



Massachusetts League of Community Health Centers & Boston Public Health Commission

*Report on Housing Screening Practices &
Needs Summary*

Massachusetts League
of Community Health Centers

**BOSTON
PUBLIC
HEALTH
COMMISSION**



SUMMARY

With the launch of the “Housing A Changing City: Boston 2030” initiative in 2014, Mayor Martin Walsh made a commitment to ensure that a rapidly growing population with diverse needs would have access to high-quality, affordable housing in the years to come. The Mayor and the City of Boston have made significant progress in not only building the capacity to field the wide variety of housing issues that residents may face, but also in the construction of nearly 27,000 new brick-and-mortar housing units in the last 5 years. These successes are reflective of a robust and interdisciplinary initiative to address the ongoing housing crisis that faces the City, the Commonwealth and the nation as a whole.

In this context and with a spirit of greater collaboration in the delivery of services, the Boston Public Health Commission (BPHC) has partnered with the Massachusetts League of Community Health Centers (the League) to document the screening practices and housing resources used by 22 community health centers located throughout Boston to address ongoing housing needs. Through both a quantitative survey launched in Winter 2019 and qualitative feedback at multiple meetings of the Boston health centers throughout Spring 2019, new data was gathered to better document how health centers are already executing on this core principle of their mission and how they see themselves continuing to do so in the future.

This report outlines some of those findings as well as identifies potential gaps and areas for collaboration. Additionally, this report provides three potential recommendations to stakeholders and leaders at the city level that would better position health centers as leaders in addressing ongoing housing issues. It is the goal of this report to highlight both the pivotal role that health centers play in the ongoing initiatives around housing and what resources can be deployed to make them active leaders in continuing to address these evolving needs.

OVERVIEW & DISCUSSION OF RESULTS

Methods

Over a six-week period, beginning in February 2019 and ending in March 2019, the League partnered with the BPHC to distribute a quantitative survey to the 22 community health centers in Suffolk County. The survey was distributed through email and consisted of 17 questions, varying between multiple choice and open answer based on the topic. The survey had a response rate of 86%, with 3 community health centers not participating.

The results of this quantitative survey were then discussed at a meeting of the Boston Conference of Community Health Centers on April 18th, 2019. At this time, the League and the BPHC presented summary findings as well as potential recommendations with community health center leaders in attendance. Their feedback was solicited and incorporated into this write-up.

The full results of the survey are included as an appendix to this report.

Goals

The goal of the quantitative summary and the subsequent qualitative discussions of their results served to shed light on three specific areas:

1. Screening Practices – if health centers are using standardized methods of screening their patients’ housing statuses, whether it is done in their EMR or in some other format, and at what point in the care continuum this is taking place
2. Existing Resources & Programming – if health centers currently have infrastructure to address identified housing needs, if they employ housing advocates at the health center or refer elsewhere, and what existing resources or collaborative initiatives they utilize in the Greater Boston area to address various housing needs.

3. Opportunities to Lead – an open-ended¹ question was provided to health centers, both in the survey and in subsequent discussions, about what they would choose to do around housing issues if they had no limit on resources or scope.

In brief detail, the next three sections will quickly discuss the results and implications of these focus areas.

Screening Practices

Nearly 80% of the community health centers in Boston that responded to the survey reported that they are incorporating standardized screening for housing status into their care continuum. 63% of those health centers are also screening for housing as “part of any routine visit”, which would mean any primary or need-based care sought by a patient at a community health center. A majority of this screening for housing status takes place in Adult/Family medicine (94%), followed by Pediatrics (83%), Behavioral Health (50%), and Case Management (50%)¹.

Medical Assistants (MA’s) and Certified Nursing Assistants (CNA’s) were overwhelmingly identified, at 80% of responses, as the member of the care team most typically charged with screening for housing status. Social workers and case managers were also identified as a leading group charged with screening for housing status.

Nearly 90% of health centers responded that they are screening patients’ housing statuses with questions embedded in their Electronic Medical Record (EMR). Outlying responses to this question identified using a physical intake tool separate from the EMR to assess for housing. Finally, nearly 90% of surveyed health centers are using a form of Epic (OCHIN or non-OCHIN) as their EMR.

Existing Resources & Programming

A majority of health centers responded that they are utilizing data yielded from screenings to influence patient programming and resources relative to housing. However, the variability of responses in this section of the survey identified both best practices and significant gaps.

