

Outreach and Opportunities for Collaboration to Improve Resident Health: Health Centers, Public Housing Agencies and More

National Center for Health in Public Housing

Robert Burns, MPA, Director

South Carolina Primary Care Health Association
November 17, 2020

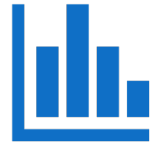


National Center for Health in Public Housing



This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,824,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Agenda



Background on Health Centers
and Public Housing Residents



Impact of Housing on Health



Opportunities for Collaboration



Discussion

HUD Housing Assistance

10 million individuals receive assistance; 4 million children

Housing assistance is not an entitlement: Housing assistance does not serve everyone who is eligible. Only one quarter of those eligible actually receive assistance.

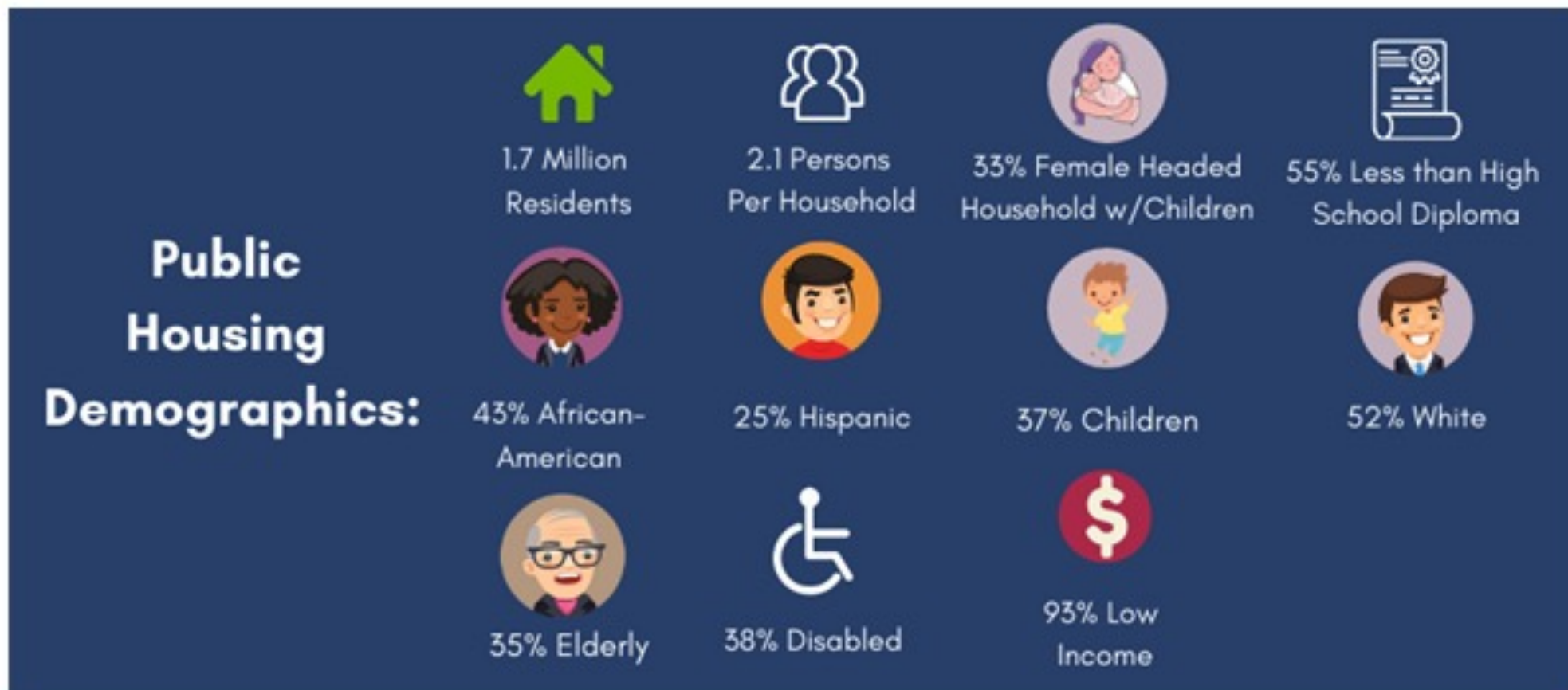
Elderly and disabled make up over half of tenant households

Housing expenses crowd out other expenses

Program Eligibility: Citizenship, gross income, and household size

Race/Ethnicity: 64% Minority; 17% Hispanic

In 2020, there were roughly 1.7 million residents of public housing. Approximately 93% were living below poverty, 33% were headed by a single female, 37% of the households had children, and 38% had a member that was disabled. (Source: HUD)



