

# Issue Brief

NOVEMBER 2017



## Community investment: *The confluence of housing and health*

A new diagnosis of diabetes or a heart condition can change everything. It means seeing your family doctor frequently to monitor vital signs. You may need to start taking regular medication, too. The contents of your refrigerator will likely change—more fruits and vegetables, less sugar and carbohydrates.

But what if you don't have a refrigerator? What if you don't have stable housing?

In any single night, more than half a million people experience homelessness in the U.S. Housing instability can occur at every life stage: Some 35 percent of the homeless are people in families with children. The aging population is vulnerable to housing instability as finances dwindle and health care expenses mount.<sup>1,2</sup>

Numerous studies have shown an association between housing insecurity and health, even after controlling for socioeconomic and demographic factors. Evictions, for instance, have lasting effects on health and well-being.<sup>3,4,5,6,7,8</sup>

A health crisis may also push an individual or family to housing instability, as wage earners may be unable to work. Unpaid medical bills are the top cause for individual bankruptcy filings.<sup>9</sup>

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Housing is health care.”*

— Andy McMahon, Vice President,  
Health and Human Services Policy,  
UnitedHealthcare, Community and State

<sup>1</sup> U.S. Department of Housing and Urban Development 2016 Annual Homeless Assessment Report (AHAR) to Congress. <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>. Accessed October 19, 2017.

<sup>2</sup> Nagourney A. Old and on the Street: The Graying of America's Homeless. The New York Times. May 31, 2016. <https://www.nytimes.com/2016/05/31/us/americas-aging-homeless-old-and-on-the-street.html>. Accessed October 19, 2017.

<sup>3</sup> Stahre M, VanEenwyk J, Siegel P, Njai R. Housing Insecurity and the Association with Health Outcomes and Unhealthy Behaviors, Washington State, 2011. *Prev Chronic Dis* 2015;12:140511. [dx.doi.org/10.5888/pcd12.140511](https://doi.org/10.5888/pcd12.140511)

<sup>4</sup> Pollack CE, Lynch J. Health status of people undergoing foreclosure in the Philadelphia region. *Am J Public Health*. 2009 Oct <https://www.ncbi.nlm.nih.gov/pubmed/19696373>

<sup>5</sup> Braveman P, Dekker M, Egerter S, Sadegh-Nobari T, and Pollack C Housing and Health. Robert Wood Johnson Foundation May 2011.

<sup>6</sup> Forchuk C, Dickens K, Corring DJ. Social Determinants of Health: Housing and Income. *Healthc Q*. 2016;18 Spec No:27-31.

<sup>7</sup> Williams DR, Sternthal M, Wright RJ. Social Determinants: Taking the Social Context of Asthma Seriously. *Pediatrics*. 2009;123(Suppl 3):S174-S184

<sup>8</sup> Desmond M. and Kimbro R. Eviction's Fallout: Housing, Hardship, and Health. *Social Forces* 94(1) 295–324, September 2015. <https://scholar.harvard.edu/files/mdesmond/files/desmondkimbro.socialforces.2015.pdf>

<sup>9</sup> “Medical Bills Are the Biggest Cause of US Bankruptcies: Study.” CNBC, June 2013. <https://www.cnbc.com/id/100840148>. Accessed Oct. 19, 2017.

“There’s no doubt that housing and access to safe, decent and affordable housing is a prerequisite for the health of the family. Absent that, you’re almost certain to be in poor health and lack well-being,” says Andy McMahon, vice president for health and human services policy for UnitedHealthcare. “Housing is a core requisite to good health. Housing *is* health care.”

This point of view is the basis for Housing First, the philosophy endorsed by the U.S. Interagency Council on Homelessness and many other housing organizations.<sup>10</sup> Housing First prioritizes providing housing as quickly as possible—and *then* providing voluntary supportive services as needed for the circumstances that contribute to homelessness.

In this model, housing isn’t a reward for good behavior. It’s not contingent on attending therapy or participating in programs. Rather, it’s guided by the belief that people need basic necessities like a place to live *before* attending to issues such as substance abuse, employment or family budgeting. It is also based on the theory that choice and autonomy matter—that giving people a say in selecting their own housing and whether to avail themselves of supportive services is likely to make a client more successful at remaining housed and improving their life.

