

Building Healthy Communities

Through Housing: What's Working?

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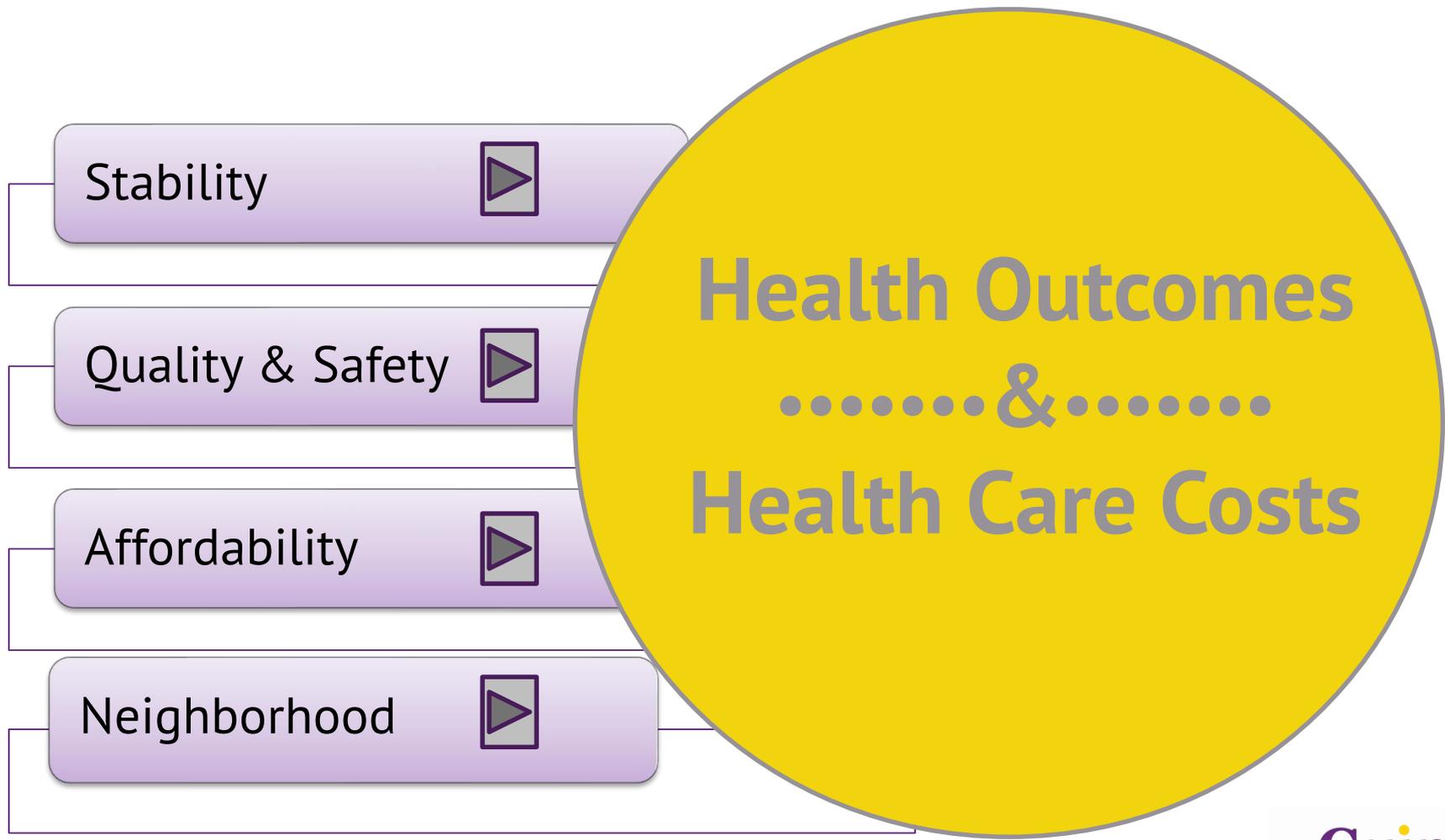


Social Determinants of Health

- Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health.
- Social determinants of health include factors like socioeconomic status, education, the built environment, employment, social support networks, and **housing**.
- Housing may be the most commonly understood and most reached determinant of health.
- The nexus between housing and health can be broken down and described as four distinct pathways in which housing affects health (see page 3)



