

UNITEDHEALTHCARE COMMUNITY & STATE

USING HOUSING TO IMPROVE HEALTH—A SOCIAL IMPACT INVESTING STRATEGY

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The mission of UnitedHealth Group, a diversified Fortune 500 health and well-being company and UnitedHealthcare Community & State's parent company, is to help people live healthier lives and help make the health system work better for everyone. At UnitedHealthcare Community & State, we live that mission by providing high-quality public sector health benefits to low-income individuals and families, people with disabilities, and seniors.

Through our role as a managed care organization (MCO), we manage health care for nearly 6 million beneficiaries or members in thirty-one states plus Washington, DC, across a variety of programs, including Medicaid, the Children's Health Insurance Program (CHIP), Aged, Blind, and Disabled (ABD) plans, and Special Needs Plans (SNP). The primary populations we cover include children from low-income families, low-income adults, people with disabilities, and seniors with limited income. More than 2.7 million UnitedHealthcare Community & State members are children.

In the United States, Medicaid and CHIP cover nearly one in five Americans and 40 percent of all births. The most prevalent health conditions

among children who are Medicaid and CHIP beneficiaries are asthma and ADHD or ADD. Among nonelderly adult Medicaid beneficiaries, hypertension, arthritis, asthma, and diabetes are the most common health conditions, with mental disorders the most reported condition for which adults receive care. Social and economic factors, health behaviors, and the physical environment account for 80 percent of an individual's health status, a greater proportion of an individual's health than medical care. These factors, or social determinants of health (SDOH), impact Medicaid beneficiaries—who are primarily low income—more than the general population.

As a result, we take a whole person approach to care and ensure that medical, social, and behavioral and addiction services and supports work hand-in-hand. Members are screened for social barriers, and partnerships with community-based organizations are developed to help members address their identified social needs. We cover services such as transportation, pilot new initiatives, engage communities, provide grants, volunteer in the community, and find other ways to support the members and communities we serve. In addition, we have developed a social impact investment strategy, in conjunction with the UnitedHealth Group Treasury team, that is making investments to build the capacity of organizations and programs that improve community health and reduce unnecessary health-care utilization.

OUR APPROACH TO BUILDING THE EVIDENCE

UnitedHealthcare Community & State aims to deliver on the Institute of Healthcare Improvement's "Triple Aim"—improving the patient care experience, improving the health of populations, and reducing the per capita costs of care. Some interventions, such as supportive housing, which offers affordable housing linked to intensive case management, have a strong evidence base. Reports and studies have shown supportive housing improves housing stability and mental and physical health and reduces substance use. There are many other programs addressing social determinants of health where the evidence is emerging, including medically tailored meals and home remediation for asthma. However, there are very few rigorous studies that focus on alignment between healthcare and social services, particularly among a broad set of Medicaid beneficiaries.

Building the evidence base of the impact of housing, nutrition, and other interventions that have an impact on health care is essential to ensuring we

most effectively serve our members. This also plays an integral role in our social impact investment strategy and decision making as we look for opportunities to address the social determinants of health.

As we develop partnerships and execute our social impact investment strategy, we aim to catalyze change and build pathways toward sustainability for successful programs. Building a strong evidence base is critical for strengthening interest, engagement, and investment by government, health plans, and others in programs that demonstrate an ability to impact healthcare outcomes and utilization. We are an active partner and investor throughout projects to offer support during challenges and to ensure success. Our approach involves:

- **Identifying and prioritizing organizations that have a commitment and focus on outcomes**—Organizations do not need top-notch expertise in evaluation and outcomes; rather, we look for organizations that have an interest in partnering to build the evidence.
- **Building evaluation plans collaboratively**—Many organizations are looking to improve their approach to evaluation but have not partnered with a Medicaid managed care plan. We work hand-in-hand to determine whether our partnership can help strengthen their approach to evaluation by offering our perspective, ideas, and, potentially, data.
- **Providing concessionary capital or grant funds for evaluation**—We understand that organizations often have a difficult time funding evaluation. We explore opportunities to concede return on investments to finance not only services but also evaluation of implementation of those services. Through the grant funding we do, we also will partially allocate funds toward the development and implementation of evaluation.

Example: Community Catalyst

In 2018, we launched an innovative partnership with the Council of Large Public Housing Authorities (CLPHA) aimed to improve the health outcomes of Medicaid managed care beneficiaries living in publicly assisted housing. By leveraging the capacity, resources, and expertise of local public housing authorities, our local Medicaid health plans, and other community partners, we believed we could improve both member and community

health. Our aim was to develop these partnerships, implement healthcare interventions and strategies, and measure the impact the interventions have on healthcare outcomes and utilization.

