

HEALTH IN RESIDENCE

EXPLORING HOUSING AS A PLATFORM FOR ADDRESSING HEALTH NEEDS

Key Themes from Conversations with Residents
April 2013



INTRODUCTION

Research and practice increasingly demonstrate the critical connection between stable housing and improved health. However, housing and health care often operate as distinct fields, rarely recognizing their intertwined relationship. Mercy Housing and the Colorado Coalition for the Medically Underserved (CCMU) have partnered to bring together stakeholders across these sectors to explore housing as a platform for addressing health needs and prioritizing ways the two fields can work together to improve health outcomes.

In the fall of 2012, Mercy Housing conducted a first-of-its-kind survey with residents about their health and health care experiences. As a follow-up to the surveys, in January 2013 Mercy Housing and CCMU staff met with residents in six Denver metro affordable housing properties to learn directly from residents about their health and health care. This document summarizes the key themes from these conversations.



ACCESS TO COVERAGE AND CARE

WAITING TIMES AND EMERGENCY ROOM USAGE

Residents across the six Mercy Housing properties expressed difficulty accessing care when they needed it. Though many residents are covered by Medicaid or participate in the Colorado Indigent Care Program, many still report frustration getting their health care needs met. Children are usually able to secure timely appointments, but many adults

face long delays for primary care services. Some adults shared that they visit the emergency room for care because it is more expedient than waiting for an appointment. Residents who have sought care in emergency rooms believe it is not a good alternative because of the expense, wait times, and focus only on stabilization rather than treatment.

“[There] should be more available for us adults. When my son gets sick I take him in, but when it comes to me... it was a six-month waiting period. By the time I got a call they had an appointment, I was healthy. When they do call me back, I just schedule it for something else because who knows when I’ll get in again.”

“If it’s going to take 5 months, I go to the ER. It might take 4 hours, but that’s considerably less time than 5 months.”

RELATIONSHIPS WITH PROVIDERS

Residents expressed a desire to have an established relationship with a primary care provider. Some shared that in their health care experiences they felt they were considered only to be a number, and rushed through

their visits, when what they really wanted was a personal relationship built on trust. A close personal relationship with a provider was particularly important to residents who may have limited family and social supports in their lives.

“[We need to] change the doctor-patient ratio. They are seeing way too many patients. You feel like you’re a number, not a human... It’s chaotic when I go in. I have sympathy for them.”

“Like in my daughter’s school they have a student teacher ratio that’s practically law. It should be that way for health care.”

“I would like to have a real doctor and stick with them. I keep having to change my doctor because I see interns and then they leave.”

“My primary care doctor orchestrates everything, I feel safe, I trust her. I wish everybody could get the same kind of care; have everything you need in one place.”

DENTAL AND VISION SERVICES

Residents at every property shared deep concerns about a lack of access to adequate dental and vision services. Residents covered by Medicaid expressed frustration with the limited benefits of only dental extractions or

eye care screenings and not more comprehensive services. Many residents clearly articulated how poor oral health and vision negatively impacts their ability to interact in society and gain employment.



“Teeth are important for who will do business with me if I am in sales.”

“You have to learn to live with the pain or learn to live without a tooth.”

“A lot of people are wearing old glasses. Your vision changes, but the glasses are too expensive.”

“We have to go around with missing teeth or blind as a bat.”

COST

Residents report that costs are often too high for them to afford health care. For those with private health insurance, monthly premiums are difficult to manage. Co-pays are also difficult for people on a low or fixed income. While many residents are covered by Medicaid or participate in the Colorado Indigent Care Program, some still do not have health

insurance. For the uninsured it is more difficult to afford care and they are more likely to go without it. Residents reported that being able to afford medications is particularly challenging, so some go without medicine and rely on self-medicating with alcohol. Some feel that they are forced to choose between paying rent and purchasing medicine.

“What’s the sense of having insurance if they’re taking it out of your paycheck but it still costs that much?”

“Alcohol is the one medication I can afford.”

“They charge too much for me to go and visit. They want to charge you two or three hundred dollars just to look at your mouth.”

NAVIGATING THE HEALTH CARE SYSTEM

Residents in Mercy Housing properties have unique health care needs. Whether they are elderly with limited mobility, refugees who do not speak English proficiently, or working single parents juggling complex schedules, it is often harder for them to navigate the health care system. Many residents expressed

frustration about the layers of rules they perceive that prevent them from getting the care they need, the frustration of being stuck between health care systems in Denver and Aurora that don’t operate seamlessly and the excessive paperwork and phone calls necessary to obtain coverage and care.

“You have to have someone who knows the system help you. There are a lot of phone calls, a lot of paperwork. You definitely need someone who knows the inside.”

“I called and asked if they could see me, they said yes. Then when I got to the Emergency Room, they said we can’t see you.”

EMOTIONAL WELL BEING

DAILY STRESS

Residents shared how living in poverty is a major stressor and has a significant impact on their health. Dealing with home inspections, case managers and bureaucratic requirements impacts their wellbeing. Some report not knowing how to get everything done – with competing parenting, school, and work priorities. Residents with children shared that when their kids get sick it puts their own employment and ultimately their housing at risk.

Some people said that it felt like the system was trying to keep them poor. Whenever they started to get ahead, they lost critical services like their food assistance or their health coverage, and wound up back at square one again. Many felt that once they had housing there was much less help available to them than when they were homeless. It almost felt that they were being penalized for having more structure and stability in their lives.

“Being poor at poverty level, it’s an attitude thing, but it’s hard. It gives you stress”.

“If you’re trying to deal with health care, pay your bills, deal with work, making a healthy dinner is your last concern. It’s not a problem just because of class; it’s the American way of life.”

