How to Expand Health Care for the

Homeless for Residents of Public Housing

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Objectives for Today

- Participants will be able to identify access barriers that public housing residents share with homeless individuals.

- Participants will be able to identify at least one recent trend in public housing.

- Participants will better understand HRSA's Public Housing Primary Care Program.

Public Health Management Corporation

- Philadelphia-based public health institute, established in 1972
- Governed by 22-member board of directors
- Non-profit public health institute committed to improving the health of the community through outreach, education, research, planning, technical assistance and direct services
- www.phmc.org

Public Health Management Corporation

Since 1985, PHMC's

Health Care for the Homeless Program has been providing health care and social services to homeless persons.

Health Care for the Homeless Program includes: outreach, comprehensive primary care (including family planning) to men, women and children in the Philadelphia community, as well as public health initiatives (immunizations, TB-surveillance, shelter outbreak prevention) and education to current and future health professionals.

Public Health Management Corporation

The Mary Howard Health Center is the HCH primary care health center, located in downtown Philadelphia. The Center provides care to the City's most impaired, chronically homeless individuals.

Community Health Partners for Sustainability is operated by the National Nursing Centers Consortium, an affiliate agency of PHMC.

LaSalle University and Temple University – members of NNCC with CRNP-lead clinics in public housing – were looking to affiliate with FQHCs to become sustainable.

The universities or the HCH program could have been looking to initiate a CRNP-lead clinic in public housing.

What drove the Universities to seek a new affiliation?

- There was acknowledgement within the Universities that without a relationship with a Federally Qualified Health Center, the primary care practices would not survive.
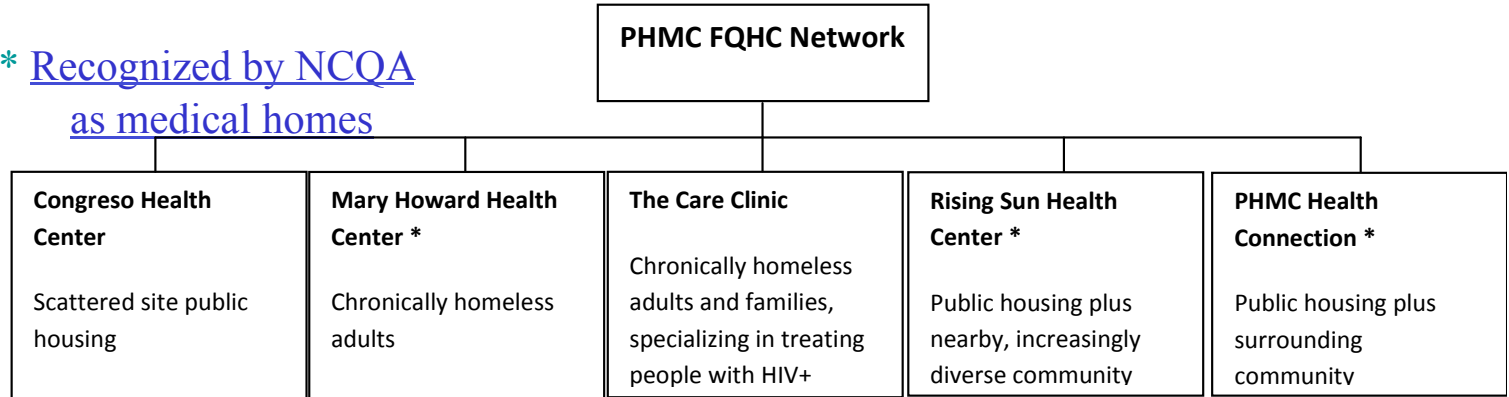
What drove the decision for PHMC to allow the new affiliation?

- Consistency of population served and model of delivering care with new "parent" organization
- Openness of new center to management of "parent" organization
- Openness of "parent" organization to new ways of functioning
- Financial stability of new site
- Relationship with funders (public and private)

PHMC Health Center Network **2011-2012**

HRSA-funded
Federally Qualified
  Health Centers

* Recognized by NCQA
  as medical homes

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                    │  PHMC FQHC Network   │
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Congreso Health Center	Mary Howard Health Center *	The Care Clinic	Rising Sun Health Center *	PHMC Health Connection *
Scattered site public housing	Chronically homeless adults	Chronically homeless adults and families, specializing in treating people with HIV+	Public housing plus nearby, increasingly diverse community	Public housing plus surrounding community

PHMC Nursing Network

- Three of the first NP-led "Patient-centered medical homes" recognized by NCQA are part of the PHMC Health Center Program.

