

# Healthy Homes Coordinated Delivery Model Executive Summary

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## **I.0 EXECUTIVE SUMMARY**

The Coordinated Delivery Healthy Homes Pilot aimed to operationalize a service delivery model between two related programs: 1) the income-eligible multi-family savings program (IEMS), a joint offering between ComEd and Illinois gas utilities, and 2) a healthcare home-visiting program for asthma patients from a northern Chicago hospital in the AMITA Health system. The pilot took an iterative approach to developing this model and sought to serve up to twenty enrollees over an 18-month period from 2018 –2020. The target audience were patients in the ED due to asthma at AMITA Health St. Francis, who were under-insured or on Medicaid and living in a multi-unit building. AMITA Health, with assistance from the Sinai Urban Health Institute (SUHI), conducted outreach and enrollment as well as patient education using a Community Health Worker (CHW), while Elevate Energy focused on improving the home from the health, safety, and energy efficiency perspective. Funds from ComEd provided energy efficiency and health and safety modifications (e.g. mold, moisture sources, pests) that improved indoor air quality for the asthma patients, while the healthcare funds supported in-home education for asthma self- management.

While the pilot encountered significant unexpected events that prevented it from reaching its target of twenty enrollees, it did achieve two key outcomes:

- Demonstrated proof of concept through successfully completing two coordinated interventions
- Identified key changes needed to improve the program design in order to develop an operational and scalable service delivery model

Robert, a teenager with severe asthma exacerbated by the mold and lack of ventilation in his basement, explained the potential impact of this type of program.

*“The asthma project helped me start going to the gym and developing a more social life. Now I can play basketball and I don’t get as tired as I used to. I feel much happier, like there is more to life than what I had been living.”*

Through this pilot, Robert received a holistic set of services: energy efficiency upgrades such as a high- efficiency furnace, health and safety modifications to remove the mold and install ventilation, and health education from a community health worker to help him manage his asthma and increase awareness of indoor air quality.

While the pilot had difficulty in reaching its target of twenty participants, the team was able to enroll three participants and identify suggested changes for future efforts to address these challenges:

- Significant unexpected events, including a health system acquisition and unexpected medical leaves, made it difficult to gain momentum in developing the cross-sector partnership between ComEd and AMITA Health.
- The project had difficulty recruiting patients from the Emergency Department (ED) of AMITA Health. Future efforts should either a) consider alternate referral sources such as the case management teams at health insurers or other community-based organizations, or b) allocate more project development time for the home visiting staff and ED staff to develop a stronger partnership.

The small project size made it difficult for partners to justify the time needed to develop the cross-sector partnership, which led to delays in accomplishing key steps, such as data sharing agreements or training on the appropriate software. Future efforts should consider

- a) expanding the eligible health conditions to align with the needs of the community and the healthcare partner, and/or
- b) scale the program to align with a full-time caseload for the direct service staff so they can have more flexibility in adjusting the program on the fly.

The need for holistically addressing health, energy, and housing needs has long been known. However, these challenges are exacerbated with stay-at-home guidance related to COVID-19, a virus that is disproportionately affecting the same populations with the highest risk of housing-related health issues, including those who are income eligible, African Americans, and older adults. As one of the ED staff remarked in the project debrief, the importance of developing home-based community programs for those with respiratory illness has never been more paramount. The lessons learned from this pilot provide a strong initial effort towards this goal.