



WASHINGTON STATE
HOUSING FINANCE
COMMISSION

Opening doors to a better life

HEALTH CARE AND HOUSING • FEBRUARY 2016

My View

A unique, inside perspective on housing and community development from the executive director of the Washington State Housing Finance Commission

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HEALTH CARE AND HOUSING IN WASHINGTON STATE:



KIM HERMAN, EXECUTIVE DIRECTOR

**Strengthening
the connections between our
health care
and affordable
housing systems**



Decent, stable, affordable housing is a necessary condition of good health.

Across our state, people with vision are taking this knowledge and pushing it a giant step further. They're asking: What are the most effective ways that affordable housing can be utilized as a platform for promoting better health?

Individuals and organizations here in Washington State are collaborating to pilot solutions, investigate potential sources of sustainable funding, and document their successes. I'll talk about many of these efforts in this issue of *My View*.

The key recognition in this effort is that we need to strengthen the connections between our affordable housing and health care systems to promote better health for low-income people. Many of the most vulnerable of our state's residents either live in affordable housing—or are homeless. For these people, a critical wellness strategy is reaching out to them where they live. Connecting individuals and families with affordable insurance and good primary care, encouraging preventative health activities, and targeting serious chronic conditions can improve their health outcomes, enhance the quality of their lives, and reduce per-capita health care costs.

THE SOCIAL DETERMINANTS OF HEALTH

“The biggest factors that make people healthy happen outside the doctor’s office,” says Bill Rumpf, president of [Mercy Housing Northwest](#). Bill and Mercy have taken a leadership role in convening partners—via the **Washington State Affordable and Public Housing Health Care Partnership Workgroup**—to build affordable housing-based solutions to promoting better health and wellness for low-income people. (I’ll talk more about the workgroup’s initiatives in the pages that follow.)

These “biggest factors”—what influences an individual’s health and wellness the most—are known as the *social determinants of health*. Extensive public-health research has confirmed that social determinants, or conditions in the environments in which people live, learn, work and play—are responsible for approximately 60 percent of the U.S. population’s health status.¹

On average in the U.S., people’s economic and social conditions (15 percent), their environmental exposure (5 percent), and their behaviors (40 percent) have far more impact on their health status and premature death than the actual health-care services they receive

(10 percent) or their genetics (30 percent).² Housing, as a major part of our environments, thus impacts our health in multiple ways.

It also has become a focus point for reaching lower-income families and individuals and increasing access to health care itself. A huge impetus for the push to deepen the ties between affordable housing and health care systems was the passage of the Affordable Care Act (ACA). For the first time, single low-income adults can secure Medicaid coverage without having to qualify because of disabilities or parental status. Many people in our state worked hard to expand Medicaid, and our lawmakers and governor should be commended for this, along with countless advocates.

What followed was a tremendous Medicaid enrollment effort led by the Washington State Health Care Authority (HCA) and furthered by many partners. The result, says Kate Baber, homelessness policy and advocacy specialist for the [Washington Low Income Housing Alliance](#), has been that “We have one of the best success rates nationally in reducing our uninsured rate, getting newly eligible adults and people enrolled and covered.”

The whole concept of today’s health-care reform, adds Bill, is based on the premise that the status quo is not acceptable, and that health care in our country demands better answers. “This is a good time to be innovative,” he says.

Importantly, ACA’s enhanced safety net for the poor has placed a renewed focus on the intersections between good health and healthy housing, and how, in Bill’s words, we can best “build a culture of health in affordable housing.” The key challenge is “figuring out what’s effective—and finding a revenue source to support that.”

¹ Steven A. Schroeder, M.D., *New England Journal of Medicine (NEJM)*. “We Can Do Better—Improving the Health of the American People.” September 20, 2007.

² Schroeder, *op. cit.*



“The biggest factors that make people healthy happen outside the doctor’s office.”

