

Evaluating the Effect of Brigham Health's Housing Program on Patients' Experiences

Bridget Faison^a, David de la Cruz^a, Placidina Fico^a, Lynn Hur^b, Maahika Srinivasan^b, MaryCatherine Arbour^{a,b}

^a Brigham and Women's Hospital, Boston, Massachusetts; ^b Harvard Medical School, Boston, Massachusetts

Stable housing is associated with patients' overall well-being and with specific health outcomes, including blood pressure^[1], depressive symptoms^[2], and obesity^[3]. In 2019, Brigham Primary Care created a Social Care Team (SCT) that works in tandem with care teams in Brigham's 14 primary care clinics to support patients with health-related social needs, including housing instability.

The housing program uses a tiered approach: Community resource specialists (CRSs)

- provide short-term support (2 weeks),
- deliver housing information and resources via telephone,
- triage patients that need more support to Housing Advocates

Housing Advocates

- Provide Relational support over 6-12 months
- Accompany patients to community appointments
- Prioritize
 - Homelessness,
 - Eviction prevention,
 - At-risk of homelessness / owe back rent
 - Landlord/management issues
 - Reasonable accommodations
 - limited support for housing search / applications

In 2021, in the context of COVID19-related housing crisis and as part of its commitment to equity, Brigham Health will invest in expanding the Housing Program. This study aims to inform program optimization and contribute to emerging literature about the impact of housing interventions delivered through healthcare systems.

OBJECTIVES

- To describe the patients served, services provided, types of housing cases, and housing outcomes
- To understand, from the patients' perspective, the experience and value of housing program participation to their health and well-being.

METHODS

The study sample includes patients served by the SCT Housing Program from March 2019 through December 2020 who have graduated from the program.

A. Demographics and case characterization: For those eligible patients (estimated N = 820), the following variables are being extracted through the electronic health record:

- Patient demographics (gender, age, race, ethnicity, language, zip code, etc.)
- Housing case type (homeless, at-risk of eviction, unsafe / unhealthy housing conditions, stably housed requesting housing search)

B. Semi-structured interviews: Approximately 30 randomly selected patients are being enrolled with consent and invited to participate in a telephonic interview. The interviews ask participants about their experiences in the SCT Housing Program and include open-ended questions about their housing history, the process of working with the Housing Resource Specialists, and the impact that this program has had on their health and overall well-being. Interviews are recorded and transcribed; qualitative thematic analysis is conducted to capture salient themes.

Table 1. Sample Questions from Semi-structured Interview Guide

1. When you met your Housing Advocate, tell me about where you were living.
2. How did you meet your Housing Resource Specialist? Tell me about how you got connected to them. PROBE: How long did it take to talk to them since you first heard about them?
3. Tell me what it was like working with your housing resource specialist? PROBES: What were the goals of working together? How did you work together? What did you do together?
4. Have you ever been in a similarly difficult housing situation before? Tell me about that.
5. How has it been managing chronic diseases since working with the housing resource team?

RESULTS

Participants March 2019 – December 2020: 977 referrals received; 819 people served (84%), 20% (165) facing eviction.

Patients referred to the SCT for housing needs

- people of color overrepresented
- 59% speak a language other than English
- 58% live in Brigham Health's priority neighborhoods: 58% Dorchester, Mattapan, Roxbury or Jamaica Plain.

May - October 2020, housing referrals to the Social Care Team increased from 20 per month to 100 per month.

