



# The Intersection between Health and Housing

November 14, 2018

# Logistics

- This presentation will be recorded and shared with attendees
- All attendees are muted and in listen only mode.
- Use the question box and chat function throughout the session. At the end of the presentation, we will answer your questions.
- Please do not put us on hold. If you have to take a call, please hang up and rejoin after.

# Learning Objectives

- Explain how unstable or inadequate housing can lead to poor health outcomes
- Identify how complex medical and behavioral health conditions can create barriers to stable housing
- Describe innovative partnerships to respond to the health and housing needs of your patients



# How many homeless people?

How many homeless individuals, families and children do you think are sleeping each night in the New York City shelter system?



# Housing Crisis in New York City

- In August 2018, there were **63,025 homeless people**, including **15,421 homeless families with 22,907 homeless children**, sleeping each night in the New York City municipal shelter system
- On January 22nd, 2018 the City counted **3,675 unsheltered individuals** on NYC streets and subways
- **Families make up 3/4 of the homeless shelter population**
- More than **half of New Yorkers are rent burdened**
- Between 2005 and 2015, **New York rents increased by 13.8%**, while renter income increased by just 1.9%
- Homelessness is driven by poverty and racism: **89% of the homeless population are African-American or Latino**

# Housing as a Social Determinant of Health

- What types of housing issues are we seeing?
- What impact does each housing issue have on people's health?
- Homelessness
  - Unsheltered or “street homeless”
  - Living in shelter
  - Doubled-up
- Housing instability
  - Affordability
  - Quality
  - Accessibility
  - Location

