

Housing and Health: Building Partnerships to Support Public Housing Residents



NAHRO

**National Conference & Exhibition
Friday, October 27, 1:45pm – 3:15pm**

Presenters

- **Dinetta Armstrong**, Public Health Management Corporation



- **Kristine Gonnella**, National Nurse-Led Care Consortium



- **Joy Oguntimein**, National Center for Health and Public Housing



- **Andrew C. Teitelman**, Chicago Housing Authority



Learning Objectives

1. Describe the Public Housing Primary Care Program (PHPC) program at HRSA.
2. Discuss strategies to collaborate with Public Housing Primary Care Health Centers to deliver health care to public housing residents, based upon case studies and best practices.
3. Identify current opportunities for engagement between health center programs and public housing authorities.



What's
the
plan?

Setting the stage: What is the PHPC Program?

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**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

National Nurse-Led Care Consortium

- **Mission:** Advance nurse-led health care through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs.
- Supported via a National Cooperative Agreement with HRSA to provide training and technical assistance to health centers in order to strengthen healthcare for residents of public housing.



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Health Centers: Building Healthy Communities

Strategies:

- Promote community partnerships and collaborations with stakeholders in health and non-health sectors
- Strengthen focus of health promotion and disease prevention across populations, providers, and communities. (Health Resources and Services Administration, 2016)



Health Centers and Public Housing

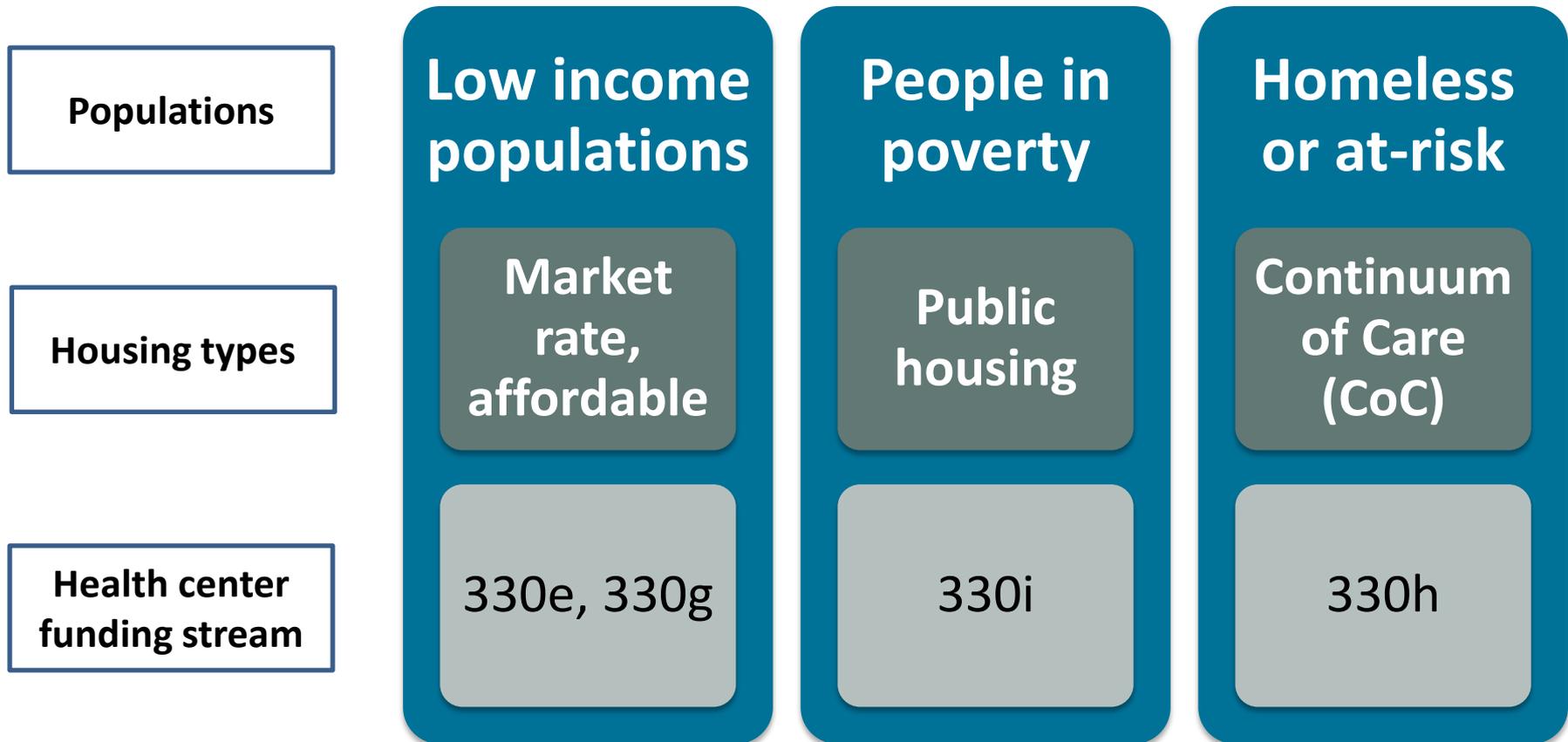
- Who in the audience knows the name and location of their local health centers?
- Who in the audience collaborates with their local health center?