And there’s a growing body of evidence to support this: Consumers in a Housing First model access housing faster and are more likely to remain stably housed. The long-term housing retention rate for clients settled in permanent supportive housing averages 80 to 90 percent, and can reach up to 98 percent.<sup>11</sup>

## Housing with support: An integrated strategy that reduces health care cost

Supportive housing combines affordable housing with wrap-around services for people with a disability or those experiencing homelessness. When clients participate in supportive housing, they are more likely to participate in job training programs, attend school, discontinue substance use, better manage mental health, have fewer instances of domestic violence and spend fewer days in the hospital. Research has shown this approach works to reduce health care expenditures related to homelessness.<sup>12,13</sup>

The literature also supports overall cost savings realized through supportive housing for those with mental and physical health issues, although study results vary.<sup>14</sup> Outpatient and preventive care costs tend to increase as relationships with primary care providers stabilize, but in several studies, net savings accrue as clients use emergency departments and inpatient hospital beds less.<sup>15,16,17,18</sup>

Housing instability is one of a handful of social determinants of health—the non-clinical factors such as food stability, education, personal safety, transportation and employment that affect health.<sup>19</sup> Public and private agencies are increasingly embracing an integrated approach to addressing these factors rather than helping individuals resolve homelessness, food insecurity or other issues in separate silos.

<sup>10</sup> U.S. Interagency Council on Homelessness. <https://www.usich.gov/solutions/housing/housing-first>. Accessed October 25, 2017.

<sup>11</sup> The National Alliance to End Homelessness has compiled this evidence in its Housing First Fact Sheet, available at <https://endhomelessness.org/resource/housing-first/>. Accessed Nov. 13, 2017.

<sup>12</sup> Corporation for Supportive Housing, evidence and research. <http://www.csh.org/supportive-housing-facts/evidence/>. Accessed October 19, 2017.

<sup>13</sup> Supportive Housing. United States Interagency Council on Homelessness. January 18, 2017. <https://www.usich.gov/solutions/housing/supportive-housing>. Accessed October 19, 2017.

<sup>14</sup> Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing.” *Housing Policy Debate* 13.1 (2002): 107-63.

<sup>15</sup> Martinez, T. E., and M. R. Burt. “Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults.” *Psychiatric Services* 57.7 (2006): 992-99. <http://www.aidschicago.org/resources/legacy/pdf/2009/hhrpn/Martinez/martinez.pdf>. Accessed October 19, 2017.

<sup>16</sup> Mondello, Melany, Anne B. Gass, Thomas McLaughlin, and Nancy Shore. “Supportive Housing in Maine: Cost Analysis of Permanent Supportive Housing.” State of Maine—Greater Maine (September 2007). [https://shnny.org/uploads/Supportive\\_Housing\\_in\\_Maine.pdf](https://shnny.org/uploads/Supportive_Housing_in_Maine.pdf). Accessed October 19, 2017.

<sup>17</sup> Mondello, Melany, John Bradley, Tony Chalmers McLaughlin, and Nancy Shore. “Cost of Rural Homelessness: Rural Permanent Supportive Housing Cost Analysis.” State of Maine (May 2009). [https://shnny.org/uploads/Cost\\_of\\_Rural\\_Homelessness.pdf](https://shnny.org/uploads/Cost_of_Rural_Homelessness.pdf). Accessed October 19, 2017.

<sup>18</sup> Hirsch E and Glasser I. “Rhode Island’s Housing First Program Evaluation.” United Way of Rhode Island (December 2008). <https://www.muni.org/Departments/health/Documents/Rhode%20Island%20Housing%20First%20Evaluation.pdf>. Accessed October 19, 2017.

<sup>19</sup> Health Policy Brief: The Relative Contribution of Multiple Determinants to Health Outcomes, Health Affairs, August 21, 2014. <http://www.healthaffairs.org/doi/10.1377/hpb20140821.404487/full/>. Accessed October 19, 2017.

