

## Lessons learned implementing and evaluating a Boston hospital system's cross-sector housing intervention to prevent eviction

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### Abstract

Screening for housing instability has increased as health systems move toward value-based care, but evidence on how health care-based housing interventions affect patient outcomes comes mostly from interventions that address homelessness. In 2018, Brigham and Women's Hospital (BWH), an academic medical center in Boston, instituted screening for health-related social needs (HRSN) at its 14 primary care clinics and created a Social Care Team (SCT) to address patients' HRSN alongside clinical staff; 30% of patients screened positive for housing needs, which led to integrating housing advocates into the SCT to support this subset of patients. The first evaluation of the housing intervention (2018-2021) found associations between program participation and reductions in outpatient utilization, and patients reported physical and mental health benefits and an increased sense of connection to their healthcare provider. The program has since been refined, integrating a triage component to prioritize eviction prevention, a legal partner offering patients representation, more housing advocates, and an emergency fund to bridge one-time monetary barriers to permanent housing. This study – a second-phase mixed methods evaluation of BWH's refined housing program – aims to examine associations between program participation, healthcare utilization, and health outcomes; analyze legal partner data and patients' experiences with legal representation; and solicit providers' perceived effects on patients' health and well-being and provision of care. Preliminary results from a patient chart review (n=180) revealed that 59% of patients faced eviction at the time of referral, half of whom avoided eviction (48%) or received a no-fault eviction (4%). Nearly a quarter (22%) of all patients received legal partner support. Preliminary analyses from provider interviews (n=10) suggest that housing needs are prevalent among their patients and have powerful, deleterious effects on patients' health and ability to engage in care. Providers do not feel equipped to address patients' housing needs themselves and feel relieved to have the housing advocates' expertise and support. The housing intervention, and SCT more broadly, enables providers to focus on clinical care and patients to engage in care and attend to their health.