# Developing Access

Assessing the effectiveness of co-locating and co-programming housing and healthcare as a strategy to improve healthcare access for low-income seniors at Mercy Park in Chamblee, GA.

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*Mercy Park is a cooperative real estate development including co-located and co-programmed Mercy Housing Chamblee Senior Residences (left) and Mercy Care Chamblee (right).*

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**Location**
Mercy Park
5124 - 5134 Peachtree Road
Chamblee, GA 30341

**Mercy Park Development Team**

| | |
|---|---|
| Developer | Mercy Housing Southeast |
| Architect | Smith Dalia Architects |
| General Contractor | McShane Construction |
| Photography | Dorian Shy |


**Acknowledgment**
This effort was funded by a grant provided by the Local Initiatives Support Corporation (LISC) to Mercy Housing Southeast (MHSE) to assess the effectiveness of the health and housing partnership at Mercy Park in Chamblee, GA. Resident Services at Mercy Park collaborates with community agencies to provide on-site services to residents to address social determinants that can negatively impact independent living, housing stability, aging in place, and a decreased need for higher levels of care. Furthermore, Mercy Park is co-located with Mercy Care Chamblee, a Federally Qualified Health Care Center (FQHC) that provides a number of health care and health and wellness services. The co-located collaborative partnership between Mercy Park and Mercy Care provides a wraparound approach to meeting the needs of residents while decreasing or removing external barriers to health and wellness.

# Introduction


Mercy Park is a real estate development that includes co-located and co-programmed Mercy Housing Chamblee Senior Residences and Mercy Care Chamblee, a Federally Qualified Health Care Center (FQHC). Mercy Park was opened in February of 2018 and is an independent senior living apartment community. This report considers the strategy of co-locating housing and healthcare as an approach to improve access to healthcare services. Successful housing and healthcare partnerships can improve health outcomes[1], effectively manage health risks[2], reduce hospitalizations and emergency department visits[3], decrease Medicare costs[3], and decrease health care costs[4].

For capital projects, opportunities to facilitate partnerships between housing and healthcare exist largely in two periods of time, those made during the design of the capitol project (example: the decision to co-locate housing and healthcare) and decisions made during operation (example: what specific programs and services to offer). Decisions made during design of the capital project can facilitate unique opportunities and have a significant impact on the capacity of a facility to facilitate the delivery of health promoting programs and services.

**Development Timeline**

Planning, design and building an affordable housing development is a 3-4 year process. When considering what programs and services may be offered to residents, it is important to acknowledge that any specific architectural requirements must be identified and incorporated early in this process, years before a facility opens and residents move in.

