May 7th, 11:00 AM - 1:00 PM

A Program Evaluation of a Housing With Services Project for Low-Income Adults in Portland, Oregon

Jack A. Phillips  
*Portland State University, jack8@pdx.edu*

Paula C. Carder  
*Portland State University, carderp@pdx.edu*

Diana White  
*Portland State University*

Let us know how access to this document benefits you.

Follow this and additional works at: [http://pdxscholar.library.pdx.edu/studentsymposium](http://pdxscholar.library.pdx.edu/studentsymposium)

Part of the [Community Health and Preventive Medicine Commons](http://pdxscholar.library.pdx.edu/studentsymposium) and the [Health Services Research Commons](http://pdxscholar.library.pdx.edu/studentsymposium)

---

[http://pdxscholar.library.pdx.edu/studentsymposium/2014/Poster/3](http://pdxscholar.library.pdx.edu/studentsymposium/2014/Poster/3)

This Event is brought to you for free and open access. It has been accepted for inclusion in Student Research Symposium by an authorized administrator of PDXScholar. For more information, please contact pdxscholar@pdx.edu.
Program Evaluation of a Housing with Services Demonstration Project

Jack Phillips, B.A., Diana White, PhD, & Paula Carder, PhD

Abstract
Reducing hospital use and connecting individuals to local available services and supports are key features of the Affordable Care Act. Adult residents of public housing tend to experience worse health outcomes than other adults. Poor self-rated health and high rates of emergency department use and hospitalization among these residents have prompted efforts to improve health outcomes. Even among residents living independently, prior research indicates that health and social disparities can be effectively addressed through coordinated care and improved access to health and social services.

Background
Adult residents of affordable and subsidized housing tend to experience poorer health outcomes compared to those in other housing situations (Ruel et al., 2010). Many such residents living in independent housing desire to remain independent for as long as possible, creating unique challenges for property managers, health care deliverers, and other service providers in addressing the health concerns of tenants (Cotrell & Carder, 2010).

The conditions and environments in which people live that affect health, functioning, and quality of life are referred to as social determinants of health. Safe and affordable housing is an integral social determinant that merits action from health practitioners and policymakers (Krieger & Higgins, 2002). There are approximately 1.2 million public housing units nationwide (HUD, n.d.), presenting a unique platform for action to improve health and access to services for this population.

Cedar Sinai Park—a nonprofit residential care organization located in Portland, Oregon—will implement a demonstration project attempting to connect low-income adults living in affordable and public housing with health and social services. Funded by the Oregon Health Authority, this demonstration is a potential model for other housing with services providers in Oregon and nationally. Services will be provided through a consortium of local agencies and evaluated by Portland State University’s Institute on Aging. The evaluation consists of three components: 1) Process evaluation, 2) Satisfaction surveys, and 3) Resident surveys. In addition, health service utilization data will be analyzed.

Data will be collected using a combination of in-person and mailed surveys administered before and after the demonstration project is implemented. Quantitative analyses will examine whether hospital use declines and self-rated health improves, and whether the program is cost effective. This poster will describe the program planning that led to the demonstration and detail the program evaluation components including sampling, data collection strategies, and planned analysis.

Methods
The overall approach is program evaluation that includes pre- and post-implementation data collection over a two-year period. There are five components to the evaluation:

1. Process evaluation of the consortium model that will include individual interviews with consortium members,
2. Satisfaction survey of housing staff conducted pre- and post-implementation,
3. Resident survey of housing residents to collect structured, self-report data about health status and health service use, and satisfaction both pre- and post-implementation,
4. Health service utilization data, provided by CareOregon (and other insurers, if possible), will allow us to describe the specific health services used by a sub-sample of residents. CareOregon covers about 50% of CSP properties, and
5. Cost analysis based on per member costs of services delivered through the consortium.

The final report will include an executive summary and a detailed case study of the collaborative planning process, a detailed description of the Housing with Services business model, and findings from the tenant survey. The goal is to create a “lessons learned” section that other organizations can use to develop and implement a similar housing with services program. In this manner, it is hoped that this housing with services model will serve to inform efforts of service providers at the local and national levels.

Data Analysis
Qualitative analyses of the consortium member interviews will identify categories and themes that describe the program, from initial design through implementation.

Quantitative analyses will compare pre- and post-implementation characteristics of residents, resident satisfaction, and health service use and costs. Descriptive statistics will characterize tenants of the buildings and compare those who do and do not enroll in the Housing with Services Project. Tests that compare group means will be conducted first, followed by regression analysis to assess the effects of participation in the Housing with Services Project on controlling for variables such as health, demographic characteristics (e.g., age, race, gender), and potential moderating or mediating effects of variables such as social isolation or access to a primary care physician.

Citations