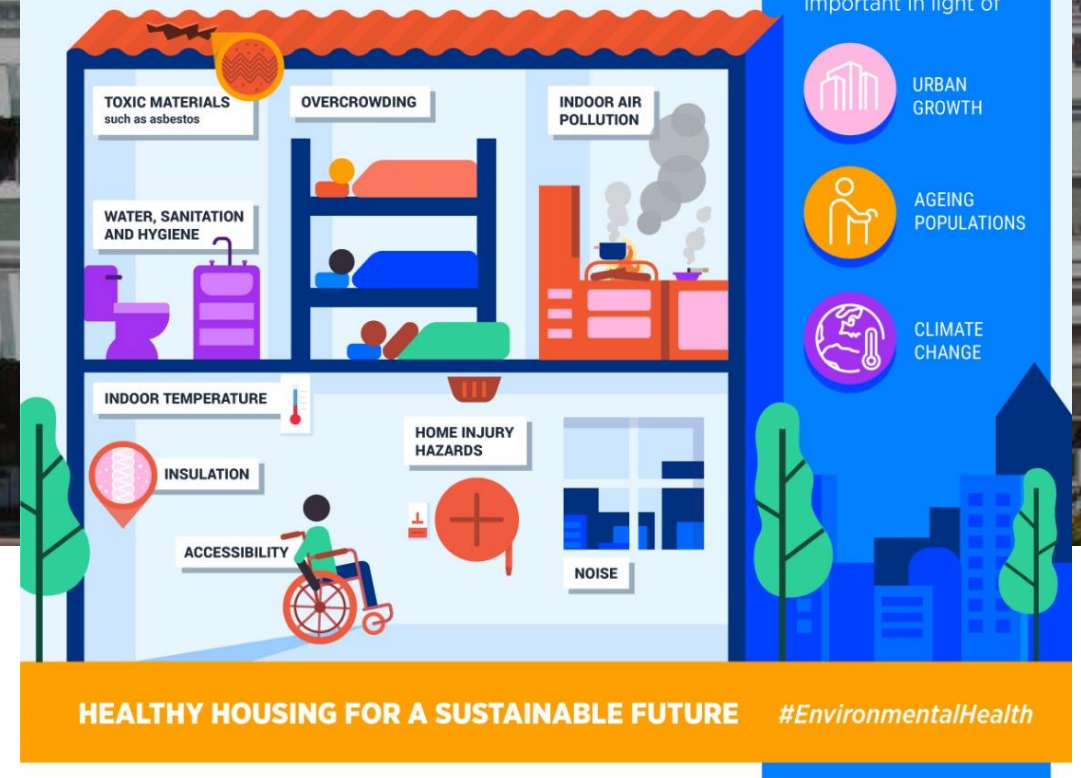
Housing is one of the most studied social determinant of health. Housing stability, quality, safety, and affordability can all impact a person's overall health outcomes.

As such, policy makers, health systems, community organizations, and other stakeholders are seeking to understand the relationship between health and housing in order to develop effective interventions that address individual health needs.

Increasing evidence suggests that for these interventions to be successful, different sectors must come together to strengthen the housing-health partnership in a meaningful way.

HOW HOUSING CAN IMPROVE HEALTH AND WELL-BEING

There are many opportunities to promote health by addressing housing conditions including:



Speakers



Marcella Maguire

Corporation for Supportive Housing



Bobby Watts

National Health Care for the Homeless Council

UPMC HEALTH PLAN

Kevin Progar

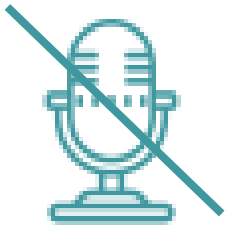
Center for Social Impact, UPMC Health Plan

LISC LOCAL INITIATIVES
SUPPORT CORPORATION

Callahan Seltzer

Local Initiatives Support Corporation (LISC)

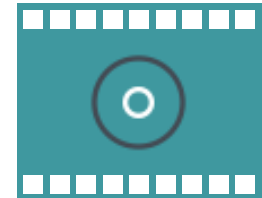
Reminders



Remember to Keep Your
Microphone Muted until the
Breakout Groups



Remember to Disable Your
Camera until the Breakout
Groups



This Webinar will be Recorded and
Published on the AFH Website.
The Breakouts will not be recorded

The background image shows two women in a garden setting. One woman, with long brown hair and wearing a light blue shirt, is smiling and looking down at a basket of vegetables. The other woman, with dark hair and wearing a yellow and white patterned dress, is also smiling and looking at the same basket. They are surrounded by various vegetables like pumpkins and leafy greens. In the background, there is a modern building with a circular tower. A semi-transparent circular overlay with a blue border is positioned on the left side of the image, containing the text.

Health & Housing

Comments from Thought Leaders

Speakers



Marcella Maguire, Ph.D.

Director, Health Systems Integration, Corporation for Supportive Housing

Marcella Maguire, Ph.D. is Director of Health Systems Integration for CSH. Her work nationally focuses on the intersection of the housing and healthcare sectors in the financing, policy and implementation arenas. Prior to joining CSH, Marcella worked for 17 years for the City of Philadelphia leading efforts to integrate behavioral health, managed care and affordable and supportive housing systems to strategically address community needs.



Health and Housing

Current Themes

Marcella Maguire, Ph.D.
Director, Health Systems Integration

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing



**TRAINING AND
EDUCATION**



LENDING



POLICY REFORM



**CONSULTING &
TECHNICAL
ASSISTANCE**



Themes in Health and Housing Activities

- The conversation has changed, let's seize the opportunity
- Moving beyond the basic message of “SDOH is important” to
 - Tracking SDOH needs via [closed loop referral networks](#) that can build to actionable data
 - Abundance vs Scarcity Models
 - Creating Gaps Analysis and Developing Budget models for what is needed to fill gaps
 - Developing Performance metrics
 - Building sustainable models
- Fragmentation of initiatives is driving a new wave of summaries of state and local activities
 - [Bloomberg Local Initiatives Policy Tracker](#)
- The Next wave
 - A measureable investment- tracking impact
 - Investment focused on equity

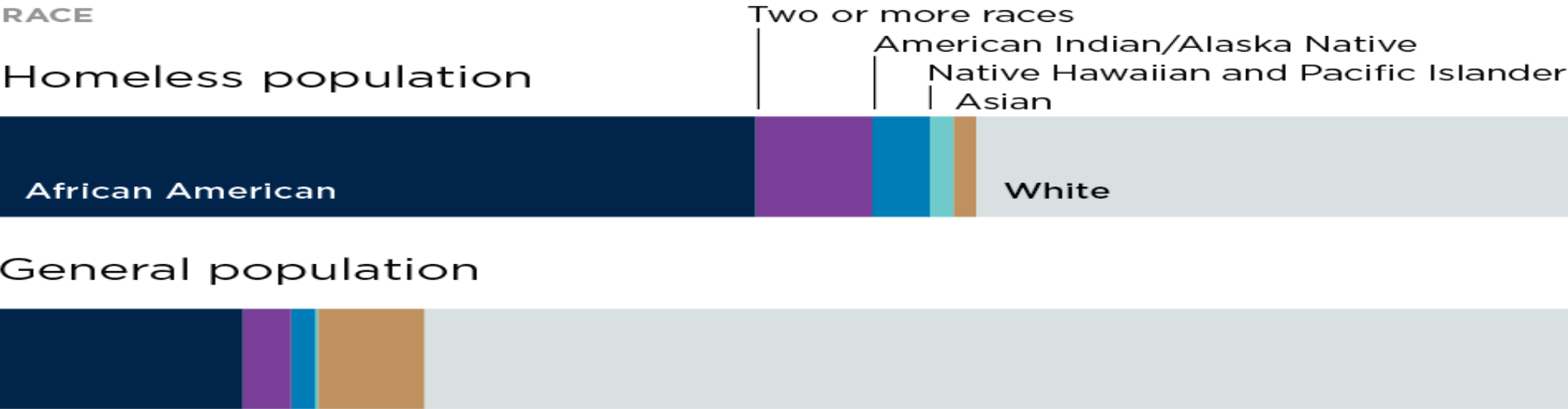
COVID is driving us to an Ecosystem Approach:



