

CHCI Policy Brief



DEVELOPING THE NEXT GENERATION OF LATINO LEADERS®

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Paving Opportunities for Non-Profit Hospitals to Invest in Community Health: Improving the Lives of Latinx Populations through Housing

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Executive Summary

Although access to health care is essential to achieve positive health outcomes, research demonstrates that 60% of premature deaths are attributed to the social determinants of health (SDOH) such as socioeconomic status, education, and housing.¹ Moreover, the Latinx* community is especially at risk of detrimental health challenges due to their current housing conditions. Compared to Non-Hispanic Whites, Latinx adults are 75% more likely to have asthma, and their children are 82% more likely to suffer, respectively.² Asthma triggers result from pests, poor indoor air quality, and environmental hazards.³ In the U.S., the annual economic cost of asthma is \$81.9 billion with \$3 billion associated with absences from school and work.⁴ Although all hospitals** have a mission to improve the health status of their communities, data is more readily available on non-profit hospital community health spending.⁵ A wide array of non-profit hospitals are focusing on the SDOH, but many face barriers in providing additional funding and lack of capacity to address community health.⁶ This also includes reimbursement challenges for hospitals to support community health.⁷ In 2011, it was reported that less than 5% of their \$62.5 billion

budget was used for community benefits.⁸ Today 2,849 non-profit hospitals exist in the United States, but only 0.1% of their reported community benefit funds are used for community building activities, which include housing related efforts.^{9, 10, 11} Despite the barriers, research has identified that numerous hospitals are aware of the importance of community health, and prioritize it as a part of the care they deliver to their community.¹² To increase non-profit hospital's spending on community building activities and improve asthmatic health in Latinx populations, two policy proposals have been determined:

Policy 1: The IRS should provide guidance on what housing projects count under community benefit; and

Policy 2: Encourage partnerships between non-profit hospitals and housing entities.

Policy 1 provides the best opportunity to support hospitals in providing community benefit to their communities. This policy requires the IRS to provide better understanding to what a hospital may report as community benefit. Policy 2 is a voluntary policy that will require accountability to be effective. As such, partnerships require sustainable funding and investment from both

parties, so hospitals and housing organizations will likely face challenges. Additionally, as health care institutions continue to move towards providing preventative, quality, and coordinated care, policy 1 aligns to give hospitals the opportunity to have a clearer idea what projects they can prioritize on their community needs assessments (CHNA).

Background

Beyond Access to Health Care

Our national health expenditures in 2017 reached nearly \$3.5 trillion, which is more than twice the average among other developing countries, yet health outcomes in the U.S. remain among the worst in the developed world.¹³ Although access to health care is essential to achieve positive health outcomes, research demonstrates that it is a relatively low indicator of how long a person will live.¹⁴ The SDOH account for nearly 60% of the factors impacting premature death; factors such as socioeconomic status, education, neighborhood and physical environment, social support, and housing are instrumental in improving the well-being of a person's life.¹⁵ In the U.S., communities of color are disproportionately affected by these social and environmental factors, which lead to chronic diseases

*Latinx is used as a gender-neutral or non-binary alternative to Latino or Latina.

**The paper focuses on Non-Profit hospitals because reporting data is more readily available, but generally all hospitals have opportunities to invest in SDOH.

On average, every emergency department visit due to asthma-related symptoms costs approximately \$1,502.²⁰

and shorter lifespans.¹⁶

The Disparate Impact on Latinx Populations

Latinx populations are the largest ethnic group in the U.S. and are disproportionately affected by chronic diseases.¹⁷ Compared to Non-Hispanic Whites, Latinx adults are 75% more likely to have asthma, while their children are 82% more likely to suffer from the same condition.¹⁸ Furthermore, they are more likely to visit the emergency department (ED), which increases health care costs.¹⁹ On average every ED visit due to asthma-related symptoms costs approximately \$1,502.²⁰ In the U.S. the annual economic burden of asthma is \$81.9 billion, with \$3 billion associated with school and work days missed.²¹ Asthma triggers result from pests (cockroaches, dust mites, and mice), mold, extreme cold or hot weather, cigarettes, nitrogen dioxide gas produced by gas stoves, and poor ventilation in the home.²² These are the living conditions of most low-income families.²³ Effective asthma management through medical treatment and environmental triggers in homes and in neighborhoods will help reduce associated ED utilization and hospitalizations.²⁴ In 2015, it was reported that 2.2 million Hispanics were victims of asthma-related illnesses, with a mortality rate double that of non-Hispanic whites.²⁵ These statistics are especially problematic among children, older adults, and the poorest populations.²⁶

