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Improving Housing-Insecurity Screening In A Rural Primary Care Setting

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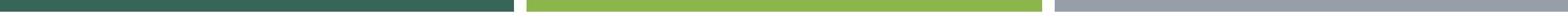


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IMPROVING HOUSING-INSECURITY SCREENING IN A RURAL PRIMARY CARE SETTING

HEATHER GIGUERE

CASTLETON VERMONT

JULY-AUGUST 2022

PROJECT MENTOR: DR. BRADLEY BERRYHILL

AHEC Focus Areas: Social Determinants of Health & Medical Practice Transformation

DESCRIPTION OF NEED

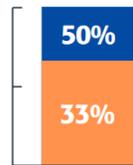
The Big Picture:

- Homelessness and unstable housing are well established social determinants of health that contribute to premature morbidity and mortality. (6)
- A significant amount of research shows that being housed leads to better community access to health services, and better population health outcomes. (7)
- Lack of housing, inadequate housing, and poor housing conditions have a direct impact on individual health as well. (5)
- Screening for current, or for risk of homelessness leads to earlier identification, which leads to earlier and more extensive service engagement (8).

Rutland County:

- Castleton Family Health Center (CFHC) serves the western part of Rutland County which is designated as both **rural** and **medically underserved** by the Health Resources & Service Administration. (1)
- Housing in Rutland County continues to be a challenge on multiple levels, from affordability to safety to availability for both rentals and sales. (3)
- Similar to the rest of Vermont, 35% of Rutland County households pay more than 30% of their income for housing. About 15% of Rutland County households pay 50% or more of their income for housing. Spending >30% of one's income on housing makes the household high risk for housing instability, including frequent moves, eviction, foreclosure and homelessness. (3)
- A simplified set of screening questions and improved awareness at CFHC, and beyond, can aid in connecting people who screen positively with the appropriate resources to curtail the medical ramifications and public health costs of housing insecurity and homelessness.

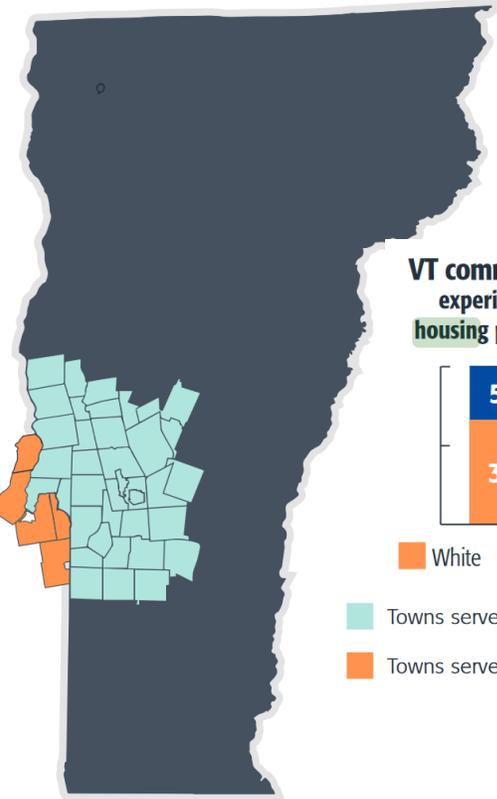
VT communities experiencing housing problems



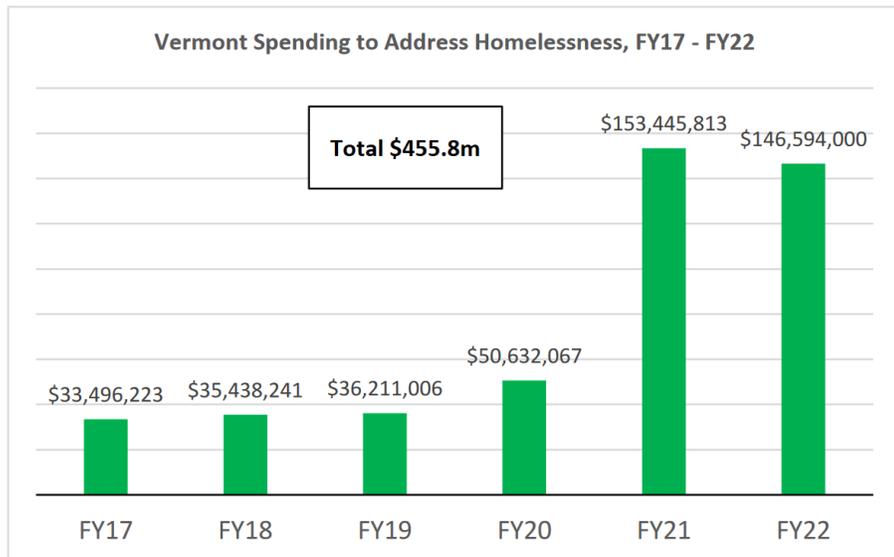
White BIPOC

Towns served in Vermont

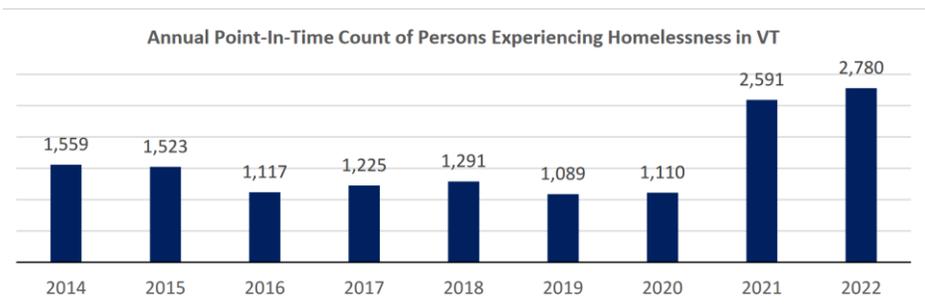
Towns served in New York



PUBLIC HEALTH COST AND COMMUNITY COST CONSIDERATIONS



Note: FY22 was still ongoing at the time this data was assembled and therefore FY22 totals are partial.