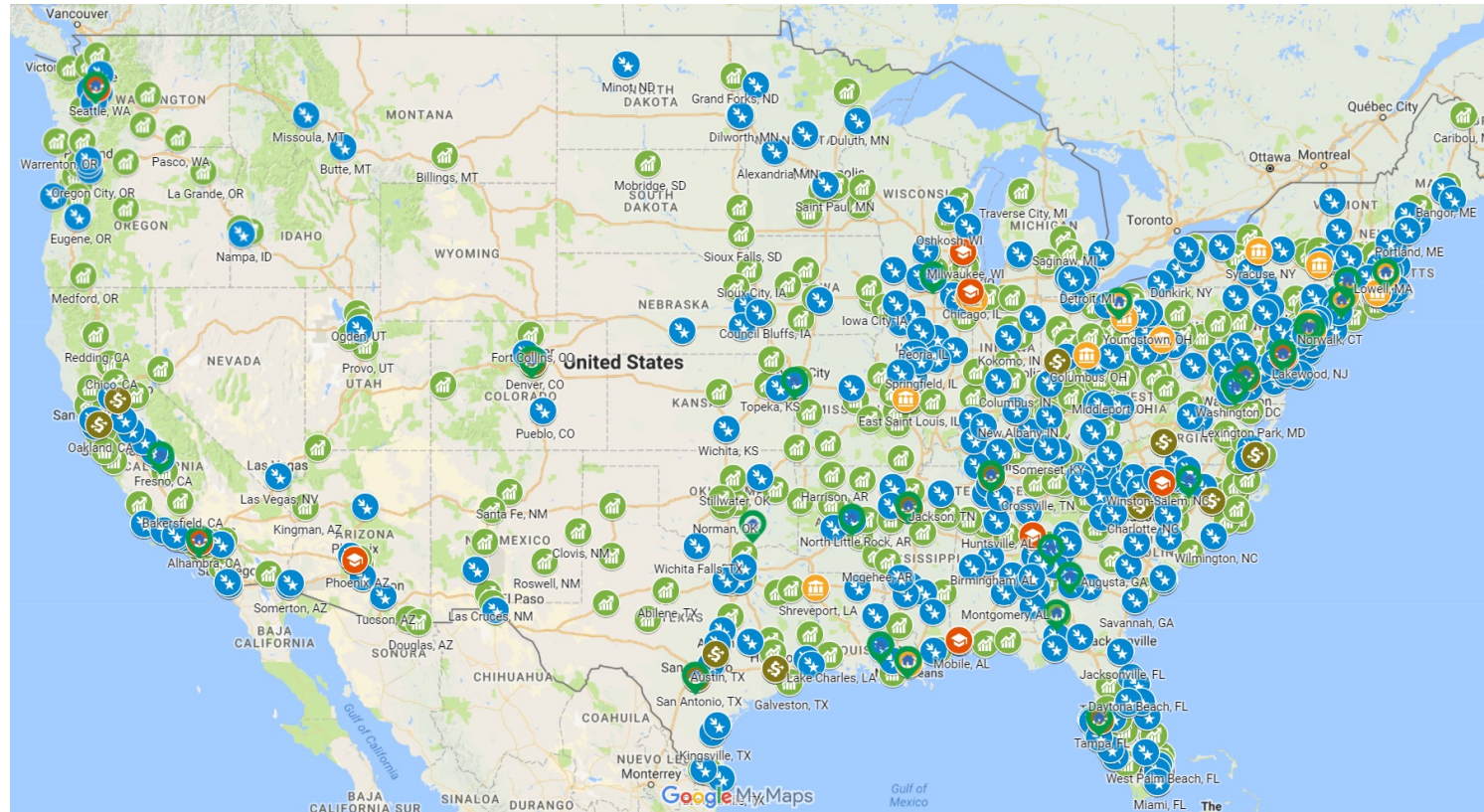
Source: HUD Resident Characteristics 2020



PIH

OFFICE OF PUBLIC & INDIAN HOUSING

PHA Investments



-  FSS
-  Jobs Plus
-  ROSS
-  Project SOAR
-  JRAP
-  ConnectHome

- **700+ PHAs served by CSS**
- **40+ Tribes**
- **Dozens of nonprofits & resident associations**

Jobs Plus

- **44 sites in 6 cohorts**
- **Builds opportunity for Public Housing Residents:**
 - Supports locally-based approaches
 - Increases earnings
 - Improves employment outcomes



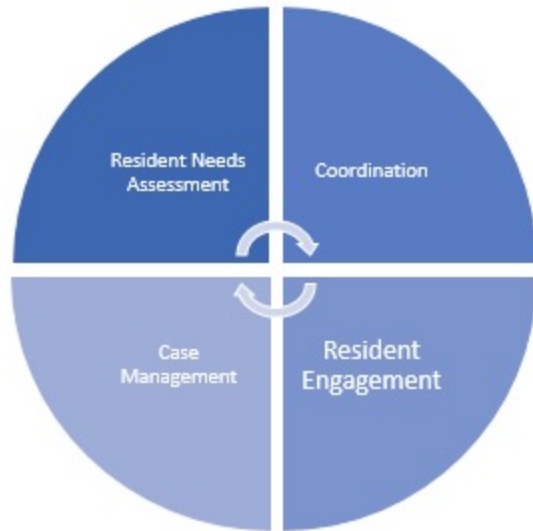


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Resident Opportunity & Self-Sufficiency (ROSS)



- **Just announced \$36 million to 137 grantees**
- **350+ grantees overall**
- **3-year grants**
- **Funds Service Coordinators who:**
 - Provide case management
 - Assess resident needs
 - Build partnerships and coordinate services with local providers
- **NOFA focuses on areas of need:**
 - Education
 - Financial Literacy
 - Health & Wellness
 - Elderly & Disabled
 - Re-Entry
 - Employment
 - Substance Abuse