The Role of Non-Profit Hospitals

All hospitals have a mission to improve the health status of their communities. Beyond the expected clinical care, hospitals are increasingly looking to address health disparities. In 2011 it was reported that less than 5% of their \$62.5 billion budget was used for community benefits.²⁷ Today 2,849 non-profit hospitals exist in the United

States, but only 0.1% of those community benefit funds are used for community building activities, which include efforts that relate to housing.^{28, 29, 30} Hospitals face challenges in addressing upstream factors such as housing. Many hospitals are financially unable to provide additional funds outside of their hospital walls or have the expertise to implement public health interventions.³¹ Furthermore, hospitals face challenges in reimbursements for services, as interventions outside the scope of health care are not always compensated.³² American Hospital Association President, Rick Pollack, has stated that one of every four hospitals in America faces financial challenges.³³ Since 2010 many are absorbing numerous payment reductions for services, equating to over \$148.75 billion.³⁴ Despite facing numerous challenges, research has identified that hospitals are concerned and aware of the importance of community health, and many have even prioritized it as a part of the care they deliver to their community.³⁵

Case Example

To address SDOH, hospitals are moving beyond simply treating people in the hospital setting to making investments in the entire community. Children's Mercy Kansas City in Missouri realized that medical treatment alone was not preventing children in Kansas City from using the ED; in fact negative housing conditions were linked to their higher ED utilization.^{36, 37} Children's Mercy decided to conduct home visits to evaluate the air quality and housing conditions of families in the community.³⁸ The Healthy Home Program, included home-based repairs, patient and family education, and case management to reduce allergens and asthma triggers in the home.³⁹ Today the program has completed more than 750 home assessments, served more than 2,500 families, and conducted thou-

sands of assessments of classrooms and schools.⁴⁰ The program has greatly reduced the impact of asthma related illnesses in the community as well as ED visits and hospitalizations.⁴¹ The amount of money invested into housing projects can be offset through positive health outcomes and hospital cost savings.⁴² Addressing the root causes and triggers of asthma has the potential to save costs and dramatically reduce asthma rates among disproportionately affected communities. Hospitals can drive these changes to help support health and thriving communities.

Policy Opportunities

Hospital systems like Children's Mercy Kansas City and those listed in Figure 2 are leading the way for improved health outcomes, but many still face barriers in addressing the SDOH. The next section will provide policy suggestions that give opportunities for hospitals to invest in housing-related community benefit activities, improve health outcomes, and reduce ED and hospital usage. These policies have the potential to reduce asthmatic symptoms and related health care utilization among Latinx populations.

Policy 1: The IRS should provide guidance on what housing projects count under community benefit

Policy 1 requires the Internal Revenue Service (IRS) to create a clearer reporting criterion, so non-profit hospitals can understand what housing projects are included under community benefit requirements. Currently under the Affordable Care Act (ACA), non-profit hospitals are required by the IRS to:

- Conduct a CHNA and develop an implementation plan at least every three years;
- Provide financial assistance and include a policy for populations

Figure 1. Hospitals' Total Benefit to the Community (Percent of Expense)

Hospital Category	Financial Assistance and Certain Other Community Benefits	Community Building Activity	Medicare Shortfall*	Bad Debt Expense Attributable to Financial Assistance	Total Benefits to the Community
All Filed Schedule Hs (2,816 hospitals)	10.0%	.01%	2.8%	0.4%	13.3%
Demographic Comparisons (1,979 single-hospitals)					
Size					
Small	9.4%	0.1%	2.5%	0.8%	12.8%
Medium	8.3%	0.1%	3.0%	0.6%	12.0%
Large	10.5%	0.1%	2.4%	0.4%	13.3%
Location					
Rural	7.68%	0.12%	0.79%	0.72%	9.30%
Urban/Suburban	9.91%	0.07%	2.63%	0.45%	13.06%
Type**					
General Medical	9.4%	0.1%	2.7%	0.5%	12.7%
Children's	15.7%	0.2%	0.1%	0.2%	16.1%
Teaching Hospital	10.4%	0.1%	2.3%	0.4%	13.1%
Critical Access Hospital Status	10.0%	0.1%	2.6%	0.5%	13.1%
System Affiliation					
Affiliated	9.3%	0.1%	2.6%	0.5%	12.4%

