



A City Takes Action

Emerging Strategies for Integrating Health and Housing

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In Boston, Massachusetts, the Boston Housing Authority, Boston Public Health Commission, the city’s Inspectional Services Department, the Boston Foundation, and local universities and medical institutions have come together over the last decade-plus to address the intersection of health and housing. Motivated by a desire to improve the lives of Boston’s most vulnerable residents, these organizations began collaborating to address asthma and, more recently, to prioritize housing and health needs for pregnant women. By bridging anchor institutions, foundations, and city agencies around health and housing initiatives citywide, Boston has made strides toward providing healthier housing options and integrated health management and referral systems. This case study highlights how a variety of key stakeholders within one city can collaborate to address the health and housing needs of its vulnerable residents.

Introduction

Over the last decade-plus, Boston has become a premier leader on the intersection of health and housing. Long before the Affordable Care Act became law, Massachusetts emphasized prevention and health care access—most individuals have health insurance—which has resulted in a more progressive environment for tackling social determinants of health. Yet Boston has a poverty rate of 22 percent, 8 percentage points higher than the national average. These factors make it a unique case for understanding health and housing for lower-income populations.

The seeds of Boston’s health and housing initiatives grew from the work of three main stakeholders: the Boston Housing Authority (BHA), the Boston Public Health Commission (BPHC), and local universities. More recently, the Boston Foundation has also become increasingly focused on health, well-being, and housing. Together, this combination of anchor institutions, city agencies, and local philanthropy has fostered strong cross-sector collaborations to address housing as a social determinant of health.

BOX 1

Community Context: Boston, Massachusetts

Population: 639,594

Poverty rate: 22 percent

Unemployment rate: 2.5 percent

Education attainment (bachelor’s degree or higher): 45 percent

Individuals with health insurance coverage: 94 percent (decreased from 97 percent in 2008)

Homelessness population: 3.9 percent

Renter occupied housing: 56 percent

Number of residents in BHA federal public housing: 19,731

Average months on waiting list for BHA public housing: 26

Sources: 2016 Boston Medical Center Community Health Needs Assessment; US Department of Housing and Urban Development (HUD) Point-in-Time Count, HUD Public and Indian Housing Information Center data.

Boston Housing Authority

The Boston Housing Authority’s history provides important context for understanding the city’s current health and housing landscape. In the 1970s, a lawsuit filed by public housing tenants citing poor conditions resulted in a court-ordered consent decree. In 1979, BHA was placed into judicial receivership to bring its housing into compliance with health and safety codes and laws (US Government Accountability Office 2003). Wrestling with poor management and problems with the federal housing program—an aging housing stock, inadequate operating subsidy, and inconsistent capital funding resulting in delayed repair and maintenance—BHA itself acknowledged that only 2 out of its 25 family developments were “sound” places to live.

Under receivership, BHA launched an aggressive program to redevelop properties, rehabilitate units, reduce vacancies, and improve maintenance (US Government Accountability Office 2003). In the mid-1990s, BHA experienced another major turning point when it received two HOPE VI grants to

demolish and rebuild family properties as a mixed-income community. Around this time, with new leadership and a stronger emphasis on housing as a social determinant of health, the organization began to focus on tenant services to improve the health and well-being of its residents (Vale 2007).

Local Universities

In the late 1990s, Boston health data were showing increasing rates of pediatric asthma health care use, with significant differences by race and ethnicity. Public health researchers from Boston University, Tufts, and Harvard took notice and approached BHA with the hopes of conducting research on possible interventions, but was met with some skepticism. The Boston Housing Authority was struggling to emerge from a difficult period in its history and was wary of partnering with entities that had been viewed as insular rather than committed to the community at large.

Over time, the two organizations came to recognize their shared concerns over tenant health needs and built a relationship based on trust and collaboration. Concurrent conversations with BHA residents about housing conditions and quality of life also contributed to BHA's openness to learn and improve operations. As a result, BHA leadership felt more confident providing researchers access to BHA properties and residents to conduct research.

Boston Public Health Commission

As health problems within the city grew, clinicians and community residents voiced their concerns, and an advocacy group formed to encourage the city to do more to address the problem. In response, the Boston Public Health Commission (BPHC) created an Asthma Prevention and Control Program. It also joined in conversations with BHA and universities with the goal of identifying and addressing the health needs of public housing residents.