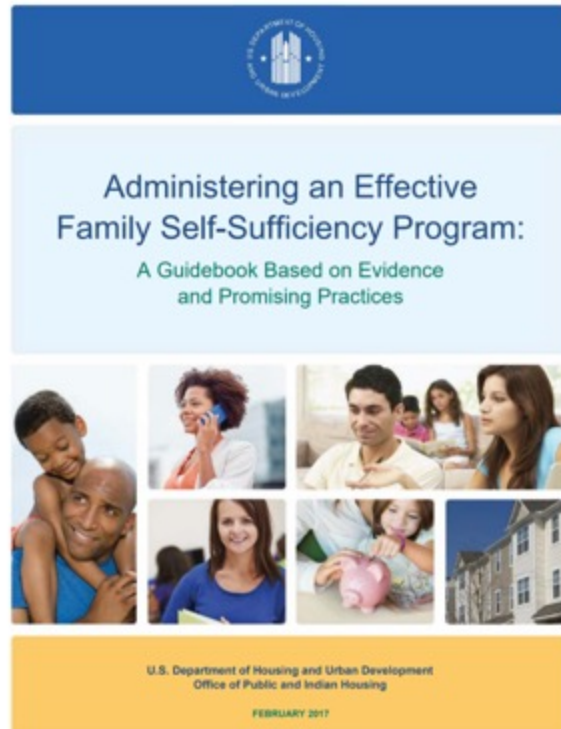


PIH

OFFICE OF PUBLIC & INDIAN HOUSING



Family Self-Sufficiency (FSS)



- **Just announced \$80 million in renewal awards**
- **700+ grantees**
- **Annual grants**
- **Provides motivational coaching to increase household earned income and achieve self-sufficiency through:**
 - Comprehensive case management services
 - Family escrow account that grows as a family's earnings grow

EnVision Centers

Vision

Centralized hubs to support the four pillars of self-sufficiency within their communities
(Not limited to HUD-assisted residents or PHAs)

Target Communities

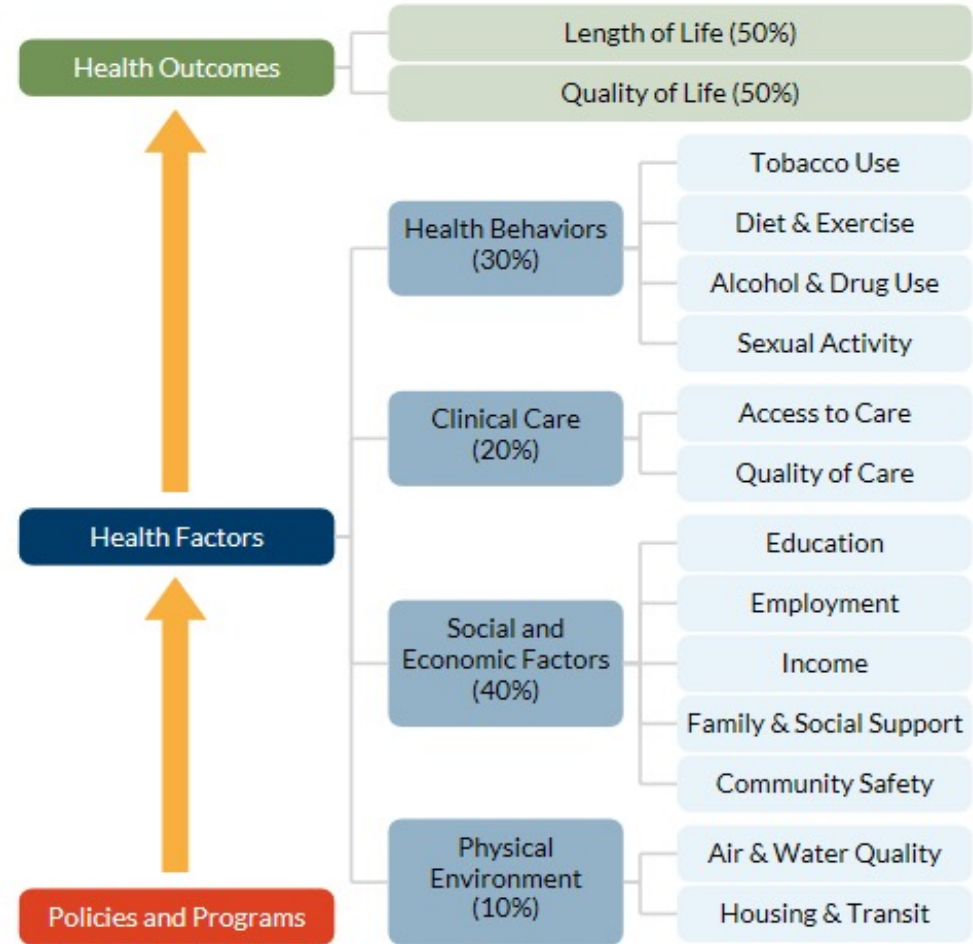
- Dynamic local leadership (i.e., personal commitment by mayor, tribal official, and/or PHA director)
- Existing place-based programs (e.g., ConnectHome, Opportunity Zones)