- With Public Health
 - To stem virus spread.
 - To address needs where quarantine is not possible or limited
 - Someday to distribute vaccines
- With new Housing Related Resources
 - Via the CARES Act Emergency Solutions Grant ([ESG](#)) has shifted from \$250 million annually to \$4 billion . Must be spent by 12/30/20.
 - Mainstream Voucher [Awards](#)
- Within the siloes within siloes within the health care sector
- With Community Based Organizations that need capacity building support

Homeless Population Than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population

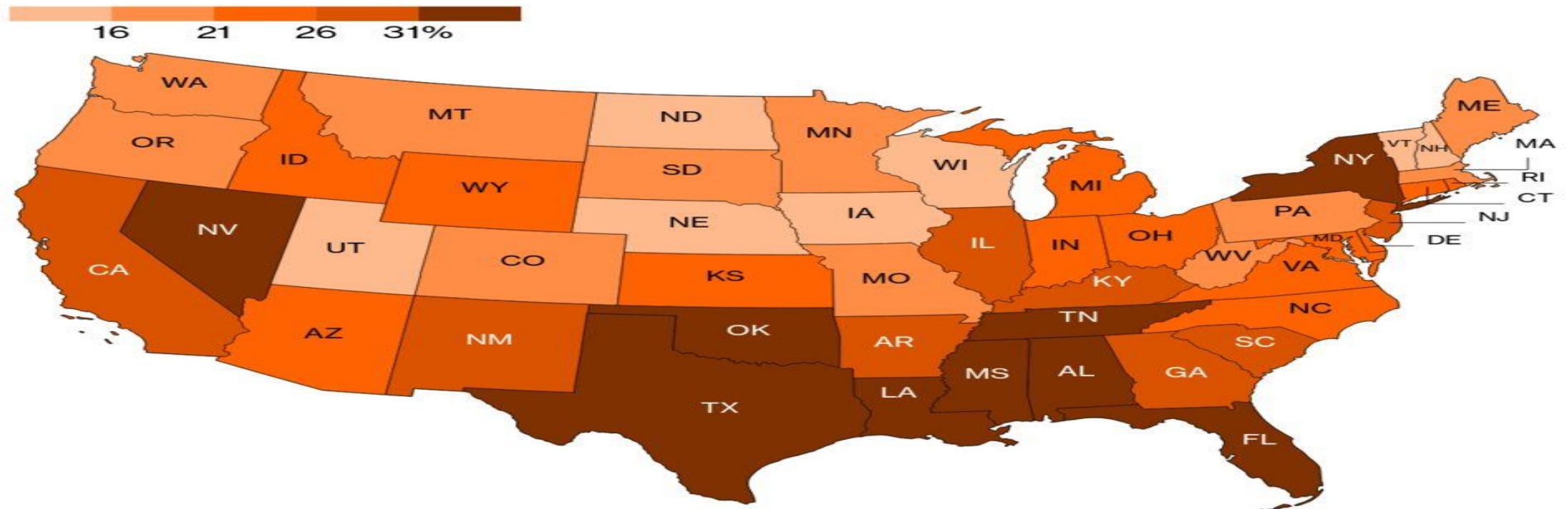


Homeless population data are for a given night in 2017.

Pre Covid 1 in 4 Americans who qualified for housing assistance could access. NOW...

Housing Uncertainty

Percentage of people who missed the July rent or mortgage, and have little or no confidence they can pay August's.



Source: U.S. Census Bureau, Household pulse survey

CITYLAB

Long term success happens when



- Priorities are aligned, joint goals are agreed upon
- Data is matched and potential is clear
 - New [HUD's data sharing toolkit](#)
- Relationships and Networks are in place
- Partners are relied upon for what they excel at

Strategic Examples

→ [Massachusetts](#) Isolation and Recovery Sites

→ [California's Room Key and Homekey](#)

→ [Chicago's](#) Expedited Housing Initiative

→ [Los Angeles's](#) plan to house 15,000 with a focus on older adults

Compact for Thriving Communities

*A collective call to action to policymakers, advocates and practitioners supporting **health**, **choice**, and **equity**, instead of institutionalization. The Compact is committed to:*

- System transformation and through a collaborative multi sector policy and advocacy effort that centers racial equity.
- Lifting-up and centering the voices of people with lived expertise in developing solutions.
- Raising the bar for system performance from surviving to thriving. Ensuring that everyone has the right to live in a community that offers the opportunity to thrive.
- Reinvestment of funding from ineffective crisis and institutional responses to expand permanent housing options with services in communities of choice.
- Securing funding for housing and services sufficient to meet the needs of everyone facing the intersectional barriers of poverty, disability, and systemic racism.

To learn more and get involved visit communitiesthriving.org

An Equitable Response



→ To [Homelessness](#)

→ To [Housing Instability](#)

→ To [Health Care](#)

→ Ultimately to [Vaccine Distribution](#)

THANK YOU!

Marcella.Maguire@csh.org

Twitter- @cella65



stay connected
   
csh.org

Speakers



Bobby Watts

CEO, National Health Care for the Homeless Council

Bobby Watts is the CEO of the National Health Care for the Homeless Council, which supports the 300 Health Care for the Homeless Federally Qualified Health Center (FQHC) programs and 100 Medical Respite programs with training, technical assistance, policy analysis and advocacy to end homelessness. Bobby has more than 25 years' experience in administration, direct service, and implementation of homeless health services. He served as the executive director of New York City's Care for the Homeless from 2005-2017. Under his tenure, the FQHC agency tripled in size, added major programs and initiatives –including a shelter for 200 mentally ill and medically frail women and became licensed as a Diagnostic and Treatment Center in New York State. He has served on numerous boards, governmental task forces, and workgroups, and as an inaugural member of the NYS Interagency Council on Homelessness, where he co-chaired its Health Committee. He is a graduate of Cornell University and Columbia University Mailman School of Public Health where he earned a Master's in Public Health in health administration and an M.S. in epidemiology. He also has a Certificate of Theological Studies from Alliance Theological Seminary in Nyack, NY.

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL





MEETING THE HEALTH NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

Bobby Watts, CEO

National Health Care for the Homeless Council

Aligning For Health
September 28, 2020

NHCHC MISSION

Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research and advocacy in the movement to end homelessness.

300 HCH PROGRAMS NATIONALLY



- HRSA Health Center program – FQHCs serving a “special populations” group
- 300 HCH programs served ~1 million patients in 2019
- Primary care, mental health, addiction treatment, dental, case management, outreach, health education, preventive care, health education, etc.

A SUPER-SHORT HISTORY OF STRUCTURAL RACISM AND HOMELESSNESS

- Racial disparity in many systems contribute to homelessness: criminal justice, health care, addiction treatment, evictions, voter suppression, wage stagnation are rooted in the history of this country.

“Homelessness is the result of the failure of almost all of society’s systems” – Susan Neibacher

- Slavery, Reconstruction, Jim Crow
- Racially restricted covenants
- Housing segregation
- FHA and VA loans, Redlining