BILL RUMPF
President
Mercy Housing Northwest

Developing a scalable, sustainable business model

Inspired by the passage of the ACA, workgroup partners from across the state have been collaborating to raise awareness of the issues and share what they're learning from their own local efforts. The workgroup is convened by Mercy Housing Northwest. The objective of participants has been to develop a scalable, sustainable business model that can successfully engage residents of affordable housing while adhering to the three health-care reform principles of the "Triple Aim":

1. Improving the individual experience of care (including quality and satisfaction);
2. Improving the health of populations;
3. Reducing the per capita cost of health care.³

As Bill points out, the logic behind spending less per capita while at the same time improving care and health and getting more people insured is dependent on achieving better approaches to care. This has everything to do with embracing prevention and helping people to manage chronic conditions more effectively—while encouraging healthy practices like exercise and healthy diets, and reducing harmful practices like smoking.

Initiatives like these, of course, face the classic conundrum posed by prevention: How do you pay for it? The workgroup is working on that, too.

Another major area of focus and progress of the workgroup has been ongoing work in integrating data between housing and health-care databases (more on that later). Partners are sharing lessons from on-the-ground pilot projects in various parts of the state that are leveraging affordable housing to improve the health and well-being of residents. ■

³ www.ihl.org/Engage/Initiatives/TripleAim/pages/default.aspx

“It’s very important to have staff who are from the culture and speak the language.”

VY LEE,
Lead Community Health Promoter
Bringing Health Home

Residents attend a health fair sponsored by Bringing Health Home at the Windsor Heights apartments in SeaTac last May.



COMMUNITY HEALTH WORKERS AND PROMOTERS



Bringing Health Home's Community Health Promoters (CHPs) are bilingual to better serve residents. From left: Fanaye Gebeyaw (Amharic), Natalie Kotar (Russian), Hodo Hussein (Somali), Vy Le (Vietnamese), Allison Rodriguez (Spanish), and Bedria Abdullahi (Somali).

Bringing Health Home

I'll start with **Bringing Health Home** (BHH), Mercy Housing's pilot project in South King County. Launched in July 2014, BHH is based on a delivery model of Community Health Promoters (CHPs) who work with residents of affordable-housing properties. BHH's promoters work out of seven properties in South King County. Three are owned by Mercy, three by King County Housing Authority (KCHA), and one by Interim CDA.

The objective of the pilot is, literally, to help build a community of health on these properties. One of the most striking things about BHH is the diversity of cultures and languages represented

by these residents. In one property alone, KCHA's Windsor Heights in SeaTac, residents speak about 18 primary languages.

Across the seven properties, five CHPs have been working to bridge cultural barriers, improve residents' access to primary health care, and engage residents in a range of activities that can help improve their health.

"It's very important to have staff who are from the culture and speak the language," says Vy Le, lead CHP. "It helps us to build trust with residents." When hiring CHPs for the pilot, Vy made a point of bringing in staff "who speak the languages that most of the residents speak." Between Vy and her team of four CHPs, plus additional staff who participate in the project,

Amharic, Somali, Russian, Spanish, Vietnamese, and English are represented.

"We're serving so many diverse cultures—and some are very sensitive to certain topics, especially breast and cervical cancer," Vy explains. She gives an example. "For a Somali woman, it can be very hard to open up in a discussion around gynecological screenings if she has experienced circumcision. Having a staff member from that culture can help."

During BHH's first year, from July 2014 to June 2015, Vy and her team "focused on connecting the residents with primary care and health insurance. For the second year, we're more focused on prevention," she says. Vy gives the examples of offering opportunities for



skin, breast, cervical, and colon cancer screenings for those residents who can most benefit from them, along with fall prevention trainings for seniors, and evidence-based programs like chronic disease prevention and management for diabetes, and obesity prevention.

During BHH's first year, 1,420 residents had some involvement with the program, engaging in a total of 12,304 health and wellness activities. Of those who connected with BHH's services, *the rate of uninsured residents was reduced by half.*

Building participation—and buy-in

Vy notes that the first few months after BHH's launch were the most challenging. "We were new to the community. We needed to start by building relationships," she says. As those relationships have developed, and residents have come to know team members, the process of creating a dialogue around health and wellness—and building participation—is taking on a life of its own.

