Innovative Approaches to Address Housing Needs: What Pediatricians and Hospital Systems Can Do





October 30, 2023



Innovative Approaches to Address Housing Needs

Creating Safe, Affordable, Quality Housing Through Building for Health

A presentation for Children's Hospital Association October 30, 2023









Acknowledgements / Objectives



Funding

- Generous support of Connecticut Children's
- HUD Office of Lead Hazard Control & Healthy Homes
- Connecticut State Dept. of Housing

Objectives

- Learn about the Healthy Homes Process
- o Comprehend the Building for Health Initiative
- Understand how your office/practice can adopt a healthy homes approach to patients

Office for Community Child Health



Care Coordination Collaborative Model

Center for Care Coordination

Center for Global Health

Childhood Prosperity Lab

Children's Center on Family Violence

Co-Management

Connecticut
Newborn
Diagnosis &
Treatment Network

Easy Breathing

Educating Practices

Hartford Youth
Health
Identification and
Linkage Program

Healthy Homes

Help Me Grow National Center Injury Prevention Center

North Hartford Ascend

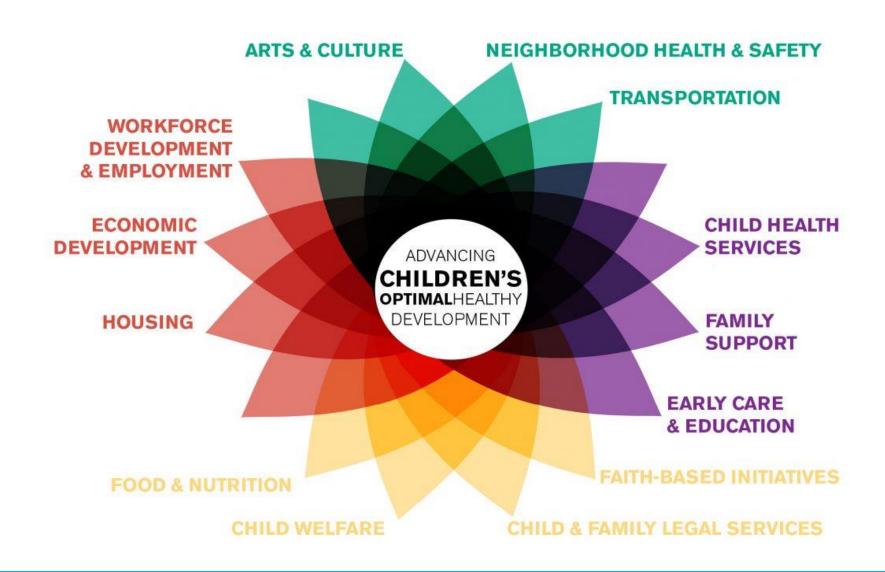
Start Childhood Off Right

Person-Centered Medical Home Resident
Education in
Advocacy and
Community Health



Connecticut Office for Community Children's Child Health





Connecticut Children's Office for Community Health



What if our goal for child health services is not 'merely' to treat or even prevent childhood diseases and disorders, but is also to promote children's optimal healthy development?

- Paul Dworkin, MD



Hospitals as Housing Partners



"Nearly all hospitals...identified housing instability, housing affordability, or poor housing conditions as concerns in their communities or within their patient population."

More than half of hospitals in our study indicated they had allocated **resources to address the housing needs** of their patients."

Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems

Urban Institute, Aug 2019

Housing as a Platform for Health









Quality

Stable

Affordable

Core Services:



- Assess for housing-related health risks such as Lead, mold, asbestos, radon, trips/falls
- Develop scope of work Coordinate contractors
- Resident education, relocation
- Average value of interventions = \$12,000 per home



Healthy Stable and Secure Housing Connecticut Children's



Social Determinants of Health (SDOH)

- Access to Healthy Stable and Secure Housing can lead to:
 - Improved mental health for children and families
 - Environment for children to thrive socially and academically
 - Better-quality health outcomes for children, specifically less ED visits!
- Lack of Stable and Secure Housing can lead to:
 - Higher symptoms of depression, anxiety, and aggression in children.
 - It can keep families in cycles of poverty.
 - It can lead to poor health outcomes like asthma or high lead levels in children.

