

Exploring the Intersection Between Housing & Health

Center for Outcomes Research and Education in partnership with Enterprise Community Partners, Inc.
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Study Objectives

OBJECTIVE ONE: To assess the impact of stable housing on health care outcomes in a low-income population who have experienced housing instability.

OBJECTIVE TWO: To assess the specific role on-site integrated services play in driving changes in health care expenditures and quality outcomes.

Background

Housing is a clear social determinant of health. However there is still little objective data to show the impact of housing on health care utilization, cost and quality. CORE's research, supported by Enterprise Community Partners and Meyer Memorial Trust, begins to answer that question. This report builds on work done by CORE released about Bud Clark Commons in 2014 that shows significant Medicaid savings with supportive housing.

Project Description

For 145 housing properties in the Portland Metro Area, CORE analyzed Medicaid claims for 1,625 residents who were Health Share members and fielded 275 surveys of people who had been in housing at least one year.

Housing Types		
Family Housing	Housing properties that mainly include 2-4 bedroom units and are built specifically for family and community-style housing	74
Permanent Supportive Housing	Properties that serve individuals who had been experiencing homelessness and/or have behavioral health or substance use issues	30
Seniors & People with Disabilities	Properties that serve older adults who meet a minimum age requirement and/or those with specific physical and behavioral health disabilities	41
		Total: 145

Key Findings

1. Costs to health care systems was lower after people moved into housing.

- Total medical expenditures declined overall by 12%.
- Declines in expenditures were seen for all housing types
- IMPLICATION: Access to stable housing for anyone likely drives down costs to the health care system.*

Overall	FAM	PSH	SPD
-12%	-8%	-14%	-16%

2. Primary care visits went up after move-in, ED visits went down.

- Outpatient primary care utilization increased 20% in the year after moving in, while ED use fell by 18%.
- Similar trends were observed for each housing type.
- IMPLICATION: Housing helps meet major health reform utilization metrics.*



3. Residents reported that access to care and quality of care improved after moving into housing.

- Many residents reported that health care access and quality was better after move-in than before; very few said it got worse.
- IMPLICATION: Expenditure and utilization differences did not come at the expense of access or quality.*

ACCESS	Better	Worse	QUALITY	Better	Worse
	40%	4%		38%	7%

4. On-site health services were a key driver of outcomes, even though awareness was low.

- The presence of health services were a driver of lower costs and ED use, despite low awareness among residents.
- IMPLICATION: Increasing use of these services may result in even greater cost differences.*

Adjusted impact of health services:

EXPENDITURES	-\$115*	ED VISITS	-0.43**
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*Per member per month

**Visits per year

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