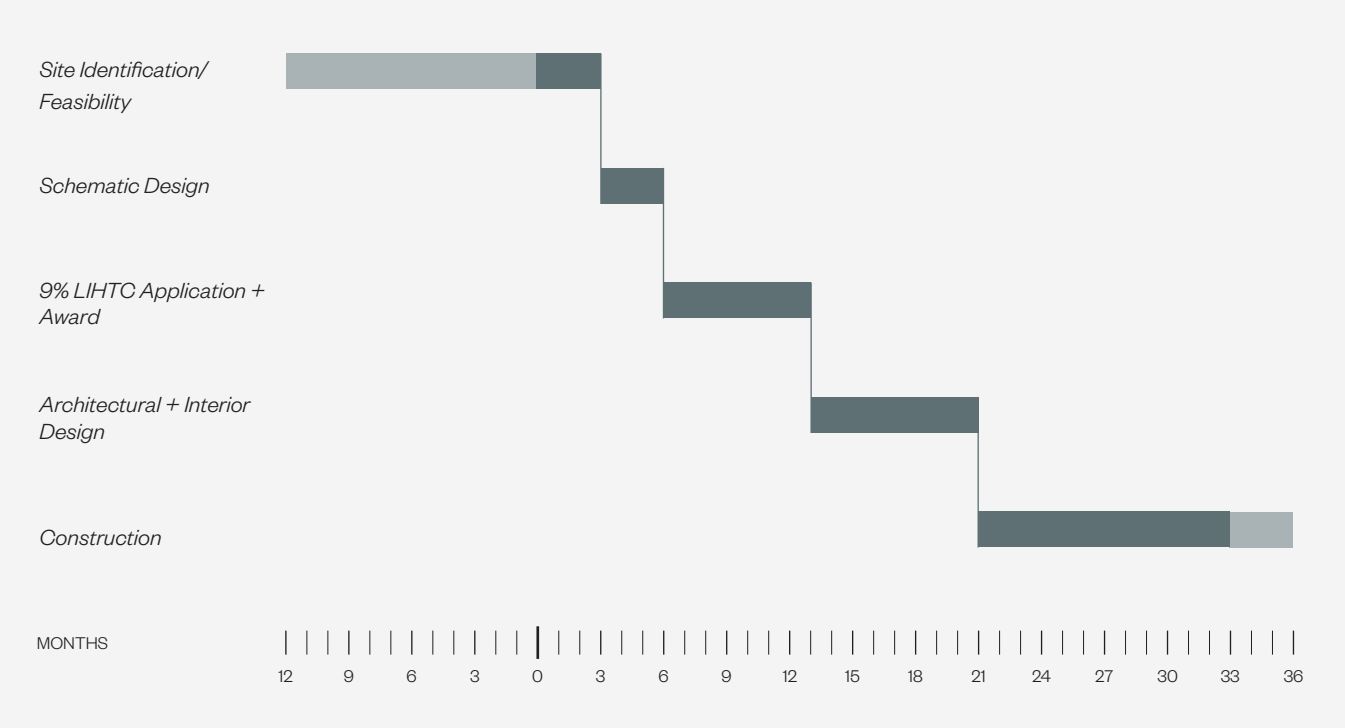



*Figure 1*: Typical Real Estate Development Timeline

1. Site Identification and Feasibility Study: 3-15 months, varies by project. Includes major programmatic decisions such as co-locating housing with a healthcare services provider.
2. Schematic Design: 3 months. Includes decisions such as the number of residential units and parking spaces, site layout, and architectural space program that includes amenities and other spaces used for the delivery of Resident Services.
3. 9% LIHTC Application and Award Notification: 6-8 months.
4. Site, Architectural, and Interior Design: 8 months. Includes design and permitting for construction. Amenities provided may change after 9% LIHTC Award, but there is an administrative fee (charged by LIHTC) and changes should be minimized.
5. Construction: 12-15 months. Varies based on size and complexity of development.

### Annual Operations Timeline

Resident Services offers programs and services to residents free of charge. These provide assistance in areas such as health and wellness, financial stability, and community involvement. The needs of residents are assessed in multiple ways throughout the year, the findings of which directly informs offered programs and services for the following year.