Community Cost Considerations:

- Vermont has spent ~ \$190 million on emergency shelters and shelter-based services from 2017 to the spring of 2022 with nearly 90% of that spent during the COVID-19 pandemic.
- Most of Vermont's funding for homelessness comes from federal sources, but a **considerable amount is paid by Vermont taxpayers (4).**

Public Health Costs:

- 80% of emergency room visits made by people struggling with homelessness are for an illness that could have been treated with preventative care.
- As of 2020, the **average annual cost for houseless people frequenting the ED was \$45,000 per person (9)**
- One study showed that homeless **“individuals provided with housing experienced fewer emergency department visits, fewer hospitalizations, and less time spent hospitalized than control groups.”** Assisting people out of housing-insecurity can reduce hospital spending and public health costs (5).

COMMUNITY PERSPECTIVES AND INTERVIEWS

Andrea Wicher, Director of Population Health & Quality:

- Housing insecurity is a major issue in Rutland County. Between 2021-2022 our homeless population doubled.
- Currently there are around 400 people living in hotels, a little over 100 of them being children.
- There are social determinants of health screening questions in the electronic health record (EHR), although they are not routinely used, and often are only asked when a patient has already been referred to care managers.
- There is certainly a need for improved screening for social determinants of health, including housing insecurity.

Moses Hudson-Knapp, Clinical Projects Coordinator at CFHC, RN:

- Right now, in the state of Vermont, we have a serious shortage of affordable housing and a large homeless population. We have taken on many initiatives to assist the homeless population in the context of a lack of affordable, safe housing.
- While we are trying to place these houseless people into a livable space, we also need to address other key social determinants of health— why are they homeless in the first place and how is it impacting their overall health?
- Routine screening for housing insecurity will help to expand these conversations.

Dr. Bradley Berryhill, MD:

- We have patients with housing insecurity who are sick because of their living conditions. This is a very important project, especially for places like the express care (urgent care) where we don't know the patients well, and they may not have a primary care doctor.
- The current screening document for social determinants of health is not feasibly used with every patient due to its length (7 pages), and many people do not know how to find it in the EHR.
- Even if this set of questions identified one or two people a year struggling with housing insecurity, that would be very significant.

INTERVENTION AND METHODOLOGY

- Three questions were developed to screen for housing-insecurity based on the literature, validated screening questions in use by other organizations, and current validated questions available in the EHR at CFHC.
- Providers and support staff at CFHC were informed about these screening questions. Copies of these questions were placed strategically in exam rooms of both the clinic, and the affiliated express care.
- The questions were designed for patients to fill out while waiting for their appointment, but staff was also encouraged to ask these questions if not done by the patients.
- Instructions for staff to locate a document with more extensive SDoH screening questions in the EHR were placed on the backside of the questions, given that most people did not know where to locate this.

WE WANT TO HEAR ABOUT YOUR LIVING SITUATION!

Where you live can impact your health! Help us learn about your living situation by answering the questions below. If you have any concerns, we can discuss them during your appointment.

1. What is your living situation today?

- I have a safe, stable place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, shelter, car, abandoned building, bus, train station, park, or other.)

2. In the last 12 months, how many times have you moved?

3. Think about the place that you live: do you worry about the condition, safety, or cost of your current living situation?

- NO
- YES:
 - I worry about paying for my housing and/or utilities
 - I have safety concerns about my housing:

(Could include: Pests (bugs/ants/mice/etc.), Mold, Lead paint/pipes, lack of heat, oven or stove doesn't work, smoke detector is missing or doesn't work, water leaks, or other things!)

RESULTS AND RESPONSE

Medical staff and practitioners at CFHC were amenable to the use of these screening questions moving forward and acknowledged the importance of screening for housing insecurity in Rutland County.

Questions were successfully disseminated to exam rooms in the form of a laminated patient questionnaire, with medical support staff educated to ask them, if not filled out by the patient.

ASSESSMENT OF EFFECTIVENESS AND LIMITATIONS

Determining Efficacy:

- This project sought to develop a more specific screening tool to identify housing insecurity in patients at Castleton Family Health Center, and ideally other clinics in the future. In order to assess its effectiveness, I would propose a long term follow up to determine frequency of its use in the clinic, as well as to gather data on how often patients screen positively via its use. I would also be interested in determining successful referral to community resources based on use of the screening tool and long-term outcomes/changes in housing status as a result of its use.



Limitations

- Only implemented at one clinic location (CFHC).
- Unable to integrate these questions into the EHR due to time.
- Gathering efficacy data would be a challenge given that this set of questions is not currently integrated into the EHR.
- Time was a limitation in expanding this project and perhaps making it more “user friendly” in the clinical setting through EHR integration.

FUTURE CONSIDERATIONS AND RECOMMENDATIONS



Expand the screening questions, particularly those to ask if a patient screens positively.



Disseminate the screening tool to other regional offices for use.



Create a “dot phrase” for Epic based practices with screening questions and/or community resources. Find a way to integrate these questions into the EHR (MEDENT) at CFHC.



Develop a pamphlet or handout of resources for patients that screen positively for housing insecurity.



Long-term follow up: determine continued use of this screening tool at CFHC and elsewhere and determine its efficacy in identifying people with housing instability. Based on findings, may make changes to improve overall ease of use.

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