WORKFORCE DEVELOPMENT & EMPLOYMENT

ECONOMIC DEVELOPMENT

HOUSING

Building for Health

KANSPORIATION

CHILD HEALTH SERVICES

FAMILY SUPPORT

EARLY CARE& EDUCATION

AITH-BASED INITIATIVES

FOOD & NUTRITION



Healthy Homes in the Community

Building for Health

- No Wrong Door approach to getting services to families
- Cross-referral with family consent
- Flexible definition of partner organization





Bringing Healthy Homes Into Your World



Pediatric Practice Level Involvement

- Explore healthy homes questions to ask all patients.
 - Create resource guide for staff, i.e. 211 or Putting on AIRS
- Seek resources from state and local health departments
 - Bring state legislators-municipal leaders into the conversation
- Take the lead, create coalition with other practices
- Replicate existing programs that work!





Bringing Healthy Homes Into Your World

Institutional Level Involvement

- Act as the hub for program design, coalition building
- Think broadly about partners
 - Local housing programs (LISC Chapter, HUD)
 - Legal aid, Medical Legal Partnership
 - Home visiting programs
- Create community programs center



"Families feel like they are being heard and respected. They no longer have to simply put up with challenging living conditions...because now they know there are options available."

Maria Guzman, Relocation & Education
Coordinator
Building for Health
Advancing Kids blog, March 2019

Healthy Homes in Action





https://youtu.be/o3r356jTTfw

Contact Healthy Homes



THANK YOU!

- Chris Corcoran
 - o ccorcoran@connecticutchildrens.org
- Healthy Homes Program:
 - o <u>www.connecticutchildrens.org/healthy</u>homes



Youth and Families Experiencing Homelessness: What can children's hospitals do?

Janna R. Gewirtz O'Brien, MD, MPH
Assistant Professor | University of Minnesota
Adolescent and Young Adult Health | Hennepin Healthcare
Medical Director | The Bridge for Youth

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- Emma M. Hartswick, BA, and Aura M. Obando, MD, Opportunity Starts at Home
- American Academy of Pediatrics
- Robert Wood Johnson Foundation Systems 4 Action



Photo by Muhammad Haikal Sjukri on Unsplash

Learning Objectives

- 1. Review the unique and diverse health needs of youth and families experiencing homelessness.
- 2. Identify 3 strategies for interdisciplinary children's health professionals to support youth and families experiencing housing instability and homelessness.