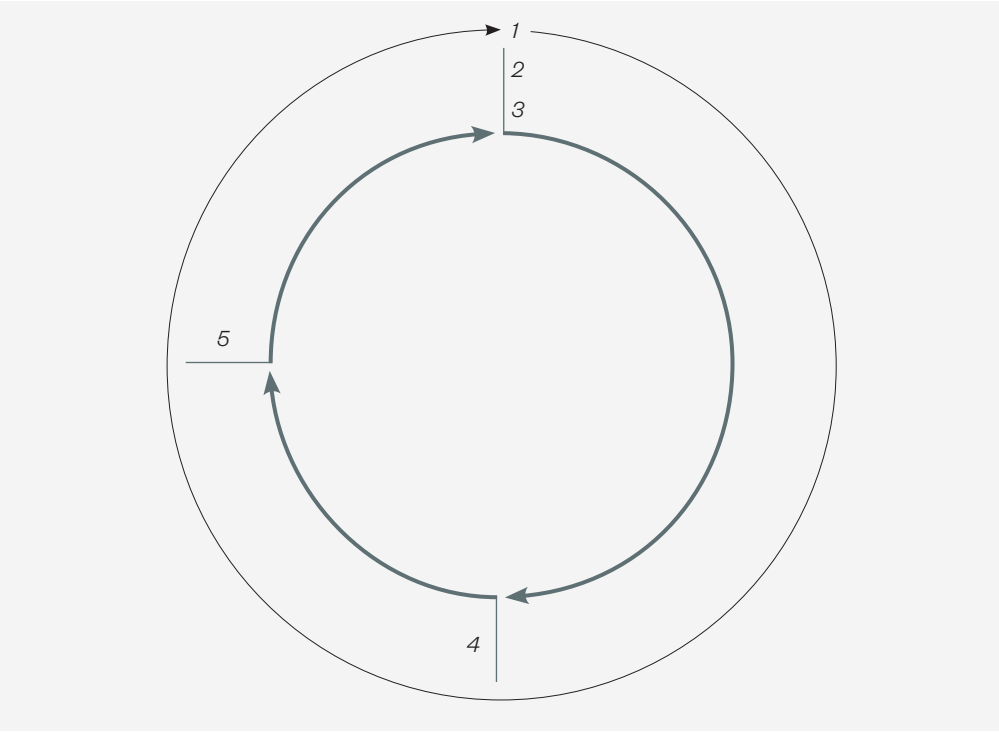



*Figure 2*: Typical Annual Operations Timeline

1. Continuous Assessment. Resident Services Coordinators continually stay informed of resident needs, one method is monthly Office Hours, which helps identify and address urgent needs.
2. Resident Services Orientation and Initial Assessments. Occurs once at the time of resident move-in.
3. Health and Wellness Interview. Conducted annually around the same time as resident move-in.
4. Annual Resident Survey, Resident Services Coordinators collect information for use at their local facility and also report findings to Mercy Housing Headquarters in Denver, which aggregates results from multiple properties to inform future efforts.
5. Changes to scheduled programs and services offerings are made annually based on the information gathered throughout the year. This process includes evaluating resident needs, cost-benefit analysis, feasibility, and availability of necessary resources such as physical space, community partners and external service providers, amongst other considerations.

**Social Determinants Of Health**

There is a constellation of nonmedical factors that influence and shape a person's overall health and health outcomes. These factors, known as Social Determinants Of Health (SDOH), are broadly defined as "the conditions in which people are born, grow, live, work and age."[5] The SDOH encompass socioeconomic status, physical and social environmental factors and health care factors.[5]

The role and impact of housing on health is evident in The Healthy People 2020, Approach to Social Determinants of Health[6] that relies on a "place-based" organizing framework of five key areas of social determinants:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

SDOH are more than mere metrics or topics of academic study. Of all the Determinants of Health, SDOH are attributed to having a greater influence on population health than genetics for rates of morbidity, mortality, health risks, and disease[7]. In the United States "your longevity may be more likely to be influenced by your zip code than by your genetic code." [8]

**Housing is Health**

Housing, with its geographical, physical, and social dimensions, is a critical link across these domains. The phrase, "housing is health," reflects the importance of where we live, from our address to our zip code, who we live with and who is nearby, and who we connect with when we leave our front door.

**Essential Elements of Healthcare Access**

When examining the potential of housing and housing providers to both address SDOH and aid residents in overcoming common barriers to healthcare access, we must consider the following, all of which must be met in order for an individual to access the care they may need.

- Financial Means
- Language and Medical Terminology
- Memory, Reminders and Overwhelm
- Timing and Availability
- Transportation, Physical / Telehealth Access and Safety
- Services Integrate with Culture

**Quick Reference Guides**

We've examined the role of the housing provider in supporting residents to improve access to health care and organized our findings into three quick-reference guides, based on practical considerations.

- Continuity of Integrated Health Services: Coordinating the efforts of healthcare providers with the housing provider to improve resident health outcomes.
- Operational Sustainability: Balancing the cost/benefit and feasibility of programs and services for the highest achievable benefits.
- New and Best Practices: Examples of evidence-based programs that effectively address specific barriers and risk factors.