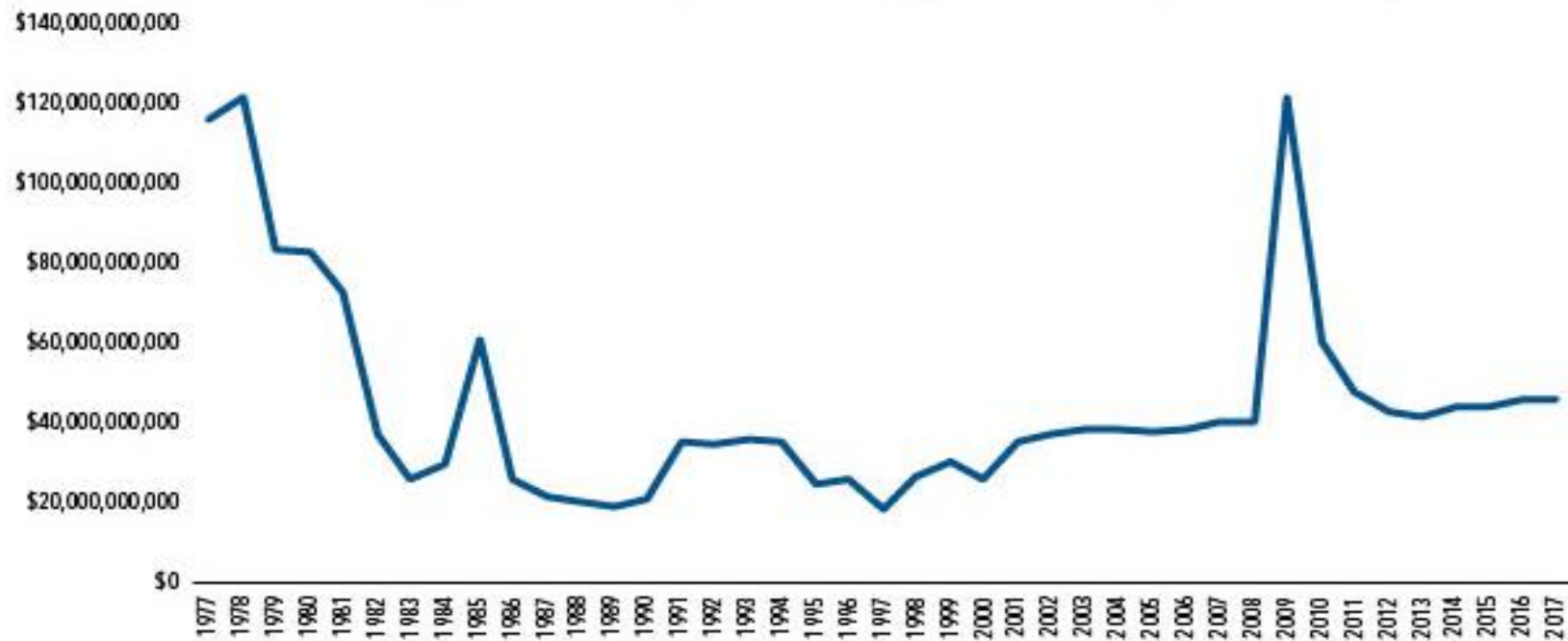
FHA POLICIES

- The Federal Housing Administration is an underwriter and guarantor of mortgages and mortgage insurance. From the beginning, the FHA and VA only made or guaranteed loans to Whites.
- They later, in the name of “harmonious communities” and maintaining property values, would:
 - Only lend to African-Americans for homes in predominately black neighborhoods
 - Often created segregated communities where they had been integrated or non-existent.
 - Only back developments that had restrictive covenants

RESULT OF FHA AND VA POLICIES

- Melanie Crowley: “Blacks were excluded from the largest wealth creation program in history”
- My addition: “Blacks were excluded from the largest **government-subsidized** wealth creation program in history – *and because they paid taxes, they helped to fund the program from which they were unconstitutionally excluded.*”
- George R. Carter III of HUD concluded that racial segregation in and of itself was a driver of homelessness among African-Americans.

Federal Budget Authority for Housing Assistance (1977-2017)

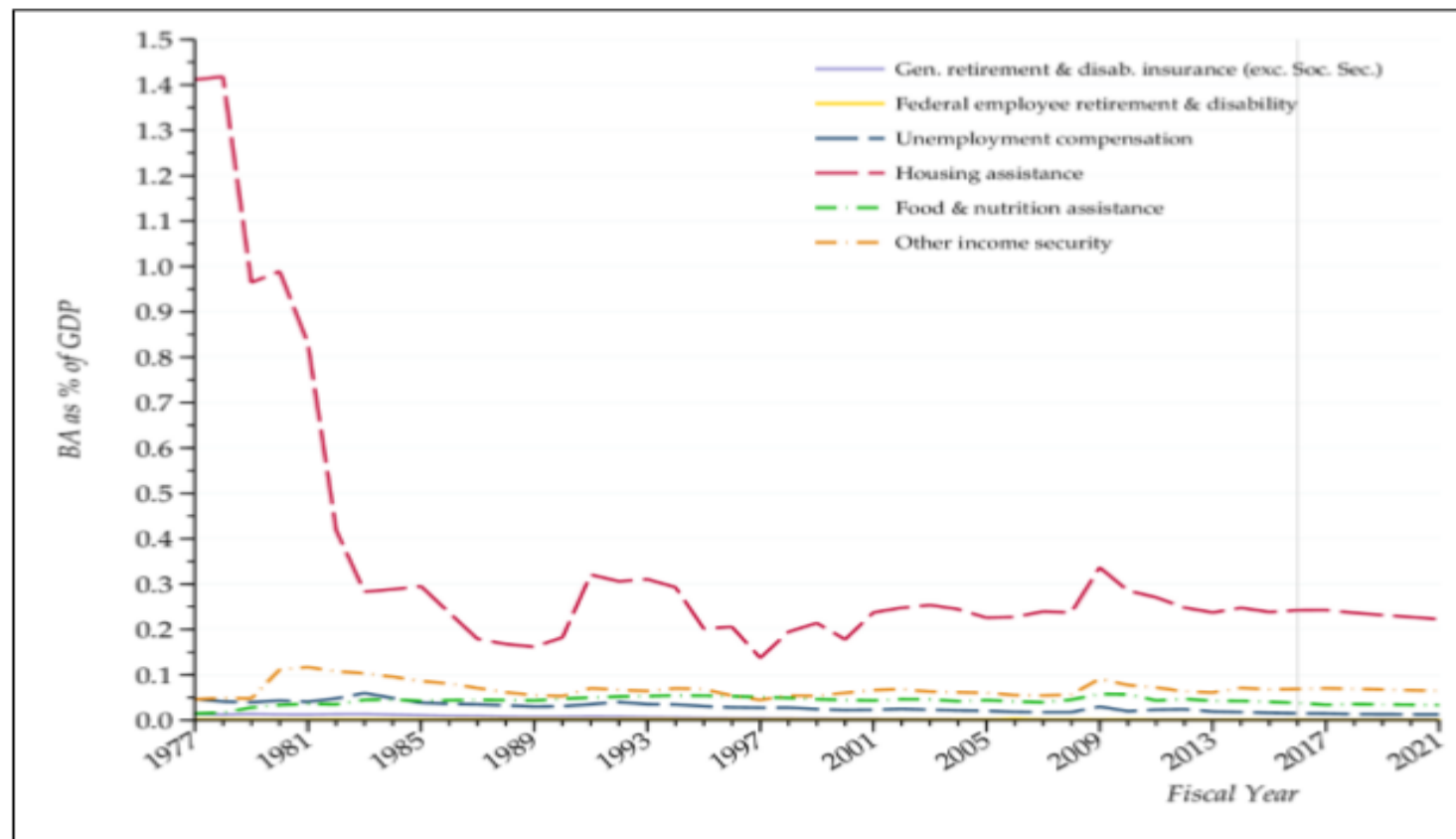


Note: Adjusted to constant 2017 dollars using CPI-U. The 2009 American Recovery and Reinvestment Act included a major one-time increase for housing assistance. Source: OMB Historical Table 5.1 - Budget Authority by Function and Subfunction

