

# FQHCs and PHAs-- Opportunities for Collaboration to Improve Resident Health

National Center for Health in Public Housing

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Director

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# National Center for Health in Public Housing



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# Agenda



Background on Health Centers  
and Public Housing Residents



Impact of Housing on Health



Opportunities for Collaboration



Discussion



# Key Health Center Characteristics

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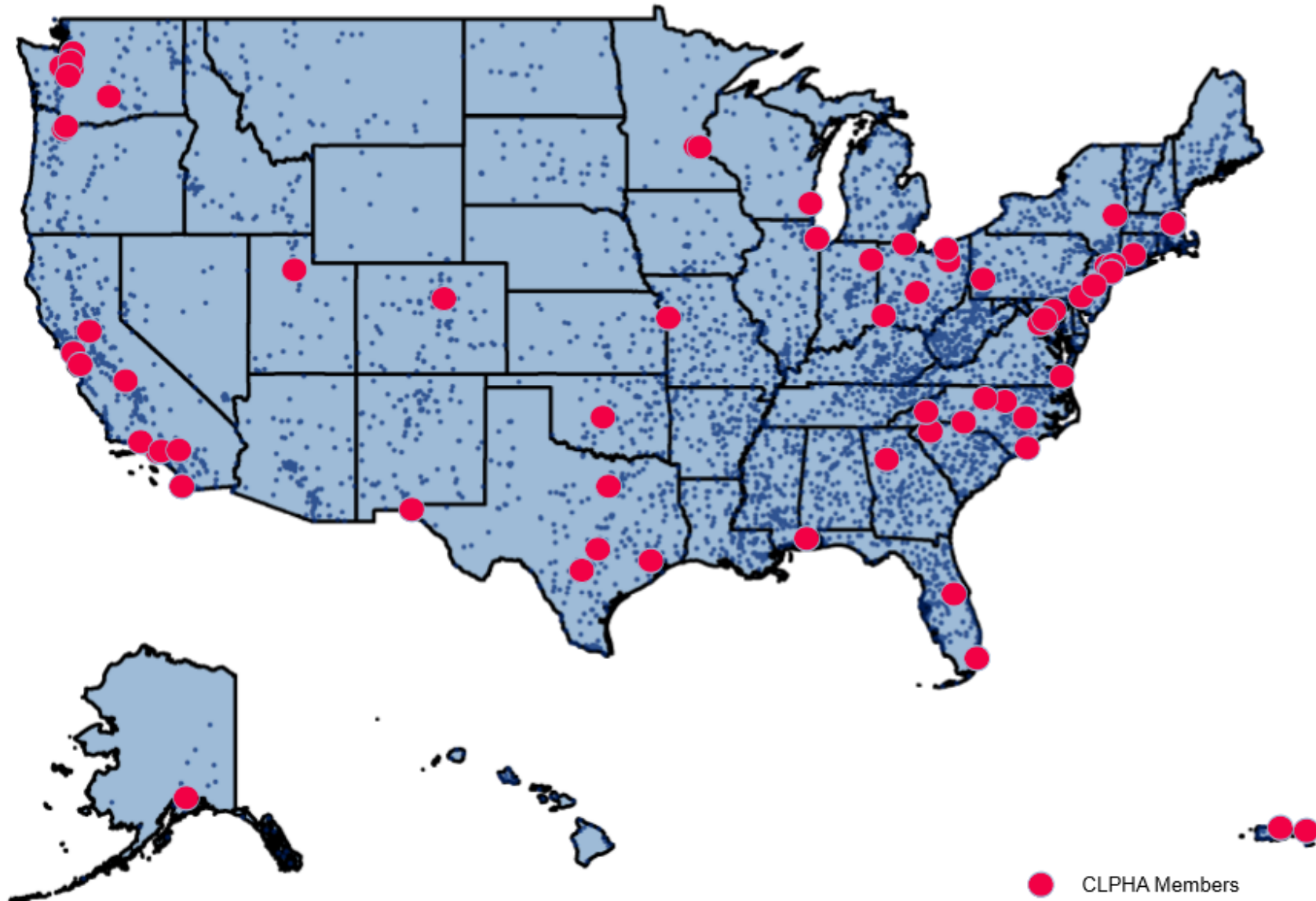
- Not-for-profit (public or private)
  - Provide a Comprehensive Scope of Services
  - Located in or Serve a High Need Community-Medically Underserved Area or Population
  - Govern with Community Involvement (Board is 51% Users/Patients)
  - Treat Parties Regardless of Ability to Pay
- 
- Programs focused on Public Housing Residents
  - Health Centers near Public Housing in Underserved areas
  - Long Standing Relationships with Public Housing Agencies