"Many times, residents are stopping by our office to ask for the new set of calendars to see what's going on this month," Vy says. "Or we'll just call people to say, 'We're offering this program, are you interested in coming?'" The CHPs put out newsletters and flyers around the community and also call community leaders to ask them to share information through word of mouth. Activities include Zumba, yoga, cooking, and nutrition classes, and a wellness program for kids offered in partnership with Seattle Children's.

The team is particularly proud of a core group of residents who have truly taken BHH's mandate to heart. After participating in a nine-week nutrition class, they wanted to continue. They formed a group, naming themselves *Aspire for Health*. "Now they meet with my staff every week," says Vy. "And they choose topics they'd like to learn about—yoga, cooking, diabetes, cholesterol." These eight women, plus a resident of another site, have completed the Community

Health Worker (CHW) training program offered by the Department of Health. "So now they're community health workers, too," Vy says. "They are leaders of their communities, and are trying to get people more involved."

Moving beyond the philanthropy stage

Major funding for the BHH pilot has come from Pacific Hospital Public Development Authority, Enterprise Community Partners, and Boeing; a host of community partners, including Global to Local, the Public Health Departments of Seattle and King County, Sea Mar, and PLU's School of Nursing, have contributed screenings, education programs, and hands-on support. But as Bill alluded to earlier, can a successful program like this be replicated? As he puts it, *"How do you move beyond the philanthropy stage?"*

"Having Mercy Housing do a great pilot in seven projects is just not big enough," he says. "The managed care organizations that handle Medicaid insurance work statewide; we need a program that works broadly." That's why, he explains, King County Housing Authority was deliberately included in the BHH pilot. Leaders from the four largest housing authorities (King County, Seattle, Spokane, and Tacoma) have also been participating in the statewide work-group. With the actual housing they manage, along with the Section 8 voucher program, these authorities oversee a significant number of affordable housing units in the state.

"What we're intentionally testing here is not just doing this program in our own properties," Bill says. "And we've also been testing the 'hosting' side—we're not stuck on Mercy being the employer of CHPs."

Community Health Workers

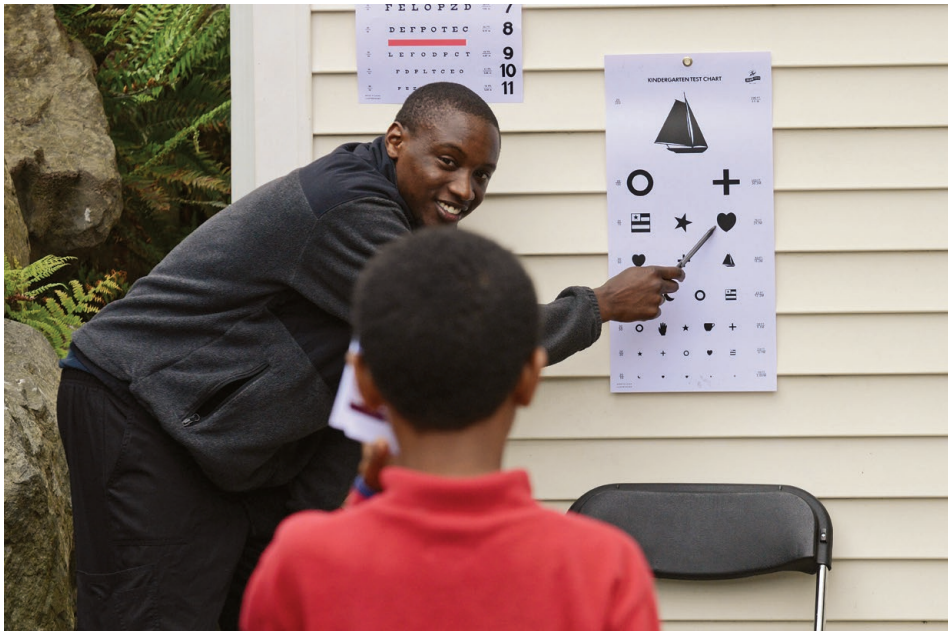
A Community Health Worker (CHW) is envisioned as someone who coordinates between the health system and housing, while also performing education. Currently, Washington State Health Care Authority’s **Community Health Worker Task Force** is working to arrive at some common definitions of what kind of training would be required.

