Preventative Medicine:
Housing Strategies to Reduce Healthcare Costs

Questions:

1) What was missing from this discussion?
2) What barriers are created through local practices? Are there zoning or other local regulatory barriers that impede mixing health with housing?
3) How can you get this topic into local strategic plans? Is it already a part of these plans? Are plans like that followed, or is there another way to make this issue a priority with local decision-makers?
4) What questions do you still have? What answers do you have that were not mentioned today?

Table Top discussion responses organized by table

Table A

1. Hospitals won't work with housing. Materials or success stories from the perspective of the hospital would be helpful in making the case for collaboration.
2. No
3. Elevating issues above the field level individuals
    a. Involve other state agencies (i.e. Department of Heath) to raise the profile of the issue
    b. LIHTC set aside for housing with health related or aging in place services
4. None

Table B

1. No data or results or information on aging in place in rural communities. Lots of information on big cities. Also no discussion on front end training or getting started. It's a barrier on how to connect all the dots together without having money to get started.
2. Regarding health issues HIPPA and the data prevents most organizations from getting the information they need. Another barrier is navigating the regulations.
3. Already in the plans, just need organizations to execute it. Trying to find the best ways to get the work done. Another way to get the word out is to find sponsors. It is also not covering the whole concept of healthy homes – just one area – aging in place. Mainly aging in place because the harvest is here. We can't get the reasons/outcomes because of HIPPA – we can show what we did but not why.
4. Questions: How to service the rural communities? What are the pros and cons of aging programs so people will know what decisions to make once they age? Where do we get training about aging decisions? Answers: Teach people at a younger age on how to prepare and make decisions on the future and aging. Distributing the Healthy Home books to our clients.

Table C

1. Barriers to entry – evictions, utility bills, credit checks, etc. prevent people from being approved. Missing an intermediary organization to provide temporary housing.
2. Missing help from the cities to combat NIMBYism
3. Reach out to elected officials. Better educated state representatives that are preventing services at the local level. Ad campaign to correct misunderstandings about what affordable housing is – tours of affordable/senior housing – needs to be data driven. A new name for affordable housing
4. How do you bridge the benefits gap – Need a one-stop shop – gaps in the 30-50% AMI and the 70-120% AMI – information gap about what money (subsidies) goes to, Issues with NIMBYism – fund for PILOT programs for innovative ideas – CDBG program to pay back past-due bills.

Table D

Q1) What was missing?

- Representatives from a hospital/MCO (health care organization)
- A holistic framework for evaluating the cost effectiveness of health + housing investments
- A centralized database and intake process (like GHHI or HUD's HMIS system) that various public and private agencies can access to share and track data and outcomes
- Transparency of communication between the agencies and potential partners
- We need to ensure that health + housing efforts empower people and strengthen a sense of personal responsibility; we don't want to create greater dependence

Q2) Barriers

- Agency siloes
- Competing or misaligned funding source requirements
- Lack of understanding of the importance of health + housing
- Uneven codes enforcement on housing/property standards
- Personal data privacy protections (HIPAA, etc.)

Q3) How to get this into local plans?

- Grant funders can include additional points for health + housing projects in their funding competitions
- TNAHC can invite policymakers (TN General Assembly, Metro Council, etc.) to educational sessions on health + housing
- Connect TNAHC with Hospital Association of TN (HAT) and other hospital groups
- THDA can advertise/promote CHNA process meetings to the housing development community
- Find a high-profile convener (e.g., Lamar Alexander, Bill Frist, etc.)
- Engage the media to raise the profile of this issue
- Assemble best practices/case studies (e.g., Bon Secours in Baltimore)

Q4) Remaining questions

- How did United Way in ATL manage to organize their multi-party partnership? How can we get our own United Ways to do the same thing?
- What is the role of support animals in health + housing?

Table E

At our table there were a housing data analyst, a banker, a housing coordinator from Northwest TN Development District, a housing coordinator from East TN, and a person in the loan industry

A big problem is the inability to pay for home repairs/maintenance for people living on a fixed income such as seniors. For example, an elderly widow may be able to live on Social Security but unable to pay for a new water heater. There are few resources for expenses such as this.