# Continuity of Integrated Health Services

**Coordinating the efforts of the Healthcare provider with the Housing provider has the potential to improve health outcomes of the residents.**

Health information exchanged between the healthcare provider and housing provider can allow for improved offerings of health promoting services by both parties in an effort to improve health outcomes for the resident. The housing provider, with their personal relationships, programs and services is in a unique position to compliment clinical health care.

**4 Flows of Resident Health Information** *(Figure 3)*

1. Patient › Health Care Provider

   Essential Elements of Healthcare Access must be met for patient to receive clinical care.

2. Patient › Housing Provider

   Health and Wellness Interview and Release of Information, Annual Resident Survey, and Ongoing Resident Services Coordinator Communication with Residents are all tools for gathering information about resident needs.

3. Health Care Provider › Housing Provider

   Restricted by HIPAA[9], see Best Practices for Data Collection and Sharing

4. Housing Provider › Health Care Provider

   Housing provider must establish line of communication with the Healthcare provider and ensure the clinician receives and considers the provided info. This and follow-ups to further ensure integration by the clinical healthcare team may be impractical due to the limited resources of the housing provider (staffing, funds, logistical requirements for HIPAA compliance. Many housing providers collect and share basic resident health information, but they must have resident concent to share Personal Health information (PHI).

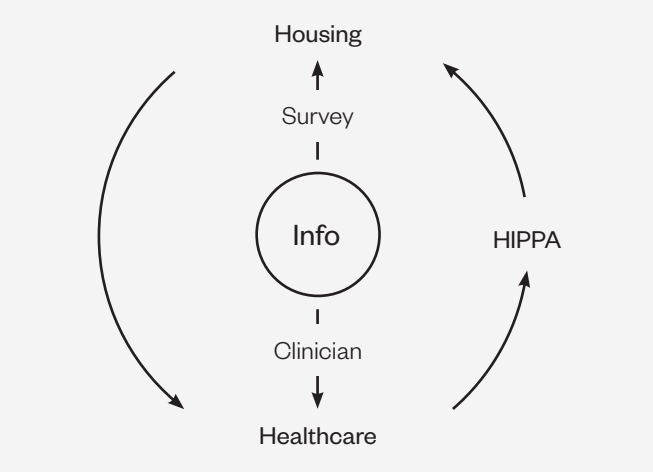
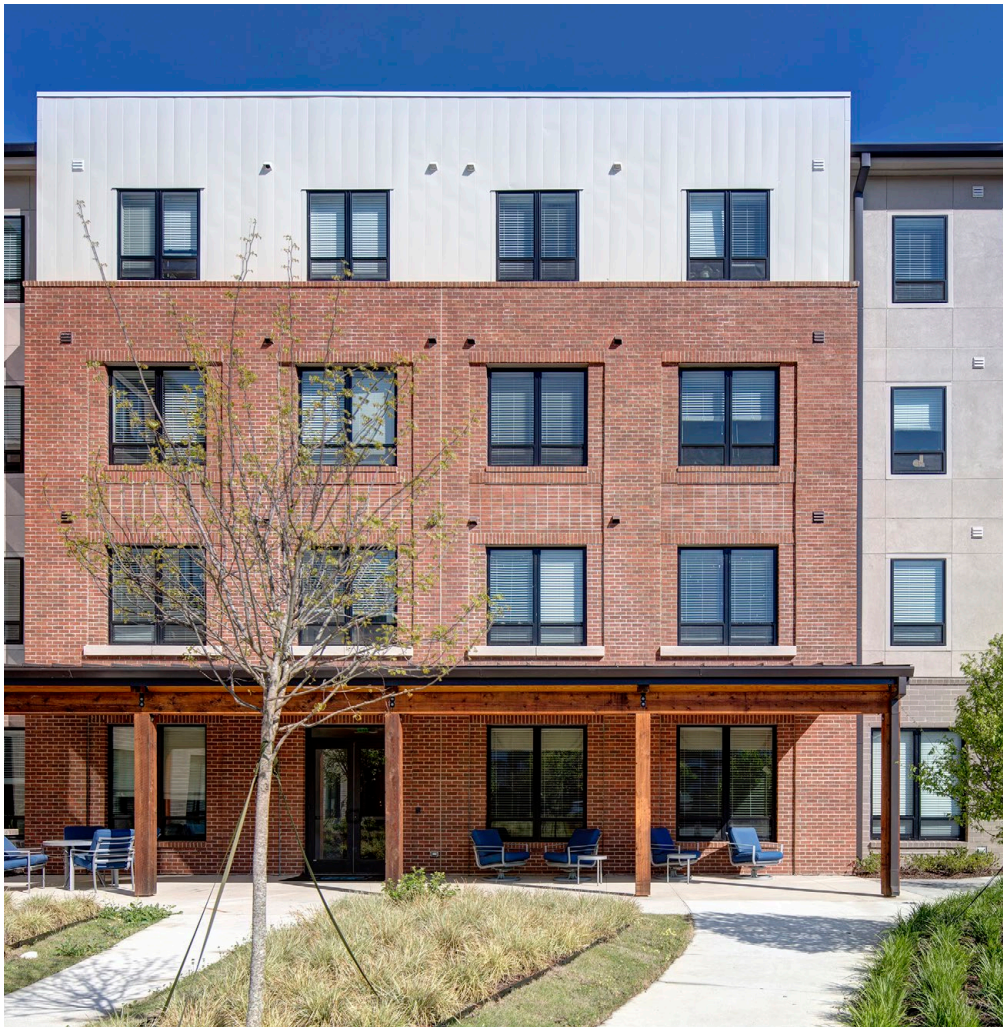