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Federal Perspective:

Housing and health center landscape



*Graphic developed by Corporation for Supportive Housing www.chs.org

Health Centers and Public Housing

- **1965:** Office of Economic Opportunity funded 1st community Health Center Program, Columbia Point Health Center. Served the low-income community living in the Columbia Point Public Housing Projects in Dorchester, MA.
- **1975:** Congress permanently authorized neighborhood Health Center Programs as “community and migrant health centers,” and later added primary health care programs for residents of public housing and the homeless to the portfolio of programs.



Health Centers and Public Housing

- **1996:** Health Centers Consolidation Act combined these authorities under Section 330 of the Public Health Service Act (PHSA) to create the consolidated Health Center Programs and what is now known as Community, Migrant (330 g), Public Housing (330 i) and Homeless Health Centers (330h).
- **Public Housing Primary Care (PHPC)** award recipients are a subset of FQHCs (Section 330(i)) specifically designed to serve public housing residents



Public Housing Primary Care (PHPC)

Provide increased access to comprehensive primary health care services through the direct provision of:

- health promotion,
- disease prevention, and
- primary health care services.

Primary health care services include, but are not limited to, behavioral health as well as other supportive services.





Housing is a Social Determinant of Health

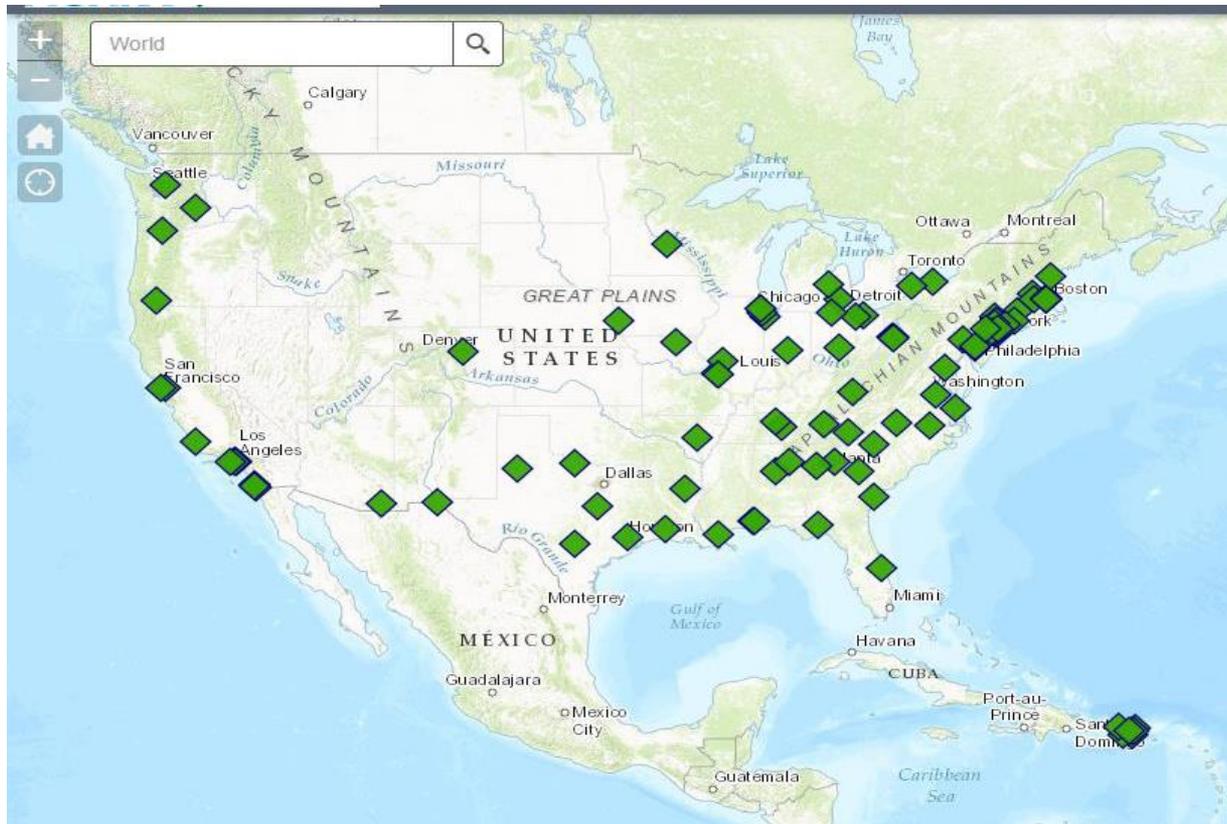
- Neighborhood and built environment
- Health and health care
- Social and community context
- Education
- Economic stability



Source: Adopted from HealthyPeople 2020, Social Determinants of Health
*Image developed on Piktochart.com

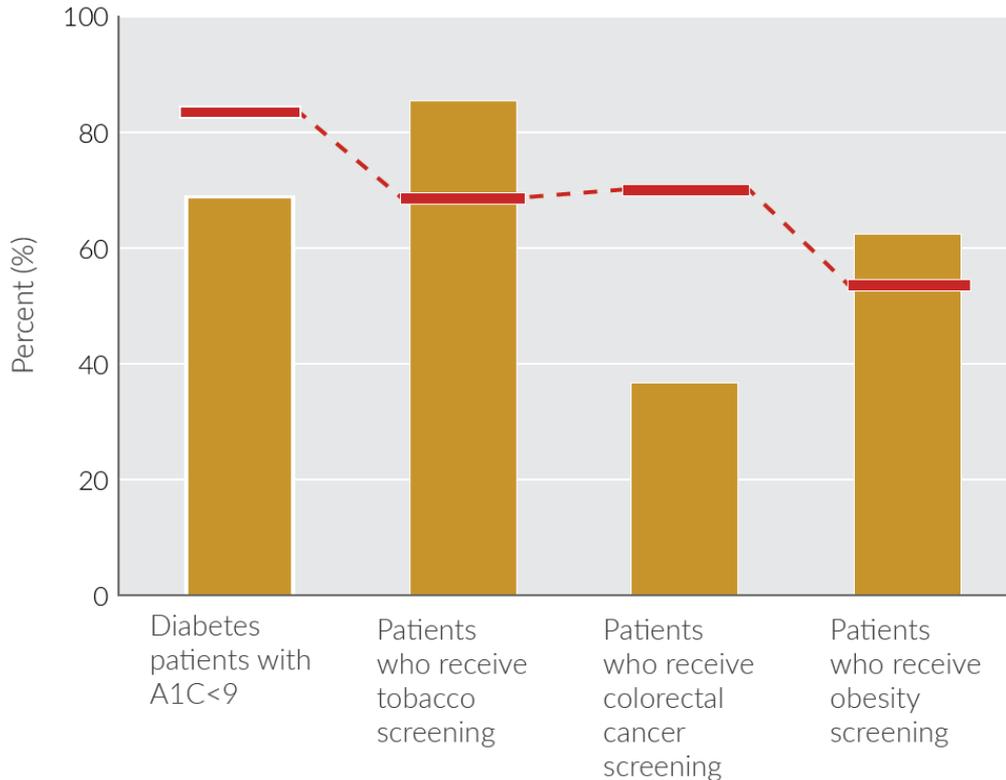
National Profile of PHPC

- 105 PHPC grantees reported serving 609,751 patients*
- 2.7 million patients served at health center sites that are located in or immediately accessible to public housing