Source: OMB Historical Table 5.1: Budget Authority by Function and Subfunction

Figure 7. Income Security (600) Subfunctions

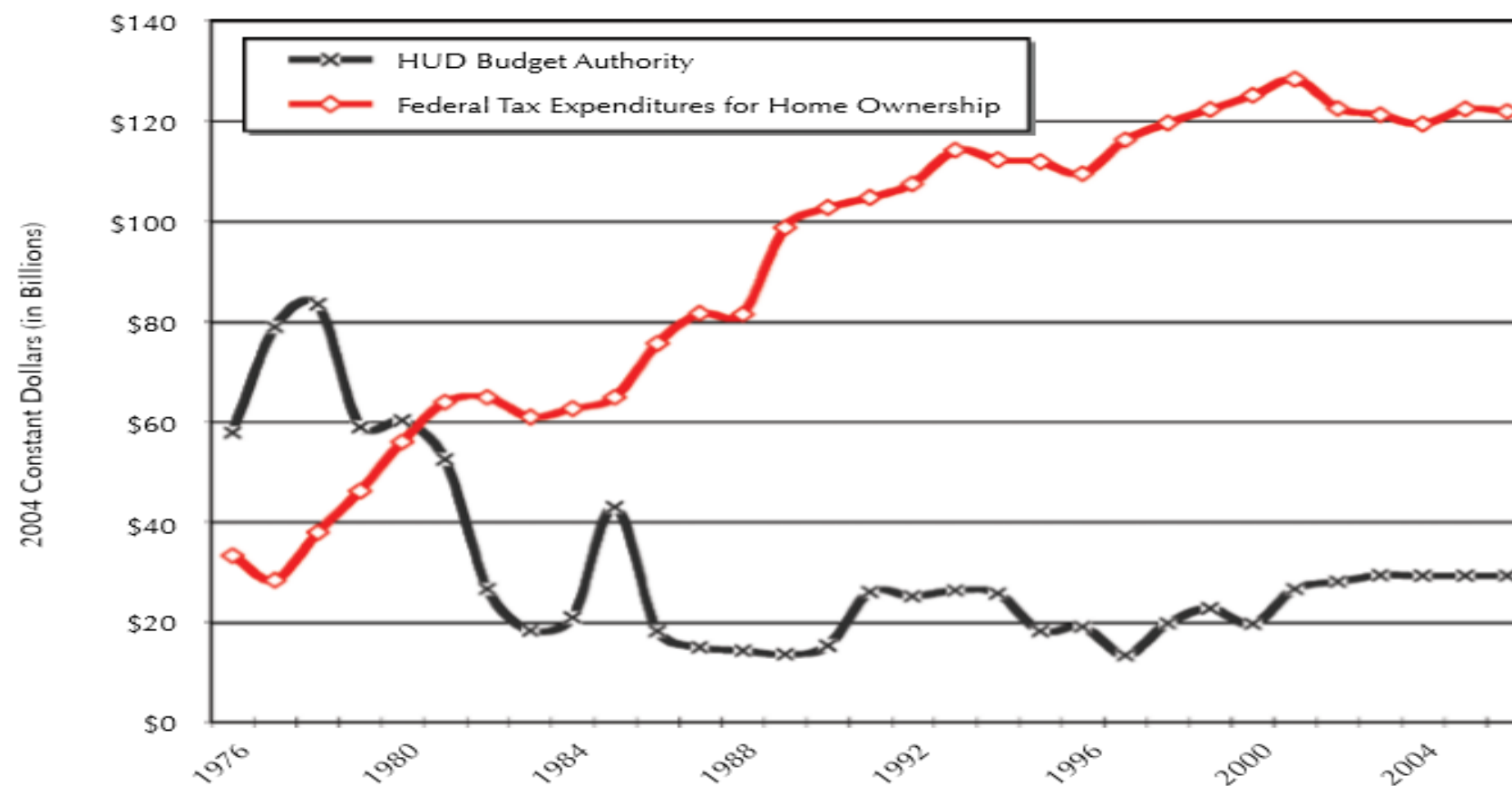
Discretionary budget authority as a percentage of GDP, FY1977-FY2021



Source: CRS, based on OMB data from the FY2017 budget submission.

Notes: Most income security benefits, aside from housing assistance, are generally funded by mandatory spending, which is not shown here. FY2016 levels are estimated. FY2017-FY2021 levels reflect Administration proposals and projections. See OMB budget documents for further caveats.

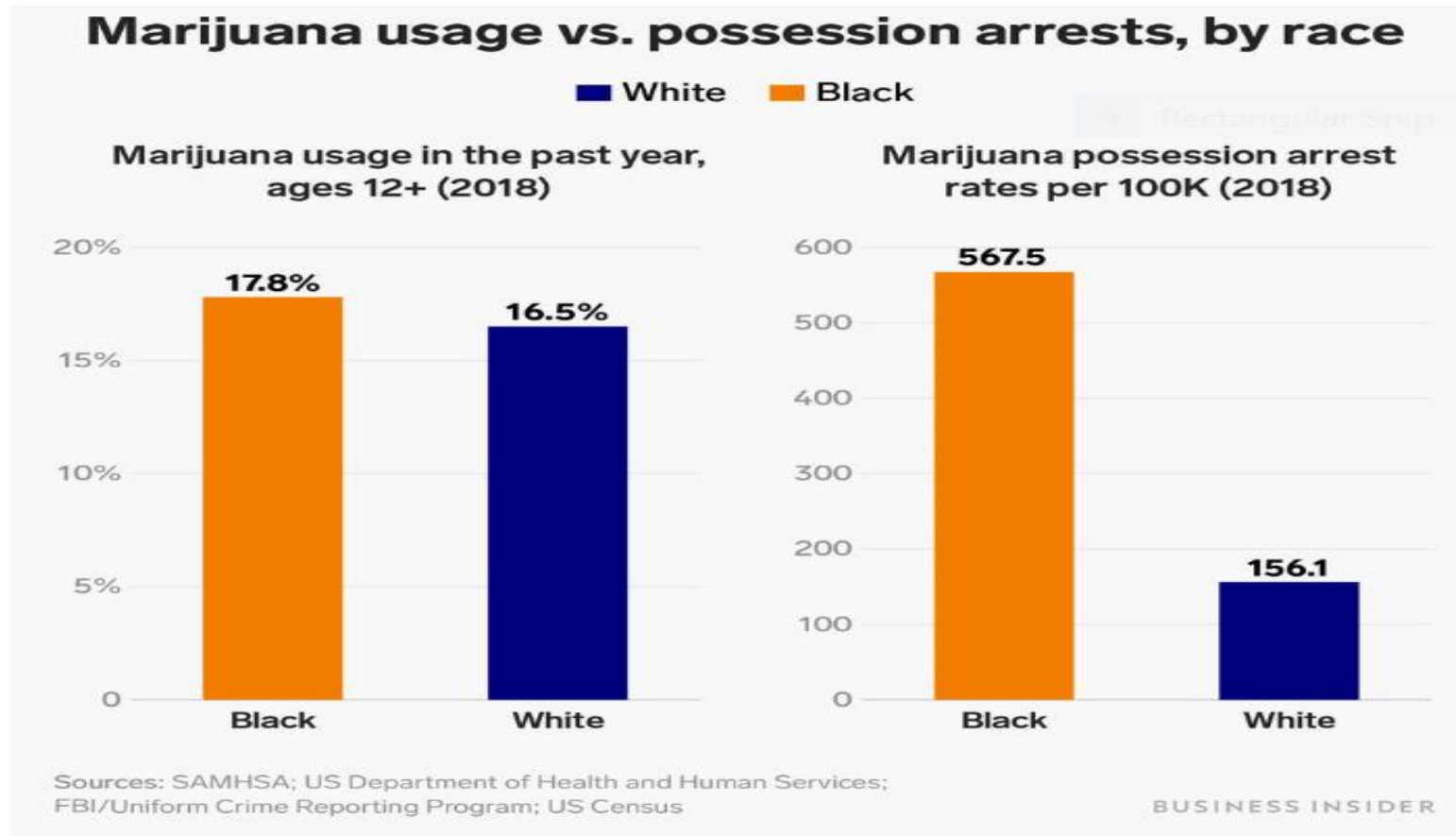
Chart 7: Comparison of Federal Tax Expenditures on Home Ownership and HUD Budget Authority¹⁰⁷