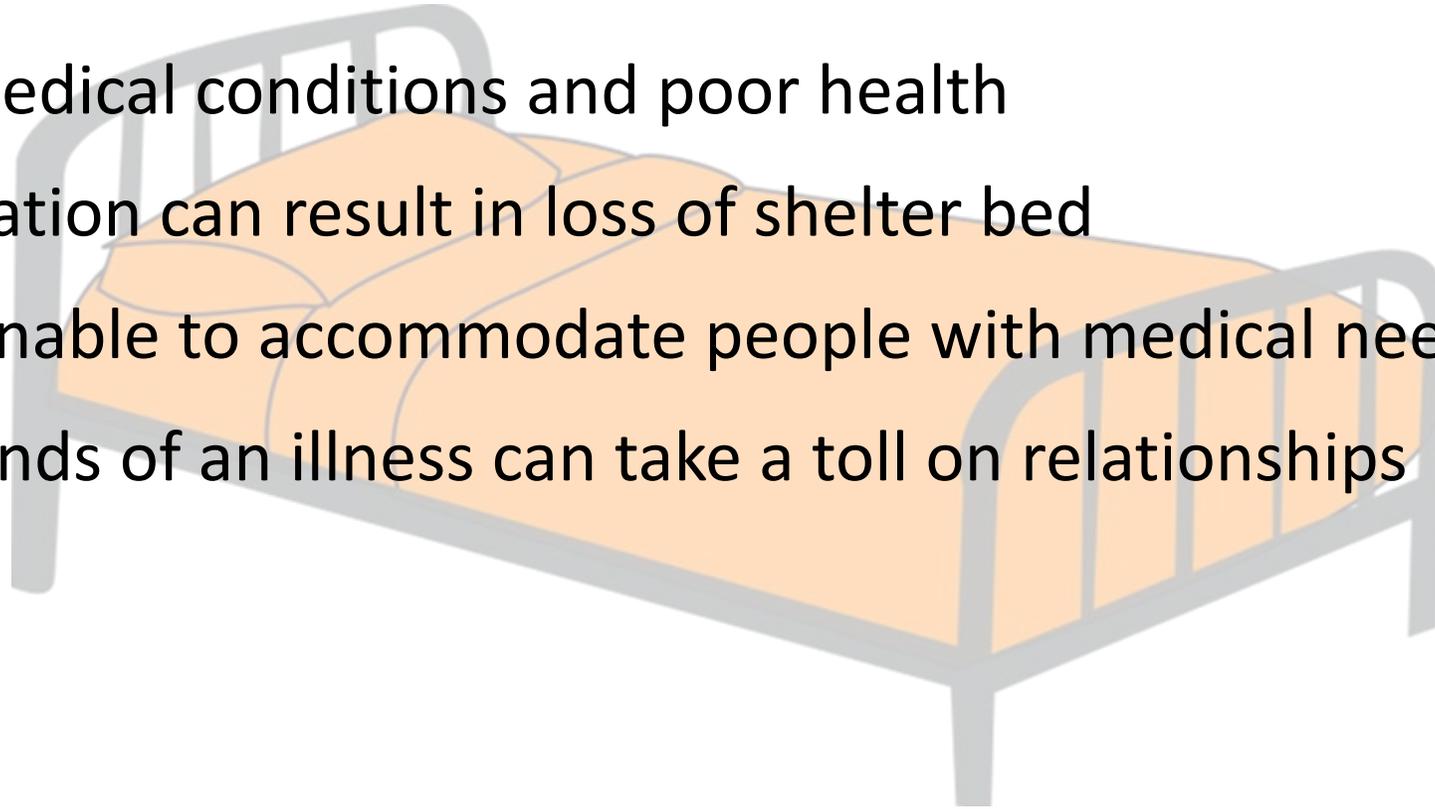


# Types of Housing Instability and Related Health Conditions

Housing Issue	Examples	Related Health Conditions
Homelessness	<ul style="list-style-type: none"> <li>• Total lack of shelter</li> <li>• Residence in transitional or emergency shelters</li> </ul>	<ul style="list-style-type: none"> <li>• Increased rates of chronic and infectious conditions (e.g., diabetes, asthma, COPD and tuberculosis)</li> <li>• Mental health issues, including depression and elevated stress</li> <li>• Developmental delays in children</li> </ul>
Lack of affordable housing	<ul style="list-style-type: none"> <li>• Severe rent burden</li> <li>• Overcrowding</li> <li>• Eviction or foreclosure</li> <li>• Frequent moves</li> </ul>	<ul style="list-style-type: none"> <li>• Stress, depression and anxiety disorders</li> <li>• Poor self-reported health</li> <li>• Delayed or diminished access to medications and medical care</li> </ul>
Poor housing conditions	<ul style="list-style-type: none"> <li>• Structural issues</li> <li>• Allergens like mold, asbestos or pests</li> <li>• Chemical exposures</li> <li>• Leaks or problems with insulation, heating and cooling</li> <li>• Accessibility – no elevator, not ADA compliant</li> </ul>	<ul style="list-style-type: none"> <li>• Asthma or other respiratory issues</li> <li>• Allergic reactions</li> <li>• Lead poisoning, harm to brain development</li> <li>• Other chemical or carcinogenic exposures</li> <li>• Falls and other injuries due to structural issues</li> </ul>

# Health as a Social Determinant of Housing

- Serious mental illness and substance use disorders
- Chronic medical conditions and poor health
- Hospitalization can result in loss of shelter bed
- Shelters unable to accommodate people with medical needs
- The demands of an illness can take a toll on relationships



# Examples of Screening Questions for Housing Issues

- Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household?
- Where were you staying prior to the place you stayed at last night?
- Is this reliable housing that you own, rent, or stay in as part of a household?



[Link to Documenting Homelessness Questions](#)

# Examples of Documenting Housing Issues

- Flagging patients in EMR:
  - Address (undomiciled, hospital or shelter address, PO Box)
  - Multiple zip code changes in the past year
  - Provider
  - ICD10 Z-codes
- Coding for housing issues:
  - Z59.0 for homelessness
  - Z59.1 for inadequate housing



# Hospital Innovations in Housing

- Montefiore Medical Center's Housing At Risk Program
- Embedded Housing Coordinators in BronxCare and St. Barnabas Emergency Departments
- NYC Health + Hospitals Housing Coordinator and OneCity Health Community Bridge Partners program
- NYU School of Medicine Emergency Department study at Bellevue