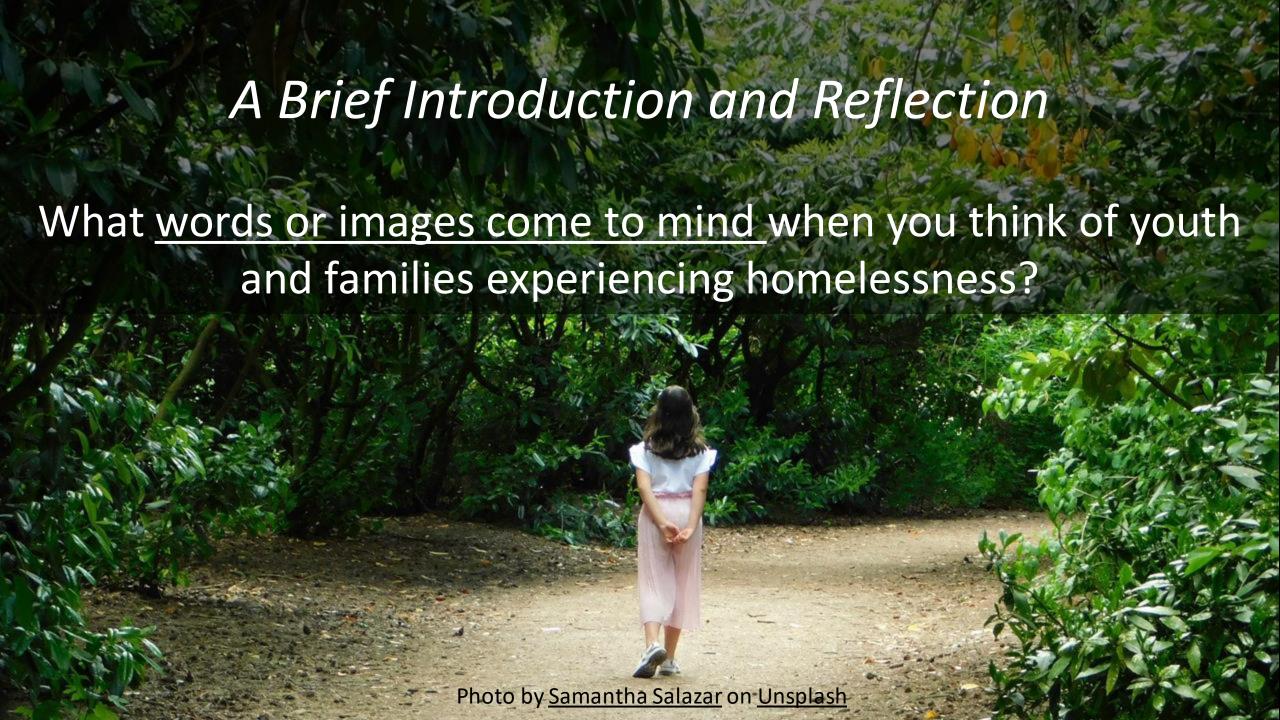




Photo by Nathan Dumlao on Unsplash
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1 in 30 children & teens
1 in 10 young adults
Experience homelessness
annually in the US.

