

# Housing as a Platform for Integrating Services & Supports for Low Income Seniors

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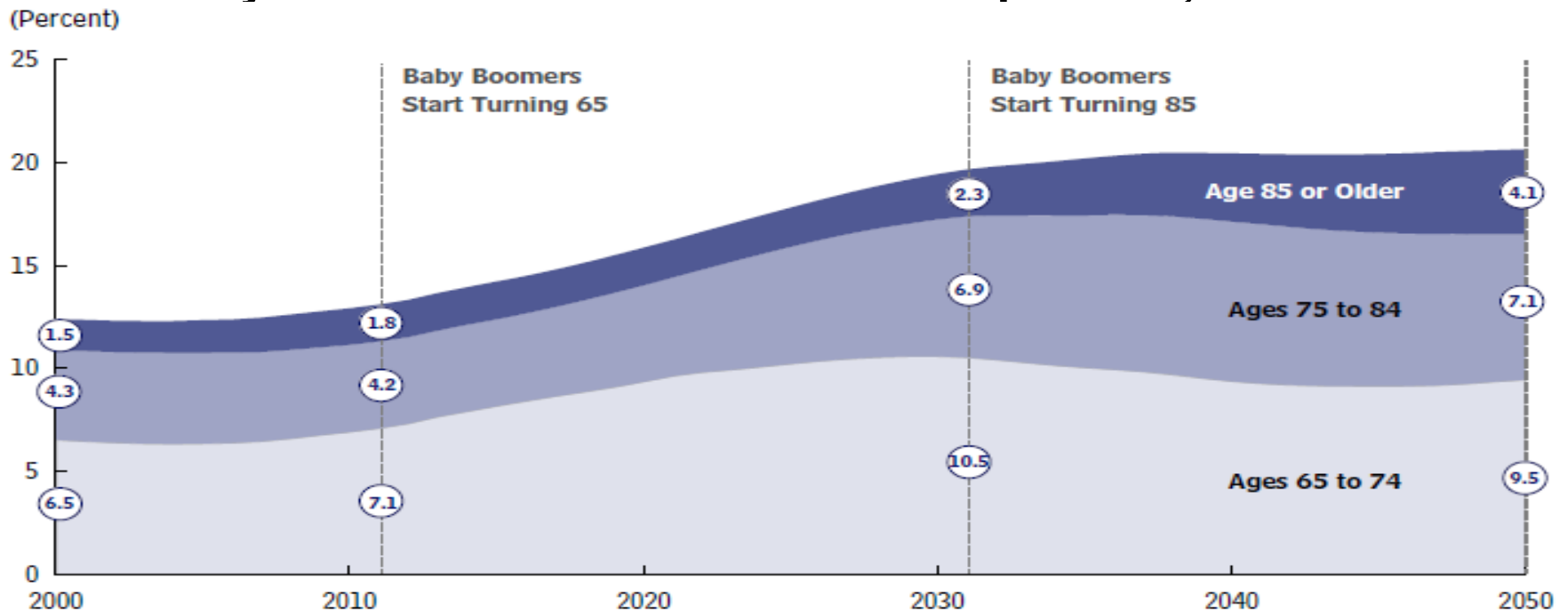
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NEW ORLEANS, LA  
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# Older Adults in the United States

## Elderly Adults as a Share of the U.S. Population, 2000 to 2050



Source: 2013 CBO Report: *Rising Demand for Long-Term Services and Supports for Elderly People*

# Aging: Trends and Challenges

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- Individuals want to age in their homes and communities
- With aging comes higher risk of chronic disease and functional limitation
- These challenges more prevalent with:
  - Advanced age
  - Lower incomes
  - Minority status

# Affordable Housing as a Platform

Affordable housing communities provide a venue to effectively address the needs of a vulnerable and high-risk older adult population



Over 12,000 HUD-assisted elderly-designated properties nationwide

- 41% over the age of 75
- Average monthly income of \$13,238 (2015)
- 70% of dually eligible for Medicare/Medicaid
- 55% of duals have 5+ chronic conditions