Having this uniformity would help the community colleges prepare the workforce, as this new CHW role also has the potential to create new jobs. This is one of the necessary steps to achieving health-care reimbursement for CHWs. “Our hope,” Bill says, “is that Medicaid or the Medicaid insurance plans will pay for a part of this function, but we also think that the housing entity itself may play a part.”

There’s a lot of change going on within the health-care system right now. Bill believes that working out what can be successful in an affordable housing setting is best done in partnership with those who know this world well. “That’s why we’re convening the workgroup and participating in other collaborations,” he says. “We want to make these models easier—and scalable—for those on the health-care side to implement.” ■



Bringing Health Home’s health fairs (both pages) typically include physical activities, health and wellness workshops, health screenings such as this vision test, health insurance enrollment, and connecting residents with primary care providers.



IN SPOKANE COUNTY, CROSS-DISCIPLINE PARTNERSHIPS ARE THRIVING



“There are huge connections going on here that are fantastic.”

PAM TIETZ
Executive Director
Spokane Housing Authority

Pam Tietz is Executive Director of [Spokane Housing Authority](#) (SHA), has served on the Housing Finance Commission since 2009, and is also a participant in the state housing-health care workgroup. “SHA is the third- or fourth-largest housing authority in the state, and being involved in this collaboration on a statewide level has been important,” Pam says.

I asked Pam to share her experience with the partnerships that are flourishing in her community. SHA has been working alongside public and private organizations that traditionally serve separate “disciplines”—including affordable housing, health care, and education. They’re tackling barriers to success for low-income and underserved people, including raising awareness about health-related issues.

It makes a huge difference, Pam points out, when this is a priority for the City of Spokane as well. She mentions the city’s recent successful efforts to increase high-school graduation rates

in Spokane. A more recent focus for Spokane is on helping address the mental-health needs of homeless children. The point Pam makes is that the Spokane community is invested in addressing these challenges together. “There are huge connections going on here that are fantastic,” she says.

And nowhere is this more evident than in the **Community Health Advocate (CHA)** program that SHA is helping to implement on SHA properties, in partnership with [Foundation for Healthy Generations](#) (Healthy Gen) and the [Spokane Regional Health District](#) (SRHD). SRHD manages public health services for both Spokane County and the City of Spokane.

The CHA model shares many similarities with Bringing Health Home’s CHP model. But the key difference is that CHAs are actual peers in their communities: They live in the housing, and are charged with engaging and educating their fellow residents in health-related outreach. Says Pam, “There’s just this built-in connection. The Spokane CHA program

has been really successful.” In fact, it won a [2015 Agency Award of Merit](#) from NAHRO this year for its innovative programming in resident and client services.

Advocates for health and change in their communities

Spokane’s CHA Program is truly the brainchild of Seattle-based Healthy Gen, which is making an important contribution in helping to further the potential of community health workers as “frontline” public-health workers in our state—by virtue of their close understanding of the communities they serve. Healthy Gen first innovated the advocates’ model in Washington state in 2011, in Tacoma Housing Authority’s [Salishan Hope VI](#) housing.

Salishan’s CHA program has been a tremendous success, with resident participation in the program’s health initiatives growing each year. In fact, says Marion Lee, program coordinator for SRHD, Spokane’s CHA Program has learned a great deal about what works from Salishan’s successes. Now they’re evolving to meet the needs of their own Spokane communities. Marion believes that the CHA model is poised to take off around the U.S. Their program, she says, is aligned with a great deal of research on the effectiveness of peer-to-peer models.