*Figure 3*: Flows of Resident Health Information

**Best Practices for Data Collection and Sharing**

- All parties should engage legal counsel to ensure data collection, storage, and sharing is compliant with state and federal laws.
- Plan data collection and sharing program as early as possible.
- Right-size data collection and management efforts to available staffing, funding, computer infrastructure, and data interpretation resources.
- Develop a "shared data dictionary" for effective communication across involved parties.
- Discuss the type of data each partner has access to, the data-sharing policies within each organization, and any time and/or financial commitment necessary for data collection and sharing.
- Education of front-line staff who will be asked to record/track data, have access to data, etc. about laws governing resident privacy and HIPAA.
- Assign a "data diplomat", an individual responsible for all aspects of the data
- For clarity, define data-specific roles for each partner and create an atmosphere of collective data interpretation.
- Ensure that partners are not overwhelmed by their data-related role and be aware of the downfalls of taking a siloed approach to data collection, sharing, or usage. It could cause partners to lose sight of the big picture.



*Amenity spaces at Mercy Housing Chamblee Senior Residences have a clear view of the main entry to Mercy Care Chamblee, emphasizing the closeness and connectedness of the two entities.*

# Operational Sustainability

**Working within the means of each organization is essential. Feasibility factors to be considered for successful and long-term operations include:**

- Information collection, storage and management
- Information sharing protocols and associated legal counsel
- Data interpretation
- Programs and services, including evaluating cost/benefit, based on interpreted data and available resources

Of the many challenges to a successful program that collects actionable resident health information, resident participation can be the most challenging. At Mercy Park, for example, Resident Services Coordinators make every effort to encourage residents to complete surveys/interviews, but many residents do not. Some residents go as far as opting out from participating or receiving resident services altogether.

The percentage of residents that complete a survey is well below 50%, making any information collected difficult to interpret confidently as an accurate representation of the entire resident population. Additionally, Chamblee Senior Residences is a small sample size, and each Mercy Housing property has unique population characteristics including but not limited to disability, ethnicity, etc.

While co-locating and co-programming health services and housing may provide significant benefits not considered/mentioned in this focused review, it is unclear how much of an impact the co-location provides. Healthcare is just one component of what is necessary to access healthcare. And physical access is just one component of the Social Determinants of Health, which holistically represent the factors contributing to health outcomes. In order to improve access to health care and take advantage of co-programming housing and healthcare to improve resident wellness, a planned assessment and intervention which takes as many components of SDOH and access into account is critical. If the ability to forecast the needs of the residents is not feasible (cannot predict specific barriers to accessing health care as these often are highly individual) then annual on-going needs assessments can serve as a tool to be responsive to the needs once they are identified.

