

Housing and Health: The Importance of Place

The second in a series of papers demonstrating the value of affordable housing for people and communities across the State of Vermont

Good health. We all know that means good nutrition, regular exercise and at least seven hours of sleep nightly. By extension, it also means a place to store and cook fresh food, access to clean water and air, and a safe bed.

Good health, then, doesn't happen without secure, accessible housing.

In Burlington and Winooski—areas with the country's seventh-oldest housing stock—that means homeowners and renters are being made aware of the dangers of lead paint poisoning and given help in abating it. In Addison County, where homes have the highest measured average indoor radon levels in Vermont, that might mean finding affordable approaches to mitigate the problem, which, if unchecked, can lead to lung cancer. Elsewhere, it means that through Fletcher Allen Health Care's Community Health Improvement office's Falls and Fires Prevention Program, nurses visit the homes of seniors and disabled individuals to evaluate potential risks and offer recommendations to make those residences safer—often doing such simple things as removing a throw rug or adding a grab bar in the shower or a ramp in the garage.

"We know that a well-housed person is healthier than a person who's in bad housing with mold or is homeless," says Community Health Improvement Director Penrose Jackson. Children, in particular, suffer cognitive impairments, asthma, mental health disorders, and diabetes and other chronic diseases as a result of living in sub-standard housing that might be riddled with mice, lead paint, mold, or chronic dampness issues. In a paper for the



Photo credit: CC image Older man and nurse using blood pressure by Tunstall on Flickr [cropped]

series "How Housing Matters to Families and Communities" from the Spotlight on Poverty and Opportunity, Megan Sandel, M.D., M.P.H., and Deborah Frank, M.D., observe just how intertwined health and housing are, especially for developing children.

"For many of our patients, a safe, decent, affordable home is like a vaccine—it literally keeps children healthy," they say, noting their own findings proving the issues start even before birth: women who are homeless while pregnant are 50 percent more likely to have a low-birthweight baby and more than 30 percent more likely to have a pre-term delivery than women who were not homeless while pregnant.

And for those who do have housing, if paying for rent or a mortgage demands a disproportionate percentage of their income, they will subsequently have less money to spend on other essentials, such as food and medicine.

"The determinants of health in this country are 90 percent driven by social circumstances, the

more...

environment you're in, and genetic predisposition," says Nancy Eldridge, executive director of the nonprofit Cathedral Square Corporation. Acting on that reality, in 2010 this housing organization, which specializes in senior and special needs housing, established SASH (Support and Services at Home). Part of the state's Blueprint for Health, SASH serves more than 3,500 Vermonters at affordable housing sites and private residences statewide. Those who sign up undergo a complete functional assessment, cognitive screen, depression scale, nutritional assessment, and falls assessment; they're then provided, as needed, with routine check-ins, medication management, family communication, membership in special-interest

Such improvements in health also translate directly to substantial Medicaid and Medicare savings, as reinforced in the December 19, 2013, *New England Journal of Medicine*. In "Housing as Health Care" it was observed that affordable housing "paired with supportive services such as on-site case management and referrals to community-based services... can lead to improved health, reduced hospital use, and decreased health care costs, especially when frequent users of health services are targeted." It was further noted that studies "have shown that the costs of supportive housing are largely offset by resultant savings in services used, mostly from reduced use of the health care system." With the average cost of

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groups and transportation assistance. Because they establish ongoing relationships with program participants, SASH staff are able to get to know them in a way that primary care physicians simply can't; through routine in-home visits, SASH staffers are able to notice subtle changes in people's overall well-being that might otherwise have gone unreported.

"We're looking at whether we're moving the needle on things you can't really change unless you're at home," says Eldridge. "The behavior is getting changed at home because you've got a nurse who knows the person and can observe when something's wrong."

The results are significant in terms of reductions in falls (down 22%), nutritional risk scores and inpatient hospital admissions (both down 19%), and reports of no physical activity (down 8%)—and that was during SASH's pilot year alone.

inpatient hospitalization at \$2,219 per day, as compared to supportive housing costs of \$50 to \$70 per day, the savings are substantial.

Locally, FAHC's Community Health Improvement office provides short-term housing solutions for patients from Vermont and New York who no longer need to be in the hospital receiving acute care but don't have adequate housing to which to return. There's ultimately a cost savings to paying for the housing, but more importantly, the addition of referrals to social service programs and other resources lead to improved physical, social, and mental well-being.

"It's not just about dollars and cents," says Jason Williams, senior government relations strategist at FAHC, of the program. "It's about changing outcomes."

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