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Fact Sheet



Women, Children & Adolescents

Fostering Healthy Families Through Stable Housing – The Role of the Health Care System

November 2012

ISSUE AT A GLANCE ^{1,2,3}

- The National Center on Family Homelessness estimates that the number of homeless children in America increased by 38 percent from 2007-2010 to 1.6 million children.⁴
- Poverty is one of the major causes of homelessness, and the U.S. poverty rate is currently at its highest point since 1993.
- 41 percent of American children lived in households with a high housing cost burden (where the cost of housing exceeds 30 percent of pretax income) in 2010, an increase of 2.7 million children over 5 years.
- Children who experience homelessness are sick four times more often than other children.
- One in ten homeless children has not seen a doctor in the last year.
- Health plans and health plan foundations have an important role to play in preventing homelessness and providing care to children and families experiencing homelessness.

Safe, healthy, affordable housing is essential in creating and maintaining healthy communities. The United States Interagency Council on Homelessness recognizes this fact

and has a goal to end homelessness for families, youth and children in the U.S. by 2020.⁵ In order for that objective to become reality, the public and private sector, including health plans and foundations, will need to work together on innovative programs aimed at ensuring that no child is without a home for even one night.

Where do children experiencing housing instability and homelessness access health care?

Most children who are at risk of or who experience homelessness should be eligible for their state's Medicaid program, yet nearly 25 percent are not enrolled and lack any form of insurance coverage. Children experiencing homelessness often go without care when they are ill, and primary care is largely absent for many families experiencing homelessness. These families instead turn to the emergency room when illnesses become severe. The Medicaid eligibility expansions envisioned by the Affordable Care Act (ACA) hold the potential of providing coverage for virtually all families and individuals who are homeless or at risk for homelessness.⁶ However, the Supreme Court's ruling allows states to opt out of this expansion, and the number of states that will choose to expand coverage remains to be seen.

The ACA also increased the number of federally qualified health centers (FQHC) with a goal of doubling the number of people who use these centers by 2015. While FQHCs provide quality, comprehensive primary care and support for underserved populations without regard to ability to pay, including families who

are at risk of becoming homeless, only one federal program, the Health Care for the Homeless (HCH) program, is specifically focused on providing health care to homeless populations. In 2011, 16% of the 825,000 patients receiving care at HCH sites were age 19 or below. The National HCH Council works to unite the best practices in homeless health care, provide training and technical assistance, and conduct research, policy analysis and advocacy to help prevent and end homelessness.

What can health plans and health plan foundations do to support healthy, affordable housing?

Organizations that support transitional, supportive and shelter-based housing services for at-risk or homeless families in their communities often lack sufficient resources to provide additional health education services or assistance navigating the health care system. Health plans and health plan foundations can partner with housing and homeless service providers to educate them on health-related issues and can collaborate to provide integrated services.

Health plan foundations can also support transitional and supportive housing providers to assist them to match families with the appropriate level of intervention. Child and family homelessness is a complex issue with multiple and varying causes. Therefore, solutions need to be multifaceted and tailored to individual families' needs. Families at risk for homelessness can often be supported through short-term, low-cost interventions such as eviction resolution or rapid re-housing, and health plan foundations can support

organizations that assist families with this type of intervention.

Children experiencing homelessness have often encountered some form of trauma prior to becoming homeless, and the experience of being homeless places these children and families in a situation where there is an increased risk of experiencing further suffering.⁷ Health plans can encourage their provider networks to demonstrate the competencies of trauma-informed care and assist staff in becoming aware of how to identify homeless families and knowing where to refer them for needed services.

All sectors have a shared stake in the outcomes of children and families experiencing or at risk of homelessness. Looking at the problem of child and family homelessness from a systemic level involves communities tracking data on the numbers of children and families experiencing or at risk of homelessness, how long they stay homeless and whether or not they are cycling through the system. This type of data collection helps communities to quantify and clarify the problem and distinguish which type of solution or intervention is most appropri-

ate. Health plan foundations can support local organizations performing this type of data collection and reporting by leveraging their staff expertise in data management through skill-based volunteer programs and funding.

What are health plans and health plan foundations already doing in this area?

Blue & You Foundation for a Healthier Arkansas works with Our House, Inc. to provide health education classes for families experiencing homelessness, and to hold health care events such as dental checkups and hearing screenings, and it facilitates free transportation to health care services offered by outside vendors such as the Ronald McDonald mobile dental clinic and the Arkansas Department of Health.

Blue Cross Blue Shield of Massachusetts has provided financial support to the Boston Health Care for the Homeless (BHCH) program, which is funded in part by the U.S. Department of Health and Human Resources Health Resources Service Administration's (HRSA's) Health Care for the Homeless program, since 2001. BHCH operates health care clinics throughout the Boston area, and senior

staff at BCBSMA serves on the BHCH board of directors.