Staying on the street, roughsleeping

Cars, encampments, campgrounds, hotels

Running away or being thrown out

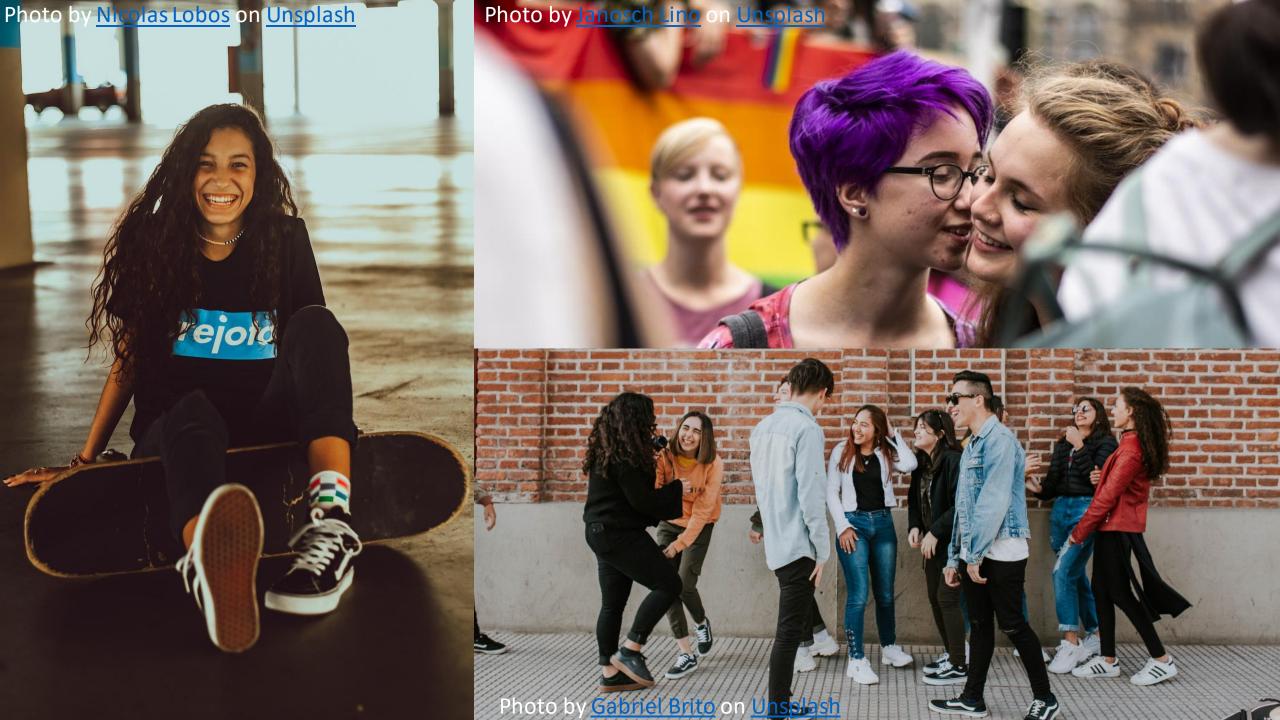
Staying in shelter

Doubling up, Couchsurfing

Bassuk EL, DeCandia CJ, Beach CA, Berman F.. The National Center on Family Homelessness at American Institutes for Research; 2014.

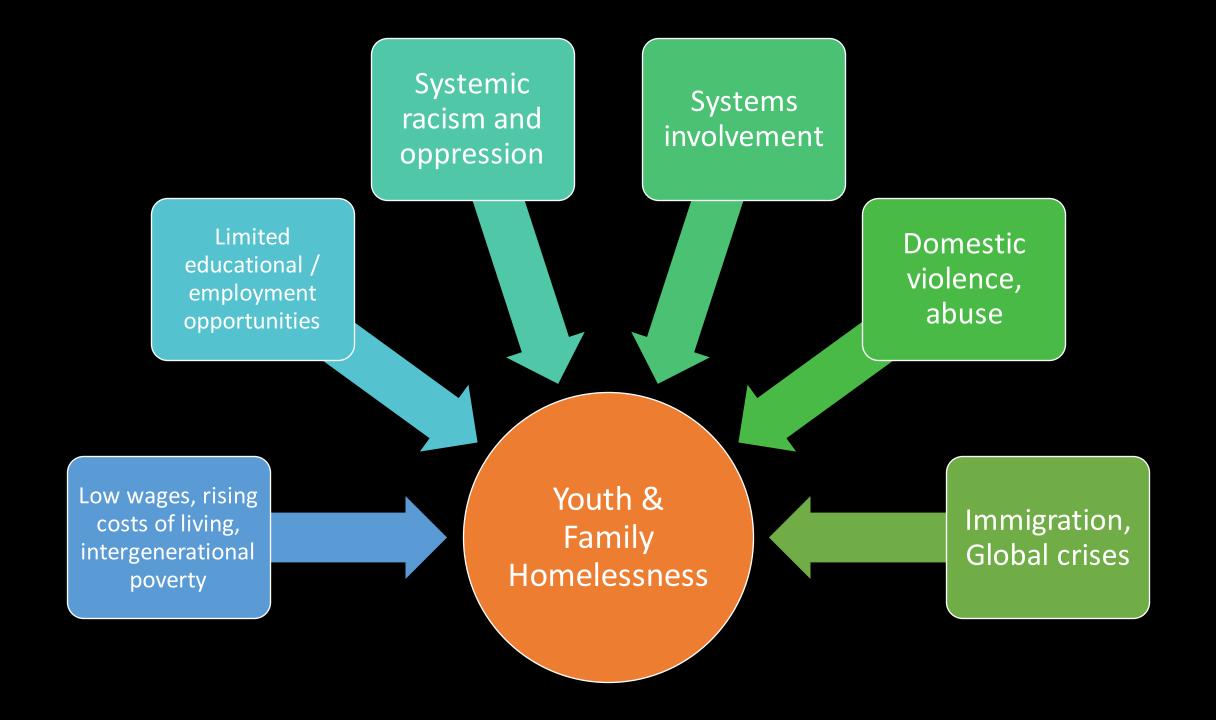
Morton MH, Dworsky A, Samuels GM. *Missed Opportunities: Youth Homelessness in America. National Estimates.* Chapin Hall at the University of Chicago; 2017.

