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

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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

- 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

- 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

Note: Solid bars are significant at $p<.05$. Shaded bars are borderline significant at $p<.10$. 
Supports and Services at Home (SASH), Vermont

- 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

- 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

Staying at Home Program, Pittsburgh PA

- 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:

<table>
<thead>
<tr>
<th>Less likely to</th>
<th>More likely to</th>
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<tbody>
<tr>
<td>Visit the ER</td>
<td>Visit the dentist</td>
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<tr>
<td>Have unscheduled hospital stays</td>
<td>Use health care services</td>
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<tr>
<td>Report negative health conditions</td>
<td>Use health services outside of hospital</td>
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<tr>
<td>Move to a nursing home</td>
<td>Report health improvements</td>
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Putting It All Together

Potential synergies to advance new models and strategies

- Housing residents are vulnerable population
  Fair housing allows to stay + few alternatives options

- Feds/states want to:
  Enhance community options
  Improve health outcomes and lower costs

- Population trends (age, health, economic, etc.)
  Desire to age in community

- Growing evidence base that housing linked with services can support good outcomes
IWISH Randomized Control Trial

- $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

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:

- 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

- 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)