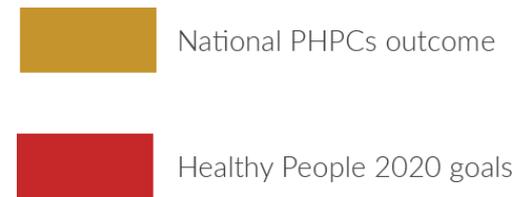


Health Outcomes

Health Centers and Public Housing



Healthy People 2020 provides national health outcome benchmarks to encourage innovation and progress in key areas of patient care. In many ways, PHPCs exceed Healthy People 2020 goals, especially with regards to screening services.



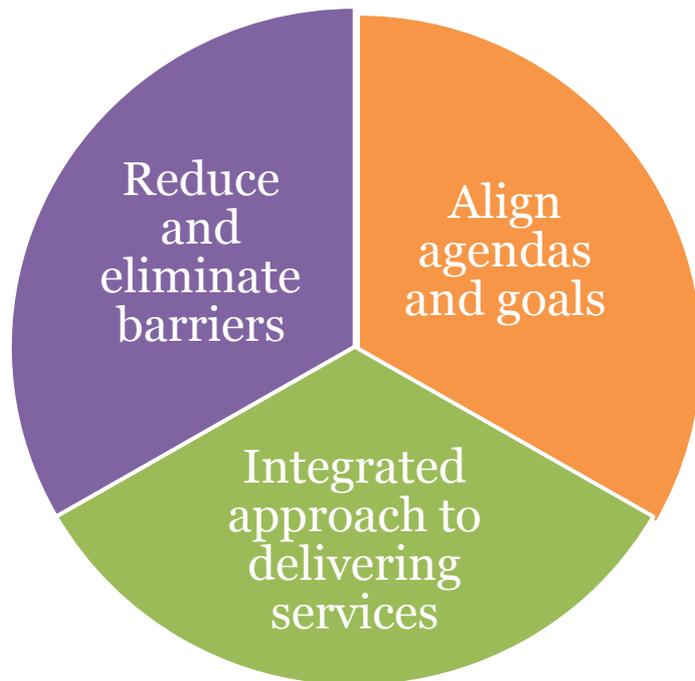
Better Together: Community Partnerships to Increase Equity in Access to Care for Public Housing Residents