# Patient Centered Medical Home

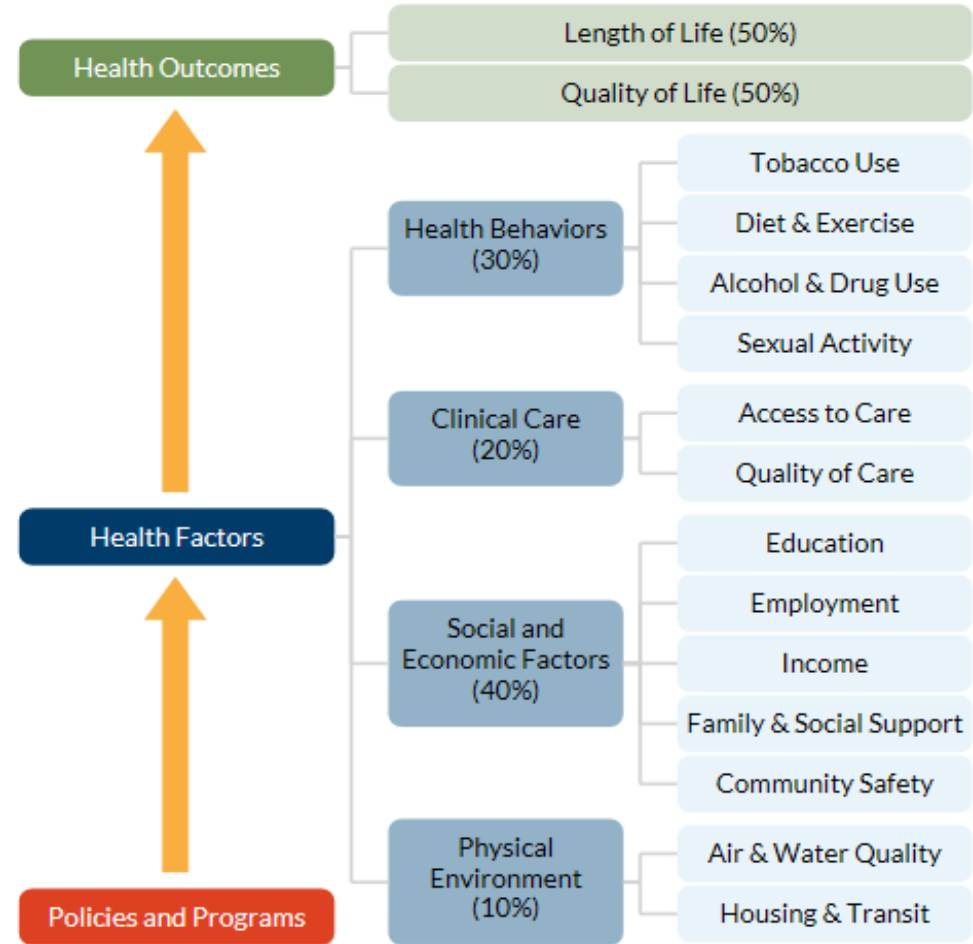
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- Comprehensive Care
- Patient-Centered
- Coordinated Care
- Accessible Services
- Quality and Safety