According to Mercy Housing, 1 year after residents moved in, less than 10% have established their primary care provider at Mercy Care. This is likely due to a number of reasons unrelated to residents' ability to physically access a health care provider's facility. For example, many residents have expressed satisfaction with their current healthcare provider, due to the rapport established well before the resident moved into Mercy Park.

The model development should examine and integrate aspects of each Essential Elements of Healthcare Access for Low-Income Independent Living Seniors throughout the planning, design, and implementation phase of any effort intended to improve access to health care. Health care outcomes are often challenging and multi-factorial in nature and a silver bullet can be elusive. With strategic planning and thoughtful effort, progress can be made to address the needs of a specific group.

# New and Best Practices for Integrated Health Services

**Understanding individual barriers leads to the possibility of more effective intervention to improve resident experience and wellness/access to healthcare.**

The Essential Elements of Healthcare Access for Low-Income Independent Living Seniors

- Financial Means
- Language and Medical Terminology
- Memory, Reminders and Overwhelm
- Timing and Availability
- Transportation, Physical / Telehealth Access and Safety
- Services Integrate with Culture

Common Risk Factors for Older Adults

- Behavioral Health Problems
- Chronic Diseases
- Mobility
- Nutrition
- Oral Health

## Evidence-Based Programs for Intervention

Behavioral Health

### HEALTHY IDEAS (Identifying, Depression, Empowering Activities for Seniors)

*Program's Operator / Organization:*
Baylor College of Medicine's Huffington Center on Aging

*Essential Elements:*
Memory, Reminders, and Overwhelm

*Description:*
An evidence-based program that integrates depression awareness and management into existing case management services provided to older adults.

### Brief Intervention and Treatment for Elders (BRITE)

*Program's Operator / Organization:*

*Essential Elements:*
Memory, Reminders and Overwhelm

*Description:*
The BRITE program for older adults aims to identify non-dependent substance use or prescription medication issues by providing effective service strategies prior to an individual's need for more extensive or specialized substance abuse treatment.

### The Program to Encourage Active, Rewarding Lives (PEARLS)

*Program's Operator / Organization:*
University of Washington Health Promotion Research Center (HPRC)

*Essential Elements:*
Memory, Reminders, and Overwhelm

*Description:*
A national evidence-based program for late-life depression that brings high quality mental health care into community-based settings that reach vulnerable older adults.

Chronic Diseases

### Better Choices, Better Health® and Better Choices, Better Health®-Arthritis

*Program's Operator / Organization:*
Stanford University Patient Education Center

*Essential Elements:*
Transportation, Physical/Telehealth Access and Safety, Financial Means, Services Integrate with Culture, Language and Medical Terminology, Memory, Reminders, and Overwhelm, Timing and Availability

*Description:*
Online versions of the widely used self-management programs, developed and tested at the Stanford University Patient Education Center.

**Chronic Disease Self-Management Program (CDSMP)**

*Program's Operator / Organization:*
EBLC (Evidence Based Leadership Council)

*Essential Elements:*
Transportation, Physical/Telehealth Access and Safety, Financial Means, Services Integrate with Culture, Language and Medical Terminology, Memory, Reminders, and Overwhelm, Timing and Availability

*Description:*
Small group workshop model delivered in community settings for adults living with a chronic condition. Goals are to improve their skills in medical, role, and emotional management, backed up by over 20 years of federally-funded research.

**Diabetes Self-Management Program (DSMP)**

*Program's Operator / Organization:*
EBLC (Evidence Based Leadership Council)

*Essential Elements:*
Transportation, Physical/Telehealth Access and Safety, Financial Means, Services Integrate with Culture, Language and Medical Terminology, Memory, Reminders, and Overwhelm, Timing and Availability

*Description:*
Small group workshop in a community setting to help patients manage their health and maintain active and fulfilling live, 1 session per week for 6 weeks.