In 2001, BPHC added a question to its Behavioral Risk Factor Surveillance System—a health survey run by the Centers for Disease Control and Prevention and administered by state health departments and some large cities—that asked respondents if they live in public or subsidized housing. They could analyze these data over time to compare BHA residents with the rest of the city and pinpoint the health issues BHA residents were experiencing disproportionately. In 2006, for example, they found that 23.6 percent of BHA adults suffered from asthma, compared with 9.4 percent citywide. With the new ability to discuss the health concerns specific to BHA adult residents and properties, BPHC fostered a working relationship with BHA to begin addressing these issues. The two organizations began with an asthma-related initiative, and the partnership has evolved over the last 15 years to address housing as a social determinant of health more broadly.

Activities

Since the early 2000s, BHA, BPHC, and university researchers have partnered on a variety of activities to mitigate the harmful effects of unhealthy housing conditions; the city's Inspectional Services

Department has also played an important role. Table 1 highlights some of these signature initiatives. Over time, BHA and BPHC broadened their scope, adding programs to address the health of vulnerable mothers and adopting policies that banned smoking inside and within 15 feet of BHA buildings.

Program Highlights

ASTHMA

As both doctors and public health officials encountered high rates of asthma among patients and residents, they lent their support to the **Breathe Easy at Home** program, which allows clinicians and other health care professionals to refer Boston residents with asthma to a home inspection program conducted by the Boston Inspectional Services Department. If BHA residents or any other tenant in the city wants a home visit or inspection, they can contact BPHC or the Boston Inspectional Services Department directly without a referral. During home visits, the inspectors identify any violations of the Massachusetts Sanitary Code that may be causing or exacerbating asthma, including mold and chronic dampness; water leaks; cockroach and mice infestations; drafty doors and windows; lack of heating; poor ventilation; and damaged carpeting. As one city administrator commented, “Having clinician referrals and asthma-driven focus of inspections has really brought back the centrality of housing codes as health codes.”

Similarly, the **Boston Asthma Home Visit Collaborative** relies on clinician referrals or participant enrollment. But instead of a one-time inspection, trained community health workers (CHWs) visit the home multiple times to provide health education. The collaborative aims to help Boston families address how their home environments may trigger asthma, and share resources and information on how to eliminate these problems. Community health workers work with families to reinforce the clinical asthma management plan, review asthma medications, and learn how to detect asthma symptoms. Since 2009, over 3,000 home visits have been conducted through this program. To ensure they are reaching as many people as possible, the collaborative employs CHWs who speak English, Portuguese, Cape Verdean Creole, Chinese, Haitian Creole, and Spanish.

TABLE 1

The Evolution of Health and Housing Activities in Boston

Date	Program	Key partners
2001–2005	Healthy Public Housing Initiative. Three universities in Boston launched a study that engaged residents to investigate asthma interventions that could improve the health of BHA residents.	BHA, BPHC, and area researchers (Boston University, Tufts, and Harvard)
2005–present	Breathe Easy at Home. Includes a web-based referral system that allows health care professionals to refer Boston residents with asthma for a home inspection.	BPHC, BHA, Boston Inspectional Services Department, Boston Medical Center, and other hospitals and community health centers
2006–2009 ^a	Healthy Pest Free Housing Initiative. Aimed to reduce cockroach and rodent infestation and reduce the use of harmful pesticides in BHA housing developments using Integrated Pest Management.	BPHC, BHA, Boston University School of Public Health, Committee for Boston Public Housing, West Broadway Task Force, Asthma Regional Council of New England, Boston Urban Asthma Coalition, Massachusetts Public Health Association
2009–present	Boston Asthma Home Visit Collaborative. Community health workers help Boston families struggling with asthma learn how their home environments may trigger an attack and share resources and information on how to eliminate these problems.	BPHC, Boston Children’s Hospital, Boston Medical Center, Brigham and Women’s Hospital, Environmental Protection Agency, Neighborhood Health Plan, and Tufts Medical Center
2011–present	Healthy Start in Housing. Helps at-risk pregnant women experiencing homelessness in Boston secure stable housing by prioritizing them in BHA housing admissions policy.	BPHC, BHA
2012	Smoke-Free Housing Policy. This policy made the BHA the largest smoke-free housing authority in the nation at the time (2012) and signaled BHA’s increasing focus on resident health	BHA, BPHC, City of Boston
2014–present	Health Starts at Home. This Boston Foundation initiative brings together housing and health care organizations to support work that demonstrates the positive benefits of stable, affordable housing on children’s health outcomes.	The Boston Foundation (grantees initiatives include Chelsea Health Starts at Home, Housing Prescriptions as Health Care, and Mortar Between the Bricks: Building a One Stop, Two-Generation Foundation for Health)
2016–present	Housing Prescriptions as Health Care. Funded by the Health Starts at Home initiative, this study evaluates the effects of an intervention across health, housing, social and legal service sectors to improve housing stability and child health outcomes.	Boston Medical Center, Medical Legal Partnership Boston, Project Hope Boston, the BHA, Nuestra Comunidad Development Corporation, Blue Cross Blue Shield, The Boston Foundation, Children’s HealthWatch

