

Healthy Beginnings at Home Replication

Webinar 1: HBAH Overview

May 25, 2021



Agenda

1. Introductions and Logistics

- *Amy Riegel, CareSource*
- *Diane Alecusan, CareSource*

2. HBAH Beginnings and Implementation

- *Barbara Poppe, Barbara Poppe and Associates*

3. Partnerships and Collaboration

- *Priyam Khan, CelebrateOne*

4. Outcomes and Evaluation

- *Amy Riegel*

5. Questions + Answers



HBAH Replication Webinars

1. **HBAH Overview: May 25**
2. Client Pathway: June 8
3. Fiscal Planning: June 9
4. Housing: June 21
5. Research and Evaluation: June 23



GoToWebinar Reminders

- Everyone is muted
- Webinar is being recorded and will be posted to <http://www.poppeassociates.com/hbah>
- Slides are available under 'Handouts'
- Questions can be entered throughout the webinar in the Q&A box
- Questions will be answered during the webinar or at the end during Q&A



HBAH Beginnings + Implementation

Barb Poppe



HBAH Beginnings + Implementation

What is Healthy Beginnings at Home?

HBAH is a community initiative striving to **reduce infant mortality** through an **affordable housing intervention**.

The program seeks to strengthen the evidence regarding the impact of increasing housing stability in addressing infant mortality, reducing adverse birth outcomes, and improving health outcomes for women and their infants, with a strong focus on reducing racial disparities.



Project Beginnings

- Policy makers across the state of Ohio were grappling with the alarming rates of infant mortality for Black families.
- There was a growing consensus of the role that the Social Determinants of Health played.
- State policy makers – in the legislature and administration – began questioning the **role that the lack of affordable housing was playing.**



Project Beginnings

- The Ohio Housing Finance Agency stepped forward to competitively award funding to research the role that housing might play to improve birth outcomes.
- HBAH was established as a **collaborative**, with CelebrateOne as the lead, to undertake this research which is **intended to further inform the policy debate**.



Project Implementation

Study design: 100 women randomly assigned to receive either a housing intervention or usual care.

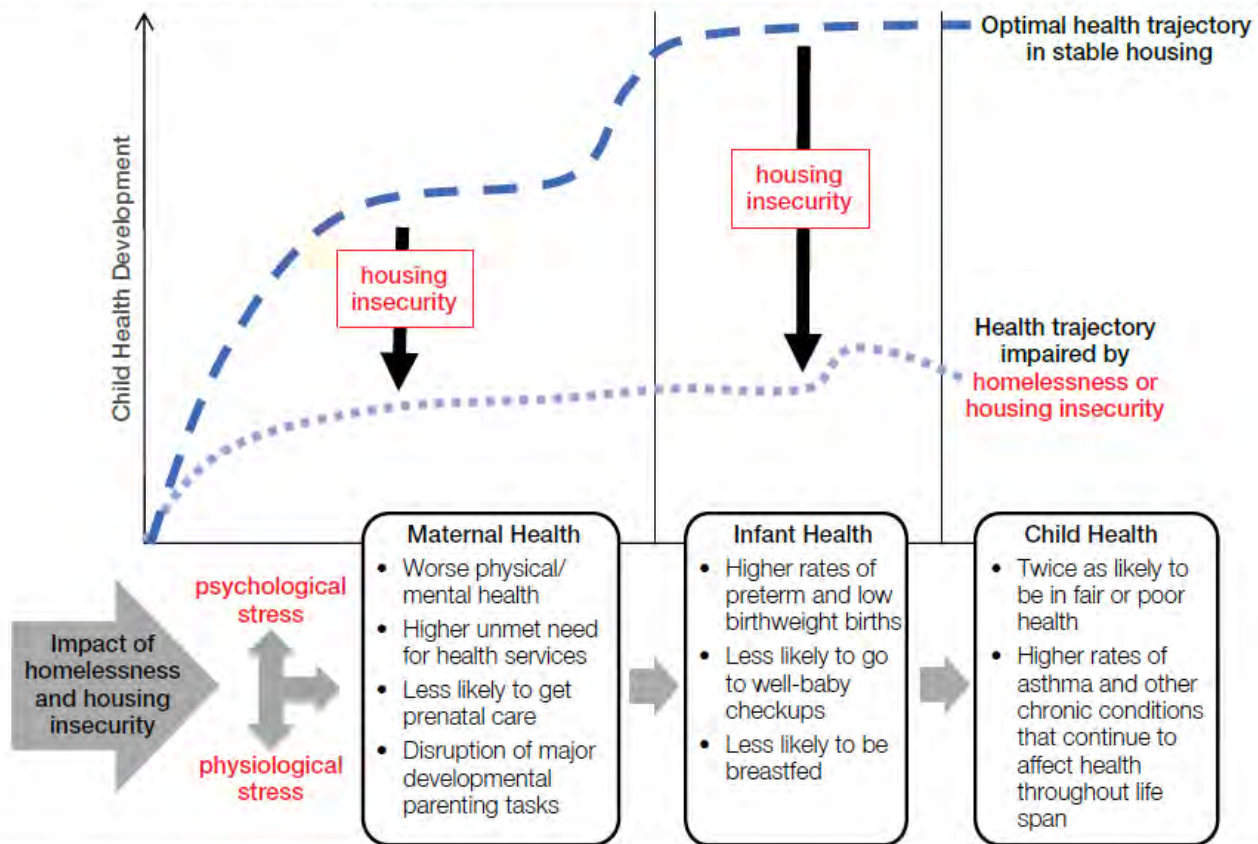
- pregnant adult in their first or second trimester;
- living in Franklin County;
- household income <30% AMI;
- enrolled in CareSource; and
- experiencing housing instability or homelessness.

