

National Center for Health in Public Housing

A project of  NORTH AMERICAN MANAGEMENT

March 2013
Vol 4 Issue 8

The Mission of the [National Center for Health in Public Housing](#) (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

NCHPH, a project of [North American Management](#), receives funding through a cooperative agreement grant awarded by the U.S. Department of Health and Human Services Administration.

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Program Requirement Review

Program Requirement #3: Staffing Requirement

The right staff is needed for a health center to be successful and provide the best quality of care to patients. HRSA has set guidelines for what an appropriate staff needs in order to provide necessary services to patients.



The issue of staffing requirements is addressed in the second section of the 19 program requirements. Health center programs should have written documents pertaining to the demographics of their staff.

- background information
- skills and abilities
- expertise
- any arrangements between the health center and other health providers or contractors
- credentials
- privileges awarded to staff members
- [HRSA's credentialing policies](#).

Staffing requirements are an important part of compliance, and improper or unqualified staff can jeopardize the integrity of health center programs or may increase the risk of malpractice (Federal Tort Claims). The last [Program Assistance Letter](#) regarding accreditation was issued late 2009 to ensure that health center programs are operating in accordance with the accreditation initiative. Health center programs are granted accreditation through surveys conducted by the Joint Commission or the Accreditation Association of Ambulatory Health Care.

All health center programs are strongly encouraged to participate in a credentialing and privileging process. The credentialing process involves "assessing and confirming the qualifications of a health care practitioner. It is a complex process that includes collecting and verifying information about a practitioner, assessing and interpreting the information, and making decisions about the practitioner." The privileging process entails allowing health care providers access in order to provide specific services to patients at the health center. Under this policy, the outside physician is allowed to perform functions for the health center, but only under direct supervision of a clinical director or supervising physician. In this case, documentation is critical to granting and maintaining privileges.

Upcoming Events

[Click here](#) for upcoming events

[Health IT and the Underserved](#)

March 7-8, 2013
Poughkeepsie, NY

[2013 Renal Physicians Association Annual Meeting](#)

March 14-17, 2013
New Orleans, LA

[National Kidney Foundation 2013 Clinical Meetings](#)

April 2-6, 2013
Orlando, FL

[16th International Conference on Dialysis Advances in CKD 2014](#)

January 22-24, 2014
Las Vegas, NV

[2013 HEALTH CENTERS AND PUBLIC HOUSING NATIONAL SYMPOSIUM](#)

June 4-6, 2013
Denver, CO

Health Observances

March is also...

[National Colorectal Cancer Awareness Month](#)

[National Nutrition Month](#)

[Save Your Vision Month](#)

[National Youth Violence Prevention Week](#)

[American Diabetes Alert Day](#)

Social Media



[Join Our Mailing List!](#)

The health center program is required to have a core staff at the health center and these individuals must be able to provide the services and activities that were documented in the initial grant. More logistic measures include:

- budgeting for the appropriate amount of staff
- updating and maintaining personnel files
- assigning appropriate position and job descriptions to employees
- conducting performance evaluations, conducting privileging and credentialing
- keeping accurate employee contact information
- providing orientation and/or training
- administering employee satisfaction surveys periodically.

Requirement # 9: Key Management Staff

When hiring and organizing core staff of the health center, health center programs have to ensure that the appropriate management team is in place to conduct daily tasks and meet logistic needs. All health center programs should have a Chief Executive Officer or Executive Director/Project Director to conduct the administrative needs of the health center. The size of the management team needs to be appropriate for the size of the health center staff. It may help to create a health center organizational chart to ensure that an adequate team is in place. When staff positions are not filled, a [Prior Approval Request](#) form may need to be filed with HRSA to fill that position.

To improve performance, other management positions may be beneficial as health center programs grow and have the capacity to support these positions. Additional management positions include a Clinical Director, Chief Financial Officer, Chief Operating Officer, and Chief Information Officer. If the health center does not already have these management team members in place, they are able to fill these positions externally. Management members should have certain management skills and competencies. If the management member is also a health care provider, they should be able to balance both roles. Health center programs have to be mindful to include board members in such discussions and provide a liaison between the management team and the governing board.