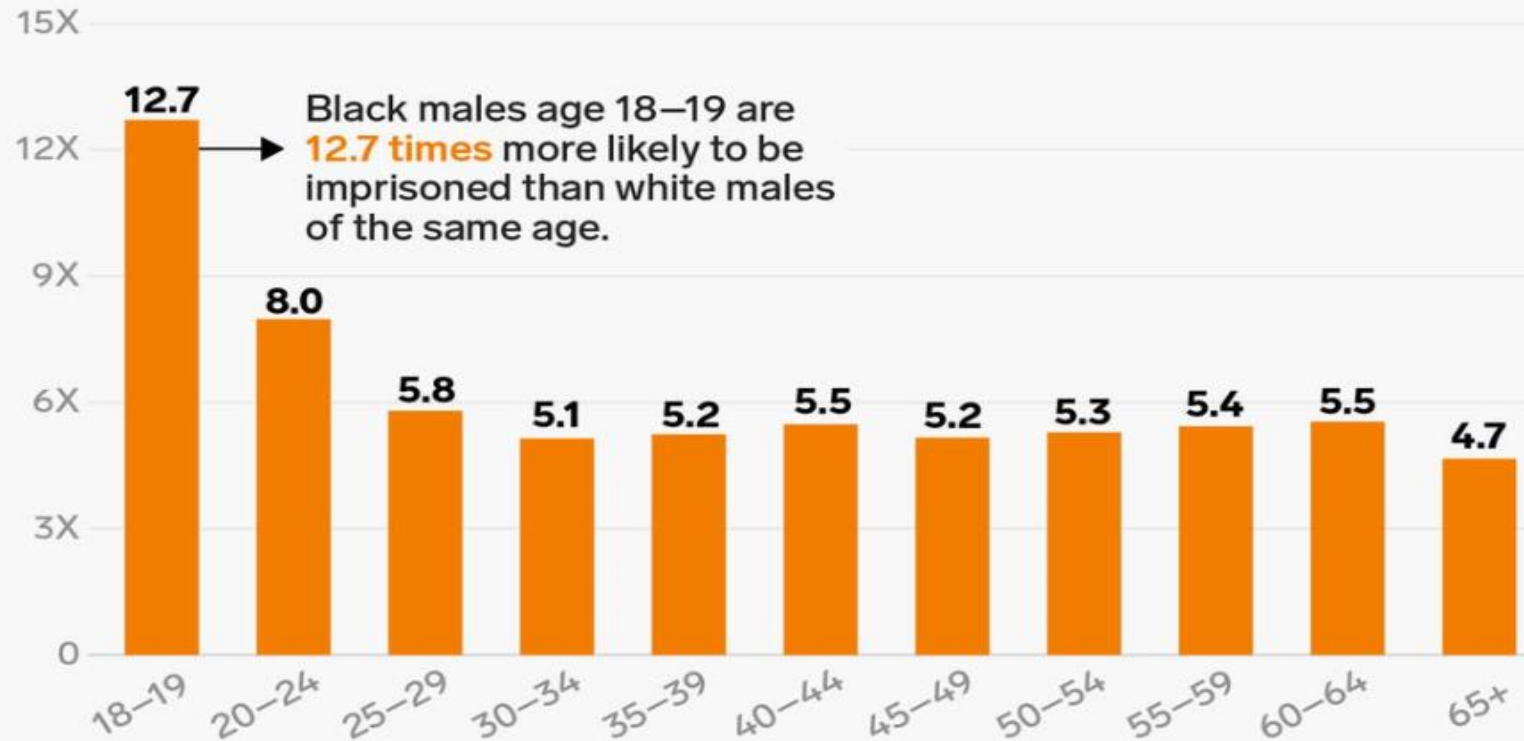
PUBLIC EDUCATION SYSTEM

- We choose to largely fund education based on local property taxes
- This means that wealthier communities spend more per student than poorer communities
- According to a 2019 study by EdBuild, an educational nonprofit organization, majority white school districts spend 19% more per student than majority nonwhite school districts in local and state funding (\$13,900 v. \$11,700).
- If we wanted things to be more equitable, we'd spend MORE on poorer students that have less advantages to level the playing field.

CRIMINAL JUSTICE SYSTEM



Ratio of imprisonment rates of Black males to white males, by age



Source: Bureau of Justice Statistics, 2018

BUSINESS INSIDER

HOMELESSNESS & HEALTH

- **Poor health** causes homelessness
- Homelessness causes **new health problems** & exacerbates existing ones
- The experience of homelessness makes it **harder to engage in care** and receive appropriate services



MEDICAL RESPITE: DEFINITION

- Acute & post-acute medical care for people who are homeless who are too ill or frail to recover from sickness or injury on the street, but not sick enough to warrant hospital-level care
- Short-term residential care that allows people who are homeless to recuperate in a safe environment while accessing medical care and support services
- **NOT:** skilled nursing facility, nursing home, assisted living, BH step-down, or supportive housing

Diversity of Programs

- Size
- Facility
- Length of stay
- Staffing & services
- Admission criteria

MEDICAL RESPITE: WHAT'S BEING TREATED?

- Injury/wound care
- Pneumonia/influenza
- Cellulitis
- Diabetes, blood sugar management
- Respiratory problems/asthma
- Pre-operative and/or post-operative care
- IV medications
- Chemotherapy



MAKING THE CASE



CHICAGO - Patients who had access to medical respite care required **5 fewer hospital days** during 12-months of follow-up compared to those released to usual care ⁽¹⁾



SEATTLE - Patients completing IV therapy in medical respite care **saved hospital \$24,000 per patient** ⁽³⁾



BOSTON - Patients who had access to medical respite care had a **50% reduction in the odds of readmission** at 90 days post-discharge ⁽²⁾

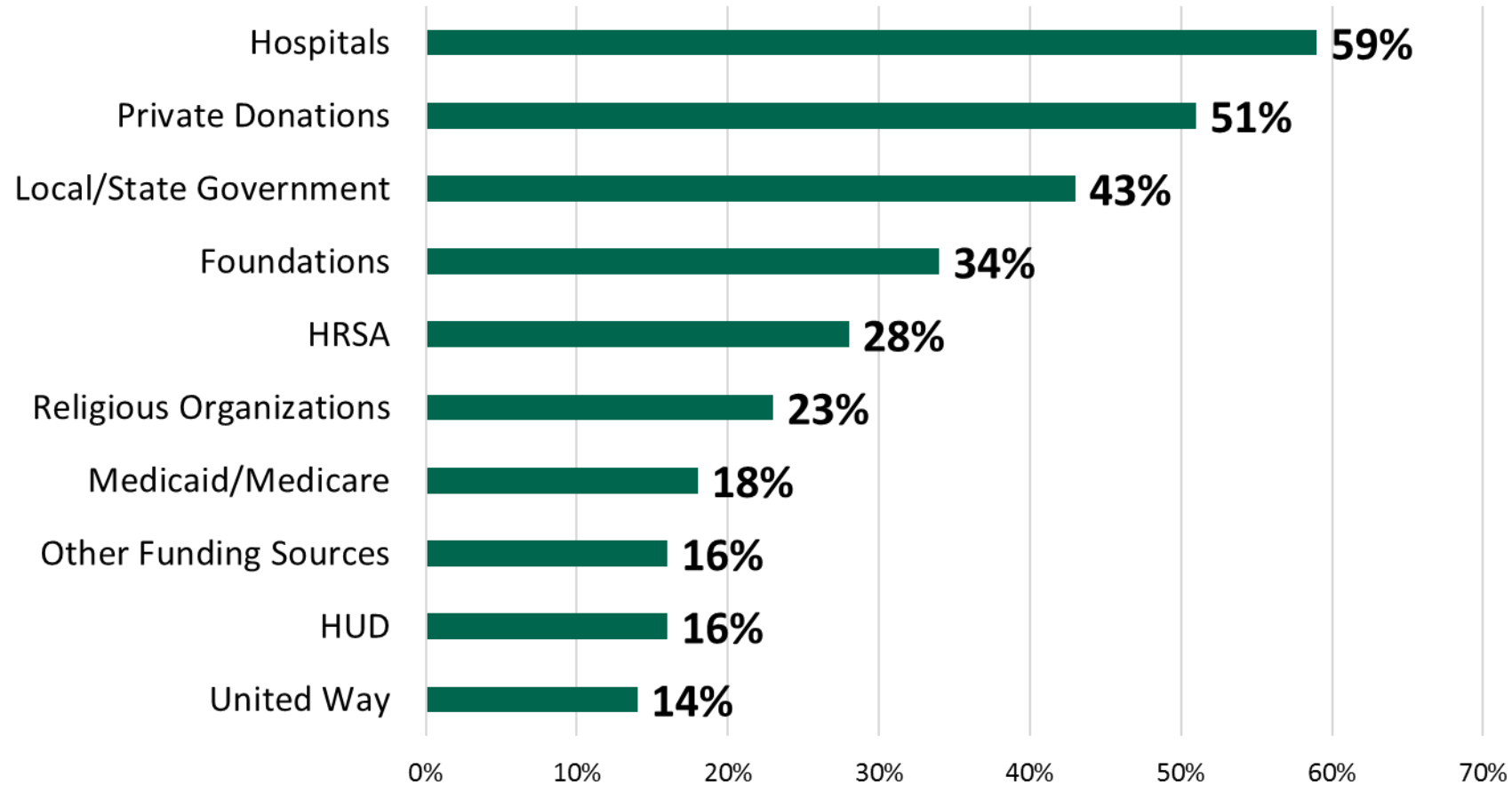


HARTFORD & FT. LAUDERDALE - Patients who had access to medical respite care projected to **reduce ED visits by 45%** ⁽⁴⁾