Housing intervention: Rental subsidies (time-limited or ongoing) and housing stabilization services



Intervention: Why Housing?

The Effect of Homelessness and Housing Insecurity on Maternal, Infant, and Child Health: A Life Course Perspective



Source: Adapted from Halfon, Inkelas, and Hochstein (2000)

Intervention: Why Housing?

Black Ohioans are only

13%

of the state's residents,
but make up nearly

50%

of its homeless
population.

COVID-19 has exposed underlying racial disparities in health and housing. With new federal resources available for rental assistance, the opportunity to target some of the resources to pregnant women could have profound impact on the health and well-being of infants. HBAH provides a framework for communities to use to achieve better birth outcomes.



Intervention: Rental Assistance

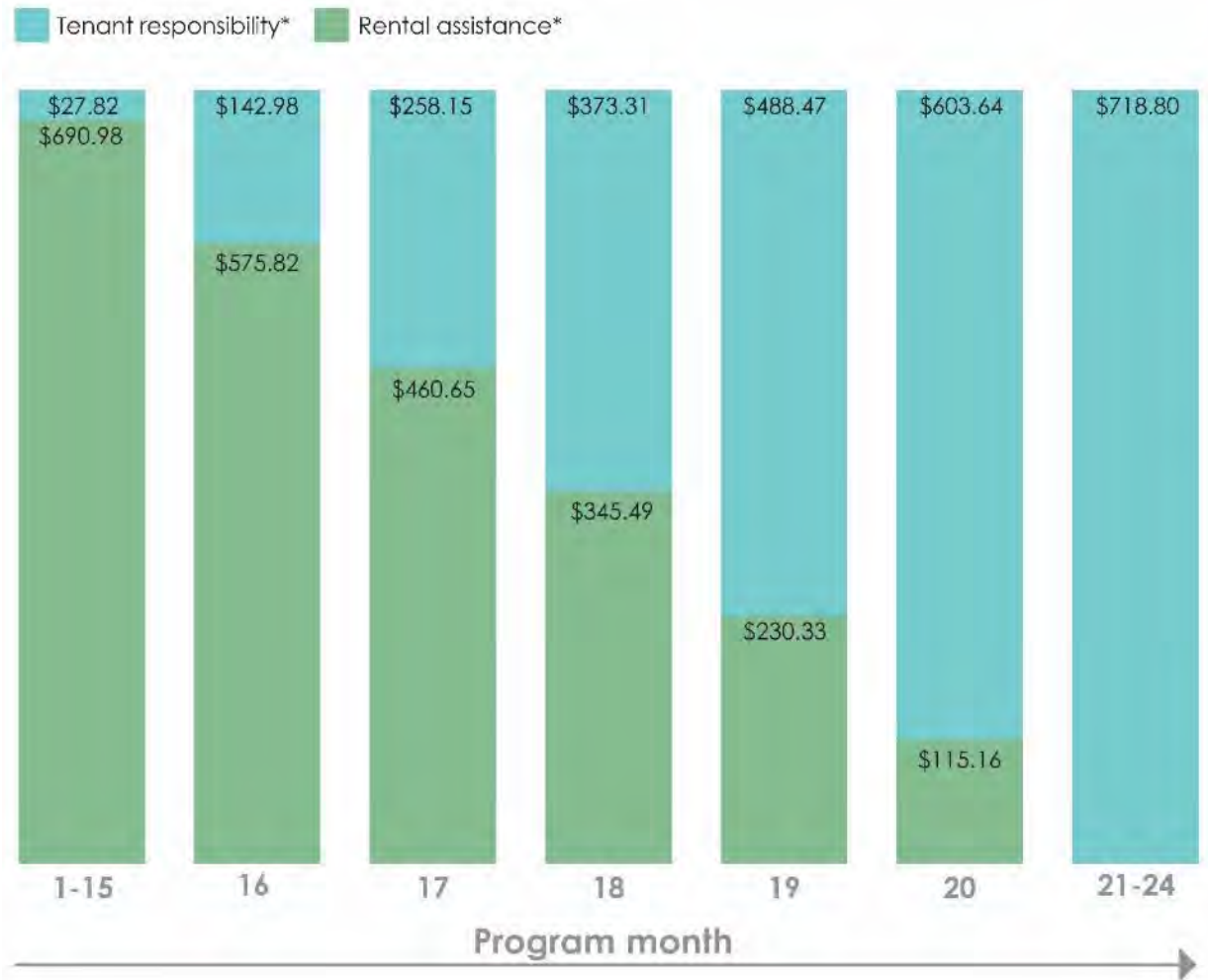
Rental Assistance

- 15-months of rental subsidy covering the gap between full market rent and 30% of the participants' income
- Followed by 6-month stepdown period in which the subsidy decreased gradually until the participant pays full rent.
- Some participants found housing in units that included a full rent subsidy on an ongoing basis rather than the time limited subsidy provided by HBAH



Intervention: Rental Assistance

Example of rental assistance step-down schedule as outlined in project model



*Calculated based on average fair market rent for units occupied by HBAH participants (\$718.80 per month) and average tenant responsibility (\$27.82 per month). These amounts were reported to HPIO by CelebrateOne. Calculations were based on these averages through the formula used to identify tenant rent portion by CMHA.

Intervention: Housing Stabilization Services

Housing stabilization services helped participants identify housing, negotiate with landlords, and remain securely housed when faced with challenges

- Family Critical Time Intervention (CTI)
- Housing First approach
- Clinical best practices: person-centered planning, motivational interviewing, and trauma-informed care
- Other usual care support services included access to a CelebrateOne CHW, a CareSource Care Manager, and a JobConnect Life Coach



Usual Care

- Participants randomized to the usual care group did not receive a rental subsidy from the HBAH program but remained eligible for housing assistance from other sources.
- All community-based services for which they were eligible, including support from CareSource and CelebrateOne, remained available to these participants.



“ I never got this much support and help [before]. Having your first baby, you don't know what to expect ... They were there to support me and asked me about my baby, asked me if I needed transportation and all that stuff. ”

~ HBAH participant

Partnerships + Collaboration

Priyam Khan



Partnerships + Collaboration

- CelebrateOne is a community-wide, collective impact initiative with the mission of improving Columbus' unacceptably high infant mortality rate
- Recognizing housing as an important social determinant of health, CelebrateOne convened partners to establish the Healthy Beginnings at Home pilot in 2018.



