A CASE STUDY OF A SYSTEM AND POLICY CHANGE AT THE INTERSECTION OF HEALTH AND HOUSING

Presented by

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OVERVIEW

OBJECTIVES

1. Identify where in the World Health Organization's framework the DNP can create impact to improve patient outcomes.
2. List examples of how the DNP prepared nurse participates in policy development and implementation in academia, clinical practice, administration, research and informatics.
3. Describe ways that DNP prepared nursing collaborate to influence change.
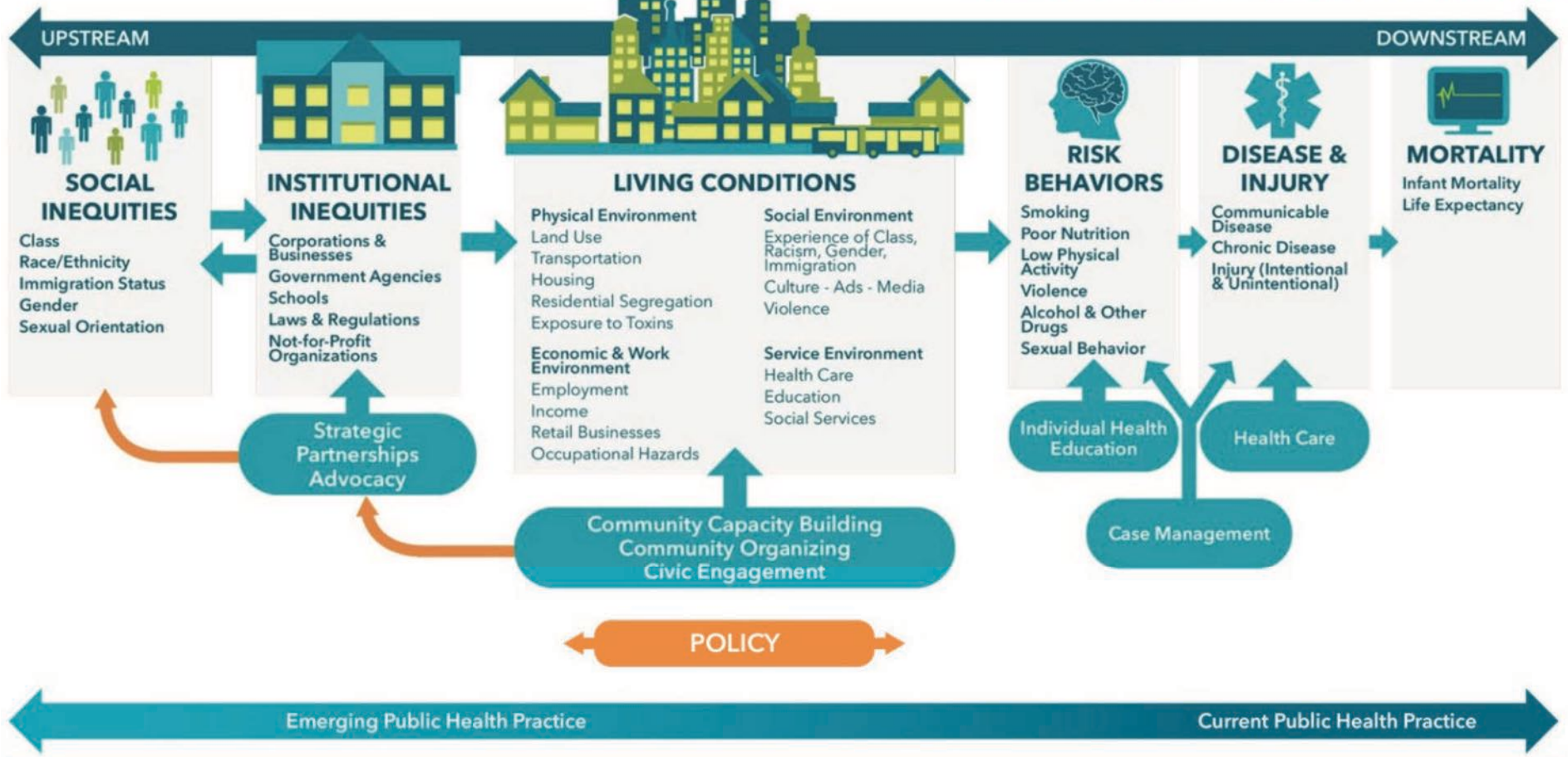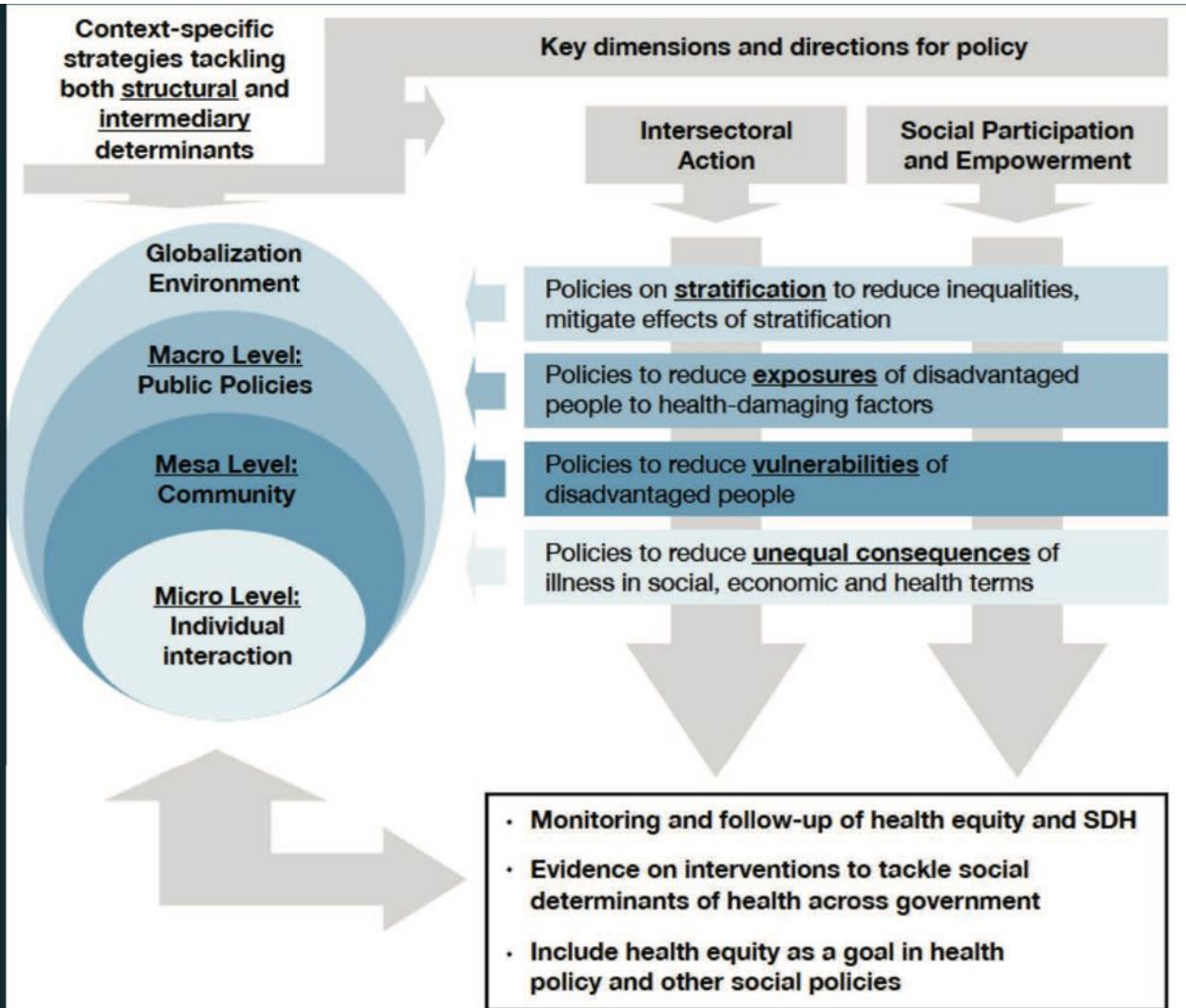
It's always further than it looks.
It's always taller than it looks.
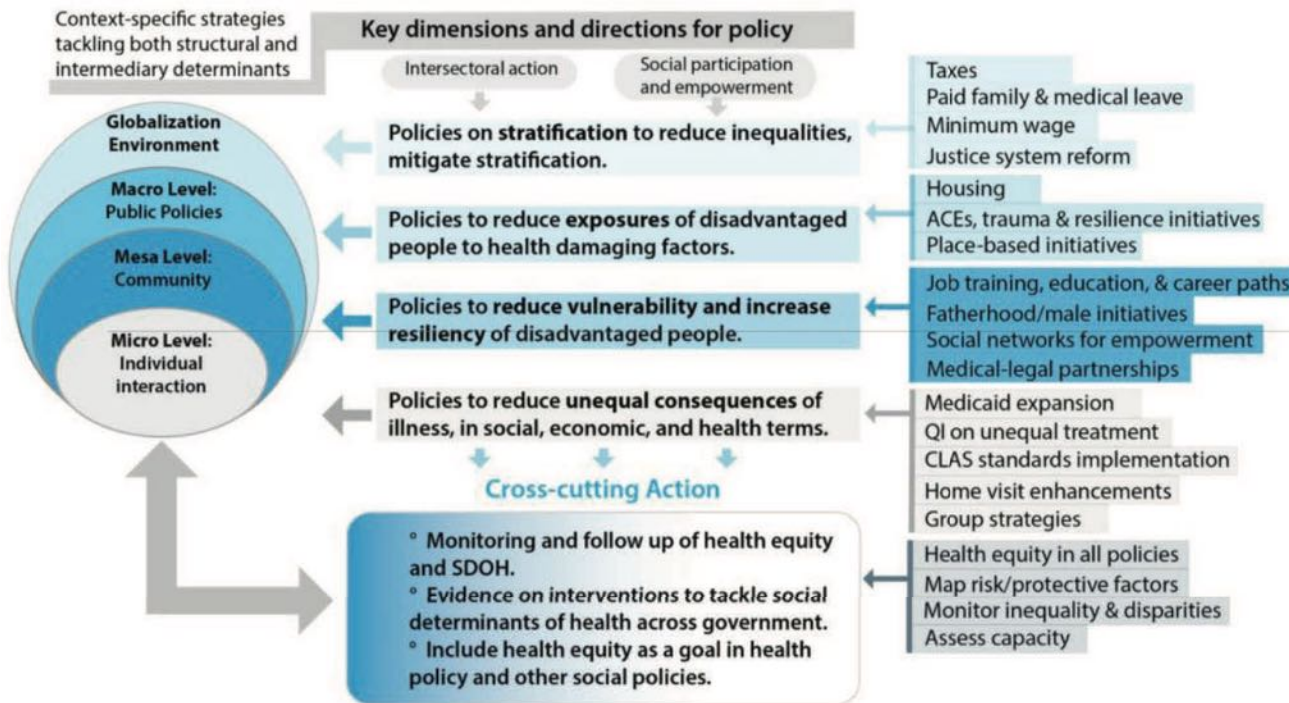And it's always harder than it looks.

