UPMC Health Plan Center for Social Impact

Providing Housing Stability and Fostering Community Support to Improve Clinical and Cost Outcomes in Pittsburgh and Allegheny County

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Index Theme: Health Outside the Health Care System

- A whole society approach
- Socioeconomic barriers to inclusive health

Summary

Housing insecurity and poverty, compounded by poverty and unemployment, is a known catalyst for a spectrum of negative health outcomes, including restricted access to preventive healthcare, a rise in emergency medical treatments, and the intensification of both the severity and persistence of health conditions. The UPMC Center for Social Impact is at the forefront of addressing these issues by enhancing housing stability and nurturing community support, thereby aiming to better both clinical outcomes and healthcare expenditures in Pennsylvania.

1 Background

The association between housing insecurity and reduced access to healthcare, diminished mental and physical health, and increased morbidity and mortality is well-known¹.

This dynamic, coupled with systemic issues such as racial disparities, social inequalities, and economic disenfranchisement, continues to be perpetuated in the American Health care system that often fails to serve those most in need. In the US, several federal and state policies, grant programmes, and governmental as well as private sector initiatives have sought to rebalance expenditure between healthcare and social services, with the goal of improving equitable long-term health outcomes.

In line with this, the U.S. Department of Health and Human Services, in its Healthy People 2020 report, set forth one of its primary objectives: to "Create social and physical environments that promote good health for all". This underscores the essential nature of stable housing as a key social determinant of health. Without a reliable place to live, individuals are vastly more susceptible to healthcare access issues and face considerable obstacles in managing chronic health conditions. Moreover, inadequate housing conditions can directly impede an individual's health status³.

Mounting research supports the notion that supportive housing can significantly improve health outcomes for those experiencing or at risk of homelessness, while simultaneously fostering the integration of individuals with disabilities and the elderly population who require long-term services and supports (LTSS) into their communities⁴. This has led to a notable increase in housing-related investments within various localized healthcare systems across the US. Healthcare systems affiliated with medical facilities and universities, and especially those that operate as an Integrated Delivery and Finance System (IDFS), have been shown to serve as an anchor for economic stimulus, promoting community investments that yield health benefits and contribute to the narrowing of health disparities in local communities⁵.

The intersection of low income, compromised health, and lack of stable housing presents a compelling case for strategically combining housing support with Medicaid to improve outcomes for those dependent on both6. While federal regulations prevent Medicaid funds from being used directly for room and board—with the exception of services like nursing home care-Medicaid is still able to fund a broad array of housing-related services for its beneficiaries. The expansion of Medicaid under the Affordable Care Act (ACA) to include millions of previously uninsured adults has broadened the scope for potential integrative services between Medicaid and housing support, marking a significant step toward more comprehensive and cooperative strategies in healthcare4.

2 Project Description

The University of Pittsburgh Medical Center (UPMC) Insurance Services Division, functioning as an IDFS, is a nonprofit insurance company and offers services to nearly four million members across Pennsylvania and neighboring states via UPMC Health Plan. Within the framework of the company lies the Center for Social Impact, an organizational structure that facilitates community engagement and supports work specifically aimed at addressing the social determinants of health.

Founded in 2019, the Center brings together under one roof more than 38 programs with community partners, 26 benefit programs, and 7 clinical programs to address the social needs of UPMC members, for example:

- Cultivating Health for Success (CHFS), a permanent supportive housing program in partnership with Community Human Services and the Allegheny County Department of Human Services Continuum of Care. CHFS helps members who are experiencing complex medical and behavioral health needs. An internal analysis showed that the CHFS program had a gross total cost of care avoidance of over \$1 million for 86 members during their time post-housing, and that over 20 percent of these members have successfully transitioned to fully independent living.
- The Pathways to Work programming connects individuals on Medicaid who are out of work, underemployed, or who have barriers to work with opportunities. On average, UPMC hires 200 Medicaid beneficiaries monthly.
- Footbridge for Families directs community donations to Medicaid members and families facing short-term financial crises with a one-time payment of up to \$2,500.
- Freedom House 2.0, is a community-based training program based on a 1960s model developed in Pittsburgh to recruit, train, and employ first responders from economically disadvantaged communities, many of whom have been impacted recently by COVID-19. In addition to receiving awards and recognition from both the Commonwealth and the Institute for Medicaid Innovation, the Freedom House 2.0. program received more than \$1 million for expansion statewide, to continue offering the program throughout Allegheny County, and to scale the program into additional counties in 2023.

In addition to housing, the Center's initiatives extend to broader community health efforts: a Neighborhood Center that opened this year is one such initiative; it allies with over 40 community organizations to provide virtual health care services, a food pantry, workforce development programs, social services, and referrals to supportive resources for UPMC Health Plan members and all individuals and families in the community.



3 Impact and Reach

Since its inception, Center for Social impact has been expanding on pre-existing and new partnerships with continuous investment in a vast and growing network of local, regional, and state-wide community-based organizations (CBOs). Through UPMC, about \$35 million US dollars have been committed to affordable housing initiatives at the Center.