Data and Statistics on Homelessness – National Center for Homeless Education. Accessed July 19, 2022. https://nche.ed.gov/data-and-stats/



Youth Experiencing
Homelessness
(ages 12-24,
unaccompanied)
[YEH]

Families Experiencing Homelessness (parents with minor-aged children) [FEH]





"Health begins where we live, learn, work and play."

Health Risks Associated with Homelessness

Violence, injury, abuse
Unmet basic needs (food, housing)
Chronic untreated medical conditions
Mental health risk, suicide
Substance use
Sexual health risk: STIs, pregnancy
Barriers to care



Health Risks Associated with homelessness exploitation incarceration foster care

Marginalization & Trauma

Violence, injury, abuse
Unmet basic needs (food, housing)
Chronic untreated medical conditions
Mental health risk, suicide
Substance use
Sexual health risk: STIs, pregnancy
Barriers to care





Photo by Muhammad Haikal Sjukri on Unsplash

Learning Objectives

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Strategy 1: Identify youth who are at risk of or experiencing homelessness.

17-year-old non-binary adolescent (pronouns: they/them) coming in asking to be "tested for everything".

Considering the diverse experiences and drivers of youth homelessness, how might you assess housing status?

Respond in the chat.

How to ask: Some specific questions

Running away:

- Have you ever seriously thought about running away from home?
- Have you ever run away?

Housing instability:

- Have you ever worried about money, a place to live, food or clothing?
- During the last 12 months, was there a time when you or your family were not able to pay the mortgage or rent on time?

Assessing exploitation:

- Have you ever traded sex for money, a place to live, food or clothing?

Situations that might prompt housing questions...

- Skin concerns, wounds
- Lice, scabies
- Injuries, trauma
- Mental health concerns
- Sexual health concerns (STIs, pregnancy)
- History of family conflict and abuse
- History of running away
- Populations at risk: LGBTQ+ youth, foster care, out-of-home placement, incarceration
- Financial strain



Strategy 2: Provide youth- and family-centered, culturally responsive and affirming care.

17-year-old non-binary adolescent coming in asking to be "tested for everything"

Have run away from home 3x in past 3 months after "fights" with mom (verbal and physical).

Mainly stayed with friends, but continued to attend school and work

What does optimal youth- and familyfriendly healthcare look like?

Center youth and families.

Letting the young person or family drive is the crux of motivational interviewing.



Affirm and support diverse and intersecting identities.



Apply a trauma-informed approach.

