

# ALIGNING IN ACTION: HEALTHY HOMES DES MOINES

- Lead organization: Healthy Homes Des Moines
- Lead sector: Polk County Housing Trust Fund
- Location: Des Moines, Iowa
- Year founded: 2014
- Interview with Eric Burmeister, executive director, Polk County Housing Trust Fund

Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place.

Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

[Aligning Systems for Health: Health Care + Public Health + Social Services](#), sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused

on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people's goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a [theory of change](#) that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

Healthy Homes Des Moines started as a pilot program to provide home remediation and health education to reduce the burden of childhood asthma. While there was meaningful partnership between health care, public health, and the housing community, the initiative is now inactive as it restructures around sustainable funding. While not yet achieving the success that partners believe it can, this cross-sector initiative provides an instructive example on the importance of having the right people at the table, particularly those with a financial interest in the success of the program.

## LOCAL CONTEXT

The leadership of organizations across sectors had been in ongoing discussions about how to demonstrate the value of upstream interventions related to housing. When funding for a pilot through the BUILD Health Challenge emerged, the Polk County Health Department, the Mid-Iowa Health Foundation, and the Polk County Housing Trust Fund jumped at the opportunity. They knew from community health data already collected that instances of pediatric asthma were higher in lower income neighborhoods where county housing records showed a large number of homes categorized as "poor condition." The partners knew environmental remediation of those homes could demonstrate the value of upstream interventions and improve health of low-income residents. The pilot specifically targeted pediatric asthma, for which an estimated four in 10 cases is attributable to exposures in the home (e.g., mold, mildew, indoor allergens, pest infestations).

The goal of the pilot was to track the progress of patients over time after an in-home educational intervention and remediation in order to demonstrate the value of an upstream intervention to the community and to health care providers.

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The pilot was initially designed to require a referral from a medical professional to ensure an official diagnosis of asthma. However, referrals quickly became a struggle, as providers were slow to refer patients to the program.

## PURPOSE

While there was broad, cross-sector interest in demonstrating the value of upstream interventions related to housing, the central goal was always focused on improving the health of kids.

“All of us believe that we could demonstrate that in addition to improving the health of the kids, we could also save our health systems and our community money by attacking some of these things that were relatively inexpensive, instead of constantly seeing kids in the emergency room or urgent care clinics because they were having another asthma attack,” says Eric Burmeister, executive director, Polk County Housing Trust Fund.

## DATA

The value proposition was centered around the idea that there was data to follow a child’s medical encounters before and after home remediation to impact health care utilization, among other factors.

Healthy Homes Des Moines immediately set up a project-management tool, as the health care providers wanted to be able to follow the child’s progress through the intervention — housing inspection, remediation plan, education, etc. Participating organizations, including those in health care, housing, public health, and the visiting nurses organization that was responsible for in-home education, could all access the dashboard.

While the project-management tool enabled successful handoffs across the various process steps, it did not meet the need to track population-level data and it did not interface with medical records.

Further complicating data collection was the fact that across the three area health systems there was no way to track a patient’s post-intervention condition or subsequent hospital or clinic usage without a manual examination of each patient’s medical records.

## FINANCING

Initial pilot funding came from the BUILD Health Challenge, with matching funds from the three local health systems and foundations. The Polk County Health Department provided the home inspections and the Polk County Housing Trust Fund paid for any necessary housing remediation.

Initial funding lasted for four years. At the end of that time the BUILD dollars had been spent and there was not sufficient interest by the health systems or third-party payers in collectively funding the program costs or the in-home education.

The founding partners decided to put the initiative “in a medically induced coma” as they explored options for sustainable financing.

“The actual structure still exists. The idea still exists. The question is how do we go on from here?” asks Burmeister.

## GOVERNANCE

Healthy Homes Des Moines was not incorporated but operated with two “tables.” Given that Healthy Homes Des Moines began as a localized neighborhood program, the larger table consisted of community folks interested in public health, housing, and neighborhood redevelopment. This group met a few times a year and served as a means for communication and brainstorming.

The management committee consisted of a representative of every organization that had a financial stake in the program — the Polk County Health Department, the Polk County Housing Trust Fund, Mid-Iowa Health Foundation,

### INITIAL IMPACT, 2015-2017

- 137 referrals with 42 families completing the full assessment
- Increases seen in asthma-control scores
- The number of days caregivers missed from work and children missed school dropped by half
- More symptom-free days
- Increased understanding of asthma management

representatives from each of the three hospitals, and a representative of the visiting nurses organization. The management committee provided the “guard rails” for the program.

## INSIGHTS FROM THE COLLABORATIVE

Despite health systems having a seat at the planning table, showing initial buy-in, and providing early financial investment, Burmeister says there were probably only a couple of months when the program had sufficient referrals from the three local health systems.

“I think they thought it was a good idea, but when it came to figuring out how to integrate this into the culture of their clinics or their emergency room protocol for asthmatic kids, it just didn’t stand up,” says Burmeister. “There was nobody taking responsibility for getting the necessary paperwork done and getting families referred to the program. You really can’t blame people for having other concerns on their mind during an emergency situation.”



To compensate, Healthy Homes Des Moines expanded the referral source to include school nurses in the public school system, but it remained a challenge since the program required a medical diagnosis of asthma.

“It became apparent to the management committee that the partner with the most financial interest in the program’s return on investment was missing from the table — the third-party payers, or specifically the managed care organizations for Iowa’s Medicaid program.”

While external forces can sometimes be a catalyst for aligning, in Iowa, Medicaid policy proved to be a barrier. “Unfortunately, at the time that we were embarking on engaging Medicaid folks, the state switched from a state-managed program to a third party-managed program,” explains Burmeister. “In the summer of 2019 we had actually had arrangements with one of the managed care organizations to provide us a cohort of identified patients to work through the program and they were going to reimburse at least the education part of it.”

But the managed care organization ended up pulling out of the state. Of the original three managed care organizations approached by Healthy Homes, only one remains. Healthy Homes Des Moines is still trying to engage them, as well as the two new replacement managed care organizations.

Engaging directly with managed care organizations, Burmeister believes, will solve both the referral issue and the data issue by having full access to all claims for an individual child, thus providing a better way to track post-intervention health care utilization.

The Polk County Housing Trust Fund, Mid-Iowa Health Foundation, Every Step (home education provider), and the Polk County Health Department remain committed, although the COVID-19 public health emergency has temporarily diverted the public health department’s attention.

“Had we had someone at the table who had something financially to gain, I think there would have been a different result,” says Burmeister. “While our guiding principle is about improving kids’ lives, we need to find somebody that says, ‘It is in my best financial interest to make that happen.’ Then we can start this thing up again in a minute.”

## INSIGHTS FOR ALIGNING

- As with other cross-sector alignment initiatives, this one came together around a one-time grant opportunity.
- The group’s struggles with generating sufficient referrals highlights the importance of internal factors related to capacity of the organizations to achieve their goals.
- The work also highlights the importance of shared purpose beyond simply coming together to work on a grant.