

Housing prescriptions improve health outcomes in children, anxiety and depression in adults

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Allison Bovell-Ammon. Credit: Boston Medical Center

Results of a study show that enrollment in a program that supports housing and health needs of medically complex families was associated with improved child health and parent mental health within six months. The program, Housing Prescription as Health Care (HPHC), helps families experiencing homelessness and housing instability in Boston and uses a multi-dimensional approach to address families' specific needs. Led by Children's HealthWatch at Boston Medical Center, the intervention reduced the share of children with fair or poor health by 32 percentage points in the first six months of the study.

Published in *Health Affairs*, the HPHC pilot program enrolled 78 families between 2016 and 2019 to determine whether the coordination of services that address housing, financial, legal, social, and health needs may improve health outcomes, when compared with current approaches.

"Our study aimed to explore how a multi-faceted intervention designed for families experiencing housing instability and homelessness might improve the health of children and their families," said Allison Bovell-Ammon, M.Div, director of policy strategy at Children's HealthWatch and the study's corresponding author. "Secure housing allows families to direct focus toward their health, while living in an environment that allows them to thrive."

At the beginning of the randomized controlled trial, 71 percent of families in the intervention group and 64 percent of those in the [control group](#) identified as homeless, while 58 percent and 55 percent report that they were behind on rent. At the six-month mark, 67 families completed the follow-up, and an analysis showed improvement in the share of children identified as having fair or [poor health](#), and in the average anxiety and depression among parents in the intervention group. Average scores for anxiety and depression among adult family members declined by 1.38 and 1.04 points, using the Patient Health Questionnaire-2 for depression and the Generalized Anxiety Disorder two-item scale for anxiety.

Within the [intervention group](#), there were also significant changes in [child health](#) status, and children who were housed at six months had a lower prevalence of developmental risk than those who were not. They also showed a decrease in being behind on rent, and both groups demonstrated significant reductions in their use of [health care](#).

"Without significant new investment from the federal government, it will be difficult for health systems to adequately respond to housing

needs," said Megan Sandel, MD, MPH, a pediatrician at Boston Medical Center, and coauthor on this study. "Our goal is to set families on a positive trajectory toward stability, but we can't do this alone."

Future analysis is necessary to assess the long-term impacts of this model, and to define the cost benefits associated with the direct benefits of improving child physical health and parent [mental health](#) services. This is important for understanding the ways in which tailored housing and health interventions may be able to produce a positive return on investment within pediatric populations.

More information: Allison Bovell-Ammon et al, Housing Intervention For Medically Complex Families Associated With Improved Family Health: Pilot Randomized Trial, *Health Affairs* (2020). [DOI: 10.1377/hlthaff.2019.01569](#)

Provided by Boston Medical Center

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