Supporting and fostering resilience

Building trusting relationships

Promoting psychological and physical safety

Avoiding retraumatization

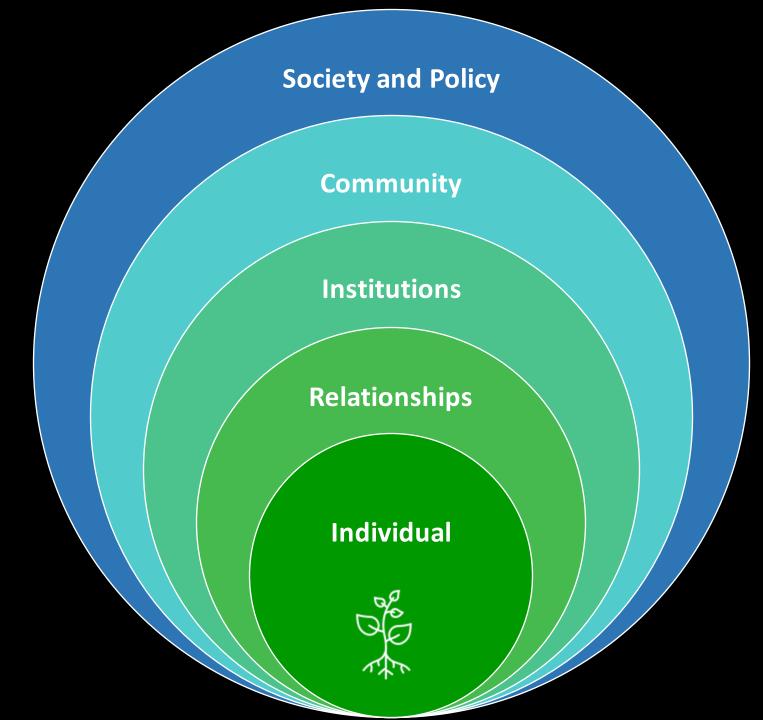
Centering collaboration

Promoting agency

Affirms identities

Acknowledges intersectionality

Recognize and address the socio-ecological drivers of health.



Assess and leverage protective factors to bolster resilience.

Individual strengths, goals Family connections **School connections** Access to housing/shelter resources **Community connections Employment** Identification, vital records Healthcare connections and insurance information Mitigate risk & safety plan.

Acute and chronic health needs

Trauma, violence, injuries

Mental health support and suicide risk

Substance use

Sexual and reproductive health

Legal resources

Safety planning: What if?

For youth:
Psychosocial
Assessments

Our goal:
The most <u>therapeutic</u>
history, not the most
thorough

Example Psychosocial Assessment: SSHADESS

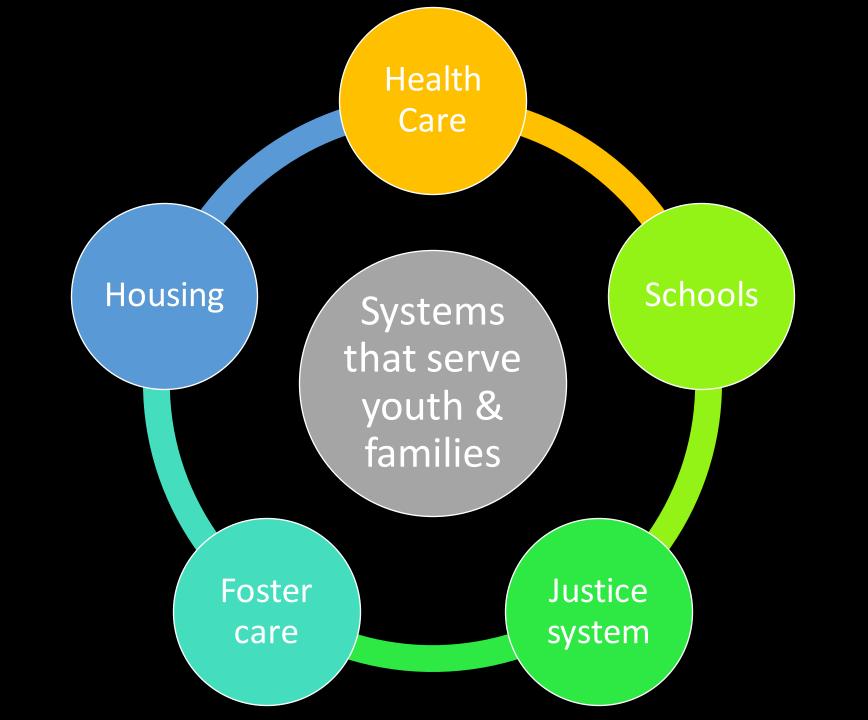
Strengths	• Likes, identities, sources of pride, dreams, describing self
School	Enjoy most/least, grades, sources of support at school, school safety
Home	Family, supports, housing stability, homelessness
Activities	Friends, clubs, enjoyable movement
Drugs / Substances	• Peer use, T/E/D, experiences, triggers, safety, harm reduction
Emotions / Eating	• Feeling stressed, mood, sleep, eating, food access, self-harm
Sexuality	Gender, sexuality, relationships, sexual activity, reproductive life plan, STIs
Safety	Violence, seat belts, guns, bullies, IPV, abuse, exploitation

Ginsburg KR. 18. The SSHADESS screen: a strength-based psychosocial assessment. In: Ginsburg KR, Kinsman SB, eds. Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development. American Academy of Pediatrics; 2014:140.