Benefits to EnVision Centers

- Assistance from HUD staff in meeting EnVision Centers' objectives to help low-income residents
- Assistance with Federal Agencies who support community development initiatives
- Assistance reaching a national nonprofit support network
- Coordination with a national EnVision Center peer-to-peer network



Impacts of Housing on Health

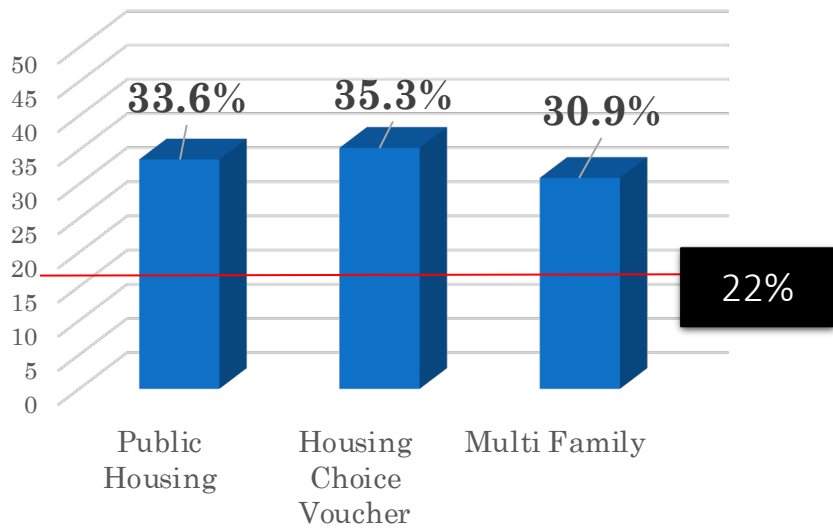


County Health Rankings model © 2014 UWPHI

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.

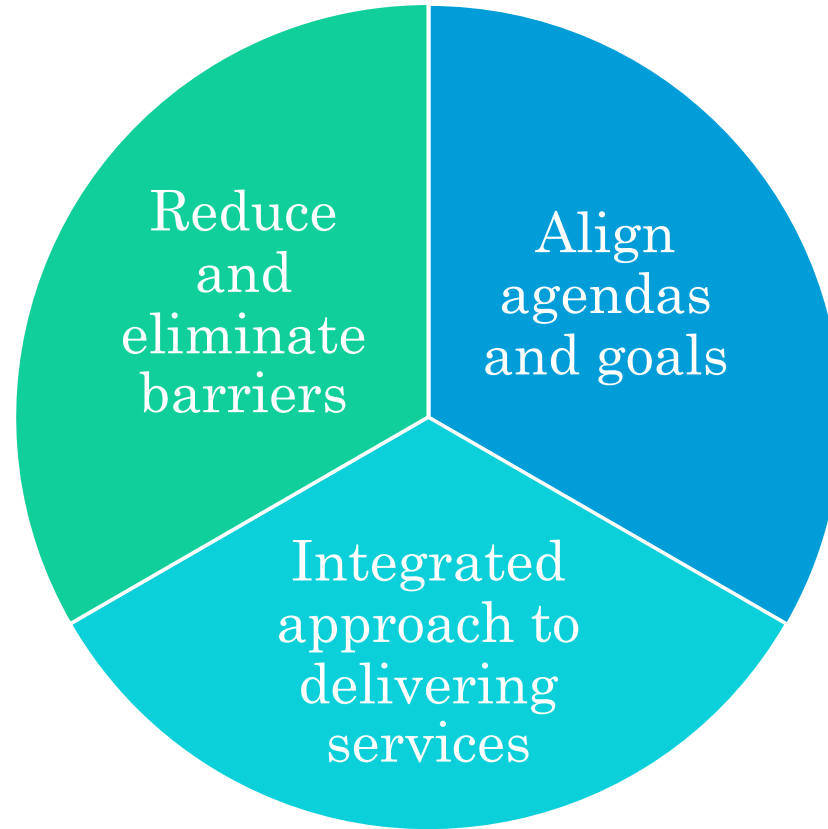
Adult Smokers with Housing Assistance



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%

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

US Dept Housing & Urban Development

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all

HUD Strategic Goals

- Strengthen the Nation's Housing Market
- Meet the Need for Quality Affordable Rental Homes
- **Utilize Housing as a Platform for Improving Quality of Life**
- **Build Inclusive and Sustainable Communities Free From Discrimination**
- Transform the Way HUD Does Business



COVID-19

PUBLIC HOUSING PRIMARY CARE (PHPC) COVID-19 BY THE NUMBERS

June 20, 2020
Numbers as of June 12, 2020
Number of PHPC respondents= 78 (72.90% of all PHPCs)

**IN 2018, THERE WERE 107 PHPCs
SERVING 817,123 PATIENTS LIVING
IN OR IMMEDIATELY ACCESSIBLE
TO PUBLIC HOUSING.**

PHPC Adequate Supply of Personal Protective Equipment (PPE) for the next week:

93.59%

Surgical Masks

88.46%

N95/PPR Masks

88.46%

Gowns

92.31%

Gloves

93.59%

Face Masks & Goggles



PHPC OPERATIONS:

76% Health Center Weekly Visits (Versus Pre-COVID-19 Weekly Visits)A

173 PHPC Sites Closed

34

Staff Members With
Positive COVID-19

6.92%

Staff Unable to Work
(due to site/service closure, exposure, family/
home obligations, lack of PPE, etc.)