“Once I had an address, it became so difficult to get pills that I have been taking for years. The less structure and stability, the more resources available. Once you get more structure, it seems to get more difficult.”

ISOLATION AND LONELINESS

Loneliness has a major impact on residents across the housing properties. Some residents live alone and find it difficult to socialize, while others live farther away from central Denver and often find they do not have many

friend or family visitors. Residents recognized that the broader community views them differently, and they feel they don’t quite fit in to some neighborhoods. They want to be able to get out into the community and feel accepted.

“Since I’ve moved out here I don’t have many visitors.”

“Is there a homeowner’s association or some group that we can go introduce ourselves to?”



TREATMENT

Residents across the properties spoke frankly about their struggles with emotional well-being and their need for behavioral health services. Many residents shared that the on-site behavioral health services were very important to them, although some expressed hesitation in using them. Other residents report seeking services at community mental health centers or other facilities but said that having to travel to services was at times a challenge.



"Finding myself here, I'm grateful... but I used to be someone. A lot of people get depressed about what could have been. The therapy helps a lot. I'm so thankful we have therapists here."

"I wasn't comfortable with the previous counselor. I rely on my neighbors and I like the group sessions."

"My counselor no longer comes here, so I have to travel to [a clinic] and I don't always have the money to do so."

HUMANITY AND DECENCY

Many residents told stories of government employees and health care providers treating them like "second-class citizens." Whether it was a rude tone on the phone, laughing in the background, or visible disgust at government sites or medical offices, this has an effect on

people's health. Some residents perceive that care is better for those with private insurance. Residents also said having choices and the ability to control some aspects of their health and health care was an important part of making them feel they were leading normal lives.

"If I could fix one thing it would be the demeanor of the doctors. They need to treat us like human beings."

"I understand procedures. A lot of people don't have compassion for their jobs anymore. They forgot what they went to school for: human decency."

HEALTHY LIVING

FOOD

Residents made clear connections between eating healthy, high quality foods, and good health. However, many reported significant barriers to being able to eat the healthy foods they desired. Residents reported that fresh fruits and vegetables are expensive and difficult to obtain if the property is far from a full grocery store. Even residents who receive food assistance reported cost barriers. Other residents shared that it was difficult to cook

for just one person and that food spoils more quickly with only one person in the household. While food banks are great, they tend to give boxed food that requires ingredients like milk and butter, which are also expensive. Some residents find they are able to afford fresh produce at the beginning of the month, but by the end, their cash flow is tighter. Residents also identified stress and a lack of sleep as contributors to poor eating habits.

"It's hard to cook for one person. A lot of recipes are for 4 or 5 people. I don't want to buy a lot of food because by the time you get to eating it half of it is spoiled."

"I took a nutrition class and now we eat a lot more fruits and veggies. I make a lot of stir fry."

"I use my food stamps to get the expensive spinach and then pay for the cheaper lettuce."

EXERCISE

Across the properties, residents echoed the understanding for exercise and physical activity for a healthy life. Most children are getting the exercise they need, whether at school or at home. However the adults find it difficult to get the recommended physical activity. Whether it is exhaustion after a long day of work, an unsafe or isolated neighborhood, or physical ailments, many adults lack the motivation to exercise frequently.

"I've heard there is a rec center nearby, but I've never seen it."



RESIDENT IDEAS TO IMPROVE HEALTH

1. USE HOUSING AS A PLATFORM TO DELIVER HEALTH CARE SERVICES

Residents of Mercy Housing would welcome on-site services focused on assistance to apply for and manage their public health insurance, direct delivery of health care services including flu shots and other immunizations through co-located services, mobile vans or visiting health care providers and on-site care management or health care system navigation support.

2. IMPROVE ACCESS TO CARE FOR ADULTS, INCLUDING ACCESS TO DENTAL, VISION AND BEHAVIORAL HEALTH CARE

As part of their vision for a improved health care, Mercy Housing residents identified timely access to primary care services for adults, access to affordable oral health services, vision services and medications and supports and services to mitigate stress and anxiety as access to behavioral health care as key areas for focus and improvement.

3. INCREASE ACCESS TO HEALTHY FOODS, EXERCISE OPPORTUNITIES, AND EDUCATION

Many residents of Mercy Housing properties expressed enthusiasm and eagerness to engage in activities that would support healthy living, such as a community garden, increased access to affordable healthy foods, cooking and exercise classes, and activities that in general build community connection among residents of the properties.

4. COMMIT TO COMPASSION AND DECENCY

Mercy Housing residents shared that their health and health care would better if changes could be made to improve customer services experiences, streamline and improve public benefit enrollment and management, and allow for more compassionate engagement with their health care providers. Residents also suggest that structural changes to benefits programs and health care delivery systems that add flexibility and allow residents to maximize their self-sufficiency without penalizing or undermining their progress forward are long term solutions worth pursuing.

AUTHORING ORGANIZATIONS



Colorado Coalition for the Medically Underserved

The Colorado Coalition for the Medically Underserved is a nonprofit organization that works to ensure health care systems meet the needs of the medically underserved and the needs of those providers and systems of care dedicated to caring for the underserved. At the Capitol, CCMU develops and supports public policy that improves access to quality, affordable care for Coloradans. In communities, CCMU supports local health care system transformation efforts.



mercyHOUSING

Live in Hope

Mercy Housing, a national nonprofit organization, is working to build a more humane world where poverty is alleviated, communities are healthy and all people can develop their full potential. Mercy Housing is one of the nation's largest affordable housing organizations. Mercy Housing serves a variety of populations with housing projects for low-income families, seniors and people with special needs. Mercy Housing has 15 properties in Colorado.



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