Strategy 3: Work across systems to connect youth and families with basic resources.

- National Runaway Safeline (https://www.1800runaway.org/)
- National Safe Place
- School resources, support, McKinney-Vento Homeless Liaisons
- Mental health supports and LGBTQ supports, e.g., Trevor Project
- Food, clothing, shelter
- Local resources and services:
 - Shelters and youth-serving agencies, Ex. MN Youth Services Network, Adult Shelter Connect, Hennepin Coordinated Entry Homeless Assistance
 - Healthcare supports for YEH: Runaway Intervention Program, Children's Minnesota





Summary: What Clinicians Can Do

- 1. Identify youth who are at risk of or experiencing homelessness.
- 2. Provide youth- and family-centered, culturally responsive and affirming care.
- 3. Work across systems to connect with basic resources.

Photo by Muhammad Haikal Sjukri on Unsplash

Recap: Learning Objectives

- 1. Review the unique and diverse health needs of youth and families experiencing homelessness.
- 2. Identify 3 strategies for interdisciplinary children's health professionals to support youth and families experiencing housing instability and homelessness.



Thank you! Questions?

Janna R. Gewirtz O'Brien, MD, MPH
Assistant Professor | University of Minnesota
Adolescent and Young Adult Health | Hennepin Healthcare
Medical Director | The Bridge for Youth
gewir007@umn.edu

Acknowledgements:

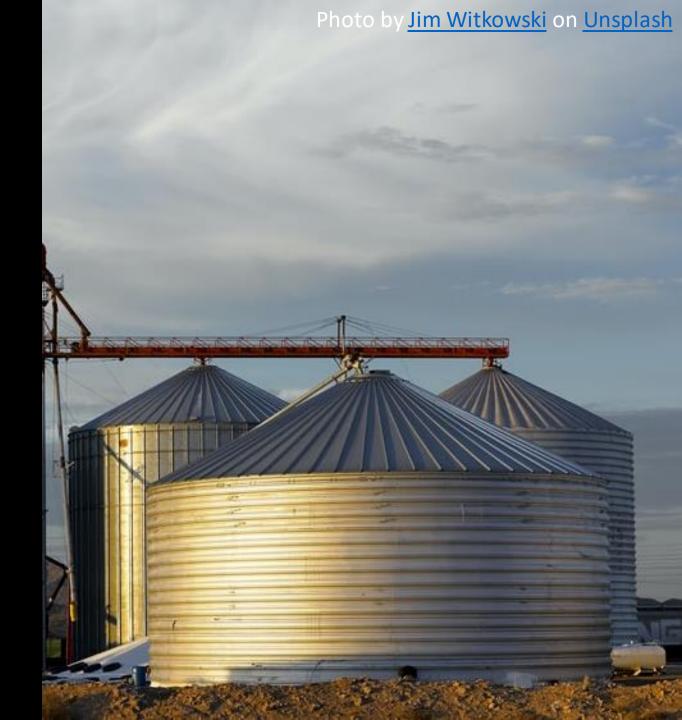
Emma M. Hartswick, BA, and Aura M. Obando, MD
Opportunity Starts at Home | American Academy of Pediatrics

BONUS SLIDES ON POLICY ©

Cross-sector approaches that address the complex drivers of homelessness

Multisector measures that can be leveraged to promote opportunity and reduce harm to unstably housed youth

Policies that work to dismantle racial disparities and other systems of oppression





Housing policies that expand access and affordability

Housing voucher programs (especially higher opportunity areas)

Partnership with local/regional planning organizations to incorporate youth needs

Emergency rental assistance and eviction moratoriums in times of crisis

Removal of exclusions from public housing and targeted housing resources where they are most needed



Supporting youth experiencing homelessness

Flexible, responsive and compassionate shelter spaces that prioritize youth autonomy and needs of diverse youth

Housing First and Rapid Rehousing models geared toward youth

Programs that focus on enhancing economic opportunity and ensuring educational stability