*“A lot of times when we talk about a community’s infrastructure, we think of the roads and schools, but we don’t consider adequate, affordable housing as a key part of it. As a society, we really underestimate the place housing holds in overall individual and family health.”*

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## Housing linked to overall well-being

In 2009, Boulder, Colorado became the first county in the nation to merge its six housing and human services departments into a single agency, Boulder County Housing and Human Services. Using its grants and contracting authority, the county proactively encourages dozens of community-based health and human services organizations to assess the needs of those who access services, and then deliver in a coordinated fashion.

“The majority of a person’s health is affected by factors outside the doctor’s office, so we need to maximize every opportunity where it happens,” says Boulder County Housing and Human Services Director Frank Alexander. “We’ve developed partnerships with schools and child care providers to challenge them to look at homelessness and medical needs differently. We’ve applied that thinking across the board to reduce the impact of social determinants through this initiative.”

“Housing is a huge part of everyone’s well-being,” Alexander says. “A lot of times when we talk about a community’s infrastructure, we think of the roads and schools, but we don’t consider adequate, affordable housing as a key part of it. As a society, we really underestimate the place housing holds in overall individual and family health.”

Alexander says the issue of housing instability often arises when agencies encounter individuals and families facing economic challenges or a health crisis. “We see a huge overlap among people experiencing homelessness with physical and behavioral health issues like brain injuries, substance abuse and co-morbid health problems,” he says. “And health plays a huge role in exacerbating the problems that can cause housing instability.”

Alexander says Boulder County took a more holistic approach to how it manages human services, more closely aligning health and social service providers because of the overlap they see in clients and their overall health and social needs.

“We’ve built significant partnerships linking housing and human services providers—private and public—and with core mental and physical health care system providers. Those relationships have grown in sophistication, vision and purpose. The most strategic thing we’ve done is adopt a vision around the impact that social circumstances have on determining health, and we’re operating broadly within that vision.”

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That includes ensuring clients are enrolled in health insurance; Boulder County boasts one of the state’s lowest uninsured population rates.<sup>20</sup> It also means encouraging clients to establish a medical home and a relationship with a primary care provider.

That strong network of health care providers is paired with access to core governmental supports

<sup>20</sup>In 2017, Boulder County’s uninsured rate was 4.1 percent, versus Colorado’s 8.2 percent uninsured rate. Colorado Health Institute, <https://www.coloradohealthinstitute.org/county-health-profiles>. Accessed Oct. 19, 2017.

and governmental resources. “So when a family shows up to a nonprofit with a need, such as clothing or food, we use a common assessment to determine their need for housing support, too,” he says.

“That reduces duplication of services; it’s a no-wrong-door system with a common assessment and integration of information,” he says. When clients access services at one community organization, the staff can connect them and open the door to services they may need, including referrals to other agencies. (For more about Boulder County’s integrated information sharing structure, see the RMHP Issue Brief, *Creating a conduit for better health: Technology connects medical and social services*.)

## A prescription for housing

In 2017, Hawaii State Senator Josh Green, a physician, introduced a bill in the state’s legislature that would allow physicians to prescribe housing to homeless patients with mental illness or a substance addiction.<sup>21</sup> Although hailed as a radical idea, some value-based payment structures have made hospital systems and health plans seriously consider investing in housing as a means to lower overall health care costs.

The Urban Institute offers several case studies that spotlight hospitals and insurers that partner with local or state governments to increase access to safe, affordable and supportive housing.<sup>22</sup> Some organizations invest in low-income housing tax credit for rental developments that allow them to deduct the investment from their tax liability. Others have provided resources for rehabilitation and affordable home ownership opportunities around their campuses.<sup>23,24</sup>

Some examples:

- In Oregon, five major Portland hospitals and a nonprofit health plan invested \$21.5 million in 2016 toward construction of nearly 400 housing units for the city’s homeless and low-income population.<sup>25,26</sup> In addition, the city housing bureau will contribute about \$9 million, and Central City Concern, a nonprofit provider of low-income housing that will own and manage the buildings, will finance the remainder of the \$69 million.
- In Northern California, Sutter Health launched an ambitious campaign in 2017 to end homelessness in Sacramento and two adjacent counties. Sutter committed to match up to \$5 million in contributions to support local government efforts and to raise another \$15 million with the business community for a Housing First initiative.<sup>27</sup>
- PATH Metro Villas, a new 65-unit supportive-housing community under construction in Los Angeles, will provide permanent homes to the homeless and those struggling to find affordable housing. UnitedHealthcare invested \$12 million in the project to help people live healthier lives by connecting them to safe, affordable housing with on-site support services to improve their well-being.<sup>28</sup>
- In Phoenix, UnitedHealthcare extended \$20 million in low-interest financing to Chicanos Por La Causa, a community development corporation, to redevelop a 500-unit apartment complex. UnitedHealthcare also provides staff at a local community center to help members with employment, housing and health services.

<sup>21</sup> Barney L. “Doctors could prescribe houses to the homeless under radical Hawaii bill.” The Guardian, Feb. 28, 2017. <https://www.theguardian.com/us-news/2017/feb/28/hawaii-homeless-housing-bill-healthcare-costs>. Accessed October 19, 2017.

<sup>22</sup> Carson’s health background could be good for housing. The Urban Institute. Jan 16, 2017. <https://www.urban.org/urban-wire/carsons-health-background-could-be-good-housing>. Accessed October 19, 2017.

<sup>23</sup> [http://www.housingfinance.com/developments/affordable-apartments-open-on-historic-baltimore-campus\\_0](http://www.housingfinance.com/developments/affordable-apartments-open-on-historic-baltimore-campus_0)

<sup>24</sup> <http://www.nationwidechildrens.org/healthy-neighborhoods-healthy-families-affordable-housing>

<sup>25</sup> Flaccus G. “6 Portland health providers give \$21.5M for homeless housing.” Sept. 23, 2016. <https://www.apnews.com/f4c66b4b23f347e6b1e118b1b3fd8d1c>. Accessed October 19, 2017.

<sup>26</sup> Urban Institute. Op. cit.

<sup>27</sup> Sutter commits to raising up to \$20 million to fund ‘Housing First’ for homeless. Sacramento Business Journal. Feb. 3, 2017. <https://www.bizjournals.com/sacramento/news/2017/02/03/sutter-commits-up-to-20-million-to-fund-housing.html>. Accessed October 19, 2017.

<sup>28</sup> UnitedHealthcare Invests \$12 Million in PATH’s New Supportive-Housing Community in Los Angeles to Serve Homeless and Low-Income Individuals and Families. April 20, 2017. <http://www.unitedhealthgroup.com/Newsroom/Articles/Feed/UnitedHealthcare/2017/0420PATHSupportiveHousingLosAngeles.aspx>. Accessed October 19, 2017.

In states with managed Medicaid programs like Colorado, there's a clear imperative for health plans to link members with services that help to lower health costs. At the national level, the Centers for Medicare & Medicaid Services' Accountable Health Communities Model (AHCM) is designed to address the gap between clinical care and community services by testing whether identifying and addressing social determinants of health will benefit Medicare and Medicaid beneficiaries. Both the Denver Regional Council of Governments and Rocky Mountain Health Plans participate in the AHCM initiative.<sup>29</sup>

### The link between health care, housing and health insurance: A focused approach

It makes sense for health care and the affordable housing sector to join forces, says UnitedHealthcare's McMahon. To date, the company has invested more than \$350 million in financing for 56 housing development projects in 14 states, creating more than 2,700 affordable-housing units.<sup>30</sup> The investment in affordable housing offers a tax credit to the investor, but it also aligns with the organization's mission—especially when it goes to supportive housing.

Housing is a long-term investment for organizations like UnitedHealthcare. "It's not a one-year, you're-in-and-you're-out type of thing. It's usually a 15-year investment." In making the investment, evaluating needs and offering high-impact services to the population that will be housed is essential.

"One of the most important reasons is the population housed in the tax credit project a health care company is investing in," McMahon says. "From an economics perspective, it makes sense for a health care company to focus on housing for individuals and families with acute and complex primary and behavioral health care needs. They are often the most vulnerable, yes, but they're also very high

utilizers of crisis systems like the emergency room or a hospital stay—and that's expensive care."