Source: Authors’ compilation from stakeholder interviews.

Notes: BHA = Boston Housing Authority; BPHC = Boston Public Health Commission. This list is not comprehensive, but rather highlights some of the main initiatives that BPHC, BHA, universities, and the Boston Foundation have been involved in over the last 15 years.

^aAlthough the original Healthy Pest Free Housing Initiative ended in 2009, BHA services still include Integrated Pest Management practices.

PESTS

The **Healthy Pest Free Housing Initiative** aimed to reduce the presence of pests in public housing developments through integrated pest management (IPM), which uses tactics that reduce the need for pesticides, such as eliminating sources of food and water for pests; repairing cracks and leaks; maintaining building structure; and setting up and monitoring traps in infested areas. IPM also emphasizes education about pest control practices, the resources available for pest management, health risks associated with exposure, and things residents can do to help prevent infestation.

The Boston Housing Authority and BPHC initially piloted this program in 15 public housing developments, funded through a grant by the Kellogg Foundation and BHA's own operating expenses. As part of the pilot, they organized a series of focus groups to better understand the needs of residents. In them, residents reported using products associated with adverse health effects to try to quell cockroach infestations (e.g., Tempo, Tres Pasitos, Foggers, and Chinese Chalk). Although residents were largely aware of the health risks of these products, they felt like they had no other choice. As a result of these focus groups, BHA adopted IPM as standard practice across all its properties.

PREGNANCY AND HOMELESSNESS

The **Healthy Start in Housing** program identifies pregnant women who are currently homeless or at imminent risk of homelessness in Boston and, therefore, are at elevated risk of an adverse birth outcome. The development of this initiative was motivated by the documented link between homelessness and adverse birth outcomes and recognition that stress is the mediator for that link, as it can cause multiple negative health effects that affect both the mother and the baby (Cutts et al. 2014). These moms-to-be are given priority on the BHA waiting list, which has reduced the time between referral and placement from up to five years to an average of nine months.

The program also includes intensive case management and assistance. Staff help applicants complete all the required sections of the housing application and then prepare the women for their interview with the housing authority. In addition, public health nurses and case managers educate the women about tenant rights, budgeting, and available resources. This ensures they have the tools and knowledge necessary to succeed as lease-holding tenants. Originally, the program included case management for one year after the participant secured housing, but BPHC learned that many of its participants were still having significant trouble after one year, so it increased the case management services period to up to three years. Public health nurses typically see the program participants monthly, but as one public health nurse mentioned, "towards the end of the pregnancy, I usually see clients biweekly," and they are available as needed. Once the clients have secured housing, public health nurses meet them at their homes. But because these individuals may not be housed immediately, public health nurses meet their clients wherever they feel comfortable. As one public health nurse noted, "sometimes we meet them at Dunkin Donuts, Burger King, or homeless shelters."

