

Discover the HOUSES Platform

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Why You're Getting this Newsletter?

Whether you've used HOUSES before or showed interest, we're sharing real-world examples of how the HOUSES index is helping improve care and research. Our goal: to show how tools like HOUSES can support fairer, more personalized health care. Let us know if you're ready to explore how HOUSES can support your next project.

HOUSES Research Highlight

"Checking In After Cancer: How Care Teams Measure Up and Who They Reach"

A [recent study](#) evaluated an advanced practice provider (APP)-led clinic for head and neck cancer survivors and found high-quality care delivery, with over 90% adherence to key follow-up screenings. These results support APP-led models as an effective approach to managing the complex needs of cancer survivors.

Importantly, the study leveraged the HOUSES Index to explore what factors influenced patients' adherence to follow-up care. Patients with higher HOUSES scores were more likely to stay engaged in their care (median percentile, 78% vs 55%, adherent vs nonadherent; $P=.03$), and geographic distance from the clinic proved to be an even greater barrier. These findings demonstrate the power of HOUSES Platform (HOUSES index and distance to a reference point) to uncover impact of socioeconomic status and physical distance to the clinic as obstacles that may otherwise go unnoticed in the clinical setting. By integrating HOUSES Platform into survivorship care planning, health systems can better identify patients at risk of falling through the cracks and design more equitable, targeted interventions. Excitingly, the clinical team is now actively exploring ways to incorporate HOUSES into everyday clinical workflows to better tailor care and address social risk factors in real time.

"From Farm to City: How Social Risks and SES Compare in Health Care"



This study looked at over 350,000 patients in a large Midwest health system to understand how patient-reported social challenges like food insecurity, housing instability, and financial stress relate to socioeconomic status (SES), using the HOUSES Index. It found that rural residents tended to report more social risks and had lower SES scores than urban residents in this region. But after adjusting for other factors, SES—not whether someone lived in a rural or urban area—was the strongest predictor of social risk. (*Odds ratio 2.27, 95% CI 2.19-2.37 for HOUSES Q1 (vs. Q4), and 1.02 (0.97-1.07) for rurality*)

These findings show that the HOUSES Index is a powerful tool for identifying patients who may be struggling, especially when self-reported data is missing or incomplete (42.9% missing social risk data in this cohort). It also shows that rural areas are not all the same—there's a lot of variation in social risk and SES. Rural patients were more likely than urban to report all social risk factors and had lower SES by HOUSES index. By using tools like HOUSES, health systems can go beyond simple rural-urban labels and target support more accurately to improve health equity. Notably, insights from the HOUSES Index have also supported the launch of a new mobile health unit focused on reaching individuals facing housing, food, and financial insecurities—bringing essential care directly to the communities that need it most.

Notable News

Deployment of HOUSES Cloud 2.0 version now available!

A new version that includes 2004-2025 HOUSES data has been implemented.

Please feel free to contact us via HOUSESINDEX@mayo.edu for any questions or more information.

If you would like to unsubscribe to HOUSES updates, please email us.

Check it out! [Overview - Mayo Clinic HOUSES Program](#)