Mobility

**Active Choices**

*Program's Operator / Organization:*
Stanford Prevention Research Center (SPRC), Stanford University School of Medicine

*Essential Elements:*
Physical/Telehealth Access and Safety

*Description:*
A six-month physical individualized activity program that helps individuals incorporate preferred physical activities in their daily lives. Brief telephone-based guidance and support is provided, and mail follow-up is delivered to participants' homes.

**Active Living Every Day (ALED)**

*Program's Operator / Organization:*
*The Cooper Institute*

*Essential Elements:*
Physical/Telehealth Access and Safety

*Description:*
Uses facilitated group-based problem-solving methods to integrate physical activity into everyday living.

**Arthritis Foundation's Walk with Ease**

*Program's Operator / Organization:*
Arthritis Foundation

*Essential Elements:*
Physical/Telehealth Access and Safety

*Description:*
Arthritis Foundation's Walk with Ease Program helps participants develop a walking plan that meets their particular needs, stay motivated, manage pain, and exercise safely.

**A Matter of Balance**

*Program's Operator / Organization:*
Developed at the Roybal Center at Boston University

*Essential Elements:*
Physical/Telehealth Access and Safety

*Description:*
An 8-week structured group intervention. It is a community-based, small-group program that helps older adults reduce their fear of falling and increase activity levels.

**CAPABLE (Community Aging in Place – Advancing Better Living for Elders)**

*Program's Operator / Organization:*
CAPABLE is a program developed at the Johns Hopkins School of Nursing

*Essential Elements:*
Physical/Telehealth Access and Safety

*Description:*
A five-month structured program delivered at home to community dwelling older adults to decrease fall risk, improve safe mobility, and improve ability to safely accomplish daily functional tasks. CAPABLE is delivered by an occupational therapist

**Enhance Fitness**

*Program's Operator / Organization:*

Developed by Sound Generations (Seattle, WA – formerly known as Senior Services) in partnership with the University of Washington and Group Health Cooperative (now known as Kaiser Permanente)

*Essential Elements:*

Physical/Telehealth Access and Safety

*Description:*

A low-cost, highly adaptable exercise program offering levels that are challenging enough for active older adults and levels that are safe enough for the unfit or near frail.

**The Fallscape Program**

*Program's Operator / Organization:*

The National Institute on Aging

*Essential Elements:*

Physical/Telehealth Access and Safety

*Description:*

FallScape uses each individual's unique mobility, environment and functional status to create personalized interactive multimedia training sessions and evaluations.

**Fit and Strong!**

*Program's Operator / Organization:*

University of Illinois at Chicago School of Public Health

*Essential Elements:*

Physical/Telehealth Access and Safety

*Description:*

Fit and Strong! Is an 8-week program combines flexibility, strength training, and aerobic walking with health education for sustained behavior change among older adults with lower extremity osteoarthritis.

**Geri-Fit®**

*Program's Operator / Organization:*

Geri-Fit®

*Essential Elements:*

Physical/Telehealth Access and Safety

*Description:*

Geri-Fit® is a progressive resistance strength training exercise program designed to increase strength, flexibility, range of motion, mobility, gait, and balance. Exercises are performed seated in chairs (optional standing) in a group setting class.

**Healthy Moves for Aging Well**

*Program's Operator / Organization:*

National Council on Aging

*Essential Elements:*

Physical/Telehealth Access and Safety

*Description:*

Healthy Moves for Aging Well is a simple and safe in-home physical activity intervention developed and tested by Partners in Care to enhance the activity level of frail, high-risk sedentary seniors living at home.

**Healthy Steps for Older Adults (HSOA)**

*Program's Operator / Organization:*

Fall Prevention Initiative of the Pennsylvania's Department of Aging

*Essential Elements:*

Physical/Telehealth Access and Safety

*Description:*

An evidence-based falls prevention program for adults ages 50 and over. The program is designed to raise participants' fall prevention knowledge and awareness, introduce steps they can take to reduce falls and improve their health and well-being, and provide referrals and resources

**Stepping On**

*Program's Operator / Organization:*

NSW [Australia] Health's "Active and Healthy" Program

*Essential Elements:*

Physical/Telehealth Access and Safety

*Description:*

A multifaceted falls-prevention program for the community-residing elderly. About 30% of older people who fall lose their self-confidence and start to go out less often.