Housing & Health Nexus



Health → Housing

But **Health** also affects Housing

- Experts have noted that “poor health is both a **cause** and a result of homelessness”
- Mental illness is a contributor to homelessness
- Early Medicaid expansion in California was associated with a reduction in the number of evictions (Allen et al, 2019)

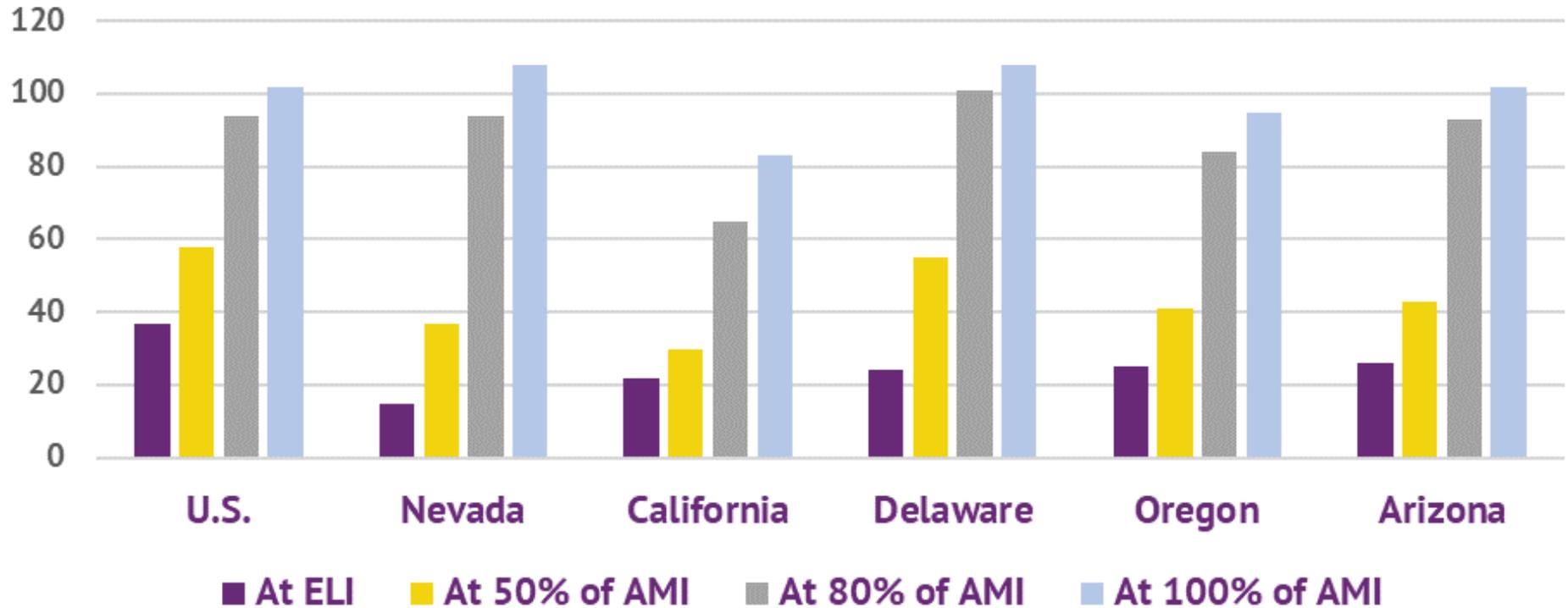


Housing & Health in Nevada: Some Facts

- Nevada is confronting a housing crisis.
 - Lack of affordable housing units
 - Relatively high eviction rates in many communities
- This contributes to homelessness