Isolated elderly people are subject to being taken advantage of by contractors and others. An example is seniors getting offers from developers or REALTORS® to buy their homes for what seems to be a lot of money – If a senior paid off their $40,000 mortgage decades ago, being offered $150,000 may sound good until they find out they can't afford to buy or rent anywhere affordably with that amount. In Nashville, elderly home owners who don't want to sell are often sent letters from the Codes Department about lawn maintenance or other maintenance issues because REALTORS®/developers complain to Codes hoping to scare the homeowner into selling.

Housing agencies and health agencies typically have had very different missions and have not communicated across issue areas or seen opportunities to collaborate. We need to foster opportunities for cross-communication and collaborative projects.

Transportation is a growing barrier for everyone, especially seniors and people with disabilities. It is particularly a problem in rural areas such as Appalachia. Some people have to travel many miles for primary health care which means they may not get the preventive care they need – both medical and dental. In rural Kentucky, a family's vehicles are sometimes worth more than their homes because transportation to work, etc., is so important.

Is there an opportunity to preserve older affordable housing using historic zoning ordinances?

Table F

1) What was missing from this discussion?

   General consensus: It was good information, but today's group in attendance was already on board with the ideas being discussed. Ideally, the conversation should have included:
   - the development community (how do you incentivize their participation? What are the challenges they see, whether real or perceived?)
   - City/county officials – particularly from fast-growing, relatively affluent areas: what are their issues or concerns? Are they even aware of the connection between housing and health issues?
   - Finally, what about the health care industry? What role could they play – or would they be willing to play?

2) What barriers are created through local practices? Are there zoning or other local regulatory barriers that impede mixing health with housing?

There were a couple of comments that participants were beginning to hear from local officials with concerns of costs associated with EMT service, etc. related to senior and supportive housing (much like concerns over school or traffic impact associated with family properties).

There was a lot of focus on a speaker's comment that housing is not part of the health care discussion (and vice versa). Health care discussions are so focused on health issues, and don't necessarily have money available (as providers), so the feeling is that they don't want to open the door to housing issues. The housing discussion is so focused on affordability, NIMBY, supply/demand that they aren't focused on health issues – though no one disputes the link.

Among LIHTC properties, there are simply insufficient resources to fund critically necessary resident supportive services/case management, which makes targeted programs much less practical or feasible. Especially if you're layering multiple funding sources where the loss of any one source would cause things to grind to a halt.

How do you quantify/monetize "savings" associated with housing/health coordination? It's not revenue, so it's harder to recognize.

3) How can you get this topic into local strategic plans? Is it already a part of these plans? Are plans like that followed, or is there another way to make this issue a priority with local decision-makers?

   It's not a problem having these issues addressed in the strategic plans – the problem is in following through (funding) the solutions. There are working solutions out there, but the question is who is willing to do it, and who is able to fund it? Also, there are "health" issues, and there are "housing" issues, but oftentimes the two are not connected in the strategic planning process.

   Even if providers (health care and housing) understand that there is a connection, our table felt that the general public still does not understand the connection or importance. Taxpayers don't understand the many ways that we are already paying for these issues (EMT, jail, emergency rooms, etc.).

4) What questions do you still have? What answers do you have that were not mentioned today?

   We ran out of time and didn't answer this one!

Table G

1) Next steps for the CHNA, how do hospitals / non-profits get together? How do we include persons with intellectual disabilities, behavioral or mental health issues? How is transportation managed? And how is it financed?
2) Zoning is complicated. Program mix or program conflict: some state 80% AMI for participation, some are 120% of FPL. Good practice - Triage Team – meets every three weeks
3) Who could write boiler plate language to add housing into all hospital plans? Tennessee Department of Health hears from renters; many program don't address rental properties. Need clearer language that addresses the issues. What are the TennCare settings rules? Where does minimum Universal Design come into play? The lead count can be a strong message.
4) Policies and their enforcement; renters' rights. Technology – an app for consumers to look for health hazards. AARP has a checklist. Occupational therapists could consider current and future issues during home assessments. Support for Universal Design.