## CLPHA Member Locations and FQHCs



# Impacts of Housing on Health

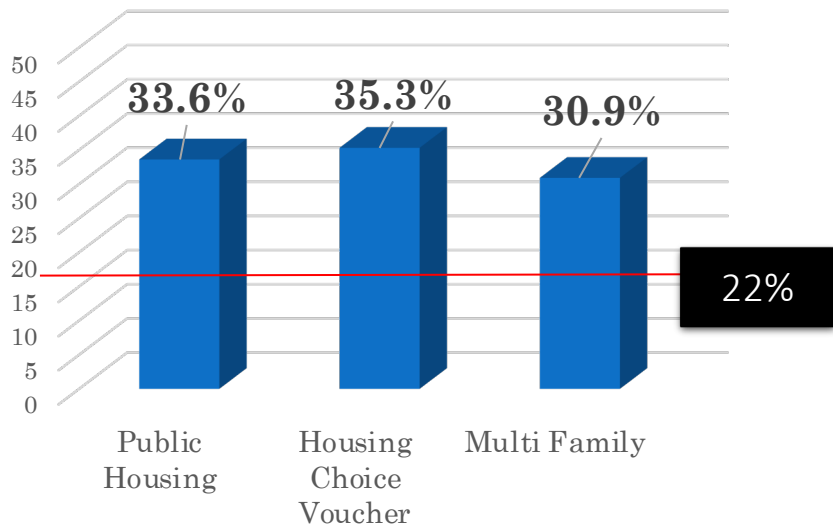




# A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

**Adult Smokers with Housing Assistance**



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight / Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

# CLPHA PHA Health Data- Sample

	CLPHA Sites	National Average
Food Insecurity	13.5%	14%
Adult Obesity	26.5%	31%
Drug Overdose Death Rate (per 100,000 population)	16.8	10

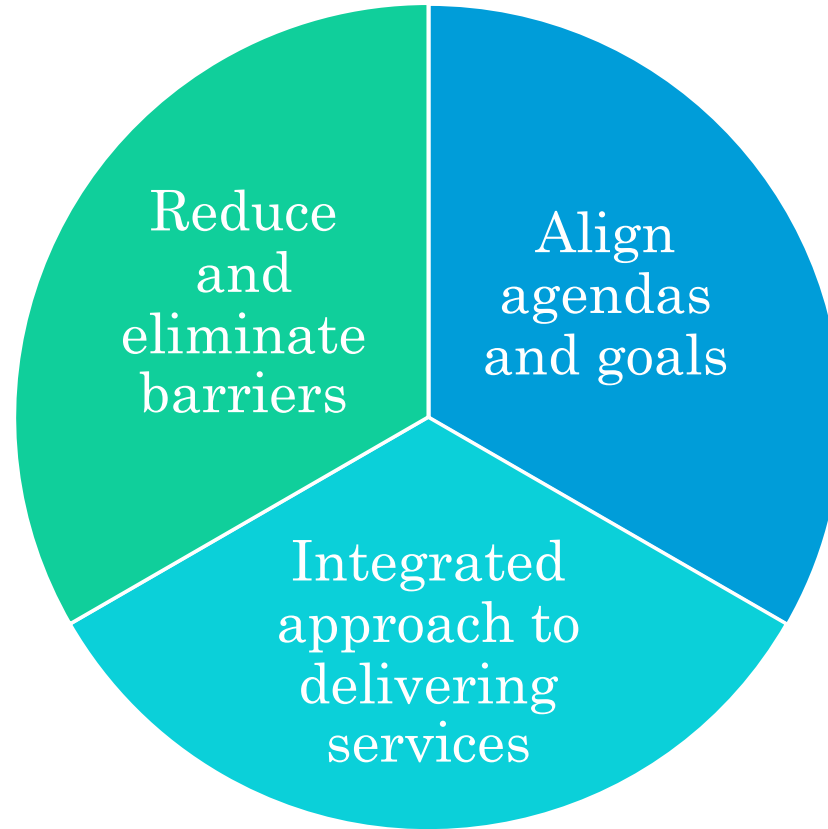
Sources: County behavior data from County Health Rankings and Roadmaps, 2018:

Food Insecurity Rates: Map the Meal Gap, 2014

Adult Obesity Rates: CDC Diabetes Interactive Atlas, 2013

Drug Overdose Rates Teen Birth Rates: National Center for Health Statistics - Natality files, 2008-2014