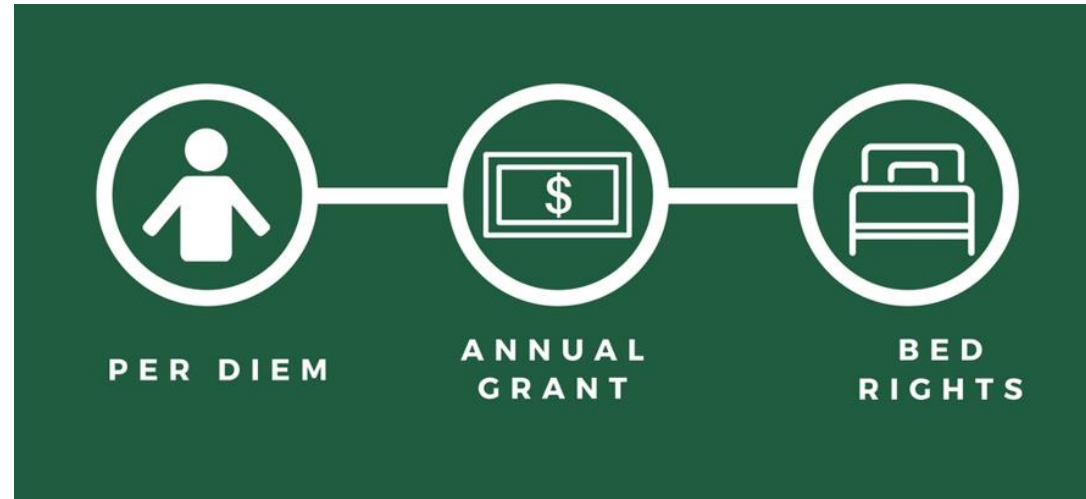
ADVANTAGES OF MEDICAL RESPITE

- Offers safe, legal, cost-effective discharge option
- Connects vulnerable patients to broad range of community care and public benefits
- Improves health by addressing most immediate health care and social services needs
- Develops more comprehensive care plan and coordinates care across venues
- Provides time and space for healing and health education

MOST COMMON FUNDING SOURCES



MEDICAL RESPITE PAYMENT MODELS



New Publication

Medicaid & Medicaid Managed Care:
Financing Approaches for Medical Respite Care

A UHC & NHCHC publication

MEDICAL RESPITE CARE RESOURCES

- [National Institute for Medical Respite Care](#)
- [Standards for Medical Respite Care Programs](#)
- [Medical Respite Care Program Directory](#)
- [Tool Kit](#) (research, template contracts, planning materials, etc.)
- [Respite Care Providers Network](#)
- Policy brief: [Medical Respite Care: Financing Approaches](#)
- Policy brief: [Medical Respite Care Programs & the IHI Triple Aim Framework](#)
- Policy brief: [Managed Care and Homeless Populations: Linking the HCH Community and HCH Partners](#)
- [Technical Assistance requests](#)

CONTACT INFORMATION

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Speakers



Kevin Progar

Senior Project Manager, UPMC Center for Social Impact

Kevin Progar is a senior project manager for the UPMC Center for Social Impact. He works across sectors with both community stakeholders and implementation partners to develop innovative contracts that address members' needs and position UPMC Health Plan to support community priorities. Mr. Progar helped develop a Pay-for-Success contract that is designed to scale UPMC *for You's* supportive housing program, Cultivating Health for Success, and he serves as UPMC's team lead for the Accelerating Investments for Healthy Communities (AIHC) initiative. AIHC—which is sponsored by the Robert Wood Johnson Foundation—is designed to help leading health systems deepen their investments in affordable housing and advance policies and practices that foster equitable housing solutions. Before joining UPMC, Mr. Progar helped members of the Healthcare Council of Western Pennsylvania navigate the post-ACA health care landscape by advocating for a greater understanding of health literacy and tackling community health needs through multisector approaches. Mr. Progar holds a bachelor's degree in urban studies from the University of Pittsburgh.

UPMC HEALTH PLAN



A woman with long braids, wearing a purple t-shirt and a purple baseball cap, is smiling and writing in a blue notebook. In the background, a man in a purple t-shirt is working with a large cardboard box. The scene appears to be a warehouse or a storage area with shelves and boxes.

UPMC Center for Social Impact

Aligning for Health
Health and Housing Forum

September 28, 2020

UPMC Insurance Services Division

Business Case for SDoH



The number of deaths attributable to social factors in the United States are comparable to the number attributed to pathophysiological and behavioral causes.¹



Countries that spend more on social services, such as family/child supports, disability, unemployment, and housing, relative to their gross domestic product have significantly better population health outcomes.³



Assessing patients and members in a more holistic way can lead to significant improvements in health and wellbeing, and costs savings.



Social determinants are becoming as important as medical record information.

Did you know?



The Estimated cost of U.S. health care inequities from 2003-2006.²

\$1.24 TRILLION: Estimated combined costs of health inequities & premature death

\$309 BILLION: Annual loss to the U.S. economy

\$229 BILLION: Amount saved in direct medical costs by eliminating minority disparities (estimated 2003-2006).



Health isn't just about the doctors you see and the medicine you take. It's about the neighborhood you live in.

Diane Holder, CEO, UPMC Health Plan

1. Galea et al. Estimated Deaths Attributable to Social Factors in the United States. 2011. Am J of Public Health. 101(8): 1456-1465.
2. Shrank, Keyes & Lovelace. Redistributing Investment in Health and Social Services – The Evolving Role of Managed Care. 2018. JAMA.
3. LaVeist, T., Gaskin, D., and P. Richard, "The Economic Burden of Health Inequalities in the United States," Joint Center for Political and Economic Studies, September 2009.

Commitment and Vision for UPMC Housing Investments

UPMC Mission

UPMC's mission is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education.

Community Commitment

As a neighbor you can count on, UPMC committed going far beyond the traditional definitions of health care to enhance the underlying factors that enrich lives in our communities.

Vision for Housing

UPMC invests in preventing homelessness; creating healthy, affordable housing; and supporting our neighbors who need help to age at home – because Life Changing Medicine starts with a place to call “home.”



Range of Housing Types



Cultivating Health for Success (CHFS)

Housing value-based payment (VBP) generates Medicaid savings

Long-term partnership with Community Human Services (CHS) is best-in-class model for braiding plan, community-based organization, and government resources. CHS meets homeless members' pre-tenancy and tenancy needs, UPMC's community team supports clinical and quality outcomes, and city/county housing resources subsidize rent.



CHFS Initiative Outcomes Led to VBP

- 60+ participants served over the past decade with 16 currently enrolled
- 64% with 3+ health conditions; 72% with behavioral health; 35% drug and alcohol use
- After housing stabilized:
 - Medical costs and unplanned care costs decreased & primary/specialist visits doubled
 - Pharmacy costs increased due to planned medication management
 - Savings of \$532 PMPM

CHFS VBP Outcomes to Date

- In February 2019, broader housing eligibility criteria implemented
- 44 members enrolled today
- Expansion added incentive payments for housing outcome, longevity and lower cost
- Early results show promise:
 - Roughly \$140k in savings for these members from Jan 1, 2020 – Jul 31, 2020
 - Savings of \$1,099 PMPM

Accelerating Investments in Healthy Communities (AIHC)

RWJF initiative to stoke housing investment through healthcare anchors

Phase I – 9 health systems

Cohort 1: Dignity Health System, Nationwide Children's, Kaiser Permanente, ProMedica

Cohort 2: Boston Medical Center, Cooper University Healthcare, Bon Secours Health System, UPMC, and Henry Ford Medical Center

8 Completed and Applied for Phase II

Phase II – 6 health systems

Cohort: Dignity Health System (aka CommonSpirit Health), Nationwide Children's, Kaiser Permanente, Boston Medical Center, Bon Secours Mercy Health, and UPMC

Program Kickoff was January 23, 2019



- Center for Social Impact team developing business case for UPMC investment in affordable housing in member-dense geography.
- Anchor investment could be in form of lowering the cost of credit, backing affordable developments, donating parcels, providing guarantees, or other mechanisms.
- Program included accelerator pool grant dollars that will match up to \$375,000 and an additional \$1.5M that can be used as a loan guarantee or other catalytic investment.