Partnerships + Collaboration



Other Partners:

- StepOne for a Healthy Pregnancy, Physicians Care Connection
- Barb Poppe
- Jacob Bowling
- Craig Thiele
- University of Delaware
- Community Shelter Board
- Health Policy Institute of Ohio

Primary Funders:

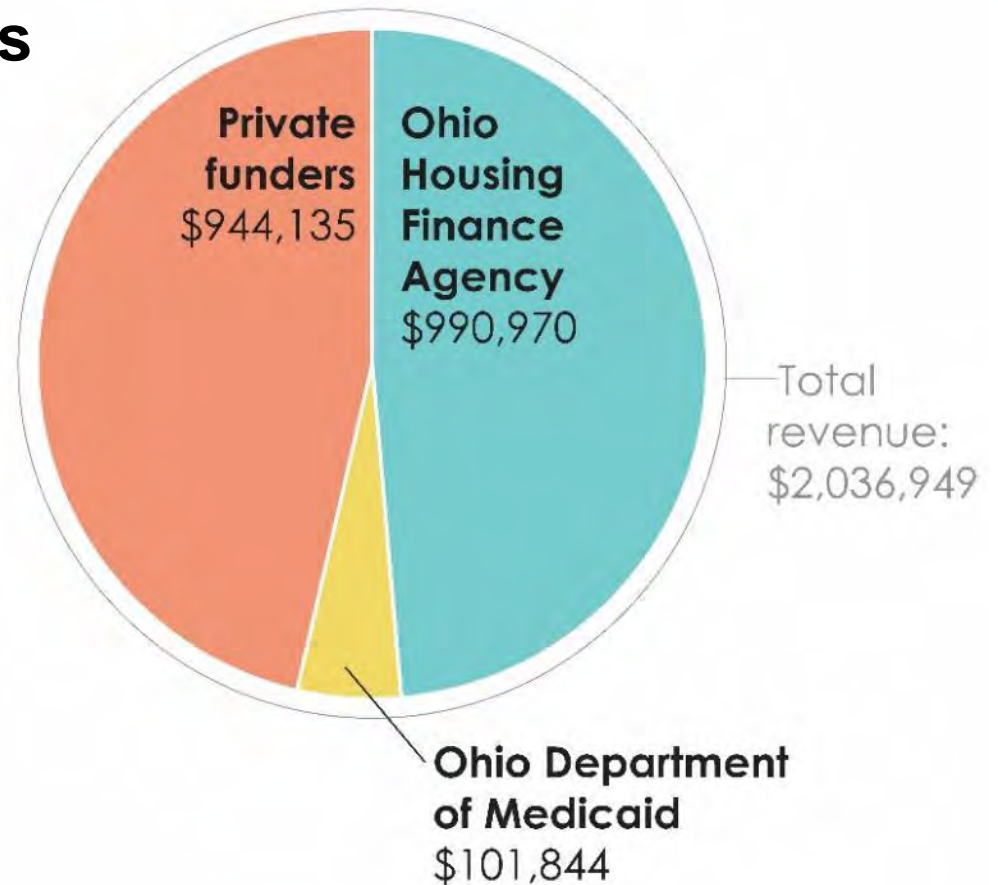
- Anthem
- American Electric Power Foundation
- Ohio Housing Finance Agency
- Ohio Capital Corporation for Housing
- Warren W Tyler Memorial Fund
- Ohio Department of Medicaid
- CareSource Foundation
- Key Bank Foundation
- M/I Homes



Partnerships + Collaboration

HBAH Revenue Sources

(actual revenue as of 4/30/2020)



Outcomes + Evaluation

Amy Riegel



Outcomes + Evaluation

Research and Evaluation Partners:

- Nationwide Children's Hospital
- University of Delaware, Biden School of Public Policy & Administration
- Health Policy Institute of Ohio
- CareSource



Health Research Overview

KEY QUESTION: *Can provision of safe, affordable housing during pregnancy improve health outcomes - birth, maternal and infant – and reduce infant mortality?*