# Reasons for Partnership



# HRSA Health Center Goals 2022

**1 GOAL 1** → Improve access to quality health care and services

**2 GOAL 2** → Foster a health care workforce able to address current and emerging needs

**3 GOAL 3** → Enhance population health and address health disparities through community partnerships

**4 GOAL 4** → Maximize the value and impact of HRSA programs

**5 GOAL 5** → Optimize HRSA operations to enhance efficiency, effectiveness, innovation, and accountability

# Case examples



HEALTH INSURANCE  
COVERAGE



SENIOR HEALTH  
PROGRAMS



COMMUNITY SAFETY

# Chicago, Illinois

“Part of our mission at the Chicago Housing Authority is to support stability and quality of life. So, what’s more important to that than health?”- CHA

## Background:

- TCA was having issues engaging residents.
- TCA approached CHA about partnering.
- The two combined outreach efforts to better access and educate residents about healthcare coverage

## Impact:

- 2 FTE public housing residents trained as outreach workers
- 1,000+ enrolled in health insurance
- 3,000+ health education sessions

## Keys to Success:

- Resident Champion
- Communication
- Shared Knowledge

## Future

- Working Group- 25 organizations
- Youth/Adult Fitness Program
- Cooking Classes,
- Community Gardening Projects,
- Food Accessibility Initiatives,
- Community Health Education Workshops,
- Mobile Health Unit





# Casa Maravilla- Senior Center

- Public- Private Partnership
- Senior Housing- 73 units; age 55+
- Benefits Enrollment Center- 2,400 seniors annually
- Monthly Wellness Programs



“It’s been a remarkable experience, one of the things that it enables us to do is to talk to people in the community and young people about this line of work and how rich the variety is and how meaningful and fulfilling it is to work with older adults.”

Alivio Program Manager



# Flint, Michigan

## Drug Court, Mental Health Court, Veterans Courts

- Genesee Health Systems staff embedded in the court cross-references booking report with EMR
- Individuals released into appropriate services
- MSU evaluation showed
  - 80% reduction in recidivism
  - \$500,000/yr savings jail costs
  - 50% reduction in psychiatric and sub-acute detox services





↑ Prenatal Visits  
Adult Physicals  
Hearing and Vision Screening

# HUD Final Rule Banning Smoking

- Requires all Public Housing Agencies (PHAs) administering low-income, conventional public housing to initiate a smoke-free policy.
- Prohibits the use of tobacco inside or within 25 feet outside of the buildings

The screenshot displays the Federal Register page for the rule 'Instituting Smoke-Free Public Housing'. The page header includes the Federal Register logo and the text 'The Daily Journal of the United States Government'. A blue bar with a 'Rule' icon is visible. The main title is 'Instituting Smoke-Free Public Housing', with a subtitle 'A Rule by the Housing and Urban Development Department on 12/05/2016'. The page is divided into two main sections: 'PUBLISHED DOCUMENT' and 'DOCUMENT DETAILS'. The 'PUBLISHED DOCUMENT' section includes the following information:

- AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.
- ACTION:** Final rule.
- SUMMARY:** This rule requires each public housing agency (PHA) administering public housing to implement a smoke-free policy. Specifically, no later than 18 months from the effective date of the rule, each PHA must implement a "smoke-free" policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy must also extend to all outdoor areas up to 25 feet from the public housing and administrative office buildings. This rule improves indoor air quality in the housing; benefits the health of public housing residents, visitors, and PHA staff; reduces the risk of catastrophic fires; and lowers overall maintenance costs.