“It’s all about relationships,” Marion says. “They’re worth more than gold.” She and her team offer a lot of training to the advocates. In turn, the advocates take a lot of initiative in reaching out, making connections, and creating



Marion Lee (center left), program coordinator for Spokane Regional Health District, with members of the Community Health Advocates team at a recent training. The advocates engage as peers with fellow multifamily residents in health-related activities and outreach.

health-related programs and opportunities for housing residents.

The Spokane CHA Program was launched with seed funding from Healthy Gen on one SHA site. It has rapidly grown to multiple SHA sites. In mid-2015, says Marion, they expanded the program to an additional Spokane housing manager, Kiemle & Hagood Co., which manages several multifamily properties that make subsidized housing available to low-income families, including two tax-credit properties. As of December 2015, the Spokane CHA program has grown to a total of 25 advocates

at 11 properties, with at least two advocates on each housing site.

Funding for the expanded advocates program is provided through a grant SRHD won from the USDA called [SNAP-ED \(Supplemental Nutrition Assistance Education\)](#). Advocates are required to spend 16 to 20 hours per month in training and activities designed to improve the health of residents. They receive a stipend of \$175 a month for their work, which was calculated to not interfere with other benefits they may receive, such as TANF, Medicaid or Medicare, and housing subsidies.

The CHA program and testimonials from two CHAs are highlighted in SRHD's social-marketing campaign website, myhealthylifespokane.org. Here's a brief rundown of the program's 2015 successes in its seven initial locations.

The CHAs:

Assisted in providing direct education on healthy eating and active living to 100 low-income residents, with 94 percent of them returning for two or more classes.



Supported offering regular physical activity opportunities to more than 125 low-income residents, with 13 residents participating 2-3 times per week.

Via self-reporting, achieved dramatic changes in their own health habits. The vast majority (91.7 percent) are eating more fruits and vegetables, and increasing their physical activities (83.3 percent)—and encouraging their peers to do the same.

Better Health—Together

Spokane-based [Empire Health Foundation](#) (EHF) and its subsidiary [Better Health Together](#) are also carrying out innovative health-care-tied-to-housing programs in the Spokane region. These organizations are reaching out to some of the most vulnerable populations to help secure and stabilize their housing *and* address their need for better, more coordinated health care. EHF, which serves seven counties in northeastern Washington, is invested in “creating measurable, sustainable health improvements” in the region.

EHF has partnered with the City of Spokane to tackle the tragedy of homeless people who are discharged from area hospitals back into homelessness. Their objective, says Kristen West Fisher, EHF’s vice president for programs and operations, is “a quick-lane path to permanent affordable housing so that they don’t end up back in the hospital because they couldn’t heal.”

Enter **Better Health Together** (BHT), which “was created for the purpose of achieving the Triple Aim,” Kristen says. BHT is engaged in a number of innovative community partnerships that are improving health outcomes in the greater Spokane region. (Learn more at [betterhealthtogether.org](#).)



“Our objective is a quick-lane path to permanent affordable housing, so [people] don’t end up back in the hospital because they couldn’t heal.”

KRISTEN WEST FISHER
Vice President for Programs and Operations
Empire Health Foundation



“We’ve built strong connections with the housing providers here. . . . Here in Spokane, people really do get it.”

ALISON CARL WHITE
Executive Director
Better Health Together

Two years ago, BHT launched its **H3 (Health, Housing, and Homelessness)** program, specifically aiming to make a difference in the lives of homeless people who are facing severe illnesses. H3 is a pilot project shared between BHT/EHF, Volunteers of America, and the City of Spokane.

H3’s target clients carry a medical prognosis, says BHT Executive Director Alison Carl White, “that they will die within two years if they continue living on the streets. During 2015, through this program, we have been able to work with 62 clients, getting them housed in a variety of ways.” Most of these clients, she says, had been homeless for at least a decade. For them, “There’s been a fundamental system failure on every possible measurement.”

With H3, Alison says, “Success doesn’t look like the success achieved in some of our other health programs. We’ve had a number of clients over the last two years who have died because their illness was so severe,” she says. “But it happened in a safe place and with a set of support services around them.”