Source: American Hospital Association. (2018). Results from 2015 Tax-Exempt Hospitals' Schedule H Community Benefit Reports. Retrieved from: <https://www.aha.org/system/files/2018-10/2018-schedule-h-community-benefit-reports.pdf>

that face barriers to accessing health care; and

- Comply with specific billing and collections requirements.⁴³

As part of the needs assessment process, hospitals must link their assessments to an implementation strategy.⁴⁴ They then must report a Schedule H form (Form 990) to the IRS, which outlines the expenditures, policies, and activities provided by the hospital facility.⁴⁵ The IRS has the authority to define community benefits and broaden the definition to include housing activities. Previously the IRS policy stated that only financial assistance activities under Part 1 of the Schedule H were required. Community building activities under Part 2 are supplementary, but include projects related to environmental improvements, housing quality and access, and economic development, all of which have been proven to have a significant impact on health

status.⁴⁶ In December 2015 the IRS updated their policy and specified that "some housing improvements and other social determinants of health that meet a documented community need may qualify as community benefit for the purposes of meeting reporting standards."⁴⁷ Unfortunately, the language of the current regulatory policy makes it difficult to discern what activities would fall under the purview of community benefits, suggesting to hospitals that the safer reporting method is to limit community health improvement to traditional activities associated with financing clinical care.⁴⁸ As illustrated in Figure 1, of the 13% of community benefit funds reported by hospitals in 2015, only 0.1% were allocated towards community building activities.⁴⁹ Providing more guidance to specific house activities that count will ensure that hospitals have reliable projects that they can report for community benefits.

The Catholic Health Association of the United States and Enterprise Health Association have developed a list of recommended housing-related programs that the IRS can use to create a formal document that confirms qualifying housing activities.⁵⁰

To make a case for housing policy interventions it is important to illustrate the effectiveness they have on hospitals and their communities. As of 2015, 51% of non-profit hospitals reported charity care under Part 1 of the Schedule H form, but providing clarity for housing reporting requirement will give hospitals more flexibility to use funds for community health.⁵¹ In 1980, Bon Secours Health System began investing in housing to battle homelessness and revitalize the community.⁵² By investing in these social factors Bon Secours Health System has created affordable housing for 1,200 people and provided educational and work

Children's Mercy Kansas City Hospital in Missouri realized that medical treatment alone was not preventing children in Kansas City from using the emergency department; in fact negative housing conditions were linked to their higher emergency department utilization.^{36, 37}

opportunities for families.⁵³ Hospitals understand their role in addressing community health as well as its impact to prevent avoidable hospitalizations. Evaluations of programs like this are difficult to ascertain as health outcomes might not be immediately apparent. The long term impacts of these efforts are slow to materialize, but have the potential to make long lasting impacts. From Bon Secour's housing intervention we know that individuals now have safe, quality, and affordable housing, leading to a general improvement of health status.⁵⁴ Furthermore, the health system has served more than 78,000 people in its prevention classes, parenting classes, and youth outreach initiatives.⁵⁵ Since health outcomes are complex and determined greatly by the SDOH, allowing hospitals the opportunity to become more involved in housing-related efforts allows for multi-sector collaboration that bridges resources between the housing and health care field. Hospitals can be powerful allies in improving population health by engaging in these issues.

If the IRS creates a document with acceptable housing activities that can count, it would also incur relatively low cost to the federal government and hospitals compared to the. While the IRS would need to provide additional guidance and direction on activities that would suffice for community benefits, hospitals would need only to shift existing funds. Hospitals would then have the opportunity to allocate funds to invest in more upstream efforts. As previously mentioned, every visit to the emergency department due to asthma-related symptoms costs \$1,502.⁵⁶ In the U.S. the annual economic cost of asthma is \$81.9 billion with \$3 billion associated with school and work day's missed.⁵⁷ Effective asthma management through medical treatment and environmental triggers in homes and in neighborhoods will

help to reduce ED utilization and hospitalization and reduce their economic burden on providers and communities.⁵⁸

In the current political environment, there may be limited interest in requiring the IRS to allow housing projects to fulfill community benefit requirements. Furthermore, the current political climate poses a challenge in requiring the IRS to include housing projects under their required policy. The new Chairman of the Senate Finance Committee, Senator Chuck Grassley (R-Iowa), has a long history of investigating the tax exemption status of non-profit hospitals for not contributing sufficient money to their communities.⁵⁹ Currently the committee has the ability to investigate the way hospitals use their community benefits, and can set policies that jeopardize their non-profit status if they do not abide by policy changes.⁶⁰ In the past, Senator Grassley has proposed an investigation into hospitals, criticizing them for not doing enough to pay for the patient's care.⁶¹

Senator Grassley focuses on requiring hospitals to increase charity care, when a more profound impact is to create opportunities for hospitals to increasingly address SDOH. Moving forward it is imperative that policy solutions revolve around addressing the challenges that hospitals face in supporting community health. Policy 1 gives clarity hospitals to what housing activities can be reported under Part 1 of community benefit, and encourages them to continue to be leaders in improving the health of their communities inside and outside their walls.

