

Leslie Conner and Christine Sippl: Supporting health with housing

The 2010 Patient Protection and Affordable Care Act -- health care reform -- aims to reduce costs and improve health for those with chronic conditions by coordinating their care more effectively. "Medical homes" are one of the ways to do this.

Leslie Conner, program and policy director of the Health Improvement Partnership of Santa Cruz County, had a conversation with Christine Sippl, director of the Health Services Agency's Homeless Persons Health Project about health care reform and people with chronic illnesses who also are homeless.

HIP is a countywide collaborative of health, foundation and government leaders dedicated to increasing access to care and building a stronger health care delivery system in Santa Cruz County.

LC: The 2011 Santa Cruz County Homeless Census and Survey results were just released. What do they tell us about people managing chronic health conditions who are also homeless?

CS: According to the point-in-time count from January, every night there are about 2,771 people who are homeless, including more than 1,000 who are chronically homeless and disabled.

LC: How do "medical homes" affect people who are homeless?

CS: Having your health care coordinated in one place is important for everyone, but becomes even more crucial if you're struggling to manage multiple chronic diseases like diabetes, asthma and heart disease. These usually last for years because they can't be cured with one treatment or prescription. They're also common and thus expensive -- accounting for nearly 75 percent of health care costs in the U.S. For those also managing a mental health or substance abuse disorder, costs can escalate. But costs can be averted if people have access to ongoing care from teams of trusted care providers. It's hard enough to sustain treatment for chronic diseases when you're employed, insured and housed; extreme poverty and homelessness make it much harder.

LC: What are some of the consequences?

CS: They're dire. Since 1998, we've documented the number and ages of people who die while homeless. Of the 35-52 deaths annually, the average age of death is 49, so people are dying nearly 30 years earlier than the average American. If this were happening to any other group of people, I'm guessing we'd consider it an emergency.

LC: What are some solutions being tried here?

CS: Most -- 90 percent -- of the factors affecting whether someone acquires or can manage a chronic disease are not actually medical. So when we seek solutions to these medical problems, we can't just look at medical care. Supportive housing is a strategy that addresses many non-medical factors. Permanent affordable housing with integrated health and social services allows people to get their lives back together and focus on their health care. Even though not everyone needs that level of assistance, we don't have nearly enough supportive housing for those who do. For complex care needs, it's a very successful approach, allowing people to change their lives and avoid future homelessness.

LC: In these tough budgetary times, is this a good investment?

CS: Up-front costs include acquiring housing or managing government grants subsidizing rental housing. County savings include fewer expensive Emergency Department visits and ambulance rides, less police/court involvement, and significant savings in inpatient hospital stays and Medicaid costs. When we combined supportive housing with other services for local frequent users of hospital services, hospital costs dropped by over one-third in just a year. Supportive housing is a compassionate response for people who need help, effective in helping them manage their health and other problems, and saves money that can be re-directed to meet other needs. That's a triple win for our community and an opportunity we shouldn't miss.