Nutrition

**Eat Better, Move More**

*Program's Operator / Organization:*
National Policy and Resource Center on Nutrition and Aging at Florida International University

*Essential Elements:*
Financial Means, Services Integrate with Culture, Language and Medical Terminology, Memory, Reminders, and Overwhelm

*Description:*
Eat Better, Move More is a simple 12-week nutrition and walking program.

**HERO (Healthy Eating for At Risk Older Adults)**

*Program's Operator / Organization:*
Boston Medical Center

*Essential Elements:*
Physical / Telehealth Access, Financial Means, Culture and Overwhelm, Language and Medical Terminology, Memory, Reminders and Overwhelm

*Description:*
HERO (Healthy Eating for At Risk Older Adults) is web-based tool to evaluate the current eating habits of older adults and to assess their optimal nutritional needs in relation to their unique health conditions and goals. Elders Living at Home Program.

Oral Health

**Louisiana Smiles for Life Program**

*Program's Operator / Organization:*
Louisiana Department of Health and Hospitals Oral Health Program

*Essential Elements:*
Transportation, Physical / Telehealth Access and Safety, Financial Means, Services Integrate with Culture, Language and Medical Terminology, Memory, Reminders, and Overwhelm, Timing and Availability

*Description:*
Louisiana Smiles for life is an education-based project specifically geared toward functionally independent senior citizens in Louisiana.

**Virtual Dental Home**

*Program's Operator / Organization:*
Pacific Center for Special Care, University of the Pacific, CA

*Essential Elements:*
Transportation, Physical/Telehealth Access and Safety, Financial Means, Services Integrate with Culture, Language and Medical Terminology, Memory, Reminders, and Overwhelm, Timing and Availability

*Description:*
Developed to bring oral health service to underserved populations, including older adults. Dental hygienists and assistants in the community provide basic oral care and use remote dentists to create a treatment plan for more complex cases.

**Your Community Smile: Start or Enhance an Oral Health Program for Older Adults**

*Program's Operator / Organization:*
The Administration for Community Living (ACL) and the Office on Women's Health (OWH)

*Essential Elements:*
Transportation, Physical/Telehealth Access and Safety, Financial Means, Services Integrate with Culture, Language and Medical Terminology, Memory, Reminders, and Overwhelm, Timing and Availability

*Description:*
Your Community Smile website includes a database of nearly 200 vetted oral health programs and the Community Guide to Adult Oral Health Program Implementation (Oral Heath Guide) https://oralhealth.acl.gov

# Conclusion


Successful housing and healthcare partnerships can improve health outcomes[1], effectively manage health risks[2], reduce hospitalizations and emergency department visits[3], decrease Medicare costs[3], and decrease health care costs[4].

Identifying and addressing key health risks with services and interventions that occur outside of traditional clinical settings can be highly effective. Affordable senior housing is an ideal place for a population-based model of healthcare that leverages interventions and care coordination to improve health outcomes.

"Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants."[10]

"A key lever to promote healthy aging in communities is affordable housing, especially for older adults who have limited incomes."[11] For older adults, housing has important health implications beyond shelter, a core tenet of Mercy Housing Southeast's vision of providing co-located and co-programmed housing and healthcare.

Mercy has recognized the important benefits of this strategy while also dealing with the complexity and challenge of doing so. Improving physical access to high quality healthcare successfully provides one of the Essential Elements of Healthcare Access. Alone, however, this is not sufficient to address all other barriers that may still exist and preclude access.

When we consider the SDOH and the importance of the people and society within which we live, we see the highest value of co-locating and co-programming housing and healthcare. By locating affordable housing and health care in close physical proximity, and opening lines of communication between residents and clinicians, Mercy Park stands to leverage the culture of health within Mercy Care to benefit the health culture of Mercy Housing.

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