Joy Oguntimein, MPH



Health Centers and Public Housing

Reasons for Partnership



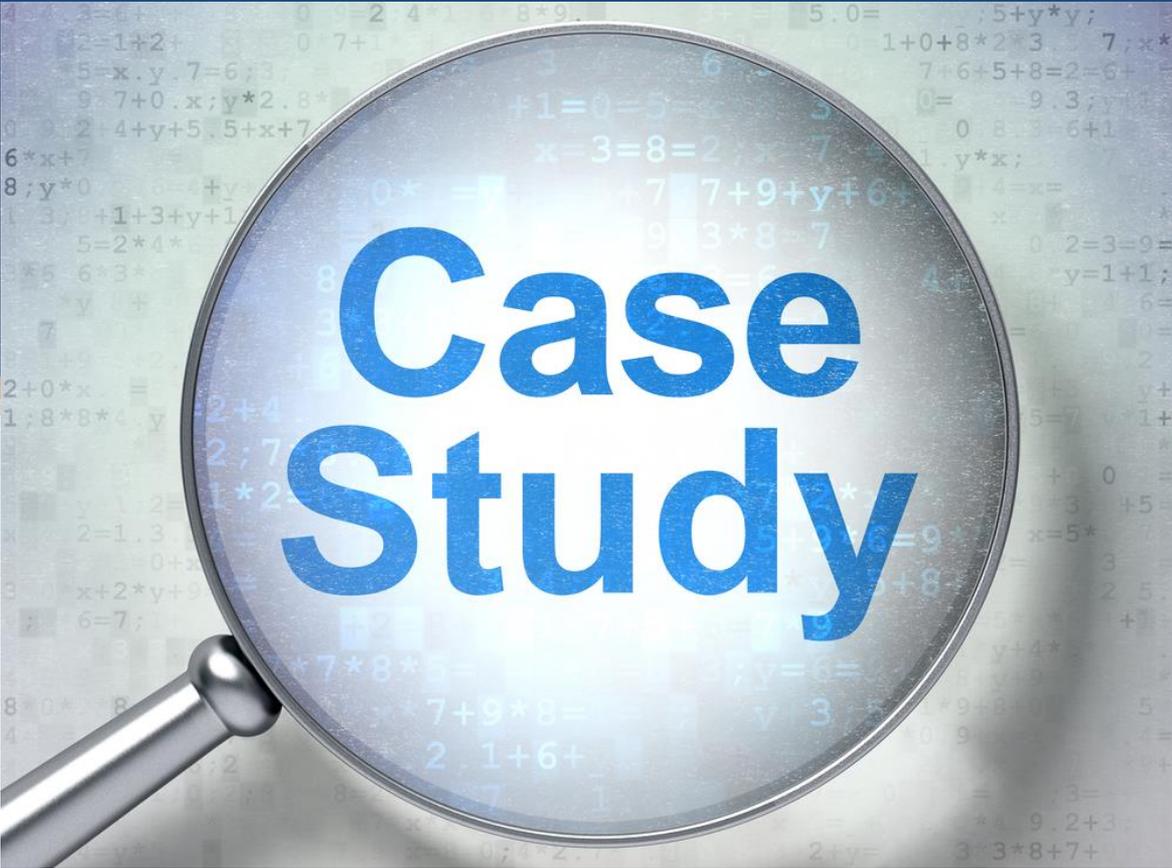
Public Housing Primary Care

- Deliver comprehensive, case-managed, family-based primary care and preventive health care services, including behavioral health
- Operate on-site in a public housing development or in an area adjacent to the housing development

HUD 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 3: Provide physical space to collocate healthcare and wellness services with housing (for example, onsite health clinics)



Chicago, Illinois



- **Background:** TCA wanted to inform community about ACA options but was having issues engaging residents. TCA approached CHA about partnering. The two combined outreach efforts to better access and educate residents about healthcare coverage
- **Benefit:** TCA and CHA were able to train and hire residents, supporting their journey to self-sufficiency.
- **Keys to Success:**
 - Ensure documentation
 - Facilitate open communication
 - Create a diverse workgroup

Philadelphia, PA

- **Background:** Residents were accessing health care at emergency rooms. PHA wanted to offer an alternative and better access to health care resources.
- **Benefit:** Health integrated into PHA programming leading to development of innovation campus that is bringing job training programs, social services, and more.
- **Keys to success:**
 - Make relationship evident on all levels
 - Write partner into strategic plan
 - Allow, adjust, and adapt to changes



Dover, NJ

ZUFALL
HEALTH

COMMUNITY
HEALTH
CENTERS

Housing Authority
of the Town of
Morristown



- **Background:** Housing Authority received ROSS funds, then partnered with Zufall to assess residents' needs and identify services.
- **Benefit:** Expanded partnerships to include local businesses , now offering more programs and education which help foster self-sufficiency
- **Keys to Success:**
 - Identify mutual interests
 - Leverage services
 - Offer services that reduce or eliminate services

Gadsden, Alabama

- **Background:** QOLHS and GGHA decided to partner to win funding to improve the community.
- **Benefits:** There was community transformation and a reduction of the stigma of living in public housing. Today, the partnership expands beyond health to services addressing social determinants of health.
- **Keys to Success:**
 - Shared vision
 - Consistent community presence
 - Conduct needs assessment and adapt services