More than 75% of health centers responded that they currently have a housing advocate or lead staffer specializing in addressing patient housing issues. It was not clear through survey data or discussion how many health centers employ a specific housing advocate versus simply designating an existing staff member as the “lead” on this issue. Additionally, this report could benefit from a further qualitative exploration of the duties of these housing advocates at various health centers as they are likely to differ based on programming and patient need.

The survey further identified that 94% of health centers are referring to and working with existing external housing agencies. The survey listed 18 potential resources that health centers “may” collaborate with and respondents to the survey identified an additional 3 that were not suggested. The following resources and agencies ranked among the top five from respondents:

1. Boston Housing Authority (94%)
2. Emergency shelters for individuals (82%)
3. Emergency shelters for families (71%)
4. Metro Boston Housing Partnership (71%)
5. Pine Street Inn (65%)

While health centers identified a wide variety of external partners in addressing housing, only 29% of health centers identified another health center as a collaborative partner in addressing housing. These relationships, based on feedback, seemed contingent upon geographic proximity and available funding through grants or private donors.

¹Percentages do not equal 100% here as survey allowed health centers to select more than one option. The 3 categories identified here received the most selections.

Opportunities to Lead

As aforementioned, the survey gave health center respondents the ability to provide open feedback about the tools and initiatives that would be most useful to them in addressing the housing needs of their patients. While the feedback was wide-ranging in its scope and narrative, the responses can be summarized into the following three buckets:

1. Health centers identified a great need for better and more consistent funding of housing advocates employed by and based at their health centers—working both to help house patients and to continue the relationship after that to ensure long-term success.
2. Health centers identified a desire for greater coordination and collaboration among existing housing agencies and their health center peers, both to ease the navigation process for patients and members of the care team as well as to better address shared needs
3. Finally, health centers poignantly identified the critical need for more affordable housing units and increased access to vouchers that position patients to continue engaging with their medical home.

RECOMMENDATIONS

Based on the data above and the incorporation of feedback from health centers throughout this process, the League is making three targeted recommendations that would better assist health centers in continuing to address the wide range of housing issues that patients and residents of the City of Boston face.

1. Increase Partnerships & Flexible Funding Streams for Housing Initiatives at Community Health Centers

State and local partners, both public and private should continue to identify health centers as active leaders and potential partners in the ongoing work around housing issues. Existing projects and funding mechanisms in place can be expanded and improved through continued engagement with community health centers. Additionally, there exists an ability to identify those health centers that already have significant infrastructure and continue to expand upon it. Funding should also be flexible to allow for diversity in overall decisions, such as scope of projects and hiring. For example, some health centers may require a peer navigator for housing more urgently while others have high need for eviction protection and further legal supports for patients. Flexible long-term funding of this nature, with long-term defined as guaranteed funding for a period of no less than 3 years, will allow health centers to innovate and lead in a greater capacity than now exists.

2. Utilize Existing Data from Health Centers & External Initiatives

State and local partners, both public and private, should seek to leverage the existing knowledge and data health centers have about their communities to inform further housing initiatives. As more health centers operationalize and perfect screening systems for housing through their Accountable Care Organizations (ACOs), a wealth of new and useful data will be identified that can help target growth and investment. In addition, the Boston Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) through the Conference of Boston Teaching Hospitals (COBTH) has and will continue to identify major data points and needs that can further inform ongoing housing conversations. Both of these valuable data sources should also be used to inform the types of housing needs facing various communities throughout Boston and subsequent new construction. As one health center stated, “the capacity to navigate to housing is moot without more physical access to housing”.

3. Improve Navigation & Accessibility to Existing Housing Resources

Finally, the League and the BPHC should work closely together to coordinate and summarize the various housing resources that exist for patients. Often, housing insecurity is identified while the resources to address it may be disparate and far outside the scope of a provider’s ability in the clinical moment. A better summation of existing resources, how they work, and how they can be accessed would give health centers better footing to “prescribe” housing as part of a medical visit.

CONCLUSION

Addressing the social determinants of health was a core founding principle of the community health center movement. Among these, housing stands out as a continuing and far-reaching issue with many actors and facets that must be addressed in order for it to be successfully addressed.

Community health centers have been and continue to be leaders in the area of providing and promoting housing — both in obtaining and keeping it — for their patients. As the City of Boston and the Commonwealth as a whole continue to grapple with this complex issue and forge meaningful paths forward in addressing it, they should keep community health centers at the forefront of their minds as a significant part of any comprehensive solution.
