

Another Call to Go Upstream: Housing Is Health

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Imagine waking one day to the unexpected news that a distant and wealthy relative had passed away and that her will established a \$60 million trust with you appointed as trustee. The terms of the trust stipulate that the trustee should award grants to nonprofit organizations totaling approximately \$2.5 million per year for the purpose of improving the health of those who live or work in Central Massachusetts. After overcoming the surprise, you begin to contemplate the depth of the charge and speculate how one could possibly improve the health of about 800,000 people with only approximately \$3.00 per person, per year. Would any health plan ever accept this challenge?

PHILANTHROPY'S CHALLENGE TO MAKE AN IMPACT

This scenario is similar to the mission and challenge of The Health Foundation of Central Massachusetts, created in 1999 from the sale of Central Massachusetts Health Care, a physician-initiated, not-for-profit health maintenance plan. This situation has played out for over 200 other health conversion foundations created throughout the United States since the 1980s from the sale of nonprofit hospitals and health plans to for-profits. Created in the public sphere of transparency and accountability, these conversion foundations have helped lead grantmakers' increasing attention on outcomes and impact.

Following due consideration regarding how to make an impact with such limited funds, the foundation chose to focus its grantmaking on a few three- to five-year grant projects at any given time and to emphasize the use of evidence-based interventions and an evaluation component to plan for and document results. Projects have been required to take a collaborative approach to improving health by addressing issues with

a comprehensive set of access to treatment and prevention strategies. Moreover, grantees have been funded to advocate for changes in public policy in order to sustain interventions after the grant concludes. The foundation's grants have totaled \$22 million since 2000, making substantive impacts on oral health, mental health, hunger, and homelessness.

TARGET ROOT CAUSES

The interventions supported by the foundation through grants to area nonprofits have reached beyond improving access to health care to address the underlying economic and social determinants of health. Research over the decades has indicated that factors, such as education, income, occupation, housing, neighborhood environment, race, and ethnicity, have a powerful influence on health and are often referred to as the "root cause" of poor health.

Thus, the foundation abides by the World Health Organization's broad definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Recently the Centers for Disease Control and Prevention highlighted the need to apply a comprehensive set of interventions to improve

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health status, and developed the Health Impact Pyramid in 2010 to illustrate the hierarchical potency of various interventions.

The base of the Health Impact Pyramid addresses socioeconomic factors, reflecting that interventions addressing poverty, education, housing, and inequality have the largest impact on

health. Clinical interventions (such as treating high blood pressure, cholesterol, or diabetes) comprise the top of the pyramid, reflecting their significant but comparatively lesser impact on health improvement (Frieden 2010).

In a national survey funded by the Robert Wood Johnson Foundation and released in the December 2011 report *Health Care's Blind Side: The Overlooked Connection between Social Needs and Good Health*, physicians acknowledged that unmet social needs directly worsen the health of Americans and that addressing a patient's social needs is as important as addressing their medical conditions. Physicians reported that given the power to write prescriptions for social needs, such prescriptions would represent one out of every seven prescriptions written—or an average of 26 additional prescriptions per week. The most common prescriptions would include fitness programs, nutritional food, and transportation. For physicians whose patients are mostly urban and low-income, prescriptions would include employment assistance, adult education, and housing assistance.

In October 2011 *The New England Journal of Medicine* reported on a 10-year U.S. Department of Housing and Urban Development (HUD) study regarding the negative impact on thousands of women's health resulting from living in big city public housing neighborhoods. In Baltimore, Boston, Chicago, and Los Angeles, select groups of women were moved to higher-income neighborhoods, while comparable groups remained in concentrated public housing with a high level of poverty. Those who were moved showed lower rates of diabetes and extreme obesity. The study concludes that the opportunity to escape poverty-stricken neighborhoods was associated with modest but potentially important reductions in the prevalence of extreme obesity and diabetes (Ludwig et al. 2011). As HUD Secretary Shaun Donovan deduced, "This study proves that concentrated poverty is not only bad policy, it's bad for your health" (Stobbe 2011). He added, "It's not enough to simply move families into different neighborhoods. Instead, new ways must be found to help families break the cycle of poverty that can quite literally make them sick."

GO FARTHER UPSTREAM

Health philanthropy can learn a lesson from the "parable of the river" where villagers worked diligently for several days rescuing babies floating down the river before a wise elder urged them to go upstream to find out who was throwing the babies in the river and stop the problem at its source.

With this fundamental understanding, the foundation provided \$2.1 million to support Home Again, a project that demonstrated the efficacy of a "housing first" model by successfully housing 108 individuals in Worcester, Massachusetts, who had been chronically homeless. Home Again participants experienced improved mental health and

reported improved health, with fewer hospitalizations and emergency room visits. In January 2011 the U.S. Interagency Council on Homelessness recognized Worcester as the first city of its size in the country to essentially end adult chronic homelessness (Hammel 2011).

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—HUD Secretary Shaun Donovan

The foundation continues to improve poor health related to housing by supporting two new housing projects in Worcester. The Compass Project seeks to prevent youth and young adult homelessness by targeting those identified as at risk of becoming homeless. These youth and their families are offered intensive case management, family mediation services, counseling, life skills training, educational supports, employability training, and vocational opportunities, as well as access to physical and oral health care. A Better Life also provides residents in public housing with a broad array of support services and intensive case management to assist them on a path to move out of public housing and eventually become self-sufficient.

Housing is a significant target for grantmaking because housing is health.

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