When investing in supportive housing, organizations should plan for integration and coordination of related services, McMahon says. For example, UnitedHealthcare invested \$12 million in affordable housing in Albuquerque, N.M., and hired an on-site healthy living coordinator to manage a program that includes cooking classes, exercise and fitness, along with a rooftop garden.<sup>31</sup>

Locating near transportation hubs and federally qualified health centers or behavioral health providers is often a factor in site selection. "From an implementation and means to success point of view, it's the coordination and integration across systems that's critical," he says.

That means each housing investment is tailored to the local market. "There's no formula to do the exact same thing in many places," McMahon says. It requires deep data gathering to first measure the community need and environment prior to the investment, and then ongoing measurement to evaluate the effectiveness of the intervention.

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<sup>29</sup>Centers for Medicare & Medicaid Services Accountable Care Communities Model. <https://innovation.cms.gov/initiatives/ahcm/>. Accessed October 19, 2017.

<sup>30</sup>Chambers J. "Oak Park targeted for affordable housing project." The Detroit News, June 26, 2017. <http://www.detroitnews.com/story/news/local/oakland-county/2017/06/26/oak-park-development/103202674/>. Accessed October 24, 2017.

<sup>31</sup>BusinessWire. "UnitedHealthcare and YES Housing Partnership Brings Innovative 'Vive Salud' Program to Residents of New Affordable-Housing Community in Downtown Albuquerque." <http://www.businesswire.com/news/home/20170613006590/en/UnitedHealthcare-Housing-Partnership-Brings-Innovative-%E2%80%9CVive-Salud%E2%80%9D>. Accessed October 19, 2017.

“You want to figure out who the most vulnerable people are, so you can house and support them. And after the fact, you need to assess the impact. How long did we keep people stably housed? How many were still stably housed two years later? Did this reduce the proportion going to jail, or using the emergency room? That helps us make the case, so we can be accountable for the results and, ultimately, expand investments in supportive and affordable housing.”

### Barriers and challenges addressed by thinking differently

Boulder County’s Alexander connects housing instability to changes in life stage, like becoming a parent or reaching retirement age. “We’ve had so much experience monitoring and assisting people in times of crisis and times of need. When we listen to their stories, we learn that their values and hopes are not that different from everyone else’s,” he says. For example, seniors often want to remain in their home and in their communities, but accessibility and upkeep of a traditional single-family home can become an issue as health deteriorates. Affordable housing is a significant issue for women who are single heads of a household. In both cases, it’s a *diversity of housing inventory* that’s needed to meet needs. It’s also an issue of affordable housing.

“The way the family structure has changed requires us to think differently than the way we did 20 to 30 years ago,” Alexander says. “The

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notion that a 25-year-old single mother or a senior is going to need a large home with a yard and significant upkeep is not realistic. A mom in a town home or condo can be more financially self-sustaining and have more time to raise her kids. The diversity of housing inventory we need in our communities is really important for us to plan for and to think about.”

McMahon concurs. “We have a huge housing inventory gap,” he says. “Even if we do have housing units available, are they available for people at lower income levels? Those two things are big challenges.”

### Connections between housing and affordability in Colorado

In Boulder County, the problem of affordable housing was exacerbated by 100-year floods that hit in 2013. Eight days of rain destroyed 345 homes and damaged another 557. In a county already wracked with high unemployment that constrained the housing sector, the disaster had lasting consequences.

Even with expanded inventory, there remains cultural opposition to mixed-use and affordable housing. Alexander calls for compassion rather than judgment.

“In Boulder County we have 40,000 people—32 percent of renters—spending more than half of their income on rent. As a national benchmark, the housing cost burden is considered 30 percent of income. Here, 54 percent of renters pay more than 30 percent of income for housing,” Alexander says. The county’s affordable housing partnership includes plans to increase affordable housing inventory through acquisition, redevelopment and new construction at the rate of 800 homes per year for 15 years. That takes both time and money.