The 'DOCUMENT DETAILS' section includes the following information:

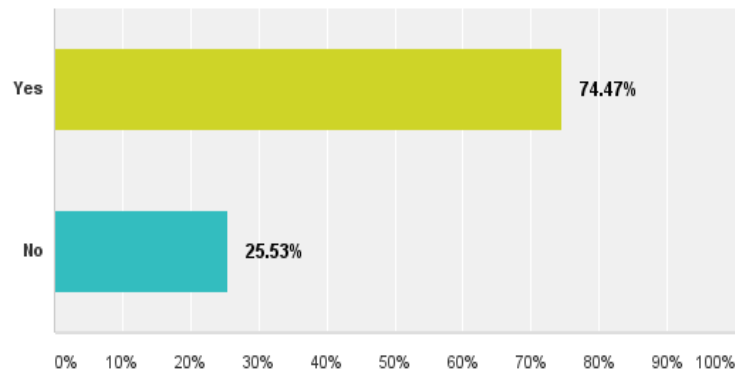
- Printed version:** PDF
- Publication Date:** 12/05/2016
- Agency:** Department of Housing and Urban Development
- Dates:** Effective date February 3, 2017.
- Effective Date:** 02/03/2017
- Document Type:** Rule
- Document Citation:** 81 FR 87430
- Page:** 87430-87444 (15 pages)
- CFR:** 24 CFR 965, 24 CFR 966

# COLLABORATION between Health Centers and Public Housing Authorities

64% of all Health centers in or accessible to PH have collaborative agreements with a PHA

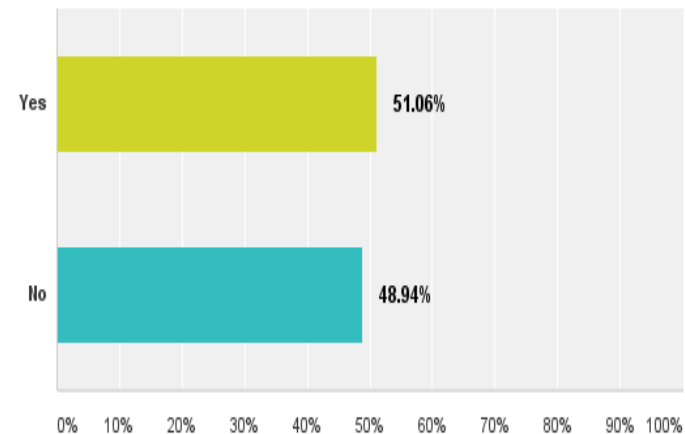
**Q43 Are you familiar with a new HUD rule prohibiting lit tobacco in all living units, outdoor areas (25 feet from the housing) and indoor common areas in public housing?**

Answered: 47 Skipped: 14



**Q44 Are you collaborating with your PHA to implement a smoke-free policy?**

Answered: 47 Skipped: 14



Source: NCHPH Needs Assessment 2016

# Challenges

- Fewer MOUs between PHAs and FQHCs
  - Roles and communication channels less certain
  - Less collaboration and info sharing
- Changes in Public Housing
  - Reduction in Traditional Public Housing
  - Scattered Sites
  - Increase in Tenant Based Vouchers/ HCV
  - Expansion of RAD/ Choice Neighborhoods/ MTW
    - Roles and communication channels less certain
    - Decentralization and Disruption of Neighborhoods and Support Networks
    - Services impacted: What happens to Case Management, Support and Self-sufficiency services, e.g., ROSS, FSS ?
    - Where do FQHCs reach patients? Where do residents access health and human services?
    - Who do FQHCs contact and coordinate with about serving residents of RAD or Choice Neighborhood Developments?
- End of Siloing
  - e.g., HUD Continuum of Care
  - e.g., Medicaid Reimbursement of Housing and Enabling Services
    - Enhanced Opportunity but Greater Complexity
- Gentrification and Displacement
  - Public and Assisted Housing move from central city to suburbs bringing additional cost and service issues

# Summary/Recommendations

- Collaborate: Communicate -- Educate -- Engage -- Prioritize
- Establish Reciprocal Partnerships, e.g., memberships on boards, advisory groups of PHAs, FQHCs and Other CBOs
- Environmental Scan and Asset Mapping
- Engage with the community together: PHA and FQHC
- Use Annual Resident Meeting and lease signing to refer residents to Health Center
- Leverage ALL Resources
- Case Management- identify needs & monitor progress
- Foster a supportive environment- Every Day!

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# Visit Our Website: [www.nchph.org](https://www.nchph.org)



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Monographs



Provider and Resident-Centered Factsheets



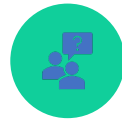
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