DISCLAIMER:

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PATIENT TESTING

PHPCs with
COVID-19
Testing Capacity
94.87%

Drive-up/Walk Up
Testing Capacity
84.62%

PHPCs COVID-19 SPREAD :

14,247

Total Tested

71.85%

Racial or Ethnic
Minority Tested

1,452

Total Positive Cases

71.14%

Racial or Ethnic
Minority
Positive Cases

NCHPHA
National Center for Health in Public Housing

Four-Part Learning Collaborative

**Community Partnerships to Address the
Consequences of the COVID-19 Pandemic
Among Residents of Public Housing**

Begins Thursday, October 22, 2020

Visit NurseLedCare.org or NCHPH.org for more information



Partnership Showcase



Session 1: Addressing food insecurity-TCA Health, Chicago, IL



Session 2: Reducing adverse health behaviors- Lancaster Health Center, Lancaster, PA



Session 3: Culturally and linguistically appropriate interventions-Watts Health Center, Los Angeles, CA



Session 4: Strategies to promote telehealth and digital health literacy- Quality of Life Health Center, Gadsden, AL

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

Case Examples

Community Healthcare
Center- Wichita Falls, TX



- Community Engagement
- Commitment
- Incentives

South End CHC Boston,
MA



- Community Focus
- Community Team
- Behavioral Health a Priority

EnVision Centers

Opportunity

Economic
Empowerment

Educational
Advancement

Health and
Wellness

Character and
Leadership

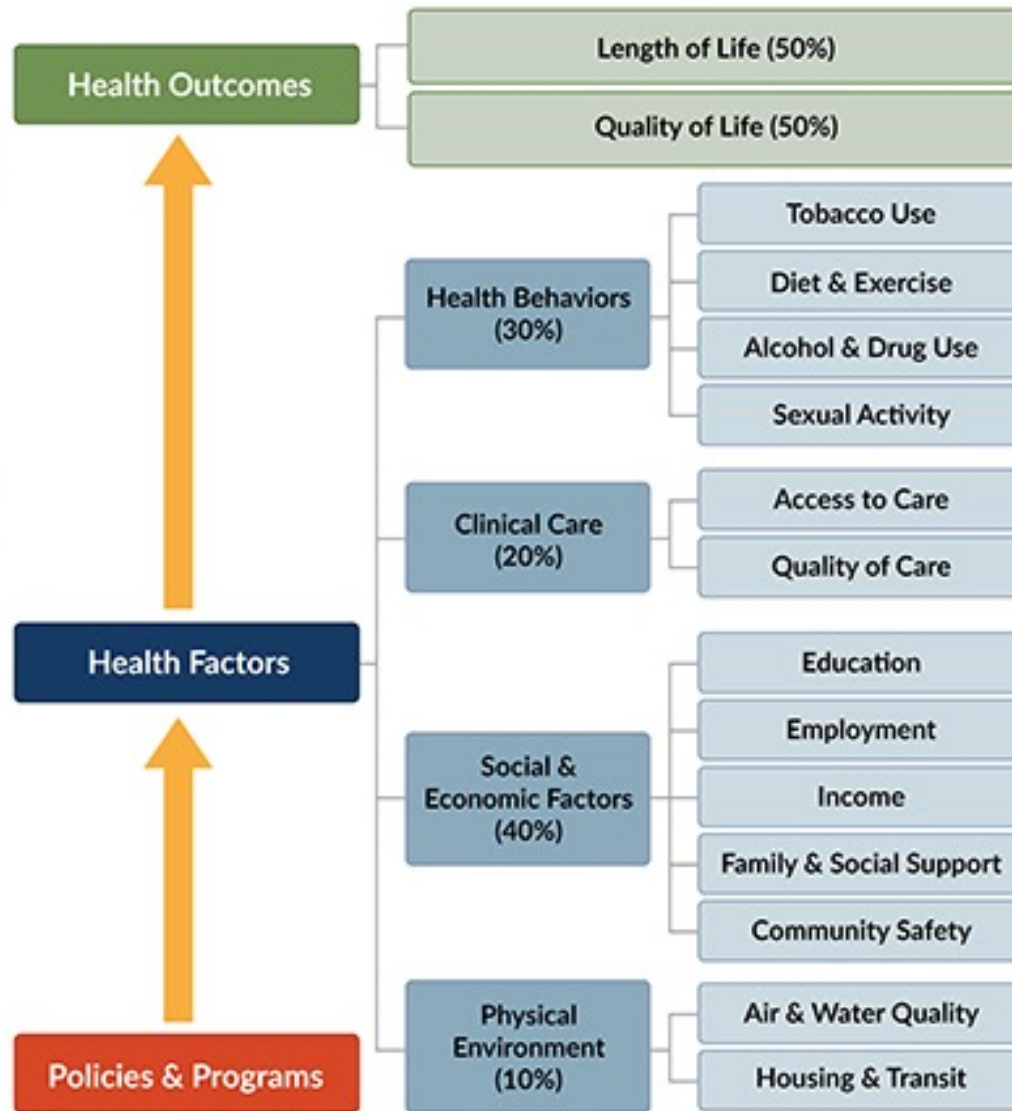
EnVision = SDOH

- **Economic Empowerment**
 - Community Health Workers
- **Health and Wellness Pillar**
 - Increase the number of pre-natal wellness visits to Federally Qualified Health Centers (FQHC)
 - Increase the number of annual physicals at FQHC (adults).
 - Increase vision and hearing screening among pre-school aged kids.
 - Increase number of homes with children under the age of 6 years that are made lead free.
 - Increase Veteran enrollment at Federal VA Hospitals and clinics.
 - Increase blood pressure/diabetes/glaucoma/cancer and lead screening.



- Prenatal Visits
- Annual Physicals for Adults
- Hearing and Vision Screening
- Lead Free Homes with Children < 6 years old
- Veteran Enrollment at VA Hospitals & Clinics
- Screening for Blood Pressure, Diabetes, Glaucoma, Cancer and lead

SDOH



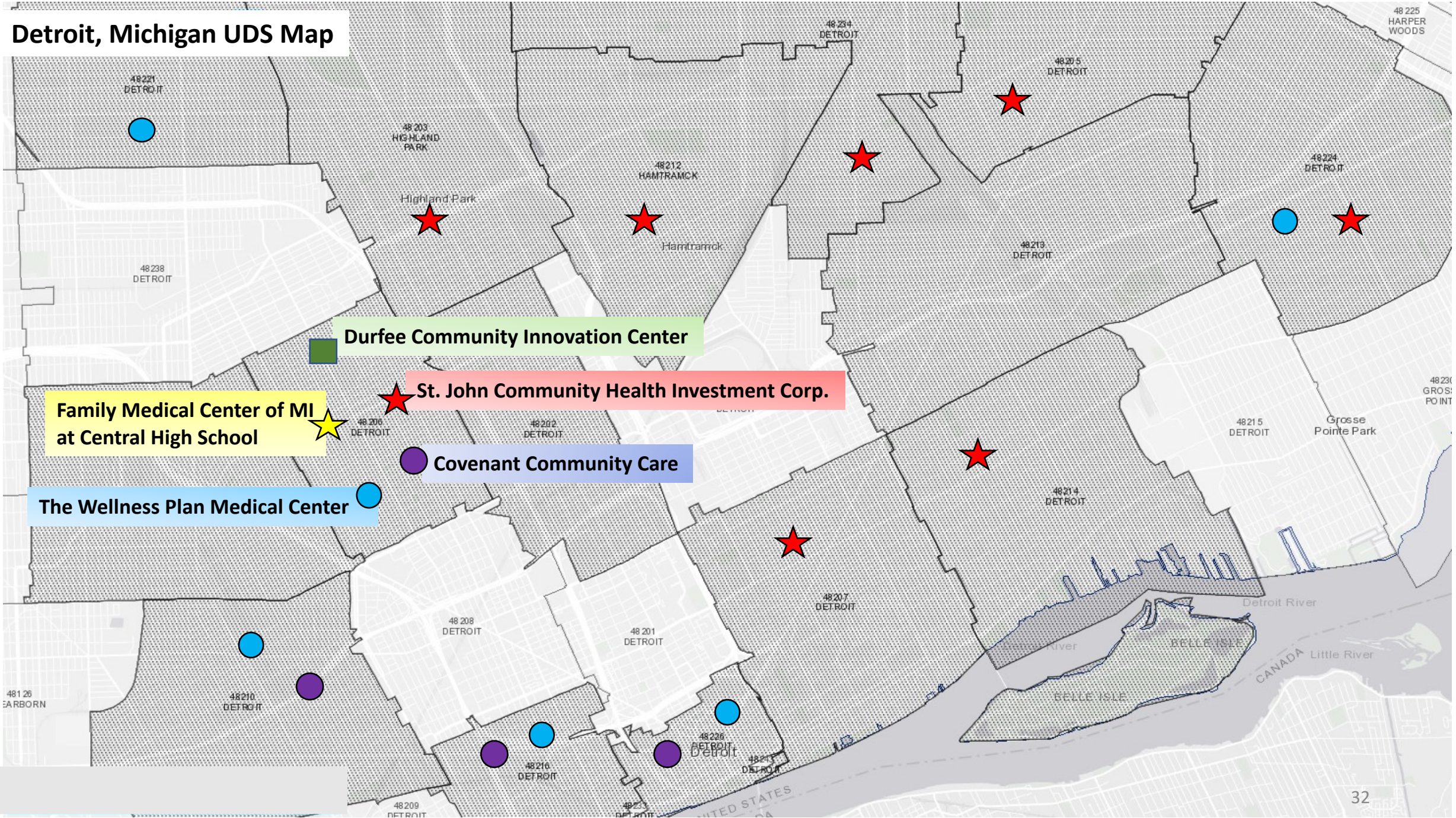
County Health Rankings model © 2014 UWPHI