Source: HRSA

March Health Observance: Chronic Kidney Disease

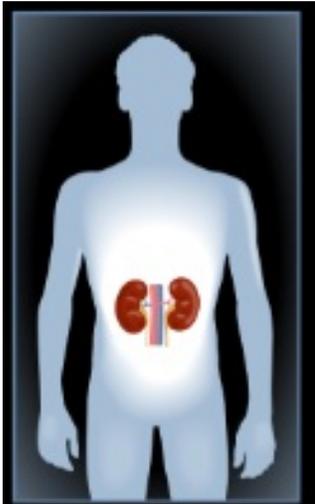
Chronic Kidney Disease in Public Housing

Chronic Kidney Disease (CKD) is the eighth most common cause of death in the U.S. CKD affects about 20 million adults nationwide. The kidney is an organ in the body that filters blood and filters toxins and wastes from the body. The kidney is connected to the bladder and uses this passageway to discard toxins and wastes through urine.

Kidneys have small structures, called nephrons, which conduct filtration. Kidney disease may have many causes, some of which occur rapidly and some causes occur over long periods of time. The kind of kidney disease that occurs slowly is chronic kidney disease. Although there are different modes and mechanisms, all forms of kidney disease have the potential to result in End-Stage Renal Disease (ESRD), which is complete kidney failure.

CKD can affect anyone but is more common in adults 65 and older. Older adults also experience ESRD more often than younger populations. CKD is heavily associated with uncontrolled diabetes and poses a problem for:

- adults under 65
- low-income adults
- public housing residents.



Research has shown that the aforementioned populations are more at risk for diabetes more than other groups. Adults today are being diagnosed with diabetes more often and earlier in life than before. More than 35% of people with CKD also have diabetes. Other risk factors for diabetes include high blood pressure and high cholesterol, unhealthy weight, cardiovascular disease, and hereditary factors.

Uncontrolled diabetes and blood pressure can greatly increase a person's risk of ESRD. Other causes of poor kidney health may be related to drug use, illnesses which may cause kidney injury, and toxins that deteriorate the health of the kidney. Women represent the bulk of CKD cases, but men experience worst health outcomes from the disease.

Comorbidities as a Health Threat

A comorbidity is the presence of two or more health conditions. Comorbidities such as CKD along with heart attack or stroke, more often cause premature death than one of the diseases alone. The Centers for Disease Control estimate that adults "with CKD are 16 to 40 times more likely to die than to reach ESRD."

Source: MedlinePlus, Centers for Disease Control

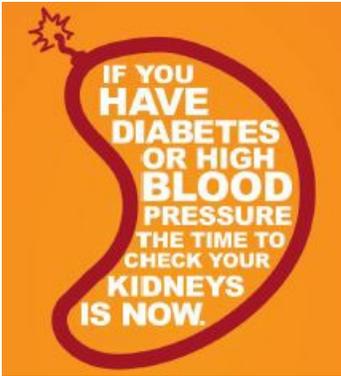
Preventing Kidney Disease

Screening is one of the best methods for preventing chronic kidney disease along with a healthy lifestyle. A healthy lifestyle includes a regulated diet and regular exercise, as well as controlled diabetes and blood pressure for people with those conditions. Anyone can have kidney disease and the Kidney Early Evaluation Program (KEEP) is a screening program developed by the National Kidney Foundation that assesses risk of disease.

The KEEP screen measures

1. Blood Pressure
2. Blood Glucose
3. Albumin to Creatine ratio

People at risk for kidney disease are those with diabetes, hypertension, and anyone with a close family member that had either diabetes or kidney disease.



Signs and Symptoms

10 Symptoms of Kidney Disease	
1	Changes in Urination
2	Swelling
3	Fatigue
4	Skin Rash/Itching
5	Metallic Taste in Mouth/Ammonia Breath
6	Nausea and Vomiting
7	Shortness of Breath
8	Feeling Cold
9	Dizziness and Trouble Concentrating
10	Leg/Flank Pain

CKD may cause severe symptoms that indicate medical attention is needed.

Chronic Kidney Disease and Nutrition

March is also Nutrition Awareness Month, and the information found below includes chronic kidney disease related tips:

[Nutrition](#) is an important part of preventing and managing chronic kidney disease because a healthy diet can limit the amount of toxins in the body and can also work to cleanse the body.

