RESEARCH LETTER

Prevalence of Housing Problems Among Community Health Center Patients

In 2016, the Health Resources and Services Administration (HRSA) Health Center Program provided primary care to more than 25 million medically underserved patients through a nationwide network of community health centers (CHC), health care for the homeless, migrant health centers, and public housing primary care clinics. Although the latter 3 clinics serve individuals with housing problems by definition, little is known about the scope of housing problems among CHC patients, who constitute 91% of Health Center Program patients nationally. We used data from a national survey to assess the prevalence and health-related correlates of housing problems among CHC patients.

Methods | The Partners Human Research Committee exempted this study. We analyzed the 2014 Health Center Patient Survey, a nationally representative, cross-sectional, in-person survey of Health Center Program patients conducted by RTI International from September 2014 through April 2015 using a 3-stage sampling design. First-stage sampling units were Health Center Program grantees, stratified by funding stream, sub-stratified by other characteristics, and sampled with probability proportional to size. Second-stage sampling units were clinics within grantees. Third-stage sampling units were patients sampled consecutively at clinics if they had made 1 prior visit or more within the past year; 91.4% of those eligible completed interviews. We confined our analysis to CHC patients aged 18 years or older.

We used responses to items assessing living circumstances to create 5 mutually exclusive housing categories: (1) homeless—usually slept during the past week in an emergency shelter, transitional shelter, or car; anywhere outside; or any other place not meant for habitation; (2) doubled-up—past-week residence in a house, apartment, or room that they did not rent or own (doubled-up individuals are considered homeless by HRSA but not by the US Department of Housing and Urban Development); (3) unstably housed—past-week residence in their own place but moved 2 or more times in the past year or was unable to pay the rent or mortgage at any time; (4) stably housed, previously homeless—past-week residence in their own place without the above difficulties but previously homeless, reflecting potential housing risk; and (5) stably housed, never homeless—no current or prior housing problems.

Other variables included self-reported demographic characteristics, health status indicators, and measures of health care use and access, each defined in the Table.

We used Rao-Scott χ² tests with a 2-sided P value of less than .05 for significance to compare respondents with categories 1-4 vs without (category 5) current or prior housing problems. We examined whether those with housing problems had ever received CHC assistance in finding a place to live. We conducted analyses in SAS (SAS Institute), version 9.4, using strata, cluster, and weight variables to account for the sampling design. Reported percentages are weighted.

Results | Of 3172 adult CHC patients, 3148 provided sufficient information to characterize their housing status. Of these, 12% (95% CI, 0.6%-1.8%) reported current homelessness, 9.0% (95% CI, 6.8%-11.2%) reported doubling-up, 26.8% (95% CI, 23.1%-30.6%) reported unstable housing, and 6.5% (95% CI, 4.6%-8.5%) reported stable housing but previous homelessness, totaling 43.6% (95% CI, 39.0%-48.1%) with any history of housing problems. Compared with those without housing problems, participants with housing problems were more likely to report health problems, emergency department use, and delays in care (Table). Twenty-nine percent (95% CI, 4.4%-52.9%) of homeless, 1.1% (95% CI, 0.2%-2.2%) of doubled-up, and 2.5% (95% CI, 0.8%-4.2%) of unstably housed patients reported CHC assistance in finding a place to live.

Discussion | In this cross-sectional study, 43.6% of adult CHC patients reported housing problems, including 12% who reported current homelessness. By comparison, the point prevalence of homelessness in the US population has been estimated at 0.18%. Limitations of this study include reliance on cross-sectional self-report, the lack of a validated measure of housing instability, and the potential lack of generalizability to non-CHC clinic settings. Additionally, we did not examine the correlates of specific housing problems. Nonetheless, the high prevalence of housing problems and their association with adverse health metrics suggest that CHCs should consider universal screening of housing status.

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Author Contributions: Dr Baggett had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.