Creating more housing that can deliver supportive care

Kristen adds that, as BHT gained more experience running its programs, what became glaringly apparent was “we didn’t have the right housing stock in Spokane for the people who truly need it.” Partnering with the City, EHF helped lead a housing



coalition to address these needs. Ultimately, Volunteers of America and Catholic Charities stepped forward. Each has broken ground on two adjacent developments in downtown Spokane that will be completed this summer. [The Marilee and Buder Haven](#) will each house 50 chronically homeless individuals in supportive housing. I'm happy to add that this joint project was financed with the help of \$16 million in tax-credit equity allocated by the Commission.

Alison says that planning for another 200 units of supportive housing in Spokane is in the works. The goal: A secure home for every chronically homeless person in Spokane, and a place where they can receive the health-care treatment and other services they need—all

within the next three years. "We've built strong connections with the housing providers here, and we'll continue to use our Community Health Worker model to figure out how to blend these systems together," she says.

Already though, the partnerships are amazing. To help make The Marilee and Buder Haven a reality, SHA will help subsidize rents by providing project-based Section 8 vouchers for 40 of the 50 apartments in each building. "Without that assistance, the buildings wouldn't cash flow," says Pam, who serves on BHT's board. "It was critical that SHA was at the table to help with that, so that they can charge the rent they need and make it work."

Alison sums up, "One of the things that's really great about this region is that there's a widespread acceptance that to achieve good health, people need a stable place to live, healthy food to eat, education, and an opportunity to have meaningful work and a stable income. Here in Spokane, people really do get it." ■

THE MEDICAID 1115 WAIVER: A POTENTIAL SOLUTION FOR SHORING UP SUPPORTIVE HOUSING SERVICES

“It’s undisputed that permanent supportive housing is *the* intervention to end chronic homelessness,” says WLIHA’s Kate Baber. “It’s well accepted across the board nationally and locally, and has been tested and evaluated rigorously.”

Kate points out that what’s unique about permanent supportive housing are the barriers faced by the people who are housed there. They often have disabilities and serious health issues, and often, intensive support services are necessary. “There’s a lot of evidence that providing supportive housing services is necessary for this population to be able to access the appropriate health care,” Kate says.

But to build permanent supportive housing, a stable source of funding for these service dollars must be found for the entire “life” of this housing—and that has been a huge obstacle. “There are very limited sources available for those services,” Kate says. “Medicaid can’t cover operating costs or

capital costs; there also has to be a strong case of medical necessity.”

Thus the importance of a Medicaid waiver that would create a permanent supportive-housing services benefit. Through this proposed benefit, which would essentially increase the flexibility of the Medicaid program, the services provided in supportive housing would be billable to Medicaid.

A large body of research has shown that by providing these needed services, these residents’ overall health-care costs are reduced. Creating this Medicaid benefit in Washington state, Kate says, could also “significantly help bring supportive housing to scale, on the capital side, even though these dollars wouldn’t directly fund that capital.”

The application for this Medicaid waiver, called a Global 1115 waiver, is one of three [Medicaid Transformation](#) initiatives submitted by the Washington State Health Care Authority (HCA) and Department of Social and Health Services (DSHS), and

currently under review by the Centers for Medicare & Medicaid Services (CMS).

The waiver application is the result of a tremendous amount of work by housing and health care advocates, state legislators, and public officials for more than two years. Although this is a policy change that requires state action, King County launched the effort. During the first year, King County contracted with the Corporation for Supportive Housing to research how to establish both the policy basis and the business case. This resulted in a white paper published in August 2014.

Since that time, Kate says, much effort has gone into advocacy—in encouraging stakeholders to bridge traditional health care and affordable housing system silos. “A lot of cross-system learning has taken place,” Kate says. “We’ve been educating lawmakers who are health care champions; they’re learning about how affordable housing works.”