THREE RULES OF
MOUNTAINEERING

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM ← → DOWNSTREAM

SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation

INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations

LIVING CONDITIONS

Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins

Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards

Social Environment
Experience of Class, Racism, Gender, Immigration
Culture - Ads - Media
Violence

Service Environment
Health Care
Education
Social Services

RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

Strategic Partnerships Advocacy

Community Capacity Building
Community Organizing
Civic Engagement

Individual Health Education

Health Care

Case Management

POLICY

Emerging Public Health Practice ← → Current Public Health Practice

WHO Framework for tackling SDH inequities

Context-specific strategies tackling both structural and intermediary determinants

Key dimensions and directions for policy

Intersectoral Action

Social Participation and Empowerment

Globalization Environment

Macro Level: Public Policies

Mesa Level: Community

Micro Level: Individual interaction

Policies on **stratification** to reduce inequalities, mitigate effects of stratification

Policies to reduce **exposures** of disadvantaged people to health-damaging factors

Policies to reduce **vulnerabilities** of disadvantaged people

Policies to reduce **unequal consequences** of illness in social, economic and health terms

- Monitoring and follow-up of health equity and SDH
- Evidence on interventions to tackle social determinants of health across government
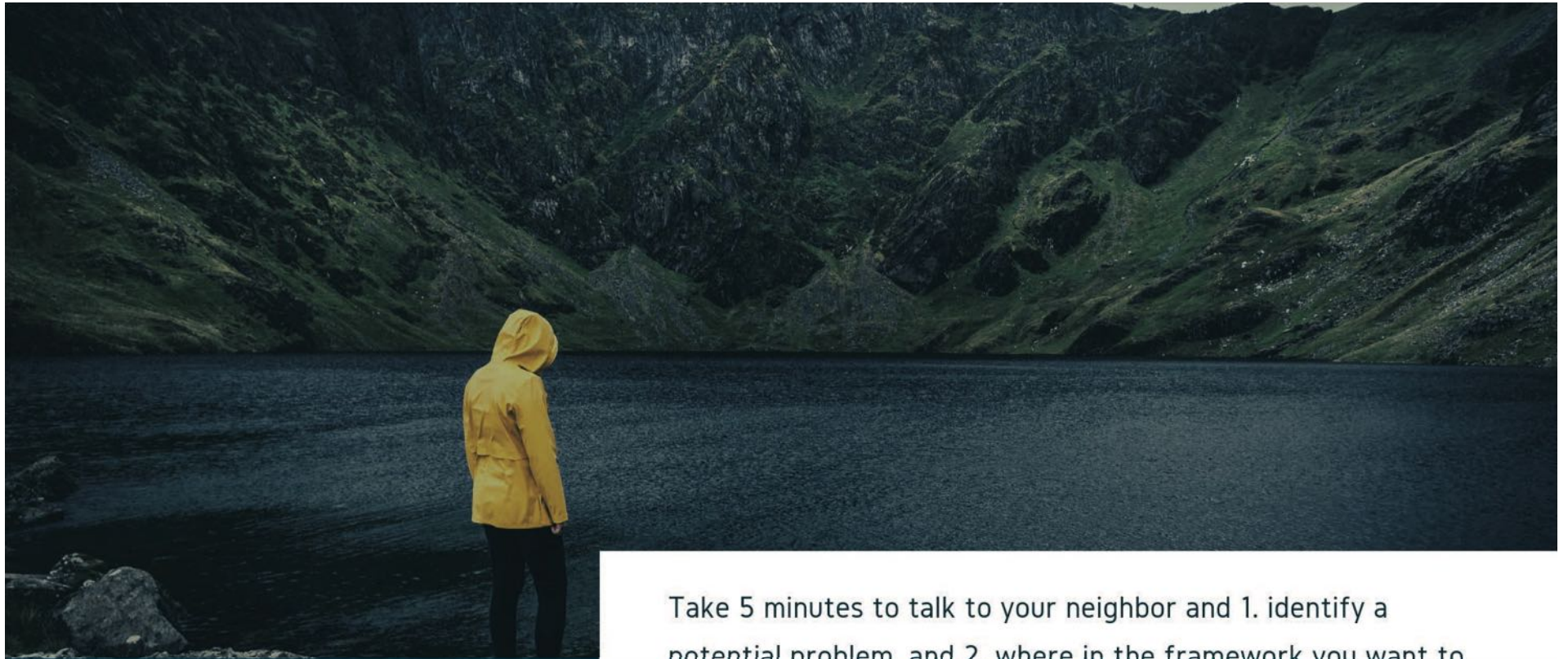- Include health equity as a goal in health policy and other social policies

WHO Framework for Tackling Social Determinants of Health and Infant Mortality CoIIN SDOH Recommended Strategies

Context-specific strategies tackling both structural and intermediary determinants

Key dimensions and directions for policy

Intersectoral action

Social participation and empowerment

Globalization Environment

Macro Level: Public Policies

Mesa Level: Community

Micro Level: Individual interaction

Policies on **stratification** to reduce inequalities, mitigate stratification.

Policies to reduce **exposures of disadvantaged** people to health damaging factors.

Policies to reduce **vulnerability and increase resiliency** of disadvantaged people.

Policies to reduce **unequal consequences** of illness, in social, economic, and health terms.

Cross-cutting Action

° Monitoring and follow up of health equity and SDOH.
° Evidence on interventions to tackle *social determinants of health across government*.
° Include health equity as a goal in health policy and other social policies.

Taxes
Paid family & medical leave
Minimum wage
Justice system reform

Housing
ACEs, trauma & resilience initiatives
Place-based initiatives

Job training, education, & career paths
Fatherhood/male initiatives
Social networks for empowerment
Medical-legal partnerships

Medicaid expansion
QI on unequal treatment
CLAS standards implementation
Home visit enhancements
Group strategies

Health equity in all policies
Map risk/protective factors
Monitor inequality & disparities
Assess capacity

Infant Mortality CoIIN/SDOH Learning Network Recommended Strategies 4/30/15

Health equity in all policy

Take 5 minutes to talk to your neighbor and 1. identify a potential problem, and 2. where in the framework you want to create change ie: macro, mesa, micro