The Blue Cross and Blue Shield of Minnesota Foundation (Blue Cross Foundation) supports Growing Up Healthy: Kids and Communities. Growing Up Healthy consists of grant programs designed, at its core, to ensure that families living in low-income housing and neighborhoods have safe, healthy, affordable homes. Because children spend between 80 and 90 percent of their time indoors, healthy housing is essential. Blue Cross Foundation's Growing Up Healthy grants focus on making their housing as healthy as possible by working with community organizations to rid housing of asthma triggers and lead, test for radon, and follow healthy and green housing principles.

The ACA places renewed focus on community health workers (CHW) as a cost-effective approach to completing health education and outreach in at-risk communities. The Blue Cross Foundation supports a grant through Growing Up Healthy that utilizes CHWs to provide outreach and education to low-income families to connect them with health care resources.

Children in the Foster Care System^{8,9,10}

Each year approximately 800,000 children spend time in foster care in the United States. Children in foster care often experience significant housing instability and are more likely than other children to experience homelessness as adults. While children in foster care represent a relatively small number of those receiving Medicaid benefits, these children are comparatively high utilizers of health care services. Children in foster care account for 28 percent of all Medicaid expenditures on inpatient psychiatric services and 13 percent of all rehabilitation services. In addition, multiple studies have shown that children in foster care are at risk of being prescribed inappropriate or excessive psychotropic medications. Health plan foundations can work with organizations that support foster care families and children accessing needed health care services.

The **American Bar Association's Center on Children and the Law** has been active for many years in supporting the rights of children in foster care. The Center's recent articles "Helping Pregnant and Parenting Teens Find Housing," "Seeking Shelter in Tough Times: Securing Housing for Teens Who Age Out of Foster Care" and "Supporting Youth Who Are Aging Out of Foster Care" demonstrate the Center's commitment to ensuring that children who are leaving the foster care system have access to safe, affordable, healthy housing.

Other Resources for Health Plans & Foundations

Abraham G, Yost JB. “Another Call to Go Upstream: Housing is Health,” *Views from the Field* (July 16, 2012), Grantmakers in Health.

America’s Youngest Outcasts 2010. The National Center on Family Homelessness.

The National Center on Family Homelessness’ **Campaign to End Child Homelessness.**

National Health Care for the Homeless Council. The Council maintains a library of clinical resources aimed at sub-populations such as children, youth and families.

Opening Doors Federal Strategic Plan to Prevent and End Homelessness 2010. *United States Interagency Council on Homelessness.*

The **American Bar Association** houses a Commission on Homelessness and Poverty. The Commission’s **Homeless Youth and the Law Initiative** features guidance for states on model statutes pertaining to homeless youth, training sessions for lawyers and a guidance manual on effective case law addressing the legal issues related to homeless youth. It will feature articles on homeless youth and the law.

Notes:

¹Unless otherwise cited, information in this fact sheet is taken from an NIHCM Foundation webinar, “Fostering Healthy Families Through Stable Housing, the Role of the Health Care System,” held July 26, 2012 featuring presentations and commentary by Jocelyn Ancheta, Natalie Coupe, Barbara DiPietro, Jennifer Ho, and Patrick O’Sullivan.

²The Annie E Casey Foundation. *KidsCount 2012 Databook: State trends in child well-being.*

³DeNavas-Walt C, Proctor BD, Smith JC. “Income, Poverty, and Health Insurance Coverage in the United States: 2011.” *Current Population Reports*, US Census 2012.

⁴National Center on Child and Family Homelessness. *America’s Youngest Outcasts*, 2011.

⁵U.S. Interagency Council on Homelessness. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, 2010.

⁶Center for Studying Health Care Strategies, Inc. “Medicaid-Financed Services in Supportive Housing for High-Need Homeless Beneficiaries: Emerging Options”, Policy Fact Sheet, June 2012.

⁷Bassuk EL, Freidman SM. “Facts on Trauma and Homeless Children,” National Child Traumatic Stress Network, Homeless and Extreme Poverty Working Group, <http://www.NCTSNet.org> (accessed September 5, 2012).

⁸Geen R, Sommers A, Cohen M. “Medicaid Spending on Foster Children,” Brief #2 from the Child Welfare Research Program series, The Urban Institute, August 2005.

⁹Courtney M. “Youth Aging Out of Foster Care,” *Network on Transitions to Adulthood Policy Brief* 19 (April 2005), MacArthur Foundation Research Network on Transitions to Adulthood and Public Policy.

¹⁰Solchany J. “Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges,” *Practice & Policy Brief* (October 2011), American Bar Association, Center on Children and the Law.

ABOUT NIHCM

The National Institute for Health Care Management (NIHCM) Foundation works to engage health insurers in educational activities to improve their programs and policies on maternal and child health and adolescent health issues. The NIHCM Foundation Promising Practices program was created to recognize emerging and promising programs or policies in maternal and child health. Visit us at www.nihcm.org.