PHMC
HEALTH CONNECTION

- Public housing site
- Serving primarily Urban African American population
- 3 FTE CRNPs

RISING SUN HEALTH CENTER

- Public housing site
- Serving a highly multicultural population
- 3 FTE CRNPs

MARY HOWARD HEALTH CENTER

- Serving the chronically homeless
- 4.5 CRNPs

THE CARE CLINIC

- Chronically homeless adults and families, specializing in treating people with HIV+
- Staffed by a mix of providers

CONGRESO HEALTH CENTER

- Serving a predominantly Latino community of lower northeastern Philadelphia, including 4200 residents of public housing

- Opened in December 2011

- Operated in partnership with Congreso de Latinos Unidos (social services organization)

Self-Management

- Effective self-management is very different from telling patients what to do. Patients have a central role in determining their care, one that fosters a sense of responsibility for their own health (Creation of report card with patients SM goal).

Delivery System Design

- The delivery of patient care requires not only determining what care is needed, but clarifying roles and tasks to ensure the patient gets the care; making sure that all the clinicians who take care of a patient have centralized, up-to-date information about the patient's status; and making follow-up a part of standard procedure. (MA performs LEAP exam after passing competency testing; $5 gift certificates from local grocers as an incentive for keeping appointments or to come to group classes).

Decision Support

- Treatment decisions need to be based on explicit, proven guidelines supported by at least one defining study. Health care organizations creatively integrate explicit, proven guidelines into the day-to-day practice of the primary care providers in an accessible and easy-to-use manner (Standing orders for medications and labs for hypertension – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, 2003 and diabetes – Standards of Medical Care in Diabetes, American Diabetes

  Association, 2007).

Clinical Information System

- A registry — an information system that can track individual patients as well as populations of patients — is a necessity when managing chronic illness or preventive care (Refinement of EMR to meet requirements for registry and outcome measures).

NCQA Patient Centered Medical Home 2011

- Strengthens and adds to existing elements:
    - Stronger focus on integrating behavioral health
    - Patient experience survey-ie patient care hours
    - Involves patients and families in quality improvement

Contact for additional information

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STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING

Supported via a National Cooperative Agreement with U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care
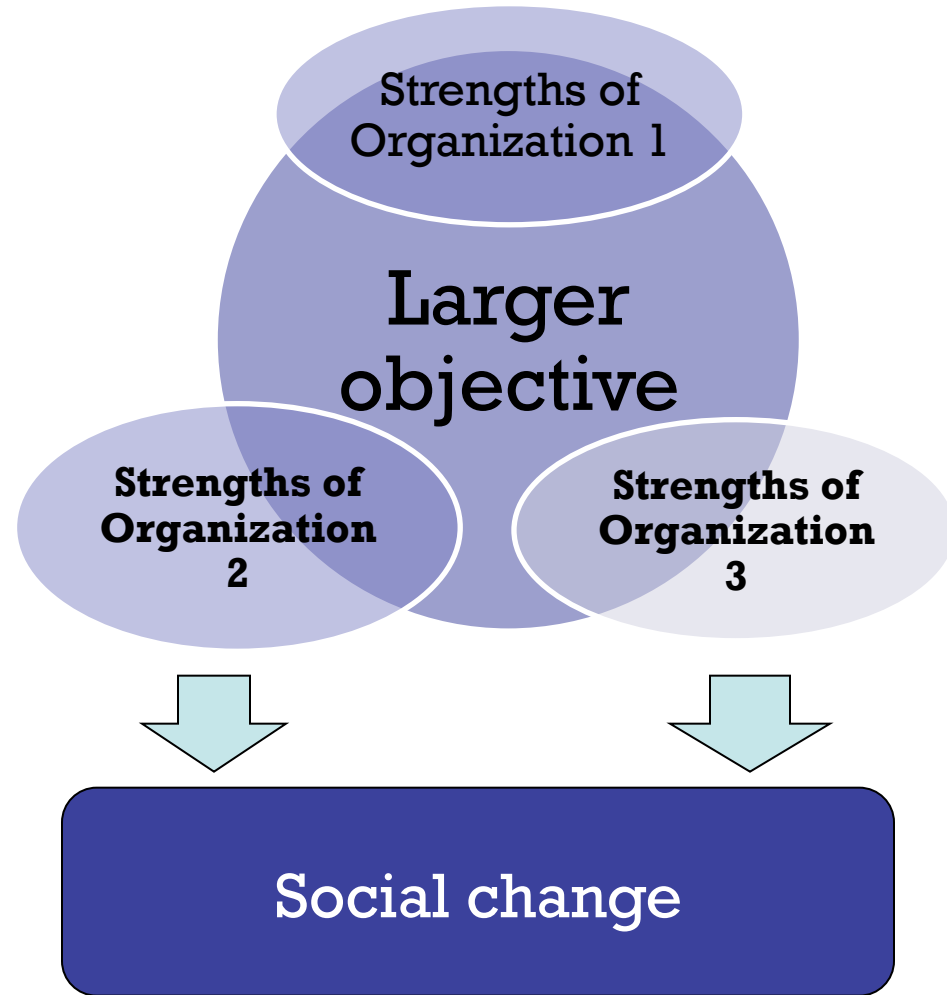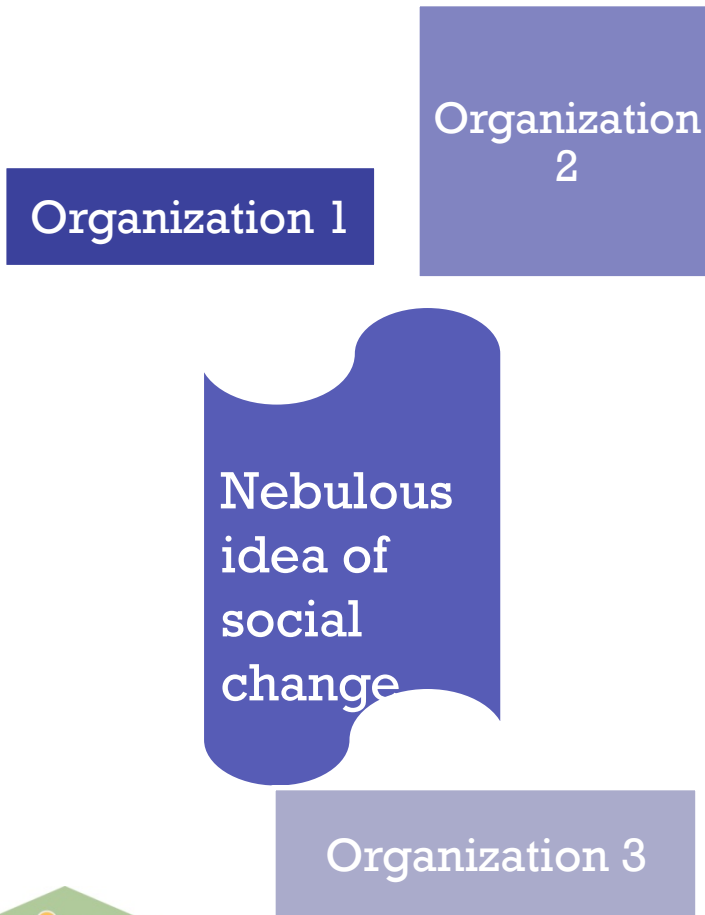
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Why Partner?

Without partnership

With partnership

Organization 1

Organization 2

Nebulous idea of social change

Organization 3

Strengths of Organization 1

Larger objective

Strengths of Organization 2

Strengths of Organization 3

Social change

Why Partner?