San Diego, CA

- **Background:** SDHC was running a lead-based paint testing program and identified La Maestra as a key community stakeholder who could help engage residents.
- **Benefits:** Better understanding of how to address challenges residents face.
- **Keys to Success:**
 - Use patient advocates
 - Develop trusting relationships
 - Expand partnerships



Promising Strategies

Develop a
Relationship

Outline
Mutual Value

Understand
Your Partner

Consider
Additional
Stakeholders

Recognize
Limitations
and Expertise

Write it
Down

Keep Each
Other on
Task

Evaluate and
Revise

Things to Consider

Ensure meaningful solutions are focused on crafting holistic solutions

Take into account the need for environmental changes

Identify multi-sector partners and community members

Change policies and systems

Initiate strategies that impacts choices, behaviors and outcomes

Acknowledgements

- All of the PHPCs and Housing Authorities
- Colleagues from North American Management and National Nurse-Led Care Consortium



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INSPIRING GOOD HEALTH THROUGH HEALTH PARTNERSHIPS

Chicago Housing Authority (CHA)
Resident Services
October 27, 2017

CHICAGO HOUSING AUTHORITY PORTFOLIO AT-A-GLANCE

Provides subsidized housing to 65,000 households.

- 18,000 public housing households
 - 9,000 are seniors living in 44 senior designated housing units)
- 47,000+ Housing Choice Vouchers (Tenant-based & Project-based)



Dearborn Homes (Family)



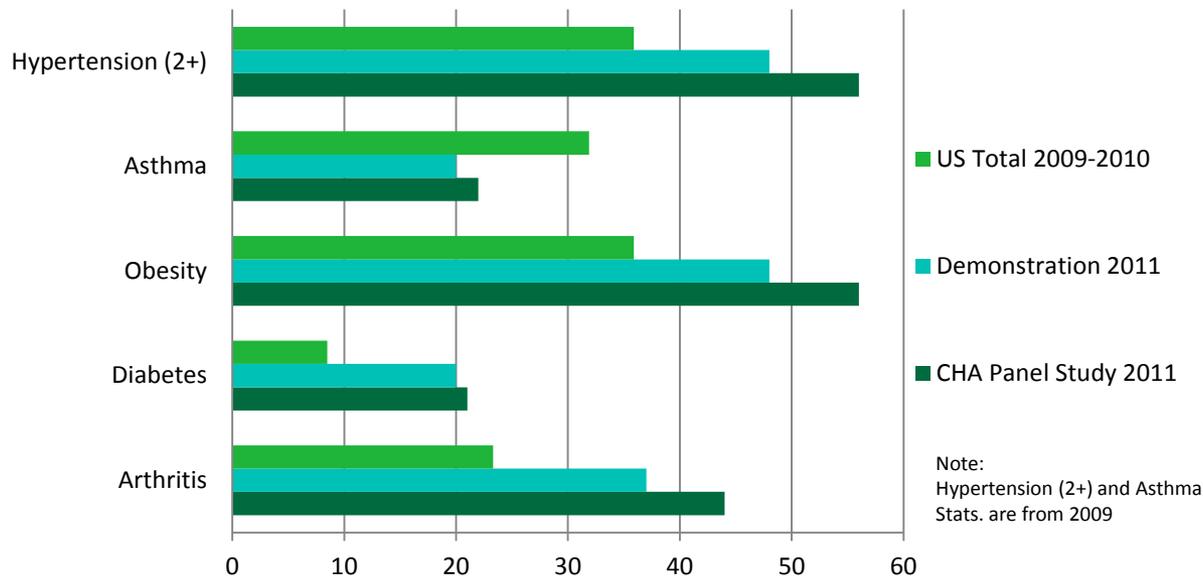
The Pomeroy (Senior)



Hilliard Homes (Mixed-Income)

RESEARCH: CHA RESIDENT HEALTH CHALLENGES

CHA adult residents face a higher incidence of health issues than the US adult population at large. The Urban Institute included health questions in two survey studies it conducted among CHA adult residents.



Sources: 1) 2009-2010 CDC Fast Stats, 2) Urban Institute's 2011 Demonstration sample and 2011 CHA Panel Study Sample.