Nevada Has a Housing Crisis

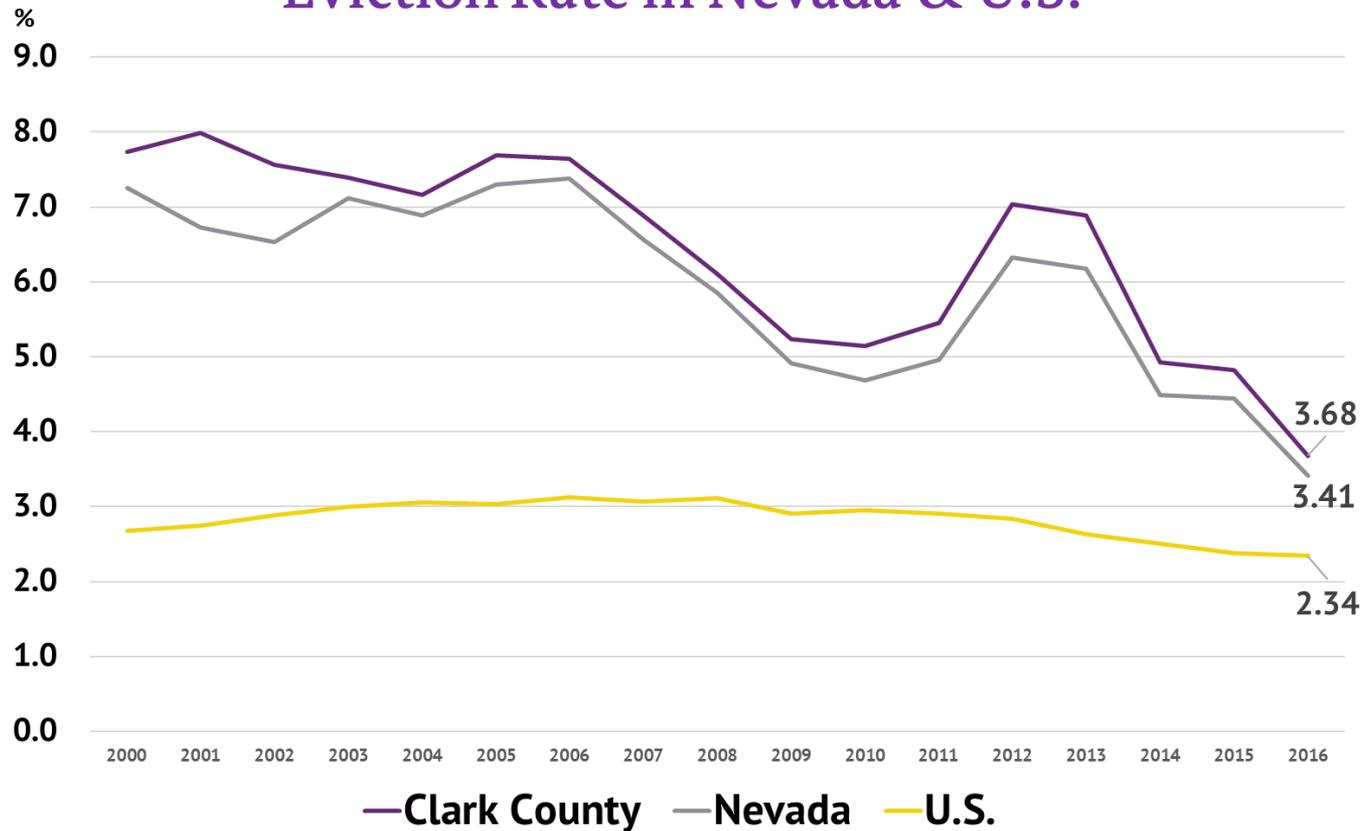
Affordable & Available Units per 100 Renter Households



- Nevada ranks **last** in the U.S. in providing affordable housing to households who earn at the “extremely low income” (ELI) level, which is at or below 30% of area median income (AMI) (National Low-Income Housing Commission, 2018)
- Roughly 45% of Nevadans are renters. And nearly half of renter households in Las Vegas and Reno are considered cost-burdened (i.e., they pay more than 30% of their annual income for housing). Some Nevadans spend more than 50% of their income on housing.

Nevada Has a Housing Crisis

Eviction Rate in Nevada & U.S.