Community Member Involvement

The Boston Housing Authority and BPHC view community member involvement as critical to advancing changes in health behaviors and management, but difficult to implement because of the vulnerabilities facing some of Boston's families. As one respondent noted, participants "live in a stressful environment with people working multiple jobs, being housing unstable, and so many are not in the same place." Education, resident feedback, and training are core to many of the programs and are viewed as key to "operationalizing" behavior changes:

- To promote **Breathe Easy at Home**, BPHC does outreach with schools, early learning centers, health centers and hospitals, and in public community spaces. In addition, they engage a group of "parent asthma leaders" to sit on different advisory boards to ensure that asthma is being given the attention it deserves. The Boston Public Health Commission has noticed that, although the program receives many referrals from clinicians and other health care providers, many potential participants are afraid to let people in their homes. In response, the partners have tried to create easy-to-access videos that are targeted directly to potential clients to ensure they still receive some of the most important information.
- Regarding the **Integrated Pest Management** initiatives, one respondent noted, "we don't just have our staff go and spray every unit, we orient new residents to ways of keeping their homes to eliminate pests" to help sustain the work and maximize the long-term payoff. The Boston Housing Authority and BPHC emphasize multilingual materials, including safe pest control brochures and posters, to ensure individuals understand how to do healthy pest-free management regardless of their English skills. Focus groups led by BHA and BPHC have given residents the opportunity to share best practices and feedback, which has been integrated into future iterations of the program. The Boston Housing Authority continues to offer IPM training classes for staff and residents, and the resident attendees are regularly hired as IPM tenant coordinators.
- After the pilot program for **Healthy Start in Housing**, BPHC employees conducted focus groups and interviews with program participants who were and were not successfully housed. The feedback focused heavily on the need to address the length of the application process; BHA subsequently found ways to expedite the application. Now, public health nurses lead group conversations over lunch so the clients can share their opinions. As one BPHC employee noted, it is crucial to make sure that the programmatic leads are not present during these meetings "so that clients can speak freely" and authentically engage in the feedback process.
- The Boston Public Health Commission provided funds for smoking cessation education to assist with BHA's implementation of its **Smoke-Free Housing Policy**. In addition, BHA routinely hires its own residents as resident health advocates and community health workers.

Other Health and Housing Interventions in Boston

While BHA and BPHC have spearheaded many significant health and housing interventions in Boston, there has been a growing citywide awareness around housing as a social determinant of health. For example, the Boston Foundation launched the **Health Starts at Home** initiative, which includes a Boston Medical Center–led intervention, called **Housing Prescriptions as Health Care**, which aims to create an integrated system of services for children under the age of 4 who have families that are high users of emergency health services. In addition, for the past seven years, city agencies (including BHA, BPHC, and the Inspectional Services Department) have convened a summit examining pressing issues at the intersection of housing and health. In 2017, the summit will focus on immigration; prior topics have included lead paint, pest management, hoarding, and special concerns of the elderly.

The city has also recently experimented with “surge” programs to rapidly house some homeless individuals (e.g., veterans and seniors). On selected dates, the city convenes all entities that are necessary to establish an individual’s eligibility for public housing and social services, pairing homeless individuals with an “ambassador” to accompany them through a single-day process. In addition to staff from BHA, MassHealth, the state agency that oversees Medicaid and the Children’s Health Insurance Program (CHIP), participates to certify eligibility for certain services, such as the Community Support Program for People Experiencing Chronic Homelessness. This program is an innovation of the Massachusetts Behavioral Health Partnership and Massachusetts Housing and Shelter Alliance (MHSA) that facilitates Medicaid reimbursement for community-based care coordination services provided to chronically homeless individuals in supportive housing settings (Kehn et al. 2015).

Funding

Typically, BHA and BPHC raise external funds from various sources to pilot an approach. If the pilot program is a success, they then work to institutionalize the approach by using internal resources and operating funds, including federal grant monies. The Boston Health Authority and BPHC can often share the cost, reducing the financial burden on each organization and increasing the social return on investment for each partner. But respondents also noted that siloed federal funding sources can make it difficult to work across city agencies.

In addition, the partnership among city agencies, hospitals, and prestigious local universities has helped secure grants from state and federal entities (e.g., the US Department of Housing and Urban Development, Environmental Protection Agency, Centers for Disease Control and Prevention, and National Institutes of Health) and national foundations (box 2). On the philanthropic side, one respondent mentioned that the Boston Foundation’s **Health Starts at Home** initiative signaled to other funders that cross-sector health and housing interventions should be a funding priority. This program has since received additional funding from the Kresge Foundation, MacArthur Foundation, Blue Cross Blue Shield of Massachusetts Foundation, and Partners in Healthcare. According to respondents, the attention from national foundations has helped elevate Boston’s image as a city doing innovative work in health and housing.

