



# Improving Health by Addressing Food and Housing Needs

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*CCA Member Johnnie and his  
CCA Community Health Worker, Ashley.*

Housing can significantly impact health. While having a home is especially critical, other housing-related factors can affect your overall wellbeing. For example, lead paint in older homes can shorten your lifespan. Limited access to internet can prevent you from using telehealth, which is critical if you are homebound, lack transportation, or have an inflexible work schedule. Additionally, sporadic access to electricity can impact your ability to use life-saving medical equipment, such as oxygen or dialysis machines.

Food insecurity can also impact health. Defined as the disruption in food intake or eating patterns—food insecurity results from multi-faceted issues, including limited financial resources or lack of transportation. For some, geography is a factor. Today, roughly 19 million people in the U.S. live in food deserts, which are areas that lack affordable grocery stores. While healthy food is important for everyone, it's essential for those with diabetes, coronary artery disease, and other conditions that require strict nutrition regimens. Over 38 million people in the U.S. lived in food-insecure households in 2020, and an estimated 3.7 million reported experiencing housing instability in 2021. For those who face these challenges every day, good health is a luxury.

Furthermore, these challenges can often be “invisible” or “untreatable” in traditional healthcare settings. For example, a patient with sleep apnea who has intermittent housing can't always store or plug in a CPAP machine. If left untreated, sleep apnea can lead to hypertension, stroke, heart disease, diabetes, and more. The patient may not feel comfortable disclosing their lack of permanent housing to their doctor. Therefore, as the condition worsens, the doctor might assume that this patient is non-compliant and will attempt other clinical solutions—all of which may assume basic access to housing.

While several food and housing support programs already exist, getting access can be difficult and time-consuming. In Springfield, Mass., for example, there is a 15-year waiting list for Section 8 housing. Navigating the numerous steps to access these programs can be daunting, especially for someone already facing a myriad of other medical and financial problems. If you're already grappling with life-altering and all-consuming health problems, traversing the complexities of getting Section 8 housing or calling your electric company to maintain your services can feel overwhelming.

At **Commonwealth Care Alliance® (CCA)**, an integrated healthcare organization that supports Medicare and Medicaid members, we've seen how precarious social circumstances can impact the health and safety of individuals with significant medical and behavioral health needs. To help, we deploy a team of community health workers who are dedicated to meeting the social needs of these members. This team is an integral component of our *uncommon care*® model, which emphasizes whole-person care.

CCA community health workers advocate for members, helping them access all the benefits and state and local programs available to them. They also provide important information that helps members stay healthy.

Based on needs, a community health worker might educate a member with diabetes on how to eat healthy on a budget; connect a member dealing with a mold issue with a tenants' rights attorney; or help a member with depression who is struggling to complete their Section 8 application.

By deploying this team, we've learned key lessons in how to help members with significant needs:

### Intervene early:

Food and housing insecurities can snowball into health emergencies. Identifying risks early is critical. Our approach leverages interdisciplinary teams of clinicians, behavioral health specialists, social workers, and other healthcare professionals who continuously communicate with each other and with our network providers. While not all crises are preventable, we aim to intervene at the first sign of trouble, helping members better evaluate their options.

### Meet members where they are:

To help members make the most of support services, we meet with them one-on-one where they are (and where they want)—whether it's in their home, in a shelter, or even at a coffee shop.

Additionally, our team evaluates where members are emotionally: What are they ready to work on? What problems do they want to address first? Understanding this state of mind is critical, especially when working with someone who is experiencing anxiety because of their circumstances.

### Leverage peer-to-peer connections:

For those who are struggling, working with someone who understands their perspective brings a sense of comfort. This is why we do our best to pair our members with CCA employees that live in their communities, speak their languages, and understand their cultural preferences.

This approach also ensures that our employees are well-versed in the local and cultural programs available to each member.

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## Meet Mrs. Janice, a CCA Member



Mrs. Janice has depression, anxiety, and other health concerns. After a divorce, financial setbacks compounded her health issues. She struggled to get by with no electricity and no heat. "I was living off of take-out food," says Mrs. Janice. Two years ago, at a low point in her life, she connected with CCA.

*“They got my electricity back on, got food in my fridge, and got me a doctor. They’ve been with me ever since.”*

Read more stories of care at:  
[commonwealthcarealliance.org/member-stories](https://commonwealthcarealliance.org/member-stories)

*Image: CCA member Mrs. Janice*

## Create judgment-free zones:

Telling someone to do something in a way that doesn't align with where they are (whether emotionally, spiritually, or financially) makes them unlikely to follow through. To help members make important changes, we must first understand what is most important to each person. This may mean providing nutrition education that pays homage to a family's cultural food preferences or helping a member stepping down from treatment find a safe place to live that's walkable to their counselor's office.

## Foster trusting relationships:

Our work at CCA is grounded in social work values, recognizing the importance of human relationships. Our community health workers know each member they work with personally. They

know their children. They know their cat's name! By having a personal rapport with members, we can better understand their values and goals. This is the best way to empower each person to reach their full health potential.

It is intuitive that when people lack access to stable food and housing, it becomes challenging for them to address any of their other needs. Yet, as healthcare professionals, we have not traditionally acted with this holistic picture in mind. To drive meaningful change, healthcare organizations must deliver integrated services that focus on more than just medical needs. Being mindful of each person's unique challenges is also essential. This holistic approach helps drive each individual's resiliency, ultimately improving their health outcomes.



### CASE STUDY

## Battling Homelessness: A Community Effort

To help members who are experiencing housing insecurity or homelessness gain permanent housing, CCA partnered with Hearth, a community-based housing organization. CCA provides integrated health and social services, including on-site medical care, and Hearth offers housing resources, knowledge of home safety, and supportive services. More than 300 CCA members have been housed in Hearth facilities since the partnership began, and the program has been a successful long-term housing solution.

Data from the collaboration between CCA and Hearth supports the conclusion that positive health outcomes are associated with stable housing and access to support services.

In fact, records show that all CCA members housed at Hearth from 2015 to 2019 remained stably housed after one year, and the majority remained housed at Hearth for five years or more.

Additionally, a CCA analysis from 2018 shows that healthcare costs have sharply decreased for CCA members living in Hearth facilities, all of whom had significant comorbidities including diabetes (58%), HIV/AIDS (12%), substance use disorder (31%), congestive heart failure (37%), chronic obstructive pulmonary disease (35%), and chronic kidney disease (65%).

One year after CCA members entered housing at Hearth, their total medical expenses were decreasing by about **\$18 per member per month** on average, reversing the trend that these members' expenses had been growing by about **\$79 per member per month** on average prior to the intervention.

Read the full case study, published in the *New England Journal of Medicine*, at [commonwealthcarealliance.org/housing-support](https://www.commonwealthcarealliance.org/housing-support)