EnVision Centers

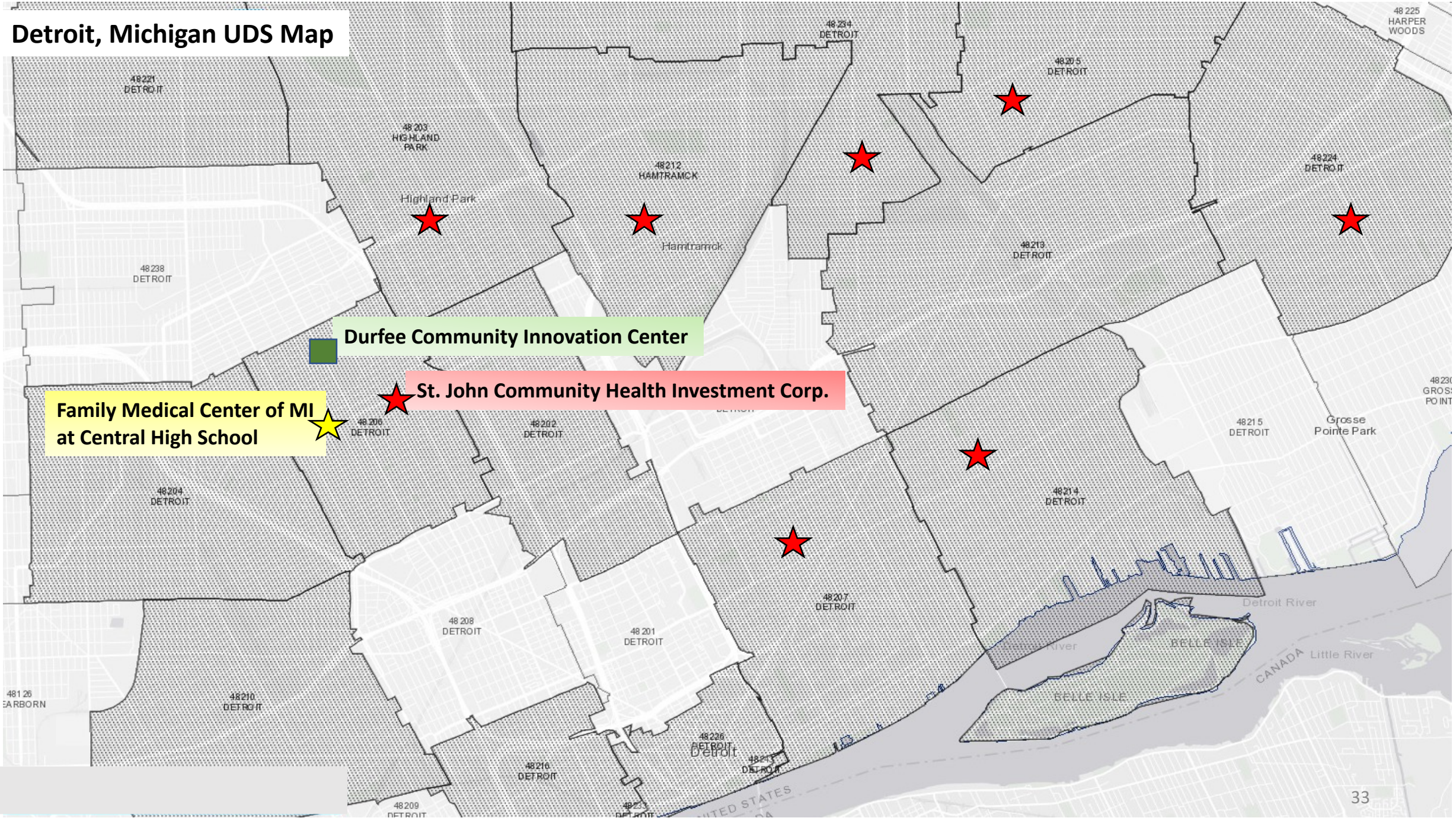


- Increase prenatal visits at FQHCs
- Increase annual physicals at FQHCs
- Increase hearing and vision screening for children
- Increase number of homes with children under the age of 6 years that are made lead free.
- Increase Veteran enrollment at Federal VA Hospitals and clinics.
- Increase blood pressure/diabetes/glaucoma/cancer and lead screening.

Detroit, Michigan UDS Map



Detroit, Michigan UDS Map



Durfee Community Innovation Center

St. John Community Health Investment Corp.