Policy Opportunity 2: Encourage partnerships between Non-Profits hospitals and Housing Entities

Hospitals are continuously looking for ways to contribute to more upstream factors to keep patients out of the hospitals and reduce costs, but many

simply do not have the resources or the technical expertise to do this alone. Partnerships are essential to bridging the field of housing and healthcare by sharing resources and expertise. Policy 2 invites both non-profit hospitals and housing entities to create a relationship to focus on housing projects. The policy is not legally binding, but instead encourages collaboration and promotes the sharing of resources.

Effective partnerships are also important to establish, as they take a lot of time and resources to implement. Codman Square Neighborhood Development Corporation and Boston Medical Center (BMC) are leaders in creating an effective partnership between housing and health care organizations.⁶² BMC identified that housing was one of the root causes adversely impacting the health of their community.⁶³ After developing a relationship of accountability, the two groups made an \$800,000 contribution to rehabilitate 34 housing units.⁶⁴ Similarly to Policy 1, this policy allows for housing and health care organizations to focus on the SDOH, allowing both industries to share responsibility in addressing this pertinent issue. Since then, the partnership has invested \$3 million to help families fight evictions, create housing stabilization program for people with complex medical issues, and support grocery store development.⁶⁵ Officials from the partnership have noted that the housing challenges in their city are complex problems that both the housing and health care field will not be able to solve alone.⁶⁶ Furthermore, partnerships like these can catalyze a call to action for other sectors to get involved. Moreover, this policy is challenging as not all hospitals have identified in their CHNA that housing is a key community health issue. An effective partnership between housing organizations and hospitals is one that has identified housing as a priority in the CHNA. Generally part-

nerships are also messy and slow, requiring a system of accountability to streamline the project.⁶⁷ Similarly to Policy 1, building partnerships are likely to be effective in treating the populations overall health and can bring industries together to care for patients. By leveraging their resources, non-profit hospitals and housing entities can implement comprehensive and effective evidence-based interventions that can immensely improve population health.

Housing and health care partnership can produce economic prosperity to a community as well as challenges in costs. Nationwide Children's Hospital (NCH) and Community Development for All People (CD4AP) partnered together to create a subsidiary corporation owned by CD4AP and funded by the hospital.⁶⁸ The partnership was able to rehabilitate 71 vacant homes and create 150 grants for current homeowners to undertake renovations.⁶⁹ This reduced the number of vacant and blighted properties by more than 50% and increased property values.⁷⁰ In contrast, partnerships also face challenges in developing sustainable funding. This means that a good business model is necessary as well as identifying an appropriate evaluation method. Additionally, if the hospital does not already have a professional that can dedicate time to work on these partnerships, there could be additional cost in hiring experts, or the hospital might feel reluctant to participate. On average, a health project coordinator makes about \$51,468 a year creating a barrier for hospitals to participate.⁷¹ Finally, health care cost, and ED utilizations will likely increase or stay the same if hospitals that have identified housing as a key issue are not addressed. This also includes a disproportionate effect on communities of color as many face economic, social, and housing problems that exacerbate health challenges.

Getting health care leaders to work on housing projects could make a difference in receiving political support. If outcomes are measured adequately it could result in investments by the State and Federal government to provide grants to support partnerships

that focus on the SDOH. The State of Arizona's Medicaid agency (AHCCCS) has recognized the importance of quality and safe housing.⁷² AHCCCS has purchased hundreds of housing units and developed a voucher program, operating like a Housing and Urban Development (HUD) program maintaining rent calculation and inspection standards.⁷³ In 2017 AHCCCS developed a relationship with Arizona Department of Housing, PNC Bank, Thomas Development Co, and Catholic Charities to fund parts of the affordable housing.⁷⁴ Partnership between housing and hospitals may spark a responsibility for other organizations or government agencies to get involved. Housing and Urban Development (HUD) Secretary Ben Carson has stated that as a pediatric neurosurgeon he is appalled that he would send a child back to a home with pests, lead, mold, and crime.⁷⁵ Carson has also stated that HUD and the U.S Health and Human Services Department should increase collaboration, and has made efforts to coordinate with HHS Secretary Alex Azar on issues such as lead exposure, asthma, and data sharing.⁷⁶

