

### BACKGROUND

American College of Obstetrics and Gynecology (ACOG) recommends screening for social determinants of health (SDOH), including housing. SDOH can impact mother/baby health outcomes at the individual and population level.

The primary purpose of this project is to implement a standard of practice that improves screening for housing insecurity in pregnant populations and improve clinical and administrative resources for patients.



# Addressing Housing Insecurity in a High-Risk Obstetric Clinic

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## **OBJECTIVES**

- housing insecurity
- year

### OUTCOMES

### Intervention

10 question screening tool from ACOG and Boston Health Leads Social Needs Toolkit

HOUSING SCREENING FORM
1. I decline screening at this time
Yes: please stop survey here
No: please continue to question number 2
2. I am already getting homeless services or assistance
Yes No
3. In the last 12 months did you ever eat less than you felt you should because there was not
enough money for food?
Yes
<ul> <li>No</li> <li>4. In the past 2 months have you been living in a stable house that you own, rent, or share with</li> </ul>
other people?
Yes, I live in stable housing
No, I do not live in stable housing
5. Where have you lived for MOST of the past 2 months?
Apartment/House/Room
With Friend/Family
Motel/Hotel Hospital/ Rehab Center/ Drug Treatment Center
Homeless Shelter
Anywhere outside (street, Vehicle, Abandoned Building
Other*
6. Are you worried that in the next two months you may not have stable housing? Yes, I am worried about losing housing soon
No, I am not worried about losing housing soon
<ol> <li>Do you think you are at risk of becoming homeless?</li> </ol>
□ Yes
No
8. In the last 12 months, have you ever had to go without health care because you did not have way to get there?
☐ Yes
🗌 No
9. Would you like to be referred to talk more about your housing situation?
Yes
No
10. What's the best way to reach you?
How to reach:
1 manuale interventions - Manuale to Arrel
• 1 month intervention : March to April
•
<ul> <li>Identified 1 patient with housing</li> </ul>
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needs
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<ul> <li>Themes that Emerged:</li> </ul>

- Comprehensive self identification
- Emergent intervention vs. stable housing insecurity identified before appointment with clinical staff (physicians, residents, midwives)

There are unique housing needs presented in the high-risk obstetric clinic population. The clinical staff's referrals to the clinical social worker captured the patients who needed the services the most. However, over one month, the paper screening tool yielded fewer but more comprehensive results necessary to impact clinical practice in the clinic. Although the social worker was able to capture the need, there were difficulties in permanent housing placement. The next steps of the project include the utilization of the new screening tool over an extended period and implementing standardized ways to capture patients with housing needs. Other next steps include addressing and increasing resources for emergency shelters for pregnant women and women facing complex social issues such as IPV, rape etc. Also, increase diverse housing options for women as well as funding to the established housing authorities for long term stays especially for mothers and babies. Identifying housing insecurity is one step but eradicating housing insecurity is the goal.

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Identify the current usage of the screening tool for

Increase the usage and identification of housing insecure patients by 50% at the end of the calendar

Implement a comprehensive screening tool to identify pregnant patients with housing insecurity.

### Postintervention

### DISCUSSION

### ACKNOWLEDGEMENTS



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### **MATERIALS & METHODS**