Housing: Impact and Alignment



Types of Financial Support

[Based on ReThink Health Financing Structures \(link\)](#)

Speakers



Callahan Seltzer

National Director of Housing, Local Initiatives Support Corporation (LISC)

Callahan Seltzer is the National Director of Housing at LISC, where she is responsible for developing and executing affordable housing production and preservation strategies across 35 urban field sites and rural network. Callahan oversees numerous programs and areas of research aimed at surfacing innovative approaches to housing, health and wealth-building and works to advance these models with peer learning, technical assistance and capacity building. Callahan first joined the Local Initiatives Support Corporation in 2007, where she has held a number of real estate finance roles and returned to LISC in 2018.

Callahan has an extensive background of building the capacity of affordable housing developers and nonprofits to execute increasingly complex projects and transactions, typically with tax credit and bond financing. Her current work focuses on managing the design of financial products with investors, banks, philanthropies, and municipal and state partners to meet the needs of the affordable housing developer constituency that LISC serves. Callahan holds a BA in Politics and Government from Ohio Wesleyan University, a Masters from Georgetown University, and a Masters Degree from Massachusetts Institute of Technology School of Architecture + Planning.

LISC LOCAL INITIATIVES
SUPPORT CORPORATION



Aligning for Health

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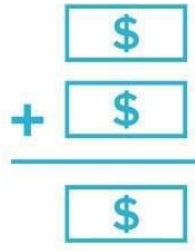


Presentation by Callahan Seltzer,
Director, National Housing Programs

LSC

Catalyzing Opportunity

With residents and partners, LISC forges resilient and inclusive communities of opportunity across America—great places to live, work, visit, do business and raise families.



Pool public and private dollars

We raise funds from philanthropies, corporations and financial firms, federal, state and local governments and through the capital markets.

We also generate income from consulting, and lending services.



Work with local partners

Through a network of local offices and community-based partners across the country, we provide grants, loans, equity and technical assistance.

We also lead advocacy efforts on local, regional and national policy.



Support people and places

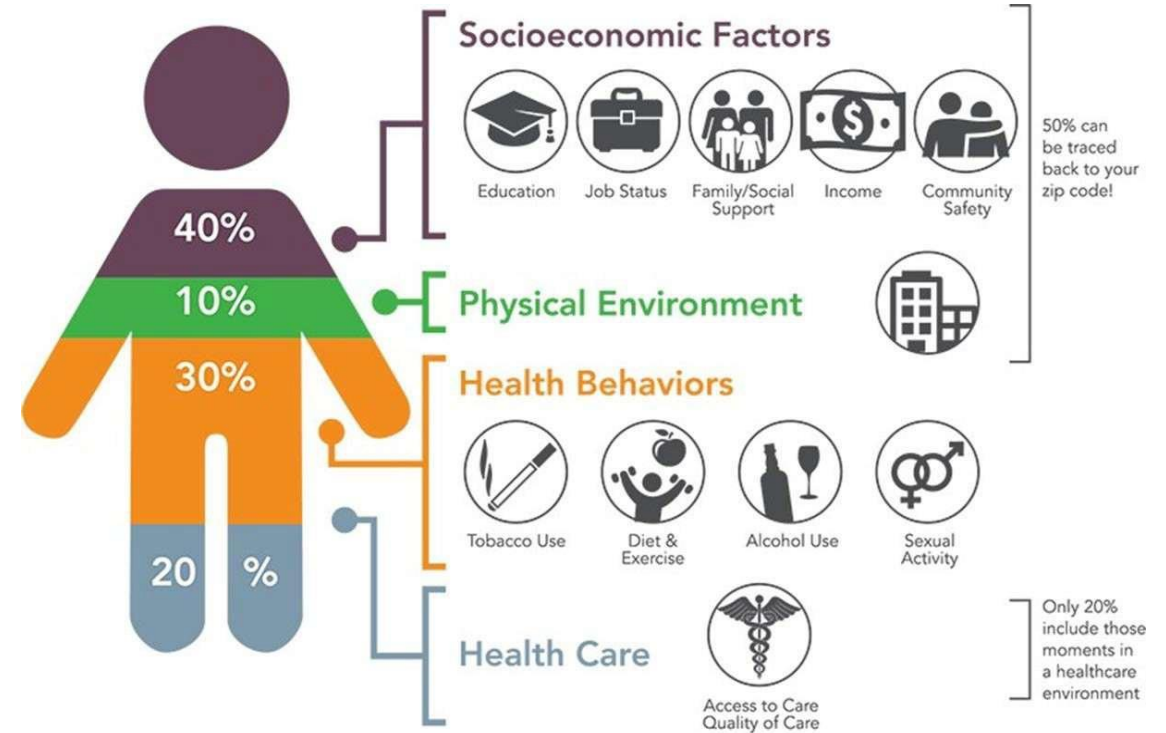
By investing in housing, businesses, jobs, schools, public spaces, safety, youth, health centers, grocery stores and more, we catalyze opportunities in communities nationwide.

Strategies We Pursue

- **Strengthen** existing alliances while building new collaborations to increase our impact on the progress of people and places
- **Develop** leadership and the capacity of partners to advance our work together
- **Equip** talent in underinvested communities with the skills and credentials to compete successfully for quality income and wealth opportunities
- **Invest** in businesses, housing and other community infrastructure to catalyze economic, health, safety and educational mobility for individuals and communities
- **Drive** local, regional, and national policy and system changes that foster broadly shared prosperity and well-being

Social Determinants of Health

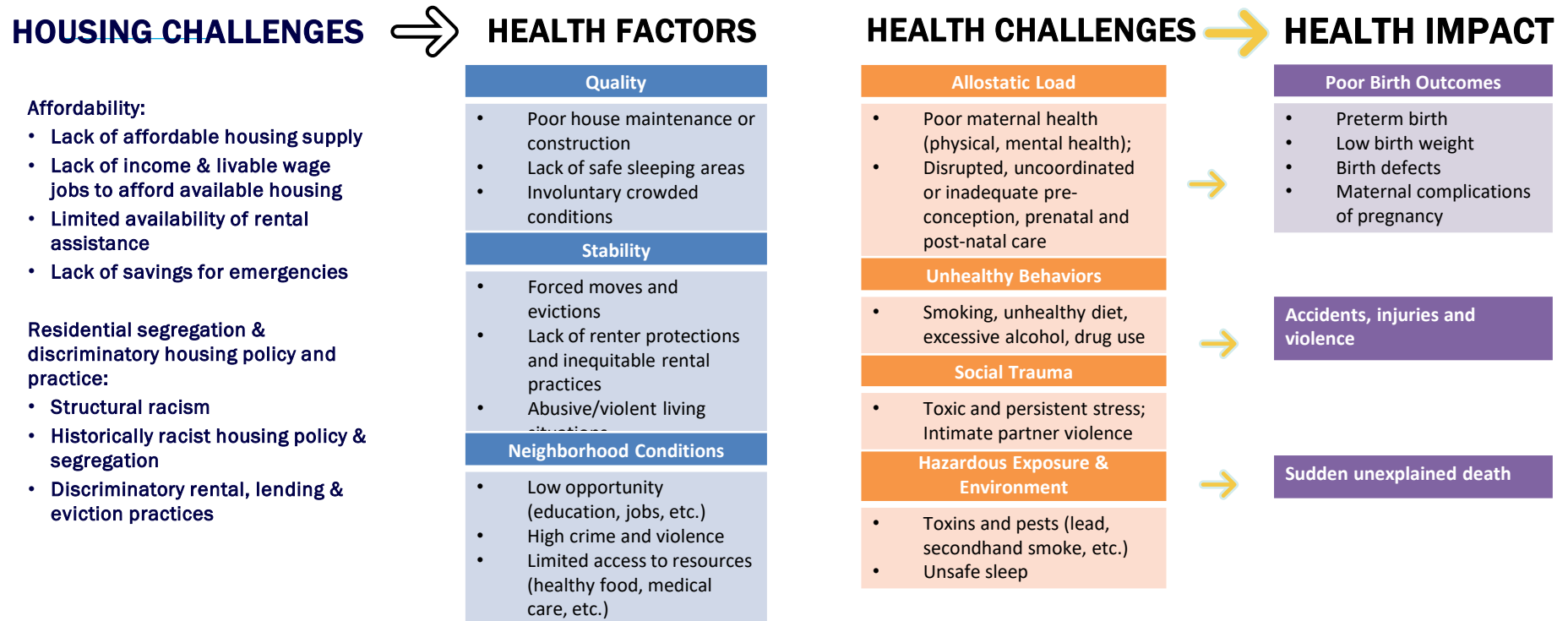
- Pick almost any metropolitan area in our country, and you will find 10, 15 or 20 years' difference in life expectancies, depending on where people live. Factors like educational opportunity, economic stability, neighborhood safety, and access to recreational facilities and to healthy foods overwhelmingly influence a person's well-being and health.
- Our investments in affordable housing, economic development, safety, food access and recreation are now widely understood as critical to the "social determinants of health".
- We partner with health institutions across the country- like Atrium Health, Kaiser Permanente, ProMedica, Novant Health and Sentara- to address the social determinants of health through investments and partnerships.