Nationwide Children's Hospital

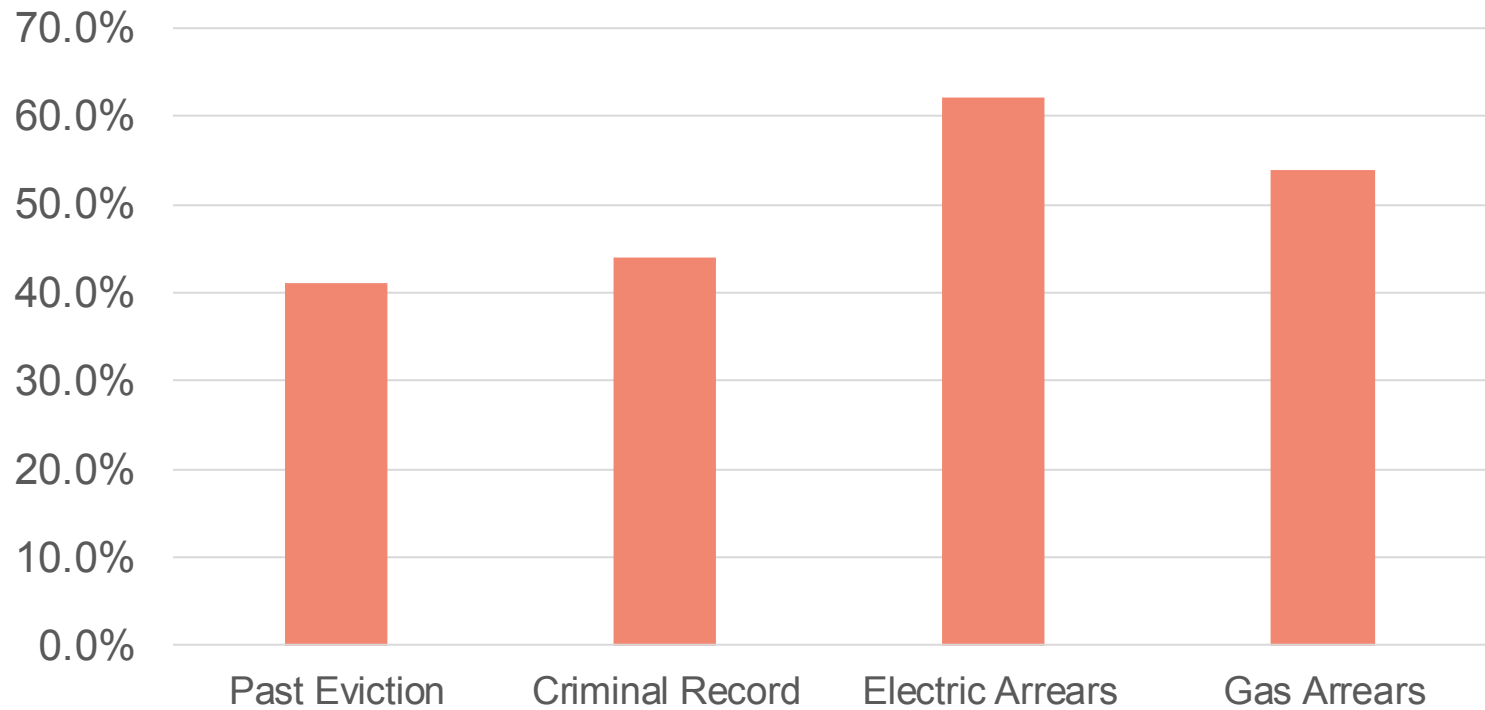
- Surveys were conducted at baseline, 6 months, 12 months, 18 months and 22 months after enrollment.
- Indicators include:
 - Birth outcomes
 - Housing stability
 - Maternal mental health
 - Health related social needs
 - Healthcare utilization through CareSource claims data



Demographics

Participants	
Race/Ethnicity	
Non-Hispanic Black	81%
Non-Hispanic White	10%
Hispanic Black or Multiracial	9%
Average Age	25.5
Prior Pregnancy	81%