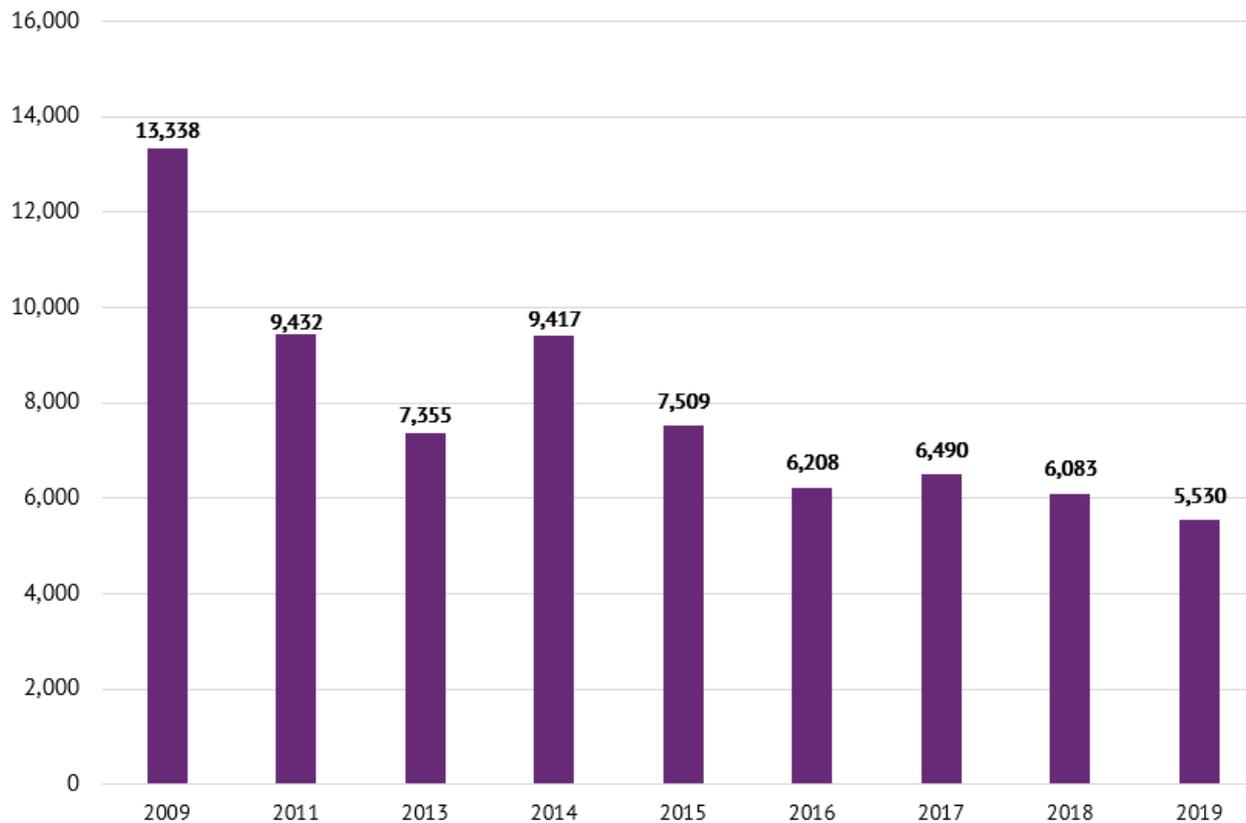


Eviction rates in many communities and neighborhoods in Nevada are significantly higher than the national and state averages. The eviction rate for the following communities is: Whitney (6.8%), North Las Vegas (5.8%), Sunrise Manor (5.3%), Paradise (4.3%), Las Vegas (3.5%), and Henderson (3.2%).

Nevada Has a Housing Crisis

- 8th highest per-capita rates of homelessness
- 1st for unsheltered unaccompanied homeless youth