- Align joint response to intertwined issues of health and housing

- Marketing channel for vulnerable population that contains many who are Medicaid eligible

- Access to funding opportunities (HUD)

- Access to Housing Authority resources (space, human resources)

Public Housing Primary Care Program

- Authorized by Section 330(i)

- Overseen by the HRSA BPHC Office of Special Populations Health

- In 2010, Served 172,731 patients through 50 reporting grantees

- Special populations governance waivers available in some cases

Example

| Public Health Management Corporation	Philadelphia Housing Authority
FQHC serving neighborhoods with dense public housing and facing disparities in access and outcomes. Each site provides comprehensive health care and health promotion on-site and through housing authority events.	Initially provides space for new health center start-ups, converting housing unit into clinic space. Ongoing, provides outreach to bring in new patients through public events, distribution of materials

Recent Trend: Even Greater Demand

- No change in average waiting time for public and assisted housing despite increase of nearly 250,000 units.

    – *1996: 19 month wait, 4,814,983 units*
    – *2008: 19 month wait, 5,063,071 units*

- Waiting times in some areas exceed 10 years.

Recent Trend: New Approaches in Housing

- **Increase in total units is from increases in Voucher program**
- **Public Housing units actually decreased slightly**
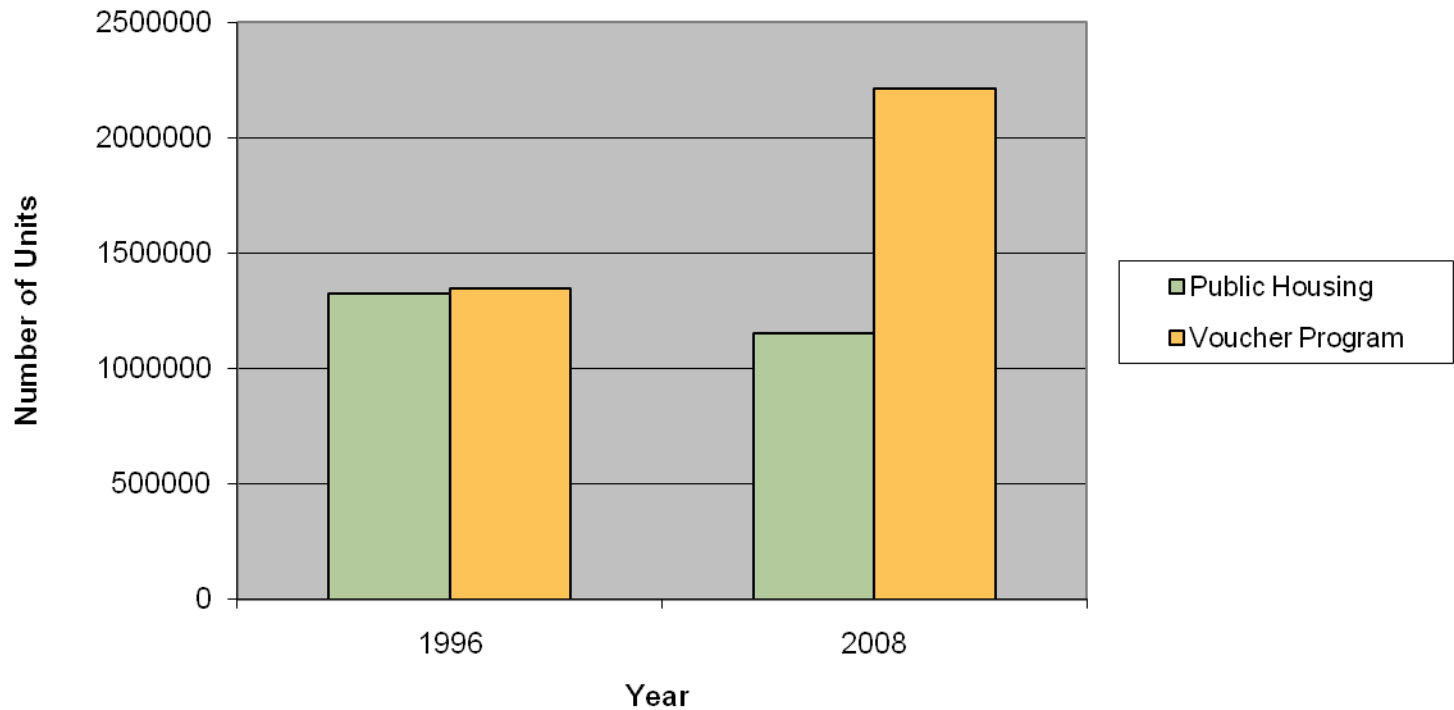
Recent Trend: New Approaches in Housing

HOPE 6 Program

– Created by the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1993 (Pub.L. 102-389), approved on October 6, 1992.