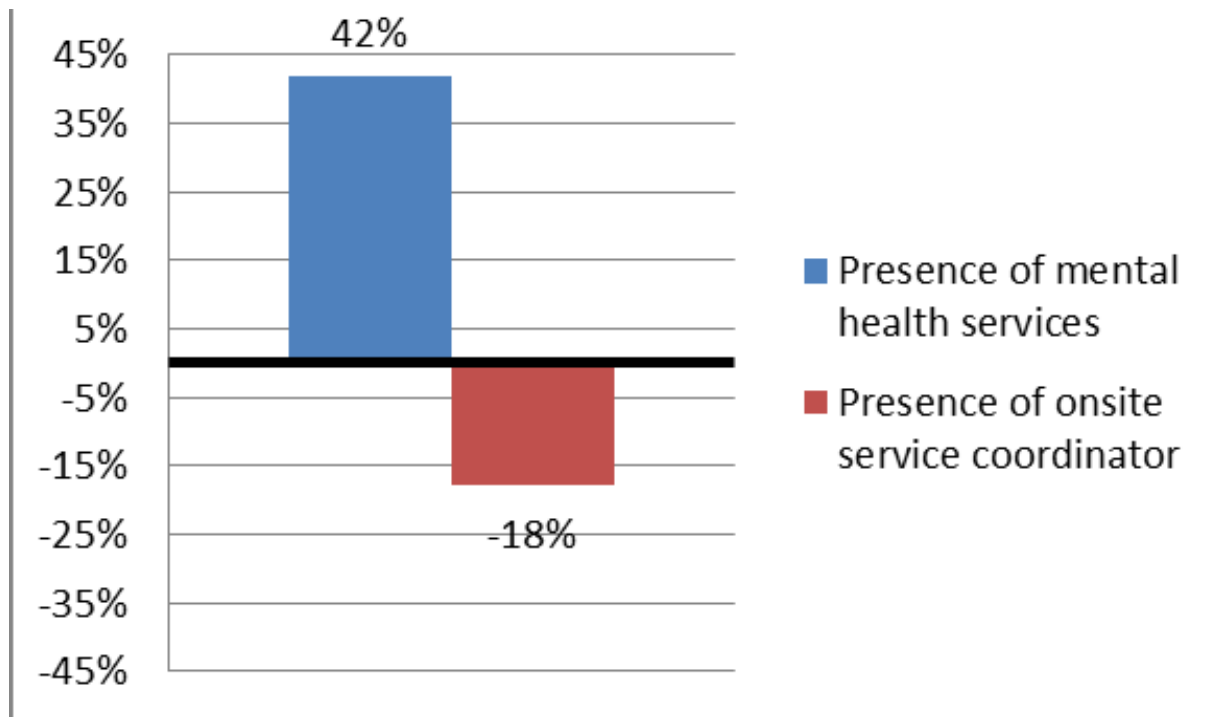
# Value of Housing Plus Services

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- Build on existing infrastructure of housing, health and community service networks
- Provides potential concentration of high-risk/high-cost individuals (many are dual eligibles)
- Offers economies of scale; can increase delivery efficiencies for providers and affordability for seniors
- Provides residents easy access to services; may encourage greater utilization and follow-through
- Offer a more regular staff presence on site with residents; can help build
  - Knowledge of resident needs, abilities and resources
  - A sense of trust among residents, which encourages better use of services
  - Early recognition of potential issues before they become costly crises
- Help preserve seniors' autonomy and independence

# Odds of at least one acute stay during 2008

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Note: Solid bars are significant at  $p < .05$ . Shaded bars are borderline significant at  $p < .10$ .

# Supports and Services at Home (SASH) , Vermont

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- Developed by Cathedral Square Corporation
- Care coordination model anchored in senior housing
- Interdisciplinary team
  - Housing-based staff: SASH coordinator, wellness nurse
  - Network of community-based providers: home health agency, area agency on aging, mental health providers, etc.
- Linked in with state's health reform efforts
  - Medical homes supported by community health teams
  - SASH extender of community health teams
- Statewide expansion supported through Medicare MAPCP demonstration

# Supports and Services at Home (SASH) , Vermont

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- Comparing SASH participants to:
  - Individuals in MAPCP demo, non-SASH properties (in VT)
  - Individuals not in MAPCP demo, non-SASH properties (in NY)
- Early results: July 1, 2011-June 30, 2013
  - SASH is bending cost curve: Growth in annual total Medicare expenditures was \$1,756 - \$2,197 lower for SASH participants in well-established panels than for two comparison groups
  - Increase in all-cause hospitalizations (driven by later joiners) compared to both groups

**Source:** *Support and Services at Home (SASH) Evaluation: First Annual Report*, found at: <http://aspe.hhs.gov/daltcp/reports/2014/SASH1.pdf>



# Staying at Home Program, Pittsburgh PA

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- Provided by University of Pittsburgh Medical Center
- Social worker and RN provide care coordination and additional health services in congregate housing
- Compared participants in 7 buildings with program to residents in 4 buildings without
- Participants were significantly:

## Less likely to

- Visit the ER
- Have unscheduled hospital stays
- Report negative health conditions
- Move to a nursing home