BOX 2

Replicating What Works: Maternal, Infant, and Early Childhood Home Visiting Program

There are some federal funding sources available to help replicate programs that have been adopted in Boston. The Maternal, Infant, and Early Childhood Home Visiting Program, funded initially under the Affordable Care Act and continued under the Children's Health Insurance Program, provides an opportunity for local partnerships to launch a home visiting program like Boston's **Healthy Start in Housing**. States, territories, and tribal entities are awarded grants with the goal of improving maternal and child health, preventing child abuse and neglect, encouraging positive parenting, and promoting child development and school readiness. Grantees can adopt a number of program models and must commit to measuring outcomes for participants, including changes in newborn health, child injuries, school achievement, crime, domestic violence, and family economic self-sufficiency. The program was funded at \$372.4 million in fiscal year 2017, with a new home visit research and evaluation hub established at Johns Hopkins.

Source: "Home Visiting," Health Resources Services Administration, Maternal and Child Health, accessed June 30, 2017, <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

Evaluating Success

Although evaluation is often an underdeveloped area for housing and health initiatives, BHA and BPHC have benefited from the extensive involvement of the area's top universities (box 3). These partnerships provide universities the opportunity to produce research on the cutting edge of health and housing trends and increases the capacity of the city's institutions to assess the effectiveness of their initiatives.

Successes

Respondents repeatedly noted the growing willingness and capacity of partners to collaborate across different sectors to promote the well-being of Boston residents. In the beginning, BHA felt like they did not have a full seat at the table. Over time, however, through collaborations with BPHC, BHA became more directly involved in health-related work. Respondents noted that the ability to be transparent, build ownership, and have a clear, open line of communication between the different partners was a key to the success of BHA and BPHC's working relationship.

BOX 3

Outcomes Evaluation: Healthy Start in Housing

Boston University researchers recently evaluated the Healthy Start in Housing program, finding that it reached its target population, with 100 referrals annually. The evaluation team found statistically significant improvements in the participants' mental health; after one year in the program, the proportion of program participants reporting clinically significant depressive symptoms decreased 20 percent (Fineburg and Vieira 2016).

Interestingly, however, only 34 percent of applicants who met the initial eligibility criteria for the program were placed in BHA housing through the program. This was largely because BHA required that participants had been displaced from housing located within Boston's city limits before becoming homeless, and many applicants failed to meet this requirement. In the second iteration, Healthy Start in Housing 2.0, BHA addressed this residency obstacle by prioritizing Boston residents but permitting applicants from outside of Boston to participate in the program.

Sources: Emily Feinberg and Charlotte Vieira, "Healthy Start in Housing Evaluation Report: 2011–2015." (Boston: Boston University School of Public Health, 2016); authors' compilation from stakeholder interviews.

Dedicating time to engage with residents and educate staff on the intersections between health and housing is viewed as an essential component for achieving success. Leaders from both agencies noted that by "changing [our] hours of operation to...accommodate our clients" or by decreasing the barriers to entry in programmatic activities, they reached a wider range of program participants. Such changes in operating procedures could often improve outcomes despite limited financial resources.

Lastly, BHA and BPHC have been successful in helping to catalyze a focus on health and housing interventions across the city and nation. For example, their **Healthy Start in Housing** program put a spotlight on maternal health in the City of Boston, which has motivated other family-oriented health initiatives such as **Housing Prescriptions as Health Care** and **Health Starts at Home**. The Boston Housing Authority was also the first large housing authority in the nation to go smoke free and helped catalyze a federal HUD policy for housing authorities nationwide to ban smoking on public housing premises. Similarly, in both cases, innovative local initiatives influenced leveraging of new resources to reach vulnerable populations beyond the original program scope.

Challenges

In creating health and housing interventions, BHA and BPHC have also faced some challenges with program design and monitoring. Some of the programmatic activities, particularly the **Healthy Start in Housing** program, suffered from a lack of clear messaging around eligibility requirements. For example, in the first iteration of the program, there was a requirement that women experiencing homelessness in Boston had to have been previously displaced from housing *within Boston*. This was not made clear to the applicants, so many pregnant women in vulnerable situations were given false hope that they would be able to secure stable housing in an expedited fashion. The Boston Public Housing Commission is now updating and clarifying its application eligibility materials and exploring different ways to communicate those criteria.