We launched the partnership by convening some of UnitedHealthcare’s Medicaid health plans and the Public Housing Agency (PHA) in six communities—Akron and Columbus, OH; Seattle and King County, WA; and Austin and Houston, TX. Initially, the UnitedHealthcare health plans and public housing agencies shared their respective challenges and priorities. We built on these early conversations by establishing data sharing agreements to match public housing authority data with our claims data. The data dashboards helped the teams understand the number of shared members or residents and their most prevalent healthcare conditions. With this information, each local team identified an initial health challenge to address in their community (for example, lead poisoning or asthma among children, diabetes, nonessential emergency utilization, and mental health).

At the start of 2020, teams were collaboratively developing engagement strategies to address these health priorities. Unfortunately, the COVID-19 pandemic disrupted further progress on the initiative. Currently, we are re-engaging in the work and including federally qualified health centers (FQHC) and community-based organization (CBO) partners in the collaboratives. FQHCs are clinics that provide primary and specialty care to underserved populations. They serve one in three people in poverty and one in five Medicaid members, on average nationally. CBOs provide vital services in communities. Both FQHCs and CBOs lend new insights into

FIGURE 5.11.1 Proposed Interventions by Site

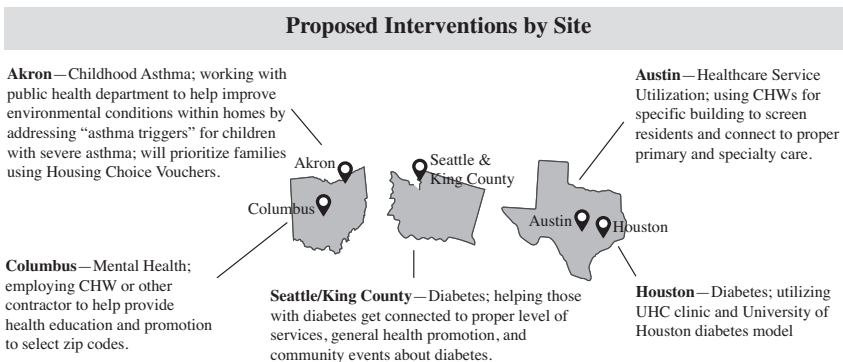
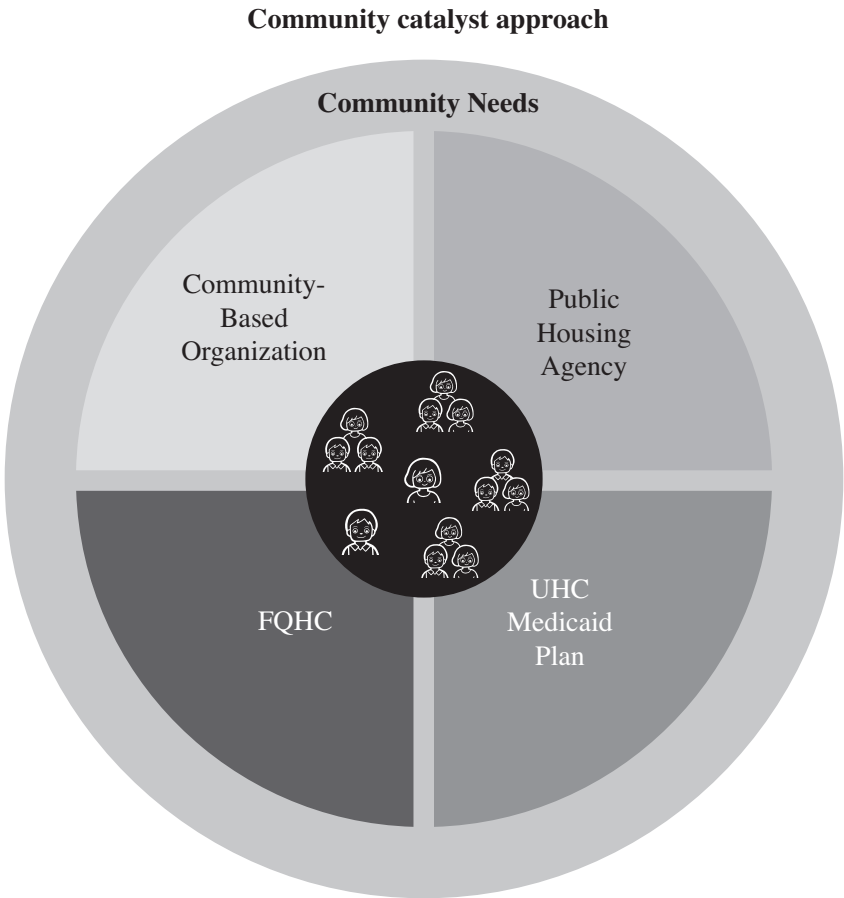


FIGURE 5.11.2 Community Catalyst Approach



community health challenges and will be important collaborators as we develop and implement local healthcare interventions.