Conclusion

As housing becomes a more pertinent issue, policy changes that support and incentivize hospitals to invest in community health are important to keep people healthy. Additionally, because asthma is triggered by indoor and outdoor air quality, we will continue to see increases in hospitalization rates for the Latinx population unless housing quality issues are addressed. Through their CHNA, some non-profit hospitals have identified that the SDOH should be a priority to improve health outcomes, reduce ED utilization, and reduce health care costs. Several hospitals have demonstrated exceptional efforts in addressing the SDOH even though barriers exist in their implementation and reimbursement mechanisms for these efforts.⁷⁷ Policy 1 provides the best opportunity, as it highlights that the IRS provide guidance for housing projects that would count under community benefit reporting. There would be no cost burden, but instead an opportunity to educate and promote housing activities hospitals

can get involved with.⁷⁸ Policy 2 however is a voluntary policy that will take accountability to be effective. Partnerships require sustainable funding and investment from both parties, so hospitals and housing organizations will likely face challenges. As we move forward with solutions to improve the health of the Latinx population, we should address the barriers that hospitals face that prevent them from working on upstream factors such as housing. If we are to ensure that this country maintains its strong economy and individuals have an opportunity to live the American Dream we must keep them healthy. Latinx populations are the largest growing ethnic and racial group, which gives us a responsibility to invest in their futures.

Figure 2. American Hospital Association Member Hospitals Working on Housing Related Projects

Hospital Champions working on Community Building Activities		
Hospital Name	State/City	Description
Children's Mercy Kansas City	Kansas City, Missouri	The Healthy Home Program, developed protocols to comprehensively evaluate patients' homes comprehensively, looking for evidence of a wide range of potential health and safety risks—not only allergens and asthma triggers, but also lead, other chemical exposures, pests, and structural issues that might lead to injury. The Healthy Home Program regularly refers participant families to more than 100 community organizations. These organizations make home repairs, provide resources like appliances or bedding, and connect patients and families with additional health and social services.
Bon Secours Health System	Baltimore, Maryland	With the help of HUD, Bon Secours Baltimore began turning a vacant school into housing for low-income elderly adults in the 1980s. Bon Secours Baltimore has led development the following projects: <ul style="list-style-type: none"> • Residential buildings have housing coordinators who act as case managers to help neighbor's access health care and other services. • A pilot project is also exploring peer health support among senior residents. Family support center offers services such as parenting classes, childcare, early Head Start, and GED preparation and career counseling for families with children up to 4 years old. • Bon Secours has developed 729 housing units, including 119 scattered-site family units and 610 more for senior and family buildings.
University of Illinois Hospital & Health Sciences System	Chicago, Illinois	In 2015 UI Health developed the Better Health Through Housing program that provides 27 chronically homeless individuals stable housing and supportive services. The system saw a 42 percent drop in participants' health care costs almost immediately.
Providence St. Joseph Health, Humboldt County & Redwood Memorial Hospital	Eureka & Fortuna, California	The hospital began funding five beds at a clean and sober house, a transitional living facility where individuals who agree to abstain from drugs and alcohol can reserve a bed at a low cost. Individuals without stable housing could stay in the facility for up to two weeks after leaving the hospital. The program, called the Healing Ring, was providing this service in the rural Humboldt County community, where affordable housing is scarce and homelessness is a significant issue.
St. Luke's Health System and Saint Alphonsus Health System	Boise, Idaho	St. Luke's and Saint Alphonsus are working on an initiative to stop homelessness and have committed \$100,000 each to develop housing for 40 chronically homeless individuals. Services also include mental and physical health care, case management, treatment for substance use disorders and financial counseling. The Housing First program in Boise is still in its early stages, so no residents have been directly served to date. The Roundtable on Housing and Homelessness is currently in talks about developing targets and measures of success.
Nationwide Children's Hospital	Columbus, Ohio	Affordable housing is coordinated through Healthy Homes, a nonprofit housing organization and collaboration between Community Development for All People and Nationwide Children's. The goal is to revitalize the neighborhood adjacent to Nationwide Children's and Columbus' South Side. Since 2008, Healthy Homes has impacted more than 330 homes on the South Side, which includes full-gut renovations, new builds with energy efficient and green features, and grants to current residents through the Home Repair Program Healthy. The Home Repair Program offered by Healthy Homes provides grants to homeowners to make exterior improvements to their home. Repair items include roofs, windows, doors, porches, siding, painting, gutters, fences, walkways and landscaping.

Source: American Hospital Association. (2018). Community Connections. Retrieved from: <https://www.aha.org/taxonomy/term/570>

Endnotes

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