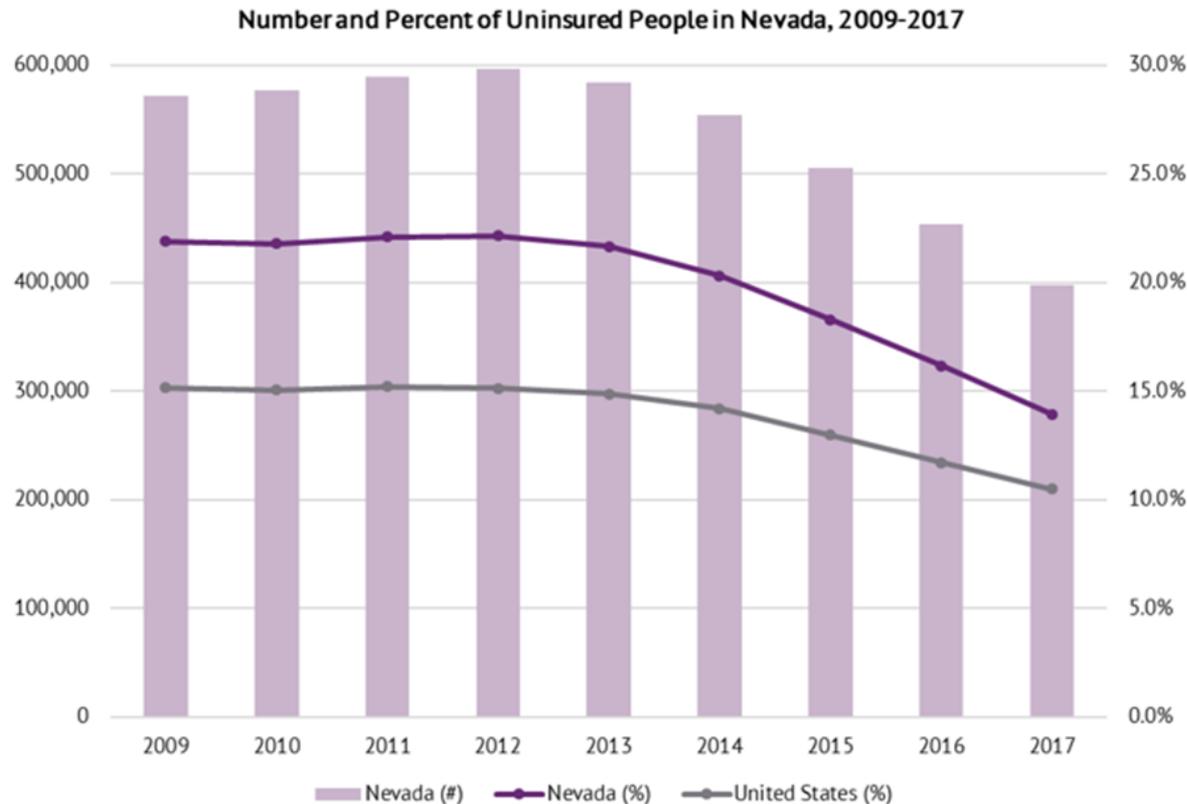
Southern Nevada Point-in-Time Homelessness Counts



	Homeless per 100,000 Residents
New York	47
Hawaii	46
Oregon	35
California	33
Washington	30
Massachusetts	29
Alaska	27
Nevada	25
Vermont	21
Colorado	19

Limited Health Care Infrastructure

- Nevada received D in “health care” access
- 400,000 people (14% of population) are uninsured; 6th highest in U.S.
- 56% of uninsured are eligible for Medicaid/CHIP/Marketplace tax credits; 44% are ineligible for insurance coverage



Positive Outcomes

Efforts to integrate housing and health care have had positive outcomes, as evidenced by:

- Decreases in
 - Health care costs
 - Emergency room visits
 - General inpatient hospitalizations
 - Incarceration stays



What Does it Mean

There are opportunities to build healthier communities through housing:

- Housing now viewed as “community benefit”
- ACA requires hospitals to conduct and publish Community Health Need Assessments every 3 years
- Health in All Policy Planning
- Cross sector collaboration
- Stronger partnerships to leverage limited resources and meet **Triple Aim** goals of
 - Improving patients’ experience, improving population health, and reducing costs of care