CHALLENGE: HEALTH ENTITY ACCESS TO COMMON SPACES

- Health entity access denied beginning 2005 in the wake of fraud and aggressive solicitation
- CHA lacked resources or expertise to monitor or determine *“the good from the bad”*
- CHA sought a way to address health issues while protecting residents from risk of fraud



DEVELOPED A HEALTH STRATEGY:

“Enhance initiatives and partnerships that work to promote improved health among vulnerable residents.”

1. Align with Chicago’s public health department’s strategy: *Healthy Chicago 2.0*
2. Ensure residents are informed on how to access health care and health insurance coverage
3. Develop health partnerships
 - To provide on-site health education and resources for residents
 - To help Chicago Housing Authority stay current on trends (e.g.; smoke-free housing; active design principles; public policy changes)



CREATED HEALTH PARTNERSHIP PROTOCOL: FACILITATES ACCESS; PROTECTS AGAINST PREDATORY PRACTICES

Key elements

- Eligibility criteria
 - Includes* education, activities, small incentives and 'non-invasive' services (blood pressure checks)
 - Excludes* solicitation, sales or enrollment
 - No cost* to PHA or residents
- Standardized application & process
- Approvals/denials
- Manageable & trackable process
 - Centralized approval
 - Activities arranged between building and approved partner
 - Documentation in data base

HEALTH PARTNERSHIP PROTOCOL: HOW IT WORKS

All information regarding Health Partnership Protocol, examples of acceptable and unacceptable activities, and a fillable PDF application and list of approved partners can be found at:

www.thecha.org/residents/services/health-wellness/

- Applications submitted via e-mail
- Office of Inspector General applicant review
- Staff/resident committee meets monthly, reviews applications received previous month
- Approval/denial letters are mailed
- Approvals are for two years; must submit a renewal application to extend partnership
- Approved partners (along with contact information and their *approved* activities) are posted on the CHA website and updated monthly

HEALTH PARTNERSHIPS TODAY

- 60+ partners provide 500+ presentations or activities across portfolio annually
- Serve all ages; majority are serving seniors
- Approved partner list on website; updated monthly
- Satisfaction survey shows 90% of participants learn something that they believe will improve their health



EXAMPLES OF CHA HEALTH PARTNERSHIPS

- ❖ **TCA Health** – FQHC situated at the entry of a large CHA development. CHA and TCA collaborate to serve residents through education and facilitating access to direct health services. Partnership activities have included ACA enrollments, flu vaccinations, taking blood pressure in health education programs such as With Every Heartbeat is Life.
- ❖ **American Heart Association** – *Check.Change.Control* heart-healthy curriculum for seniors to manage their blood pressure through information, diet and regular checking; Overall since the program began five years ago, 300 residents participated—50% lowered blood pressure with 5-7% reduction in risk of heart attack/stroke.
- ❖ **Chicago Department of Public Health** – *Healthy Chicago* and information/resources on public health issues (such as the Affordable Care Act; HIV; Flu prevention).
- ❖ **Respiratory Health Association** – smoking cessation education/training (since 2011); training CHA licensed social workers in Courage to Quit© cessation model.
- ❖ **Sinai Urban Health Institute** – asthma intervention program has reported 50% improvement in absenteeism; visits to emergency room. (Since 2012) More than 200 residents participated in asthma program with 80% reduction in symptoms.
- ❖ **Telligen, Inc.**— agency with funding from the Centers for Medicare and Medicaid Services. Partnership in flu and pneumonia prevention and Diabetes self management classes.
 - ❑ Flu Vaccination Collaborative (“Flu Fighters!”) providing more 1,000 flu vaccines/year. (Public Health; Telligen; BC/BS; Walgreens)
 - ❑ 82 residents completed Diabetes disease self management series 85% improved knowledge; 65% changed behavior

BENEFITS OF HEALTH PARTNERSHIPS

- Residents gain access to health information and resources
- Once a partner and the proposed activities are approved centrally, the process becomes decentralized with arrangements and topics determined between the building (residents, staff) and the partner.
- Allows opportunity for Resident Service Coordinators (RSC's) to have giveaways and incentives for residents when funds are limited
- Can provide opportunities for resident employment
- Provides a pipeline of health-issue information to the Housing Authority
- Process protects residents; a way to tell the “good from the bad.”