Barriers to Finding Housing

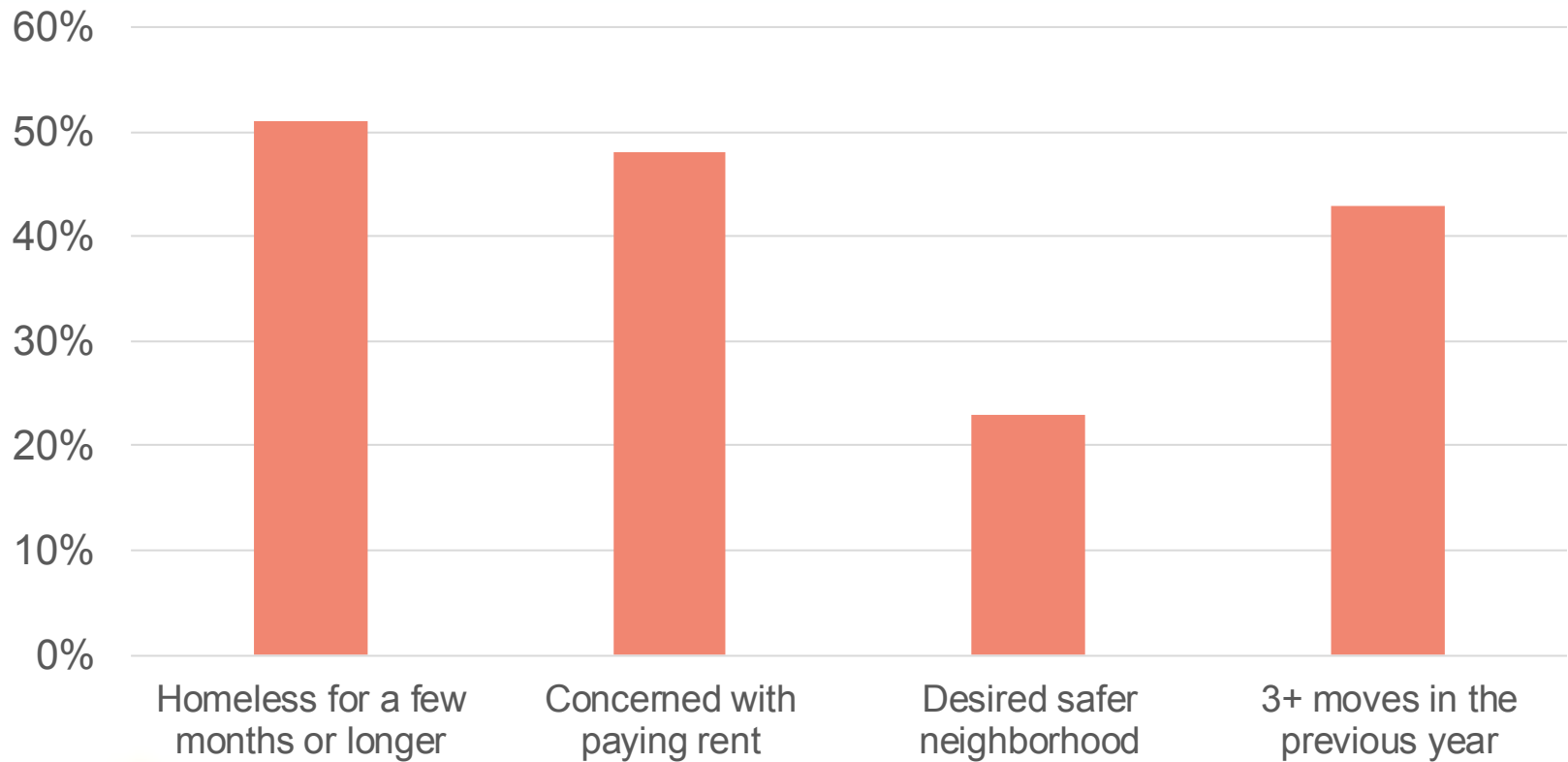


Financial Barriers to Finding Housing

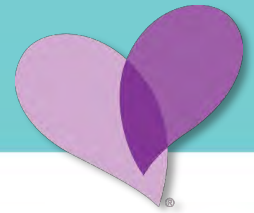
Income Per Month	
Zero	46%
\$1 to \$500	9%
\$501 to \$1,000	18%
Above \$1,000	27%
Credit Score	
Above 580 (“low” or “average”)	8%
Below 580 (“bad” or “poor”)	38%
No Score (insufficient information)	54%