ONE STEP AT A TIME

IDENTIFY THE PROBLEM

DEFINE WHAT LEVEL OF INTERVENTION

BUILD A COALITION

INITIATE PDSA CYCLE

THE
PROBLEM

SHORTENED LIFE SPAN

- The mean age of death for individuals experiencing homelessness—51 years old—an astounding 28 years less than the 79 years expected for the general population.
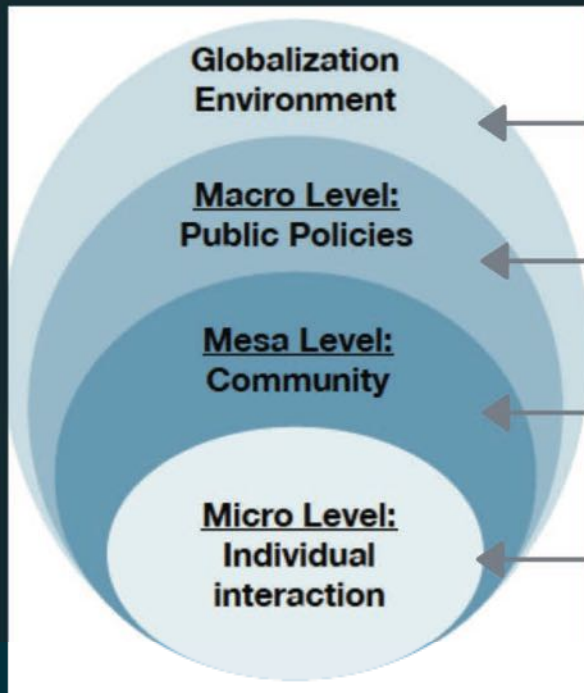
PROLONGED HOSPITAL ADMISSIONS

- People who are experiencing homelessness have inpatient length of stays twice as long as the general population.

HIGH RECIDIVISM RATE

- 30 day readmission rate of 50.8%
- 70.3% total return when including both ED and Inpatient admissions
- 74.8% of readmissions occurred within 2 weeks of discharge

LEVEL OF INTERVENTION

Globalization
Environment

Macro Level:
Public Policies

Mesa Level:
Community

Micro Level:
Individual
interaction

Education
Economic opportunity
Social connection

Affordable housing
Environmental safety
Criminal justice reform

Access to culturally competent, trauma informed
healthcare
Care in the right place at the right time

Substance use treatment and mental health care
Medicaid expansion

MEDICAL RESPITE

DEFINITION

Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to require hospital level care15

SUBJECT EXPERTS

The National Healthcare for the Homeless Council is the leading expert. They have toolkits, standards, a clinician network, and trainings.

DEVOTING RESOURCES

Maximizing the resources from each partner including: time, administrative support, legal consultation, and expertise.

STRATEGY

Developed a steering committee comprised of leadership from each organiation and developed working groups: facilities, programs, and finance.

TRIPLE AIM

Population Health

Reducing per capita cost

Experience of care

COALITION BUILDING

HOSPITAL

FEDERALLY QUALIFIED HEALTH CENTER

SOCIAL SERVICE ORGANIZATION

PROGRESS

FUNDING

Secured two year seed funding. Will generate revenue from billable visits. Will work towards diversifying payer mix.

STAFFING

Biggest overall cost. Had to first delineate program. Difficult to get three organizations to philosophically align.

LOCATION

Largest barrier for the project. Politically difficult in current climate.

REGULATION

Worked with state and city DHHS. Under scope of practice for FQHCs, but state regulation limitations

