

LifeSTEPS

EMPOWERMENT ■ IMPACT ■ COMMUNITY
ONE STEP AT A TIME

Housing is Health Care



The Link of Health and Housing

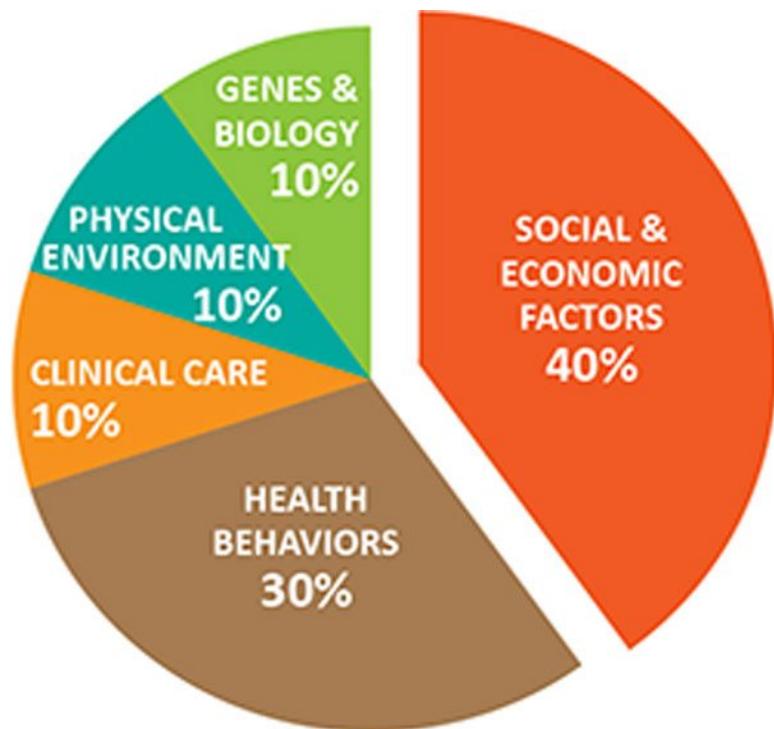
Aging in place is the ability to continue to live and age in one's own apartment home and community safely, independently and comfortably, regardless of age, income or ability level.



“A growing body of evidence is showing that more tightly linking senior health and housing has the potential to improve health outcomes for older adults, reduce medical costs, and enable millions of Americans to “age in place” in their homes and communities,” Affordable Housing Finance, July 2016.

The Social Determinants – An Opportunity to Have High Impact in Housing

Social determinants of health include gender, age, sexual orientation, education, income and employment, social/cultural networks, housing and physical environments and other factors that impact health outcomes and access to care.



DETERMINANTS OF HEALTH

Housing developers and service providers have the opportunity to impact more than 70% of the determinants of health within affordable housing communities.

Health Access Barriers



These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventative services
- Re-hospitalizations that could have been prevented
- Inability to Thrive (Age) in Place – lower quality of life, safety risks and premature institutionalization.

Our Collaborative Housing and Health Approach: Older Adult Services RN Program

In partnership with USA Properties, LifeSTEPS employs a full-time Registered Nurse to provide education and case management at three USA properties in the Sacramento area: Creekside, Sierra Sunrise, and Vintage Oaks.

LifeSTEPS' on-site case managers address essential needs and act as lookouts and conduits for older adult residents needing health care assistance.

USA property managers and maintenance teams also alert the services coordinators and RN to residents facing health care challenges.



Addressing Modifiable Health Behaviors

Individual Behavior plays a role in 30% of health outcomes, including:

- Honest communication with health care providers
- Follow through on recommended health advice, such as:
 - Healthy, Disease-Specific Diets
 - Physical Activity
 - Alcohol, cigarette, and other drug use
 - Use of medical equipment
 - Taking medications as prescribed
 - Chronic Disease Self-Management



The secret to positive behavior changes: It's the Human Interaction!
Residents are willing to change when they have trusted onsite relationships with management, case managers and RNs that include
CARING, TRUST, and ACCOUNTABILITY.

Progressive RN education and care coordination on chronic conditions

LifeSTEPS chronic disease curriculum and case management outcomes take place in 3 steps.

This method helps us to motivate residents with education, accountability and follow up.

All residents benefits from knowing the signs and symptoms. Those with the diseases then are encouraged into management.

Top 10 Chronic Diseases

High Blood Pressure

High Cholesterol

Arthritis

Heart Disease

Diabetes

Kidney Disease

Heart Failure

Depression

Alzheimer's/Dementia

Chronic Obstructive
Pulmonary Disease (COPD)

Coordinating Care Leads to Significant Outcomes

This LifeSTEPS RN program is now yielding an average of more than 200 outcomes a month, including:

- Chronic disease management care plans,
- Nutrition and health information and resources,
- Connecting residents to their medical providers, outreach to medical care providers, and establishing new medical providers,
- Medical Equipment and supplies,
- Prescription and medication management,
- Safe repatriation back from Skilled Nursing Facilities and Hospitals



Impact Stories:

LifeSTEPS RN Care Coordination Prevents Unnecessary Hospital Readmission



Resident Jim was hospitalized for respiratory distress and came home with doctor's orders to use a nebulizer. However, Jim was at a loss on how to use the medical equipment. He was incredibly thankful when LifeSTEPS Older Adult Services Register Nurse Staci Moore set up his nebulizer so he could administer breathing treatments at home. Staci also carefully explained, in layman's terms, how to use the nebulizer and filled him in on the proper cleaning technique.

A few days later, Jim informed RN Staci that the at-home breathing treatments were not as effective as the ones he received while hospitalized. Jim feared his condition would decline and that he would be readmitted. Staci reached out to Jim's Veteran's Administration (VA) Care Manager via phone, and they worked together in contacting Jim's physician to prescribe a better two-drug medication combination. When the arrival of the new medications was delayed, RN Staci advocated on Jim's behalf and worked to expedite the delivery. Jim is now feeling much better and trusts that Staci is available to help him Thrive in Place.

Strategic Partnerships

We will continue to innovate with this model and collect the data set to attract long-term funding strategies, so that we can be a valuable partner in improving population health in California. We strategically created a consortium of service providers that are working together to make housing the hub for healthcare.



Project Model with Health Plan Partners

LifeSTEPS is seeking to formally partner with plans to fund on-site housing RN and Service Coordinators to assist with external case management (ECM)

- coordination and monitoring of the full range of physical health services,
- behavioral health services and community LTSS for residents in affordable housing,
- to improve care and outcomes,
- reduce institutionalization and
- reduce total health care costs.

JOIN US

Thank you!

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