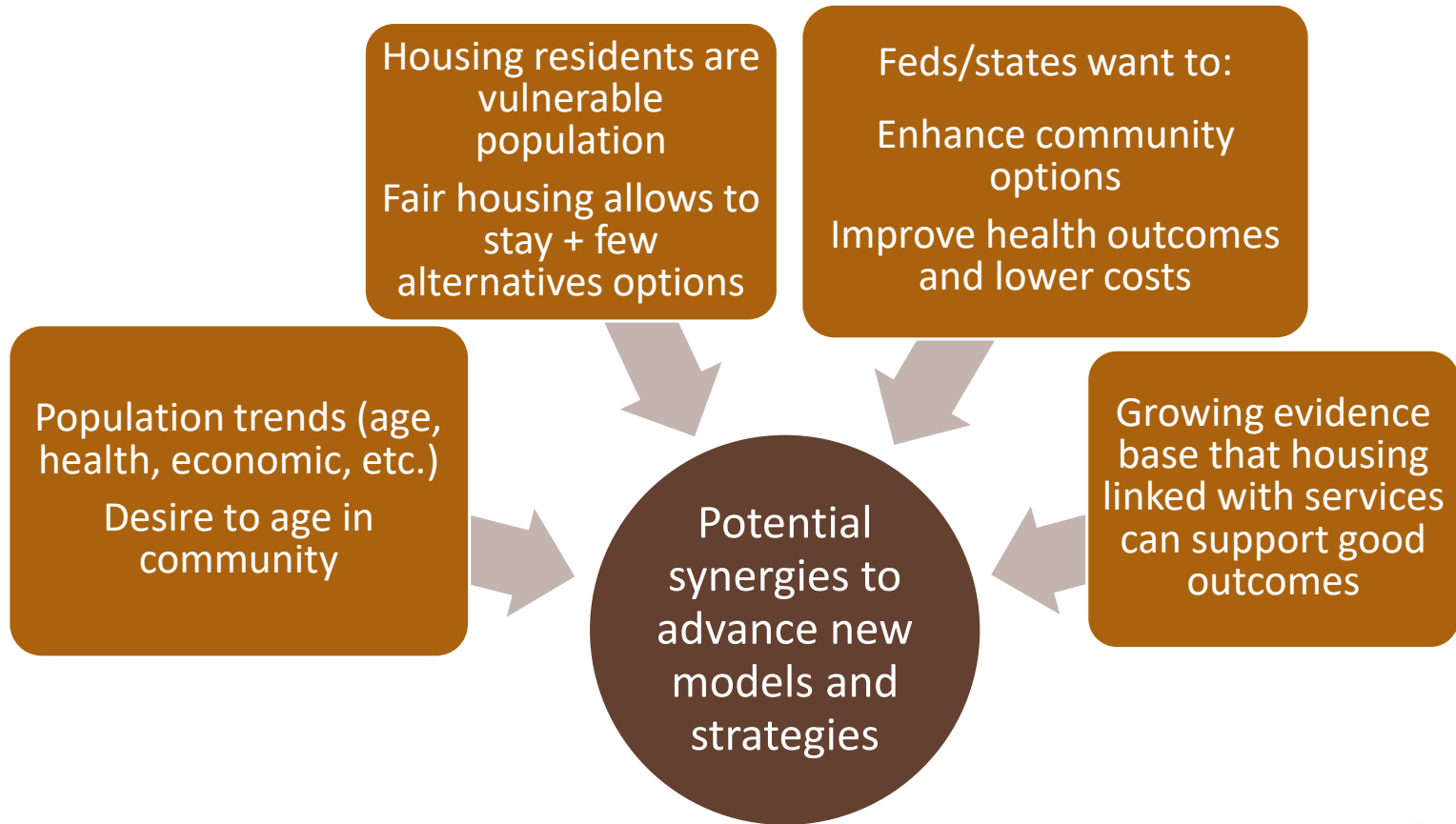
## More likely to

- Visit the dentist
- Use health care services
- Use health services outside of hospital
- Report health improvements

**Source:** *Service-enriched housing: The Staying at Home program*, Journal of Applied Gerontology, July 9, 2014.

# Putting It All Together

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# IWISH Randomized Control Trial

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- \$15 million demo and evaluation funded by HUD
- 40 treatment and 40 control sites
- 4-year program
- The Lewin Group/LeadingAge implementation team

# IWISH Program Purpose

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To implement and evaluate a housing-based, person-centered, supportive services and wellness model designed to **facilitate** successful **aging in community** by helping residents proactively **address** their **health** and **social needs** to maximize their independence, wellbeing and quality of life.

# IWISH Service Coordinator/Wellness Nurse Team will Help Residents:

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- Identify attainable goals
- Enhance access and use of health and social services
- Expand self-care management capacity
- Improve resident well-being and quality of life
- Improve housing stability

# IWISH Program's Outcomes

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- Evaluator will study how IWISH program impacts
  - Healthcare utilization (e.g. emergency department visits, hospitalizations, re-hospitalizations, etc.)
  - Health care costs
  - Mortality rates
  - Tenure and unit turnover (e.g. evictions and transitions to nursing homes and higher levels of care)