POLICY & REGULATION
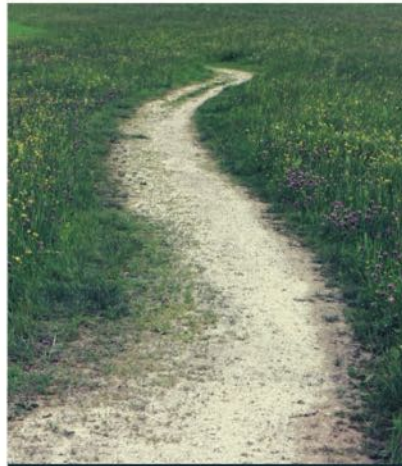
CITY

City ordinances and code
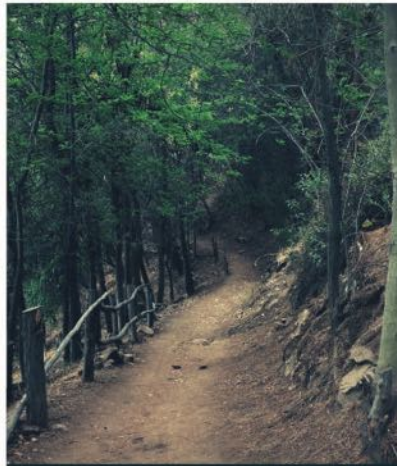
STATE

DHHS Licensing

FEDERAL

HRSA FQHC scope of practice

- ✓ Problem
- ✓ Level of Intervention
- ○ Coalition
- ○ Next Steps
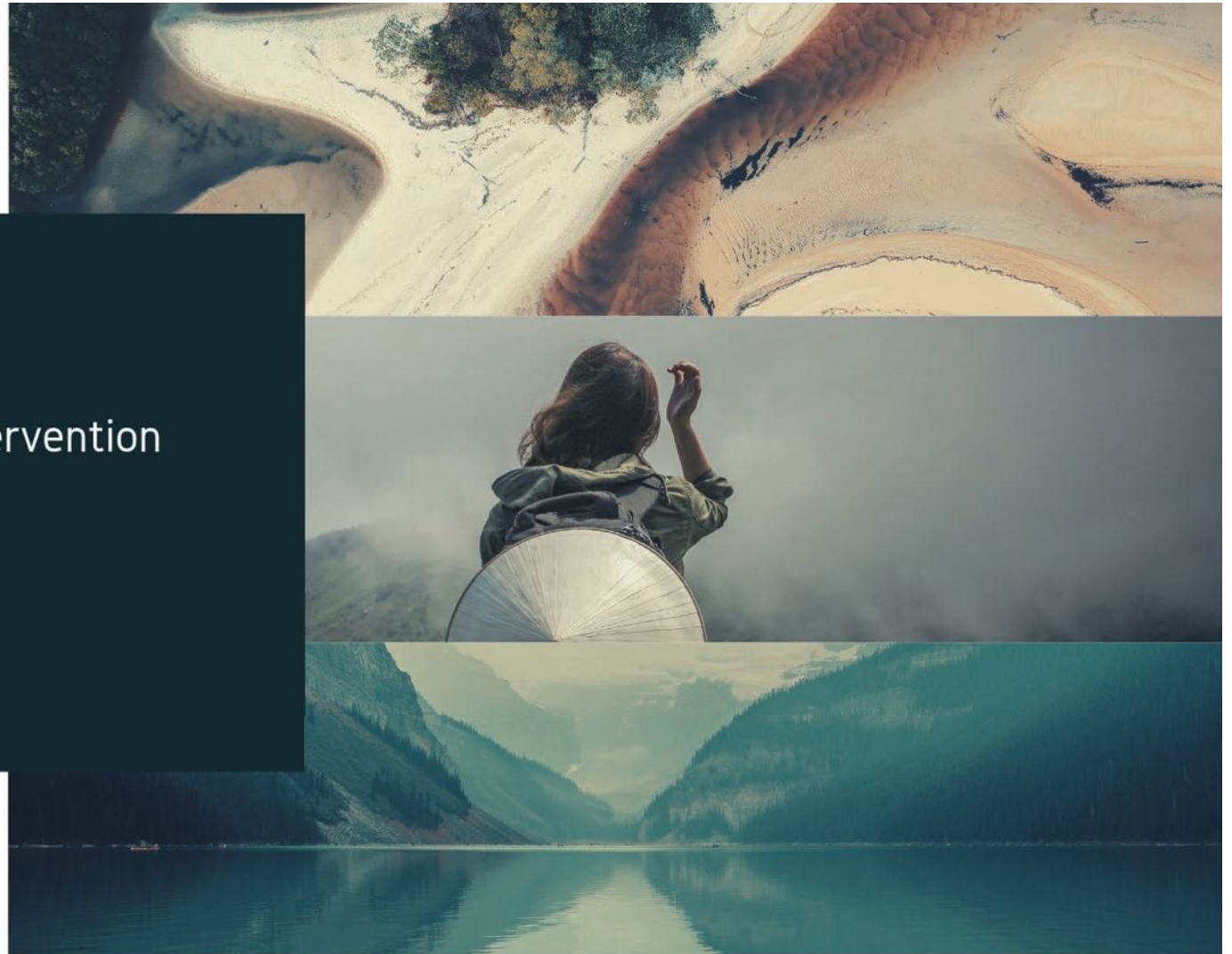
DISCUSSION

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