# Literature on Health and Housing

- “Innovative Models In Health And Housing” – Prepared by Mercy Housing and The Low Income Investment Fund for The California Endowment and The Kresge Foundation; <http://www.liifund.org/wp-content/uploads/2017/08/Health-and-Housing-LIIF-Mercy-Report-2017.pdf>
- “Social determinants of health series: Housing and the role of hospitals” – American Hospital Association; <http://www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf>
- Report Series: Fostering Collaboration in Housing and Health – Urban Institute Health Policy Center
  - [Housing and Delivery System Reform Collaborations: Environmental Scan](#)
  - [Developing Housing and Health Collaborations: Opportunities and Challenges](#)
  - [From Idea to Action: Building the Team for Housing and Health Collaborations](#)
  - [Making It Real, Keeping It Real: Implementing Housing and Health Collaborations](#)

# NYP Health and Housing - Data

## October 2017 – Care Coordination Patient Interviews

- 132 out of 286 patients interviewed by care coordination reported having no housing or a concern of losing their housing.

## October 2017 – Length of Stay Analysis

- Analysis from the LOS report at Milstein determined patients who have an unstable housing situation have +4 day variance LOS and extensive costs to the hospital.

## January 2018 – Hospital ED Homeless Count

- Milstein ED identified 15 patients between the hours of 12am-4am that were considered street or sheltered homeless.
- Milstein ED had the 2<sup>nd</sup> highest count of all NYC participating EDs.

## June 2018 – High Utilizer Analysis

- 40 out of 50 patients who are the highest utilizers of the Milstein ED had no housing or housing instability.
- These patients also had significant history of behavioral health needs and chronic conditions.

# NYP Health and Housing Goals

Improve  
knowledge  
through housing  
curriculum

Improve patient  
outcomes through  
dedicated housing  
team

Improve housing  
access through  
established  
network

Improve patient  
outcomes through  
medical respite

# Q&A



Contact: Patricia Hernandez,  
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# Upcoming Webinars

<b>Part 1: The Intersection between Health and Housing</b>	Wednesday, November 14, 2018	10:00am – 11:00am
<b>Part 2: Navigating the Shelter System</b>	Wednesday, December 12, 2018	10:00am – 11:00am
<b>Part 3: Permanent and Supportive Housing</b>	Wednesday, January 16, 2019	10:00am – 11:00am
<b>Part 4: Affordable Housing</b>	Wednesday, January 30, 2019	10:00am – 11:00am
<b>Part 5: Eviction Prevention</b>	Wednesday, February 20, 2019	10:00am – 11:00am

All events can be found at the [NYP PPS website](#).

# Presenter Biographies



Patricia Hernandez, LCSW is a Manager in the Division of Community and Population Health at NewYork-Presbyterian Hospital. Patricia has committed her five years at NYP to providing direct services to high-risk, vulnerable populations as well as managing efforts to integrate the community into the healthcare system. Patricia also helped develop and lead the NYP Health Home. Most recently, Patricia has lead NYP's housing efforts. These efforts

include, developing programming aimed at addressing our patients' housing needs, consultation on difficult cases, community network development, and education/training for care coordination staff in and outside the hospital. Before joining NYP, much of Patricia's experience was around providing direct clinical services to individuals with significant behavioral health and housing needs in inpatient and outpatient settings. Patricia graduated with a Masters of Social Work from New York University's Silver School of Social Work with a focus on clinical practice.



Bonnie Mohan has spent the past 15 years navigating the worlds of housing and health care, learning how they intersect, and identifying ways they can become more integrated in order to better serve people with complex health and housing needs. Bonnie began her career in affordable housing at the University Neighborhood Housing Program (UNHP) in the Northwest Bronx, moved on to homeless services at BronxWorks, and then made the leap to health care, serving as Assistant Director of the Bronx Lebanon Health Home during its implementation. In 2011, Bonnie helped found The Bronx Health & Housing Consortium, a collaborative network of health, housing, government, and community-based organizations in the Bronx. Under her leadership as Executive Director, the Consortium has grown to over 70 member organizations, cultivated innovative partnerships, and emerged as a go-to thought leader on health and housing in New York City. Bonnie has a BA in Urban Studies and Political Science from Fordham University and served for two years in Ethiopia in the United States Peace Corps.

**Patricia Hernandez email ([healthishousing@nyp.org](mailto:healthishousing@nyp.org)), Bonnie Mohan email ([info@bxconsortium.org](mailto:info@bxconsortium.org))**

**Thank You!**