Kate credits Representatives [Eileen Cody](#) and [June Robinson](#) with big contributions to the 1115 Waiver process. “Rep. Cody is the chair of the House’s Health Care Committee and is one of the strongest champions for Medicaid that we have. She’s highly respected for her expertise on health care policy and has been a huge supporter of this supportive services benefit,” she says. “And Rep. Robinson has both a public health and housing background. She served on the Capital Budget Committee in the House, as well as the Housing Committee. She’s been fantastic to work with.”

The state estimates, says Kate, that some 7,000 people would be eligible for this benefit,



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KATE BABER
Homelessness Policy & Advocacy Specialist
Washington Low Income Housing Alliance



“We’re helping one another understand how all sectors can interact to produce better health for our state’s population.”

DOROTHY TEETER

Director

Washington State Health Care Authority

with 30 percent of these likely to be accessing it at any given time. The decision from CMS should be made in the next several months; if approved, a nine-month implementation would begin, with the waiver going live in early 2017.

Washington State Health Care Authority: Furthering the dialogue, building interventions

As the director of our state’s [Health Care Authority](#) (HCA) since March 2013, Dorothy Teeter has been in the thick of the Medicaid waiver efforts. “We’re giving it our best shot,” she says. The 1115 waiver uses the Triple Aim as its yardstick. If approved, “CMS will give us some front-loaded funding over a five-year demonstration project to show that if you support and pay for supportive housing services, this will improve the quality of care, improve people’s health, and also save money.”

Dorothy has brought leadership, vision, and a strong emphasis on relationship building to her role with HCA. She is co-chair of the [Health Innovation Leadership Network](#), which has pulled in leaders across disciplines from all over the state. “We’re helping one another begin to understand how all sectors can interact to produce better health for our state’s population,” she says.

These leaders are meeting quarterly; the July 2015 gathering turned a spotlight on the relationship between health and housing. Bill Rumpf is a member of the network and was a presenter that day. “Bill is such a good thinker,” Dorothy observes, “and the event was an eye-opening conversation.” Bill’s take: “Dorothy has embraced the notion of having affordable housing contribute to making people healthier.”

HCA has also been working with DSHS and the affordable housing community, Dorothy says, “to figure out the best linkages and programmatic solutions or interventions that we could have working together.”

She gives one example. “Why not think about putting health services in housing? Have a practitioner or pharmacist or whomever be able to support someone where they live. Could we have case managers who are assigned to different housing sites that help people get to their appointments on time? And imagine putting CHWs in housing,” she says. “Whether it’s for job interviews or doctors’ appointments, this concept of supportive housing is of interest and also seems, on the face of it—kind of obvious.”

But that takes intentional dialogue across sectors. “That’s one of our most important

goals: to figure out what the relationship is between supportive housing—and for that matter, supportive employment—and health,” Dorothy says. (The 1115 waiver also includes a Medicaid initiative that will attempt to address the high unemployment rate among those with behavioral health conditions.)

Accountable Communities of Health

Another big initiative for HCA—and the objective of a tandem Medicaid waiver application—is HCA’s ambitious Transformation through Accountable Communities of Health program. [Accountable Communities of Health](#) (ACH) are made up of leaders from a variety of sectors who share a common interest in improving health in a region of the state. Better Health Together, for example, has been designated as the backbone organization of the ACH for the six-county region in Northeast Washington. The goal is to weld together community-based cross-sector coalitions that can support the infrastructure needed for systemic change. The participation of affordable housing and homelessness providers is critical to the planning and implementation of these ACHs.

“There are all kinds of potential impacts, if you can actually do a better job of linking housing and health together,” Dorothy concludes. She points to King County’s [Health Care for the Homeless](#) program, which provides health services in homeless shelters and day centers around King County, as an example of important work that’s making those linkages a reality. “Our role is to figure out ways to fund things that just make a lot of sense,” she says. “Of course getting the data on outcomes is very important—so we know what’s going on, what’s working, and what isn’t.” ■



INTEGRATING DATA ACROSS SECTORS

THE ROADMAP PROJECT: Intersection with Education

“When you look closely at the social determinants of educational success and the social determinants of health, they’re exactly the same thing,” says David Wertheimer.