Past Housing Experiences



Outcomes



Birth Outcomes

	Intervention	Control
Number of fetuses	51	48
Live births	51	44
Pre-term and low birth weight	5	5
Pre-term and healthy birth weight	4	8
Full-term and low birth weight	2	6
Full term and healthy birth weight	40	24
Missing Data	0	1

Conclusion: there was no significant difference between groups in fetal mortality, preterm birth of low birth weight, as noted above. This does not mean statistically the intervention was not effective, however, it is valuable information needed for a future, adequately powered trial.

Outcomes



Length of NICU stay

- The average length of stay (LOS) for well newborns in both groups was 2 days.
- The average LOS for a sick newborn in the intervention group was 8 days compared to 29 days in the control group.
- The intervention group did not have any LOS greater than 17 days, while the control group had 5 cases.



Reduced utilization

- Emergency hospital stays reduced by **15%** prior to delivery
- The NICU average duration of stay was reduced by **72%** (intervention group from 8 days vs control 29)
- Newborns placed in NICU were reduced by **60%** (33% vs 13%)
- 30-day readmission rates for the intervention group were **less than** the control group (4.3% vs 12.8%, respectively)



Key Findings

1. Cross-sector partnership is challenging, but worth it
2. Resilient participants formed strong relationships with Housing Stability Specialists, a critical component of the program
3. Rental assistance is necessary, but not sufficient
4. Racism, trauma and violence must be addressed
5. COVID-19 pandemic threatens tenuous progress



Key Findings

Resilient participants formed strong relationships with Housing Stability Specialists.

“The program has really helped me to get my life back on track and provide stability to my children.”

“I can call [HFF HSS] and talk to her about anything. She answers questions. Apart from their case worker role, they are good mentors too ... They teach you not just how to be a mom, but how to be a good woman for yourself. Especially if you have a daughter, you must teach her how to be a better version of you.”

“I feel empowered to make decisions. I have shared personal information with [my HSS], and she respected me and made me feel safe.”



Key Findings

Rental Assistance is necessary, but not sufficient.

- Difficult housing market and low wages
- Rental assistance is a critical foundation
- Intensive help beyond rental housing was needed
- Unexpected hurdles to housing stability



Key Findings



HBAH is showing that providing rental assistance, along with assistance and advocacy to find and keep an apartment, is an effective strategy to help pregnant women with high risk of infant mortality access to stable, affordable, quality housing.

Next Steps: HBAH Replication

HBAH is an intervention model that is **replicable** and has **major implications** for strengthening the evidence base to **inform policy decisions**.

The size of the HBAH feasibility study was not sufficient power to reach the standard for evidence. But the outcomes suggest that further study and analysis of the cost benefits of the HBAH model are warranted.



Next Steps: HBAH Replication

Core Policy Recommendation 1:

Test the HBAH model in other communities and at a greater scale to better understand impacts on maternal, birth, and child health outcomes and potential cost benefits related to investment in the HBAH model. Apply a racial equity lens to better understand and reverse disparities associated with race and ethnicity.



Next Steps: HBAH Replication

Core Policy Recommendation 2:

Promote housing stability for pregnant women with extremely low incomes who experience homelessness or housing insecurity through rental assistance and access to safe quality rental units with housing stabilization services. Use an equity lens to better understand and reverse health disparities associated with race and ethnicity.



Next Steps: HBAH Replication

- Current HBAH program partners have been advocating at the state and federal level for additional funds to expand the program.
- Significant progress has been made but securing the funds will still require the collective to respond to a competitive RFP.
- The planning process you are taking part in will ensure that we have multiple Ohio cities poised to be a part of the replication.



Questions + Answers

<http://www.poppeassociates.com/hbah>

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