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Social Determinants of Health

Example of SDOH Continuum in Development: Relationship between Housing and Infant Mortality



How Housing Matters

Affordable housing provides a basic necessity for the well-being of families and individuals as well as a platform for the provision of services and supports for vulnerable individuals.

By boosting spending and employment in the surrounding economy, affordable housing also brings revenue into local governments and reduces the likelihood of foreclosure.



Housing Stability & Affordability

Families behind on their rent, with multiple moves, or that were homeless report higher levels of depression and higher food insecurity.

Families in stable housing report better child and maternal health, less food and energy insecurity, and fewer healthcare trade-offs.

In Oregon, the provision of affordable housing decreased Medicaid expenditures by 12%. At the same time, use of outpatient primary care increased by 20% and emergency department use declined by 18% for this group.

Healthy Quality

Substandard housing conditions such as water leaks, pests, and lead-based paint can lead to asthma and lead poisoning.

Exposure to high or low temperatures is correlated cardiovascular events—particularly among the elderly. Many studies document the positive impact on health of housing improvement. Home modifications can reduce falls among older adults by 39 percent.

Housing as a Platform

Permanent supportive & enriched housing help reduce the cost of health care and public services:

LA county's program resulted in 70% fewer visits to the ER; and a 60% decline in cost of public services the year after receipt of supportive housing.

United healthcare in Phoenix, AZ documented a 58% decline in total patient costs pre-and post supportive housing intervention.

Locally Driven Housing Solutions

Diverse approaches are needed to meet the varied needs and housing conditions across the country.

LISC local offices facilitate the development of neighborhood housing plans and provide capacity grants and technical assistance to housing developers expand and increase their effectiveness & productivity and to bridge social service providers and housing entities.

Mixed Use Development

Developing new affordable housing alongside commercial development to strategically connect residents to healthy food, health care services, or other job generating businesses for residents. This approach can be effective for creating permanent supportive housing co-located with health care and social services.

Permanent Supportive & Service Enriched Housing

Permanent supportive housing can help families and individuals transition from homelessness and poverty through a continuum of enriched and supportive services.

Housing Preservation

Preservation is an essential part of combatting the affordable housing shortage and can also address the extreme shortage of supportive housing. It prevents housing disruption and potential displacement of existing tenants.

Healthy Housing

Home repair programs, typically focused on 1 or 2-unit homes can address unsafe living conditions and related health concerns (e.g. asthma and falls among frail elderly). These programs can also combat blight and vacancies improving neighborhood safety and social cohesion.

Healthy Housing

Home repairs preserve wealth, improve health, and strengthen neighborhoods

The Home Preservation Initiative (HPI) for Healthy Living is improving asthma outcomes related to unhealthy housing in five neighborhoods in West Philadelphia by combining home repairs and community health worker home visits. HPI makes low-income homeowners' houses safer, healthier, and more efficient and by doing so it is improving the overall neighborhood and preserving affordable homeownership.



The Home Preservation Initiative, Philadelphia, PA

[Impacts:](#)

Repairs led to the reduction of stress and improvement of mood, allowing participants to live comfortably in their homes.

Permanent Supportive Housing

To combine supportive affordable housing, job training and health care So Others Might Eat (SOME) developed the site with Unity Health Care as the FQHC tenant. Located in a transit hub, the site offers primary medical care, dental care, behavioral health, HIV treatment, and a pharmacy along with housing and job training.

Toward the \$90M total cost of development, LISC provided:

\$14 million NMTC allocation for the health center via the Healthy Futures Fund

\$1.7 million in construction loans and **\$75,000** in operating grants for the medical facility

\$20 million LIHTC equity via the National Equity Fund



The Conway Center, Washington, DC

Impacts:

182 units affordable housing, 20 units PSH

5,200 new patients served

2,100 sq. ft. of retail & program space

Housing Preservation

In the Twin Cities, a strong real estate market and a growing number of building sales are leading to increased rents, pricing out current residents, and resulting in their displacement. In Minneapolis alone, more than 1,800 affordable apartment homes were lost in 2017.

Village Club is a mixed-income acquisition, with more than half of the units affordable at or below 60% AMI, and the remaining at or below 80% AMI. LISC affiliate, the National Equity Fund supported the property acquisition—keeping over 300 individuals and families stably housed.



The Village Club, Minneapolis, MN

Impacts:

300 units affordable housing preserved

Housing & Economic Opportunity

Preserving and creating housing is a critical strategy for upending gaps in life expectancy. Yet shelter alone is insufficient for creating opportunities for low income individuals and disinvested places.

A holistic strategy that ensures that all people can afford good housing is needed



Financial Opportunity Centers

LISC's 90 FOCs offer three bundled services:

- Employment Counseling
- Income Supports
- Financial Coaching



Bridges to Career Opportunities

Bridges to Career Opportunities (Bridges) provides living wage careers in high-demand industries for individuals who are unemployed or underemployed.



The Evidence

- In a large-scale study of the outcomes for low-income Financial Opportunity Center clients—more than half increased their net worth and three-quarters increased their net incomes.
- FOC clients who take advantage of combined services are 50 percent more likely to land a well-paying job than people receiving employment services alone.
- Long-term job retention—holding a job for a year or more—almost doubles when financial coaching reinforces the work of employment counseling.

Financial Stability

Severo Montoya took an eight-week BCO class in the medical field. During those weeks, he sat down with the financial coach to devise a strategy to achieve long-term financial stability and explored possible career paths with Wesley's employment coach. He and the coach tailored Montoya's resume for a position as a cardiology technician. He was hired by Houston Methodist earning \$16.50 an hour.



Severo Montoya, client of Wesley Community Center
Houston, Texas

Impacts:

- Took an eight-week BCO class in the medical field.
- Connected to rent and utilities subsidies, and temporary income.
- Hired by Houston Methodist Hospital as a cardiology technician paying \$16.50/hr.



Contact:

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LISC LOCAL INITIATIVES
SUPPORT CORPORATION



Breakout Discussion Questions



Groups 1-4

What are some of the key barriers experienced when developing or expanding initiatives that connect housing and health? What factors are most important for scaling or replicating health and housing initiatives?

Groups 5-7

What types of policy changes or initiatives should Congress or the federal government make to help support effective health & housing interventions or approaches?

Groups 8-10

What does the future of housing & health look like – what models do we as a community think are effective and sustainable in the long-term?

A background image of a woman with long blonde hair, wearing a light blue shirt, smiling and holding a basket of vegetables. She is standing at a market stall with various produce like pumpkins and leafy greens. In the background, there is a modern building with a circular tower. The image has a warm, slightly blurred aesthetic.

Discussion



Thank You!

Questions?

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