LESSONS LEARNED

- Make application simple but explicit to learn exactly what the partner proposes to do for residents while on-site
- Background check minimizes risk
- Encourage residents & staff to report anything the partner is doing that is questionable, unacceptable or unauthorized to the committee for follow-up
- Use participation data and resident satisfaction surveys to evaluate the program



Contact Information

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THANK YOU!



Inspiring good health through Housing Authority Partnerships

Dinetta Armstrong

Managing Director of Health Services

Public Health Management Corporation (PHMC)



At-A-Glance: Public Health Management Corporation

- Regional public health institute that serves approximately 350,000 clients annually with more than 350 programs in 70 locations.
- Mission: Improve the health of the community by providing outreach, health promotion, education, research, planning, technical assistance, and direct services.

PHMC Health Centers

- Offer affordable, high quality care to patients throughout North and Northeast Philadelphia, including Center City.
- Share a simple mission: provide excellent patient care to everyone regardless of their ability to pay.
- Services include family planning, chronic disease management, HIV/HCV treatment, MAT, social services and more.



**PHMC HEALTH
CENTER
AT TEMPLE**

a PHMC program



**RISING
SUN**
HEALTH CENTER

a PHMC program



**MARY
HOWARD**
HEALTH CENTER

a PHMC program



**PHMC HEALTH
CONNECTION**

a PHMC program



**PHMC CARE
CLINIC**

a PHMC program



CONGRESO
Health Center

a PHMC partnership

PHMC Health Network

- Operate 6 FQHCs throughout Philadelphia that serve residents of public housing
- PHMC Rising Sun Health Center and Health Connection originally located in public housing, recognized as two of the first NMHC with PCMH status
- All are accessible to residents of public housing but have moved to larger modernized space.



Onsite services include:

- Primary Care
- Family planning
- Behavioral health
- Social service assistance
- Nutrition education
- Diabetes Academy
- Financial counseling
- Medical Legal Partnership
- Trauma informed care





Outreach



- Health fairs at health centers and surrounding communities;
- Healthy Eating Fridays introduced community members to community health centers and provided healthy snacks and recipes;
- Zumba & Line Dancing in waiting area, when health center not seeing patients
- Welcoming teens to health center and sharing family planning options available in community education room

Philadelphia Housing Authority

Mission: The Philadelphia Housing Authority's mission is to open doors to affordable housing, economic opportunity, and safe, sustainable communities to benefit Philadelphia residents with low incomes.

- 4th largest housing authority in the US
- Largest landlord in Pennsylvania
- Provides homes to over 29,600 residents under Public Housing Program



PHA Website Promotion

- Philadelphia Housing Authority understands that affordable health care is just as important as affordable housing, so we make it a priority to provide health clinics to take care of the medical needs of our residents. Our health clinics offer a variety of services such as health exams, behavioral/mental health, and immunizations. The clinics are open to the surrounding community and are an asset to this organization. We want our residents to have the same health access as anyone else and health clinics help us to do that.
- <http://www.pha.phila.gov/resident-services/health-clinics.aspx>

PHMC/PHA Partnership

- **Background:** Residents accessing health care at emergency rooms. PHA wanted to offer an alternative and better access to health care resources.
- Written into each other's strategic plans
- PHMC representatives attend housing authority meetings and resident council meetings

Sample Partner Initiatives

- Evaluated/improved residents' chronic health outcomes through CRNP and RN Care Manager Teams
- Embedded Medical Legal Partnership and financial literacy coach into health network to support civil legal needs of residents of public housing
- Partnering with PHA to provide smoking cessation programming
- Americorps VISTA facilitates outreach to residents of public housing



Questions for Presenters

- **Dinetta Armstrong**, Public Health Management Corporation



- **Kristine Gonnella**, National Nurse-Led Care Consortium



- **Joy Oguntimein**, National Center for Health and Public Housing



- **Andrew C. Teitelman**, Chicago Housing Authority



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