In addition, it is often difficult to track where program participants are living. In home visiting programs, people live in stressful environments, work multiple jobs, move often, and can be at risk of eviction. It is sometimes difficult to follow up with participants or find times when they are available to speak with home visitors. Similarly, in the beginning phase of **Healthy Start in Housing**, where application process assistance is provided for program participants, the women suffering from homelessness were difficult to connect with because they did not have a stable place of residence.

Lastly, some respondents report that there is room for improvement surrounding data tracking techniques. While basic programmatic data is tracked by on-the-ground service providers, it is unclear who looks at or analyzes this data on a regular basis. Better data tracking systems to monitor resident health needs, including the tracking of individual health data, could also allow universities to contribute more comprehensive analyses that could significantly expand the evidence base on health and housing interventions and best practices.

Looking Forward

Looking forward, BHA and BPHC aim to focus more strongly on policy and systems change. Recently, they have been working with residents on obesity management: BHA has implemented a healthy beverage policy for its meetings and events and has been working with nonprofit food distribution organizations to bring healthy, affordable food to its developments. The two partners have also collaborated on improved implementation of the nonsmoking policy within public housing and expansion through voluntary adoption in leased housing and mixed-finance developments. The two organizations also hope to increase their focus on behavioral health issues, because BPHC's Behavioral Risk Factor Surveillance System shows that people in public housing report higher levels of stress and depression than those living elsewhere in Boston. Furthermore, city stakeholders are discussing the use of community health workers and how growing such a program could cut health care costs and improve the effectiveness of programmatic initiatives.

Ever on the lookout for cross-sector funding streams, respondents noted that MassHealth has received approval for a new waiver from the US Department of Health and Human Services (going into effect in July 2017) to allow use of Medicaid funds in accountable care organizations, making it possible to reimburse for a wide variety of services for enrollees, including some housing-related services. Although these new arrangements have not yet directly affected on-the-ground interventions, one respondent noted that the "general sense that MassHealth is interested [in health and housing interventions] has been at least psychologically helpful for people" and sustained momentum around these issues.

Interviewees from both BHA and BPHC noted that both Boston's previous mayor, Thomas Menino, and current mayor, Martin Walsh, have been important spokespeople for health and housing interventions. Mayor Menino held major press conferences to promote the launch of the Healthy Start in Housing program and to announce that BHA would go smoke free within two years. Under Mayor Walsh's leadership, these initiatives have been expanded, and Boston's housing plan, *Housing a Changing*

City: *Boston 2030*, has a goal specific to building on healthy homes initiatives and forming new connections between housing and health (Walsh 2014).

Key Take-Aways

Boston provides a useful example for other housing authorities, health commissions, local foundations, and universities looking to get involved in health and housing work at a metropolitan level. The ongoing work in Boston demonstrates the value of citywide buy-in for health and housing interventions, the importance of flexibility in the design and dissemination of interventions, and the ability to leverage existing funding sources to affect health and housing.

- **A citywide approach.** The Boston Housing Authority and BPHC leveraged their individual resources to work together on joint missions and collaborated with universities for evaluation support. For housing authorities, this case highlights the importance of partnering with universities and health commissions to better understand how housing and health intersect for their residents. For health commissions, this case study illustrates the positive impact of focusing on initiatives that target public housing residents, as those residents often have worse health outcomes than other residents in a city. In addition, it is important for healthy housing programs to touch other subsidized housing and low-income city residents who share the same health burdens. For other health care professionals, Boston's citywide approach exemplifies how working with city agencies to set up referral systems can improve the health of all residents and extend the reach of population health efforts beyond individuals engaged in the health system.
- **Funding sources.** The Boston case illustrates how a mix of internal operating revenues and external funding can finance cross-sector initiatives. In addition, the contributions of the Boston Foundation demonstrate how local funders can support tailored programs designed to serve the needs of local residents. In addition, housing authorities and health commissions can collaborate to leverage existing resources to design programmatic interventions and work with universities to apply for grants to evaluate these programs.
- **Community member involvement.** Effectively engaging community members can be challenging for any initiative. The Boston Housing Authority and BPHC have worked to build resident perspectives into several of their initiatives, and that input has resulted in specific program adaptations. Developing the capacity to be flexible is an important takeaway for organizations looking to address the intersection of health and housing needs.

Notes

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