We are in the process of expanding this approach to five more communities through what we are calling our *Community Catalyst* initiative. This initiative aims to foster community-based collaborations that improve community health. We believe that working together with organizations across sectors and individuals with deep community knowledge and experience is the most effective way to make progress toward solutions that will positively impact the health of our communities.

Decisions in the *Community Catalyst* work are made collaboratively, including decisions about measurement and evaluation. Partner PHAs, FQHCs, CBOs, and health plans will have different perspectives on evaluation and access to diverse types of data and information. We think this diversity will contribute to holistic and robust findings and learnings. Through this process, we also will build the evaluation capacity among the participating organizations.

From our early *Community Catalyst* work, we have found that partners are excited about working across sectors. Each organization has traditional partners and ways of navigating those relationships (CBO and funder, insurer and provider, etc.) and cross-sector work creates different dynamics. This work is stretching both UnitedHealthcare and our partnership leaders to work in new ways. It takes time for organizations to understand each other and how to work together, but this is a critical step to the success of the partnership.

Example: Health and Housing Fund

In June 2020, UnitedHealthcare announced the creation of a \$100 million investment fund that will create 1,000 new apartments with integration of housing and health care present in every project, including on-site health-related services for residents. The Health and Housing Fund (the Fund) was developed in partnership with Stewards of Affordable Housing for the Future (SAHF) and National Affordable Housing Trust (NAHT), two leading affordable housing organizations. The Fund aims to expand access to affordable housing in communities across the county, a need that has intensified with the COVID-19 pandemic.

To ensure we could track outcomes, we are investing in SAHF's "Housing as a Platform" evaluation tool to assess changes in resident health outcomes. Through a collaborative effort to develop an evaluation plan, SAHF will measure improvements in core measures—physical and mental health, access to primary care, and food insecurity. Sites also must select one to two additional measures from a menu with indicators for financial stability, education, health and wellness, housing stability, and community and safety.

The Fund also includes investments in housing developments to provide health-related services for residents. UnitedHealth Group conceded some return on investment to invest \$1 million in an array of services and strategies to integrate housing and health care. Housing developers have

the ability to request grant funding of between \$25,000 to \$75,000 toward providing services and supports to enhance the health and wellness of their residents. Potential use of those grant funds includes financial or health coaching, broadband to enable educational programming and telehealth, and development of community spaces with the option to use them as clinical spaces for residents to receive care onsite.

Our hope is that the use of the Housing as a Platform evaluation tool to evaluate the enhanced onsite services will add to the evidence base on the connection between housing and health and provide insights into the impact of targeted interventions. Seven housing developments are underway with Fund financing, and two developments are finished and open to residents. Services have become and will continue to be an important part of our evaluation criteria for affordable housing investments. In the first two completed residences, housing managers are using UnitedHealthcare grant funding for an onsite food pantry and a community health worker and peer health coach program to enhance resident connectivity to primary care.

We are committed to identifying and supporting innovative approaches to finance programs that improve health and wellness. When programs can demonstrate a positive impact on health outcomes, we can more easily build the case to concede returns on our social impact investment capital. We believe that conceding capital is a method of enhancing impact and contributing further evidence for programs.

REFLECTIONS AND THE PATH FORWARD

Clear and simple evidence is essential for replicating and scaling successful programs. But there remains a large majority of interventions that lack the data and outcomes tracking needed to assess impact. While randomized controlled trials (RCTs) are considered the gold standard of clinical research, much social sector work is not conducive to RCT design, and most service providers do not have the time or expertise to engage in such rigorous research. A disciplined process for learning, testing, and improving provides the basics for building the evidence. There is value to well-designed RCTs, but we can move much more quickly if they are supplemented with other, more accessible and easily implemented evaluation techniques.

That is why we seek to leverage the available evidence and work to build on it, using our own healthcare data where possible. We do this by bringing together health care, housing, and social services with a focus on concretely

measuring the impact of these efforts so we can improve community health and help scale what works. Evidence of impact and success helps us make the case to expand our efforts, bring other partners to the table, and advocate for policy change that will support these types of cross-sector partnerships. And we are looking for partners who are eager to collaborate on and further this effort to build the evidence.

While we are a very large and complex organization, we also come to this work as a humble partner. UnitedHealthcare can contribute funding, data, and expertise, but we prioritize listening to and learning from our community partners. When it comes to evaluating impact and advocating for increased investment in efforts that work, we will succeed if we work together.

Finally, in addition to contributing our own resources and expertise for building the evidence, we actively encourage other MCOs, health systems, and all levels of government to do the same. Building the evidence is an investment in longer-term, more sustainable, systemic change. And it is the only path forward to ensure that, as a society, we are investing in the right things at the right time, to improve the health and well-being of people and communities. Together, we can achieve it.

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