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4 Key Insights

- The programmes embedded into the UPMC Center for Social Impact are a prime example for inclusive yet cost-effective healthcare practices. The impact of actively seeking to address reducing health disparity can be demonstrated. UPMC measured the cost of healthcare for people rehoused in the past decade through their programmes, showing a health cost reduction of \$1,000 per member, per month, on average.
- Partnering with community-based organisations that leverage the trust of the neighbourhood demonstrably help reduce barriers to access to services, improve health and reduce costs.
- UPMC contributes to economic development initiatives around the state of Pennsylvania and is in turn alleviated of some tax obligations to the state; this contributes to funding for initiatives such as the Center for Social Impact.
- Collaboration between Allegheny County
 Department of Human Services (DHS) Data
 Warehouse and the Center for Social Impact
 provides insights into peoples' healthcare issues as
 well as other key social data, such as prison terms,
 school attendance, etc.

 The ongoing and deep engagement with the local community has benefitted UPMC's brand image and the recognition of its impact on the local community, enhancing trust in the institution.

Quotes

- There is a risk that program participants are selected 'for success' because they are more likely to stick with the programme.
- The flipside of this integrative and inclusive approach is that it can be perceived to be somewhat of a monopoly.

5 Selected Quotes

"Top Tip"

The first thing that popped into my mind was "relationships". You have to get to know the people around you. And you have to come up with common goals with the community. It's not rocket science. Pittsburgh is sort of legendary big, small town where everybody kind of knows each other and that helps, but - it's building relationships, and honouring them.

Ray Prushnock
Executive Director, UPMC Center for Social Impact

"A little bit of humility here. I'd say we can't do these things by ourselves. We can't. We don't know enough. We don't have enough money. We don't have enough people. We need to build. We need to build partnerships, and we need to share credit and there lots of people to share it with. Funders, colleagues, but really the people who use our programs and succeed, even if it's just a little bit."

John Lovelace

President, government programs and individual advantage products, UPMC Health Plan; President, UPMC for You Inc.; Director, Center for Social Impact

"We have several housing initiatives. Some are clinical and they're focused on high need health plan members and health plan patients who are unstable, housed or homeless. It started with chronically homeless people who had very high unplanned medical expenses, lots of ER visits, lots of admissions. And it's been just, I have to say, I've seen a few things I've ever done that did exactly what I thought I was going to do. That hardly ever happens, you know, maybe get 50% You get right and 50% you get wrong and it's really it's been successful, with great partners and great outcomes."

John Lovelace

President, government programs and individual advantage products, UPMC Health Plan; President, UPMC for You Inc.; Director, Center for Social Impact

"I'm a person of many sayings. One of my favorites is don't let a good requirement go to waste. And our state has put some good requirements in place around requiring managed care to work with community based organizations, requiring managed care to refer people to our workforce system. And though you can meet those requirements in more cursory or robust ways, we've chosen to meet them in more robust ways than our competitors, which is good for people but also good for competitive advantage. So I think that our state has given us flexibility. So I don't know if that's a good policy or not, but in our case has given us the ability to be really creative."

Rav Prushnock

Executive Director, UPMC Center for Social Impact

"Work is the most important determinant..., As John is saying, all housing is affordable if you make enough money. So all these things sort of tie together and the linchpin is employment. The vast majority of our able bodied adult Medicaid members are working and it's just they're working in jobs that that don't provide health coverage or enough wages to be above the federal poverty guidelines and therefore they are qualified for Medicaid - that means we can help people attain skills and a pathway to employment, and this is going to help them thrive and help their family thrive."

Ray Prushnock

Executive Director, UPMC Center for Social Impact

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Testimonial

A western Pennsylvania native, Marquisha gave birth to her oldest daughter as a teenager. She was determined not to become "the typical statistic of a teen mom" and wanted instead to provide a bright future for herself and her family. After working years in the food service and retail fields, Marquisha learned about Pathways to Work. The UPMC initiative offers training, education, and support to provide unemployed and underemployed people a path to a successful career. Marquisha dreamed of becoming a successful person when she was younger. But she didn't know how big she could dream. "I thought it would be just, you know, a nice rental apartment with a decent vehicle," she says. "I didn't plan for so much."

Background

Marquisha applied for the program and began working as a pharmacy services representative in 2020 at UPMC. Just over two years later, she's a senior pharmacy services representative. "It felt like the light at the end of a tunnel," she says. "I knew that this was exactly where I needed to be."

In her current role, Marquisha calls UPMC Health Plan members who are behind on their medication refills. She explains to them the importance of them staying up to date on their medication. If the person has barriers to getting their refills, such as transportation issues, she helps to find solutions. She's able to use her own life experience to help. "People have a ton of just normal problems," Marquisha says. "Sometimes they're choosing between paying bills or getting their medication. That's what really touched me because I've been that person. Just to be able to be on the other end to help someone, it really means so much to me."

In addition to her primary job, Marquisha is chair of Diversity and Inclusion for her department. She takes great pride in that role, helping employees to feel welcome and providing a safe space for people dealing with personal issues.

UPMC's Pathways to Work strives to help people like Marquisha find a bright future. Since coming to UPMC, she's become a homeowner - the first person in her family to do so. She's also thankful for the opportunities her children now have. They're dreaming of their own futures and view her as their role model.

"This is like a dream come true, and it's so crazy because the 14-year-old version of me really had no idea," she says. "I thought that life would be pretty much a struggle forever. So if I could talk to myself now, I would just have to tell myself, 'Just wait until you get there if you don't believe it. Because it is coming."

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Sources

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