Graph 1. Demographics of SCT patient vs. BWH Primary Care populations*

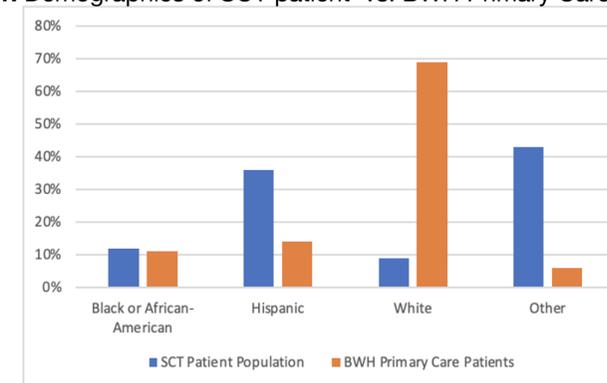
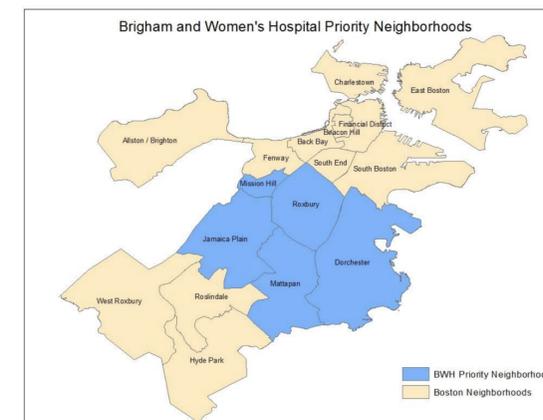


Figure 1. Brigham Health's Priority Neighborhoods



Qualitative interview findings

- Since the start of the evaluation, the Social Care Team has been able to conduct 11 qualitative interviews.
- The range in length of interviews was 20 to 108 minutes, with a mean length of 66 minutes.

- Two of the 11 interviews were conducted in Spanish and the rest were conducted in English.
- Preliminary analyses of semi-structured interviews yield several emerging themes, including 1) the importance of compassion and flexibility in the relationships between patients and Housing Resource Specialists, 2) the need for nimble and transparent search processes, and 3) the impact of housing status on mental health and physical health.

Table 2. Emergent themes and representative quotations.

Theme	Sample size (n=11)	Representative Quotations
Importance of compassion and support of the relationships between patients and HRS	n = 6	<i>Sometimes it's beneficial when somebody asks, 'hey, how are you?'. You know what I'm saying? You don't realize how many people that might even be close to you don't ever take the time to just say, 'hey, how are you doing?' and I appreciated that from her because she would ask how I'm doing, ask about my health, and it was just good to be able to have that. I appreciated that so wholeheartedly from her 'cause I know she had a job to do but it didn't seem like it was business. (RM)</i> <i>I believe when she, a housing advocate, is working with you, it makes it better when she fills out the application. I think when they see that you have an advocate coming from a hospital, I think it might put a fire under their behind, saying 'this person is sick', you know. (BS)</i>
Need for nimble and transparent communication in the search process	n = 5	<i>She is such an efficient person. Efficient is the word. When I spoke to her, she gave me hope. I saw her work. I listened to her make the calls. (CP)</i>
Improvement in mental and physical health with housing	n = 8	<i>If you don't have a home, mental health is affected. Mentally it will affect you. You have to be in a safe apartment, in a safe home. You gotta be happy where you live, you can't be depressed and sad and worrying about nothing. (CD)</i> <i>It's easier to manage my health. It's easier because before, I had to go up the stairs, and all that kinda stuff. In this [apartment], I still have a couple of stairs but it's a whole lot easier than it was before. (BS)</i>

PATIENT RECOMMENDATIONS FOR QUALITY IMPROVEMENT

- Decrease the workload of the current HRS by hiring more so that there can be more time and individual attention paid to each case.
- Ensure that the HRS are aware of all of the accommodations, programs, and vouchers that are available for vulnerable and special populations (e.g. formerly incarcerated).
- Present more options for home ownership, and not only rentals, if that is what the patient is seeking in their housing search process.
- Allow for flexibility in housing criteria as people's personal circumstances and preferences change over time.

REFERENCES

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 [3] Tsai, Jack, and Robert A Rosenheck. "Obesity among chronically homeless adults: is it a problem?." *Public health reports* (Washington, D.C. : 1974) vol. 128,1 (2013): 29-36