What is Working

LOCATION	STAKEHOLDER	DESIGN	OUTCOME
Baltimore, MD	Bon Secours Health System	Founded a nonprofit	800 units of housing 640 green spaces (formerly vacant lots)
San Francisco, CA	Dignity Health	Grants, loans, equity investments	Donated unused buildings, vacant land, offered low-/no-interest loans to nonprofits developing housing; Supportive housing that couples housing w/ medical/social services
Massachusetts	Massachusetts Housing Investment Corporation & Conservation Law Foundation	Healthy Neighborhoods Equity Fund (HNEF) (\$22M, private equity)	Transit-oriented development projects in areas that have high health risk factors (obesity, poverty)
Portland, OR	6 health care orgs, 5 hospitals, w/ Central City Concern (CCC)	\$22 M for housing	Invested in CCC, the largest provider of supportive housing, as well as a primary provider of physical & behavioral health services targeting homeless adults

What is Working

LOCATION	STAKEHOLDER	DESIGN	OUTCOME
Colorado	Colorado Access & Mercy Housing	Colorado Access provides site care coordinator to help residents access health care services	
Northern California	MCO & affordable housing developer	MCO provided \$2.5M up-front capital grant from capital investment fund	90-unit mixed-use development, w/ 20 units set aside for homeless high-users of healthcare
Phoenix, AZ	MCO & CDC	MCO (United Health) provided \$22M low-interest loan to Chicanos por la Causa	500 supportive housing units w/o use of LIHTC; Up to 20% of units targeted to housing insecure w/ supportive health services
San Mateo, CA	MCO, county, housing authority, nonprofit housing services provider	MCO provides funding for housing program, supporting transition of individuals from LT care to independent supported living	124 individuals, Medicaid/Medicare Dual Eligible, transitioned from nursing facilities to IL; 50% cost reduction

What is Working

LOCATION	STAKEHOLDER	DESIGN	OUTCOME
Minnesota	County accountable care organization, state government	State gives income supplement to homeless for housing/personal needs, supplemented w/ Medicaid & grants for services	1,000 people served; Accountable care agency spends savings for housing specialists
San Francisco, CA	City public health dept., Mayor's Office of Housing, affordable housing Developers	City contributes to up-front capital costs of housing development; city created interagency loan committee comprised of housing, health & human services agencies that provides 1-stop shop for capital, services & operating funds	Created 1800 new units of supportive housing.
LA, CA	County health dept., affordable housing developers	\$14M yearly for housing dvlpt., plus \$4M in foundation funding for vouchers for supportive services	1200 units of new housing
CA	Dept. of Developmental Services, affordable housing developers	State contributed 20% of cost for acquisition/rehab of housing, nonprofit developers financed 80% w/ conventional debt	Cost savings & better outcomes

Common Elements

- Hospital systems are key partners
- Community development corporations are present
 - Affordable Housing Developers
- Social service agency/department
- Strong leadership
- Trusted relationships

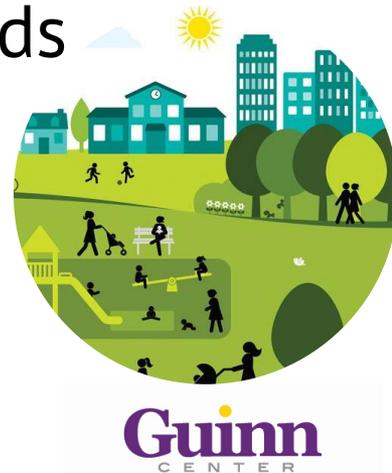
What is Missing in Nevada?

- Hospital system/MCO participation
- Community development corporation
- Alignment and more robust connectively across sectors
- Data sharing
- Leadership
- Understanding of finances, incentives
- Distribution of cost savings



What Can We Do?

- (Re) Incorporate health into urban planning
- Launch CDC or support affordable housing developer that is focused on health-related housing
- Invest in IT systems & data-sharing agreements
- Identify leader, implementer
- Support meaningful Community Health Needs Assessments & better understand financial incentives, timelines
- Invest in relationships
- Support inclusionary zoning policies



Questions?

About the Kenny C. Guinn Center for Policy Priorities

The Kenny C. Guinn Center for Policy Priorities is a 501(c)(3) nonprofit, bipartisan, independent research center focused on providing fact-based, relevant, and well-reasoned analysis of critical policy issues facing Nevada and the Intermountain West. The Guinn Center engages policy-makers, experts, and the public with innovative, data-driven research and analysis to advance policy solutions, inform the public debate, and expand public engagement.

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