Recent Trend: New Approaches in Housing

- Increased reliance on **Section 8 (e.g., voucher) programs**
  - Section 8-only programs are defined as assisted housing, *NOT* public housing, and are *NOT* covered under Section 330i funding for FQHCs (unless receiving other, non-Section 8 funds under U.S. Public Housing Act of 1937).

- Increased reliance on **scattered sites**
  - When receiving non-Section 8 Public Housing Act funds, *ARE* defined as public housing and *ARE* covered under Section 330i.

Recent Trend: New Approaches in Housing

Mixed consequences of decentralization

- Positives
  - Increased economic capital through mixed-income communities

- Negatives
  - Displacement of residents
  - Outreach and community engagement more challenged

Recent Trend: New Approaches in Health Care

Many health centers serving public housing residents are no longer located *inside* public housing

– Collaboration with housing authority remains important for community outreach/ engagement

Federal Expansions and Opportunities for Partnership

U.S. Department of Housing and Urban Development

– Encouraging partnership with housing authorities

– Can encourage policies within housing authorities that promote health

– Can encourage partnership with health centers through their grant programs

HUD Secretary's Strategic Plan

Goal 3: Utilize Housing as a Platform for Increasing the Quality of Life

- **Goal 3B: Utilize HUD assistance to improve health outcomes**
    - Strategy 1: Increase information about and access to health services, including veterans' health benefits, through partnerships with health organizations and health care delivery systems
    - Strategy 2: Increase coordination of HUD program with healthcare resources administered by other federal, state, and local programs
    - **Strategy 3: Provide physical space to collocate healthcare and wellness services with housing (for example, onsite health clinics)**
    - Strategy 4: Promote housing management practices that protect the health of residents (for example, smoking cessation, pest management, and green cleaning)

Making the Case to a Housing Authority: Key Contacts

Partnerships must be explored early, through any or all of the following:

- Residents
  - Tenant Councils
- Housing Authority Staff
  - Executive Leadership
  - Development Staff
  - Outreach Staff
  - Site Managers
- Elected Officials

Making the Case to a Housing Authority: Return on Investment

Healthier residents are more able to:

- Access and keep decent jobs, including through the health center itself

- **Pay rent on time and meet other public housing regulations**

- Avoid school absences and successfully graduate on time

- Maintain safe households free of environmental hazards and domestic violence

- Achieve a higher quality of life

Making the Case to a Housing Authority: Return on Investment

As health centers that serve public housing expand:

- Public housing residents' access to services increases

- Public housing residents' health outcomes improve

- Public housing residents' self-sufficiency increases through **employment** in health centers providing access to career ladders

Return on Investment: Workforce Development

Residents engaged in career tracks for health care jobs will earn more

Level of educational attainment	Median yearly earnings
No high school diploma	$16,777
High school diploma	$24,435
Associate's Degree	**$32,386**

Return on Investment: Workforce Development

Residents engaged in career tracks for health care jobs will contribute more in taxes, need less public support

Education Level	Lifetime Income	Lifetime Taxes and Government Benefits
No High School Diploma	$660,400	($32,000)
GED	$845,070	$221,831
High School Diploma	$1,040,000	$273,000
Associate's Degree	**$1,310,000**	**$408,000**

How May We Help You?

- Through staff and a national network of consultants, Community Health Partners for Sustainability provides:
    - Live events
    - Live and archived webinars and other web-hosted resources
    - Site visits
    - Needs assessments
    - Document review
    - Other topics as appropriate – just ask!

Join Us!

- National Conference - **Scalable Innovations for Health Centers and Public Housing**

  - November 29th-30th

  - Philadelphia, PA

  - Abstracts due 5/24

  - Registration open now

  - More information available at www.chpfs.org.

Share Your Innovations

- 2012 National Innovation Challenge
  - Awards announced at our conference in November 2012
  - Includes $5,000 grand prize
  - Entries accepted until July 1
  - More information available at www.chpfs.org

Thank You!

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