That’s why the Bill and Melinda Gates Foundation is also supporting the **Road Map Project**, which aims to double the number of students in South King County and South Seattle who are on track to graduate from college or earn a career credential by 2020.

Currently, only about one-third of youth who grow up in the Road Map Project’s targeted communities earn a two- or four-year degree by their mid-20s.¹ And yet, a person’s lifetime earning potential in the U.S. is driven most by education. By 2018, 67 percent of the jobs in Washington state will require some form of postsecondary credential.²

Recognizing housing as one of those key social determinants, the Road Map Project is forming partnerships with the housing authorities of King County, Seattle, and Tacoma.

“There is a keen awareness of the need to align our work to best address the needs of vulnerable families,” David says.



“We’re very supportive of promoting access to high-quality data that can be used... to drive both funding and program decisions.”

DAVID WERTHEIMER

Deputy Director for the Pacific Northwest
Gates Foundation

Strengthening Communities is a guiding mantra for the **Bill and Melinda Gates Foundation**. In the [last issue of My View](#), I reviewed Gates’ pivotal contribution to changing the course of family homelessness in our state—in large part, by recognizing and addressing families’ needs for a range of services as well as housing.

But the Gates Foundation should also be acknowledged for supporting the data integration that is critical to bridging systems.

“We’re very supportive of promoting access to high-quality data that can be used in real time by system planners and administrators—to drive both funding and program decisions,” says David Wertheimer, the Gates Foundation’s deputy director for the Pacific Northwest.

Through DSHS’s [Integrated Client Database](#) (ICD), Washington state has one of the most sophisticated databases in the U.S.—one in which more than two dozen different state agencies, organizations and systems participate. Recently, the Gates Foundation provided support to integrate data from public-housing authorities into ICD. “Now,” David says,

“it’s possible to do research on a broad range of outcomes for kids, adults, and families, including the relationship between housing stability and [services such as] involvement in the child welfare system, the TANF system, and the criminal justice system.”

Currently, the foundation is studying how WBARS, the Web-Based Annual Reporting System, may be integrated into ICD as well. WBARS is an online reporting system co-funded and managed by the Department of Commerce and the Housing Finance Commission. It contains data from hundreds of affordable housing properties in Washington. If incorporated into ICD, WBARS could help provide a comprehensive picture of the relationship between stability in affordable housing and “the full constellation of health care, social services, and education outcomes,” David says. With that integration, those relationships will come into focus—as will which programs are the most effective. ■

¹ Road Map Project, roadmapproject.org/the-project/needs-opportunities
² Georgetown University Center on Education in the Workforce

HOUSING /S HEALTH CARE

Acknowledging—and acting upon—the profound relationship between good health and healthy housing is not new. David looks back to the birth of AIDS Housing of Washington more than a quarter-century ago, whose supporters articulated this vision for those who were struggling with HIV and AIDS. “Without stable housing, it was impossible to provide stable treatment,” he says.

“When you talk about the importance of improving health, of transforming health care delivery in the health care environment, and reducing costs, it’s essential that we look at the role that housing plays as a key cornerstone.”

As David affirms, this relationship shouldn’t be viewed solely from the context of what he calls “the low-hanging fruit—of individuals with complex health needs and complex service needs.” There’s also a compelling case to be made for ensuring stable and healthy housing for other vulnerable populations. His point: When viewed through a long-term lens, efforts to improve the health of children, families, and adults will not only produce healthier outcomes, but can reduce long-term health care costs in our health care system—exponentially.

It’ll close with some wise words from Bill Rumpf: “Poor health and poverty go hand in hand. Fortunately, the opposite can also be

true—providing health access and improving health can unlock people’s financial potential and quality of life.”

Bill and so many other concerned Washingtonians are challenging us to set our sights on a new “norm”: that “housing communities are places where people learn and practice ways of being healthier.” ■



The Washington State Housing Finance Commission is a publicly accountable, self-supporting team, dedicated to increasing housing access and affordability and to expanding the availability of quality community services for the people of Washington.



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