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Compiling Diverse Affordable Housing Resources for Distribution in Primary Care

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Mentors: Dr. Michael Graham, MD
Rotation 1, March 2022

Problem Identification

- ❖ During primary care office visits, patients often mention concerns regarding social determinants of health that are unable to be fully addressed in the limited time of the appointment. Often, these concerns center around housing concerns and related financial strain. **Several such instances were documented during this rotation.**
- ❖ According to the Porter Medical Center Health Needs Assessment of 2022, 55.2% of respondents reported that affordable housing was the top social and environmental challenge of the community. Concerns centered around **“all forms of housing, affordable units, spaces to rent, houses to buy, sober housing, and housing for elders.”**¹
- ❖ The Vermont state government’s housing needs assessment estimated in 2019 that 16% of households spend more than half their income on housing. An additional 36% spend 30% or more on housing, the nationally recommended maximum. **19,054 Vermonters live in homes with serious housing quality issues.**²
- ❖ The diversity of housing issues Vermont residents face and the limited time available to address them in the time constraints of a primary care appointment necessitates an intervention to quickly provide at-risk patients with resources to help.

Public Health Cost

- ❖ The strain that housing insecurity has on patients and the direct effect it has on their health and well-being was observed in clinic. Manifestations ranged from exacerbations of depression / anxiety, fluctuations in blood pressure, inadequate diabetes management, and compromises to necessary medications in order to afford housing to name a few.
- ❖ Research across the country has shown the benefit of investing in affordable housing and the net reduction in cost it has. In 2012, it was found that low-income households spending more than half their income on housing spent less healthcare compared to those spending 30% or less on housing. **This disparity was particularly noted in rural settings.**³
- ❖ A study conducted by the Center for Outcomes Research and Education found that affordable housing **reduced overall healthcare costs for Medicaid recipients by 12%.**⁴

Community Perspective

- ❖ “Just last week, had patient on insulin taking it every other day trying to extend how long it would last because insurance was going to run out”
- ❖ “Patient’s who are in the donut hole, are not going to pick up medication because they are going to need to pay rent.”
- ❖ “Especially thinking of older patients, patients who typically aren’t tech savvy...newspapers have gone down and word of mouth isn’t there, especially in the pandemic.”
- ❖ *Excerpts from interview with Emily Martin, graduating pharmacy student at Albert Einstein College of Medicine*
- ❖ “Experiencing homelessness affects you in the same way that not sleeping does”
- ❖ “It’s about validating first and foremost...a lot of people feel alone in navigating these challenges”
- ❖ “The best thing to do is leave something physical with them [patients]”
- ❖ “Experiencing homelessness affects you in the same way that not sleeping does”
- ❖ *Excerpts from interview with Sophie Pickens, head of Quality Assurance and part of the administrative team at John Graham Housing Services in Vergennes.*

Intervention and Methodology

- ❖ A literature review was conducted to examine affordable housing issues in New England, proposed interventions that have been implemented elsewhere in the country and issues unique to Vermont.
- ❖ Another review of local resources and initiatives in place was done, with attention given to the specific need or population each resource focused on.
- ❖ A handout was then created to compile the list of resources, sorted by general area of patient interest and sub-divided into specific relevant categories of need.
- ❖ The goal is for this document to be distributed to patients who indicate they are housing insecure or at risk of becoming housing insecure during an appointment.

Results/Response

- ❖ An initial draft of the handout was distributed to community stakeholders for their input and to elicit suggestions for improvement.
- ❖ Adjustments were made to organization of the handout in order to streamline patient identification of resources relevant to them and their needs.
- ❖ The handout was given to providers at Little City Family Practice to present to patients they believe would benefit from it.
- ❖ Effectiveness of the handout and patient response remains to be seen and could be evaluated in the future.

Evaluation of Effectiveness and Limitations

- ❖ Patients' perspective on the evaluation of this intervention must be deferred until more handouts can be distributed to at risk patients.
- ❖ A proposed mechanism for evaluation is tracking the number of handouts delivered. Utilization of the handouts could also be documented through Epic.
- ❖ A short survey of patients could be conducted as well, perhaps simultaneously given in the form of questions attached to the document.
- ❖ **Limitations:**
 - ❖ Resources for the housing insecure require integration of rapidly changing information, all of which cannot be adequately summarized in a handout.
 - ❖ Many of the resources continue to experience complications in terms of scheduling referrals and consultations due to the effects of COVID-19.
 - ❖ There remains a limitation in the availability of these resources regarding how many patients they are logistically able to work with.

Future Interventions

- ❖ As stated, patient perspective on the utility of this intervention in addressing their existing housing concerns remains to be collected.
- ❖ Future interventions similar to this project, or perhaps building on this project, could include a discussion about how patients can access resources without computer literacy. Many of the affordable housing initiatives in Vermont, if not requiring computer literacy to find them, do require it in order to proceed with things such as applications, referral requests, etc.
- ❖ The data used to build this project was derived from historic surveys conducted by Porter Medical Center and the state government of Vermont in Addison County. Patients at Little City Family Practice could be directly surveyed about any other specific housing concerns they have.

References

- ❖ 1. Community Health Improvement Plan, Porter Medical Center at the University of Vermont Health Network, 2022. Porter Medical Center.
- ❖ 2. State of Vermont. Completed for the Vermont Department of Housing and Community Development. (2020). *Vermont Housing Needs Assessment 2020-2024*. Vermont Housing Finance Agency.
- ❖ 3. Alexander, Barbara, William Apgar, Kermit Baker, and Pamela Baldwin. 2014. *The State of the Nation's Housing*. Boston, MA: Joint Center for Housing Studies of Harvard University.
- ❖ 4 Wright B, Li G, Weller M, Vartanian K. *Health in Housing: Exploring the Intersection between Housing and Health Care*. 2016. Accessed April 24, 2022.

Consent Forms

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes

Name: Sophie Pickens

Name: Emily Martin