To prevent CKD, diets with limited fats, salts, and sugars are good for the body. Drinking a recommended amount of water, 8-10 glasses a day, in place of sugary or high calorie beverages is also a good regimen to follow. However, if a person has been diagnosed with CKD, that person has to follow the strict dietary regimen set by their health care provider. In most cases patients who are receiving treatments such as dialysis have to restrict the intake of fluids since dialysis patients rarely urinate. If the patient consumes too many fluids then the fluid will build up in the organs and can result in various complications.

Patients who are on treatment plans may also have a dietitian and can greatly benefit from such a specialist. Dietitians can also help dialysis patients regulate calcium and phosphorous, two minerals that can cause problems due to the body not controlling it as before. Some foods such as dairy products or other foods high in phosphorous are not good to consume in large quantities. Patients also should consume more iron because ERSD increases iron-deficiency in the body. However, patients have to limit fatty foods such as pork, beef and other meats because of the health condition, a strict dietary guideline is necessary.

For more information on nutrition therapy, the National Kidney Disease Education Program created the [Chronic Kidney Disease Nutrition Management](#) training program.



Kidney Disease Treatment

Some of the medication used to treat kidney disease include blood pressure regulators, meds that control blood glucose, and cholesterol-lowering drugs. Blood pressure medicines such as [ACEi \(angiotensin converting enzyme inhibitors\) and ARBs \(angiotensin receptor blockers\)](#) can decrease the progression of kidney disease and kidney failure. Many patients who are treated for kidney disease are also given diuretics.

[Patients being treated](#) for kidney disease may also have to change their other medications or stop taking supplements that interfere with kidney filtration. Some over-the-counter drugs, prescription drugs, and supplements may cause the kidney to suffer more damage because the kidneys no longer filter these substances as well. A health care provider may recommend that patients stop smoking as well as eat better, exercise regularly, and possibly take iron pills or calcium supplements. Patients should also make sure their vaccinations are current because the body may be more susceptible to infection.

Regulating kidney disease is important because it is associated with various complications. Examples of complications include: heart failure, mental illness, and infertility.

Source: National Library of Medicine, National Kidney Disease Education Program

Grantee Corner

Feature: Montefiore Medical Center

Montefiore Medical Center is a health care system in Bronx, New York and provides care and services to about 10,000 patients each year.

Montefiore provides specialized kidney care with their [Chronic Kidney Care Program](#). Services include nephrology, nutrition, education, and enabling services to improve kidney health outcomes. The kidney care team which is comprised of specialists in the field, work together to provided personalized care.

The Chronic Kidney Care Program is not limited to individual health but has been expanded throughout the health system and is also a community-based program. Montefiore also hopes to open a new Kidney Disease Clinic in the future.



Click above to visit site.

To learn more about about the Chronic Kidney Program or the health center contact Montefiore directly.

111 East 210th Street
Bronx, NY 10467
(718) 920-4321

Kidney Disease Prevention Recommendations and Policy

Chronic Kidney Disease Initiative

The [Chronic Kidney Disease \(CKD\) Initiative](#) is a project of the CDC that was congressionally mandated in 2006. The purpose is to build capacity and infrastructure for a public health approach to CKD in recognition of this growing problem in the United States. Activities of the CKD Initiative include epidemiology, [surveillance](#) and state-based demonstration projects.

The CDC's [Division of Diabetes Translation](#) collaborates with other divisions and centers at CDC and an external partnership network of other federal agencies, national groups, and other interested partners. Early detection and treatment of patients with CKD can help prevent or delay cardiovascular death and progression to kidney failure.

Kidney Early Evaluation Program

The [National Kidney Foundation's Kidney Early Evaluation Program](#) (KEEP®) offers free screening for those at risk - anyone 18 years and older with high blood pressure, diabetes or a family history of kidney disease. The purpose of the program is to raise awareness about kidney disease among high risk individuals. The program also provides three simple tests to determine kidney function and is [administered](#) in dozens of cities across the United States.

Testing is free and participants receive a comprehensive health risk appraisal, blood pressure measurement, blood and urine testing and the opportunity to discuss their health and review results with onsite clinicians. Health care professionals can learn more about the program or how to volunteer their services on the [Professionals](#) page.

2013 H. Jack Geiger Awards

[H. Jack Geiger](#)

2013 H. Jack Geiger Award Nominations

The National Center for Health in Public Housing is proud to present the 3rd Annual H. Jack Geiger Awards at the 2013 Health Center and Public Housing National Symposium "Keys to Health Center Success".