“There’s a tendency to demonize housing instability, or posit that someone’s economic uncertainty or instability is their fault. That’s opposed to the reality that it’s going to be that way for most people, at some point. It can happen quickly,

when a family member experiences a job loss or significant loss of pay, a health crisis or a natural disaster,” he says.

McMahon says that, nationwide, there is often opposition to placing affordable housing in neighborhoods, based on fear it will decrease property values. “Not-in-my-back-yard as a concept is alive and well, and remains a big issue,” he says. “There are an array of societal issues that are headwinds for affordable housing development.”

### **In housing—like health—prevention is best**

Given the shortage of affordable housing inventory in Boulder County, Alexander says his organization is also leveraging a range of resources to prevent housing instability. The county uses emergency rent assistance and security deposits to get people into housing and keep them there. It leverages veterans housing vouchers as well as Section 8 vouchers to assist families. Boulder County also works with individuals and families to develop budgets and intervene in eviction.

“There are a lot of ways we can help to get them to the level of sustainability they need to become stable, so we can help the next person,” he says. “Housing First is successful in addressing high-need issues, for chronic homelessness and those in the child welfare system. But there’s a broad spectrum of services where we really want to promote job development now and career development for the long term.”

And that, ultimately, is also good for the health of the population.

“Individuals with chronic health conditions can’t manage their health when they’re living in a car or they’re homeless,” he says. “The opportunity we have is to work with health care providers, insurers and social systems to recognize housing instability for what it is, and to see how it can affect everyone involved—individuals, public health and safety, hospitals and insurers.”

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Understanding the connections between housing and improved health, and overcoming barriers addressing access to affordable, supportive housing are essential to address the total health of a community.

“Unequivocally, we need deep community involvement and engagement,” McMahon says. “Different approaches work in different places, but engaging with the community and partners who can leverage and integrate resources is always better. Thinking about the connections between housing and health care, schools and other key partners in the community is critical.” ■



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**ANDY MCMAHON** is vice president of health and human services policy for UnitedHealthcare, Community and State. Previously, he served as vice president for policy and external affairs for the Corporation for Supportive Housing, where he led federal policy and engagement with national partners and stakeholders to expand investment and reform public policy in supportive housing. In a previous role with CSH, he led the strategy direction for CSH's national initiatives, including two Social Innovation Fund projects focused on the intersection of housing and health care and to advance CSH's Frequent Users initiatives.



**FRANK ALEXANDER**  
*Director, Boulder County  
 Department of Housing  
 and Human Services*

**FRANK ALEXANDER** has been director of the Boulder County Department of Housing and Human Services (BCDHHS) since January 2009, overseeing the merger of the former Housing and Social Services Departments into a fully integrated human services agency. In his time with BCDHHS, he has led a comprehensive system redesign process for Boulder County's housing and human services system, which included forging strong local and state partnerships, promoting cross-disciplinary systems integration, and developing award-winning and creative housing and human services programs. He is also director of the Boulder County Housing Authority and is a past president of the Colorado Human Services Directors Association.

### About Rocky Mountain Health Plans

Founded in Grand Junction, Colo. in 1974, as a locally owned, not-for-profit organization, Rocky Mountain Health Plans provides access to affordable, quality health care enabling its more than 229,000 members across the Western Slope to live longer, healthier lives.

### About the Community

Western Colorado is creating an accountable community that uses health IT in a meaningful way, adopts value-based payment models, coordinates care and empowers patients to take charge of their health.

We aspire to ensure the following:

- High-quality health care is affordable and accessible to all.
- Those who purchase health care are assured that care is effective, safe and appropriate.
- Patient care is a team effort, with roles that are well-defined, connected and collaborative.
- Patients have access to the support and information they need to take charge of their health and make their own decisions.
- Payment reform will foster reimbursement models that support accountability for population health and resource use.

- Information technology supports population health, helping providers predict outcomes, prioritize interventions and prevent disease.
- Health data is a community resource used in a secure way to support coordinated care at the population, practice and personal levels.
- Investments in information technology and health system transformation will improve quality of life and economic well-being across the state.
- Health is a community resource that requires leadership, stewardship, individual responsibility, community support and ongoing maintenance.

#### For more information:

-  Call us at 720.515.4129
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