Dr. H. Jack Geiger's legacy has been devoted to problems of health, poverty and human rights. Combining community-

of health, poverty and human rights. Combining community-oriented primary care, public health interventions, civil rights, community development initiatives and research interests focused on racial and ethnic disparities in medical care, Dr. Geiger has made significant contributions in advocating for quality healthcare for the less fortunate through work of community health centers.

Please submit a letter to North American Management (NAM) and let us know why your health center should receive the 2013 H. Jack Geiger Awards in the following areas: Program Management, Performance Improvement, Program Development and Analysis

These awards will be presented at the 2013 Health Center and Public Housing National Symposium.

Send your response to Devon Lapoint at communications@namgt.com.

Health IT and the Underserved

Health IT and the Underserved, a two-day conference on harnessing the power of health IT to improve care for the underserved, takes place in **Poughkeepsie, NY, March 7 - 8, 2013**. The agenda includes plenary sessions with national leaders from the Office of the National Coordinator (ONC) and more than 20 workshops for clinicians, administrators and public health professionals. Hosted by the Association of Clinicians for the Underserved (ACU).

This conference is ideal for health care clinicians, dental providers, behavioral health specialists, administrators, health IT professionals, public health professionals, educators, community advocates, health professional students, administrative staff and anyone else is using health information technologies in settings for underserved patients.

Registration includes:

- Two days of speakers, discussion panels, and workshops, plus time to meet with colleagues.
- Networking with experts in health information technology, patient centered medical homes, meaningful use, mobile technologies, patient portals, and health information exchanges.
- **Continuing education credits** for doctors, nurses, health educators, and other professionals (see CE page for details).
- Opening night reception, breakfasts, lunches and refreshment breaks.
- Exhibitors featuring state-of-the-art technologies.

[Register online](#). A discount is available for three or more participants from the same organization.



The graphic features the ACU logo (Association of Clinicians for the Underserved) on the left. To its right is a red button with the text "Register Now!". Below these elements, the text "ACU's Health IT for the Underserved CONFERENCE" is displayed in a blue gradient. At the bottom, the dates "March 7-8, 2013" and location "Poughkeepsie, NY" are shown in red and black.

Share Your Plans for National Public Health Week



American Public Health Week is April 1-7, 2013. Please send information on how your health center plans to observe this national public health event to communications@namgt.com. Email submissions will be selected and featured in the April newsletter.

Resources

[The Kidney Quiz](#)

[Kidney Screening](#)

[National Kidney Disease Education Program \(NKDEP\)](#)

[Nutrition and Chronic Kidney Disease](#)

[United States Renal Data System \(USRDS\)](#)

[Chronic Kidney Disease for Kids](#)

Research

[The relationship between social networks and pathways to kidney transplant parity: Evidence from black Americans in Chicago](#)

[Subclinical atherosclerotic changes related to chronic kidney disease in asymptomatic black and white young adults: The Bogalusa Heart Study](#)

[Epidemiology of chronic kidney disease in children](#)

[Trend in the prevalence of overweight and obesity among urban African American hospital employees and public housing residents.](#)

[Comparison of the CKD Epidemiology Collaboration \(CKD-EPI\) and Modification of Diet in Renal Disease \(MDRD\) Study Equations: Prevalence of and Risk Factors for Diabetes Mellitus in CKD in the Kidney Early Evaluation Program \(KEEP\)](#)

[Chronic Renal Insufficiency Cohort \(CRIC\) Study: Baseline Characteristics and Associations with Kidney Function](#)

[Elevated depressive affect is associated with adverse cardiovascular outcomes among African Americans with chronic kidney disease](#)

[Lower Socioeconomic Status and Disability Among US Adults With Chronic Kidney Disease, 1999-2008](#)

[Blood Pressure Components and End-stage Renal Disease in Persons With Chronic Kidney Disease](#)

[Population based screening for chronic kidney disease: cost effectiveness study](#)

[Impact of Chronic Kidney Disease on Activities of Daily Living in Community-Dwelling Older Adults](#)

[A Systematic Review and Meta-Analysis of Utility-Based Quality of Life in Chronic Kidney Disease Treatments](#)

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported in part by a cooperative agreement grant awarded by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

This publication was made possible by grant number U30CS09734 from the Health Resources and Services Administration, Bureau of Primary Health Care and its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.