**Family Medical Center of MI
at Central High School**



Current EnVision Centers

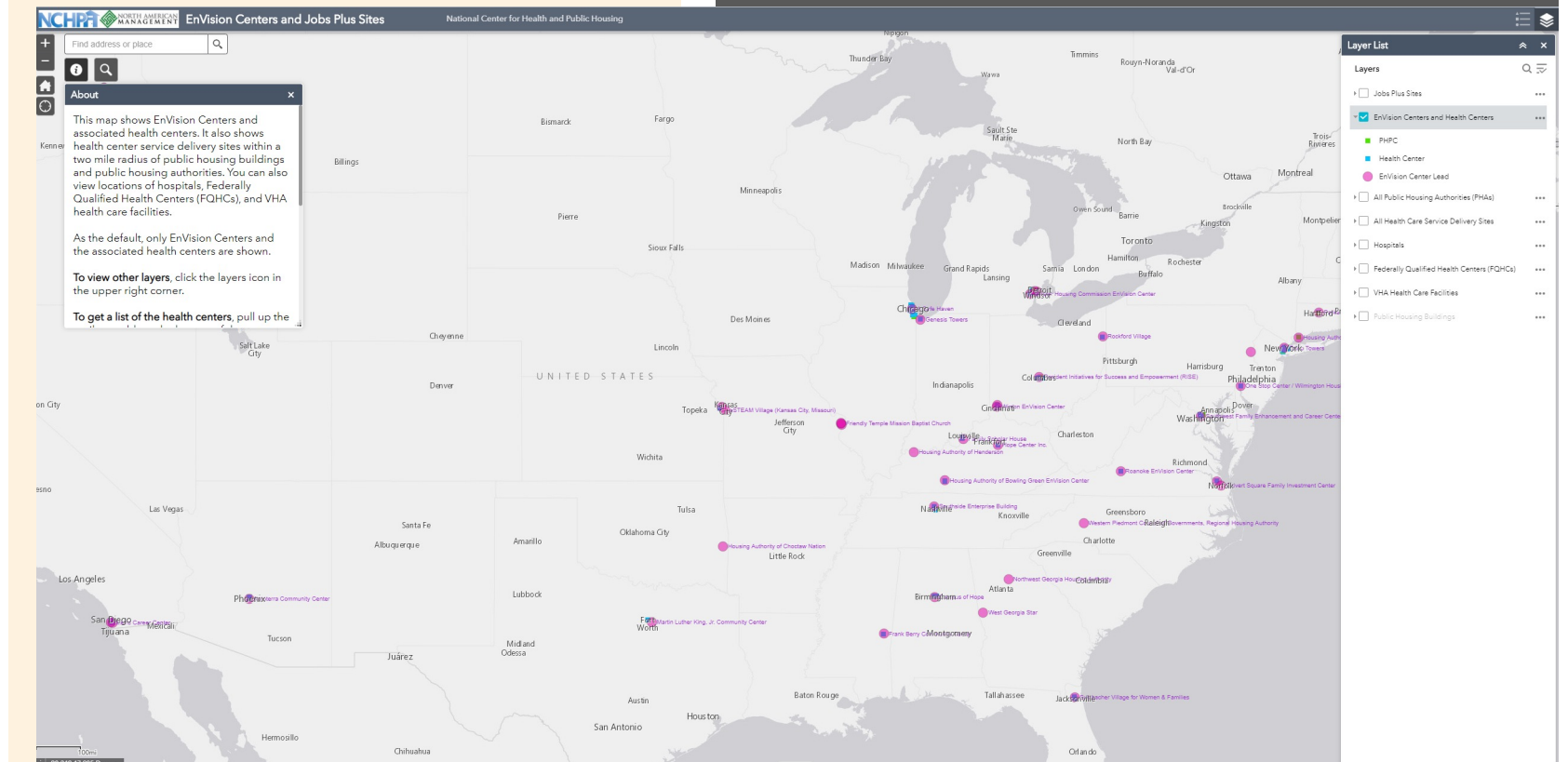
Visit www.hud.gov/envisioncenters for interactive map

Dominican Republic
Puerto Rico

Finding a Health Center Partner

- EnVision and Health Center Directory
- NCHPH Interactive Map

EnVision Center and Health Center Directory April 22, 2020 **=PHPC **=IOAT			
State	City	EnVision Center Lead	Health Center
AL	Birmingham	Campus of Hope 1826 3rd Avenue South Birmingham, Alabama 35233 Phone: 205-521-0620 Email: apeterson-fields@habd.net	ALABAMA REGIONAL MEDICAL SERVICES* 1600 20th St S Ste C Birmingham, Alabama 35205 (205)407-5600 agardner@arms.healthcare CHRIST HEALTH CENTER, INC.** 5720 1st Ave S Birmingham, Alabama 35212 (205)380-9455 rrecord@christhealthcenter.org ALETHEIA HOUSE, INC. 201 Finley Ave W Birmingham, Alabama 35204 (205)533-6012 cretan@specialkindofcaring.org
AZ	Phoenix	Aeroterra Community Center 251 West Washington Street Phoenix, Arizona 85003 Phone: 602-534-1065 Email: elenia.sotelo@phoenix.gov	ADELANTE HEALTHCARE, INC. 3033 N. Central Ave Ste 145 Phoenix, Arizona 85012 (623)583-3001 atafoya@adelantehealthcare.com MOUNTAIN PARK HEALTH CENTER 3003 N Central Ave Ste 1600 Phoenix, Arizona 85012 (602)323-3470 jswagert@mphc-az.org



Promote Collaborations



A BRIEF GUIDE TO:
**ENVISION CENTER AND
HEALTH CENTER
COLLABORATION**

Intended audience: Public Housing
Authorities, HUD Regional Offices, Health



- Opportunities for collaborations
- Strategies to create and sustain partnerships
- Guidance on how to choose health and wellness goals



FEMA

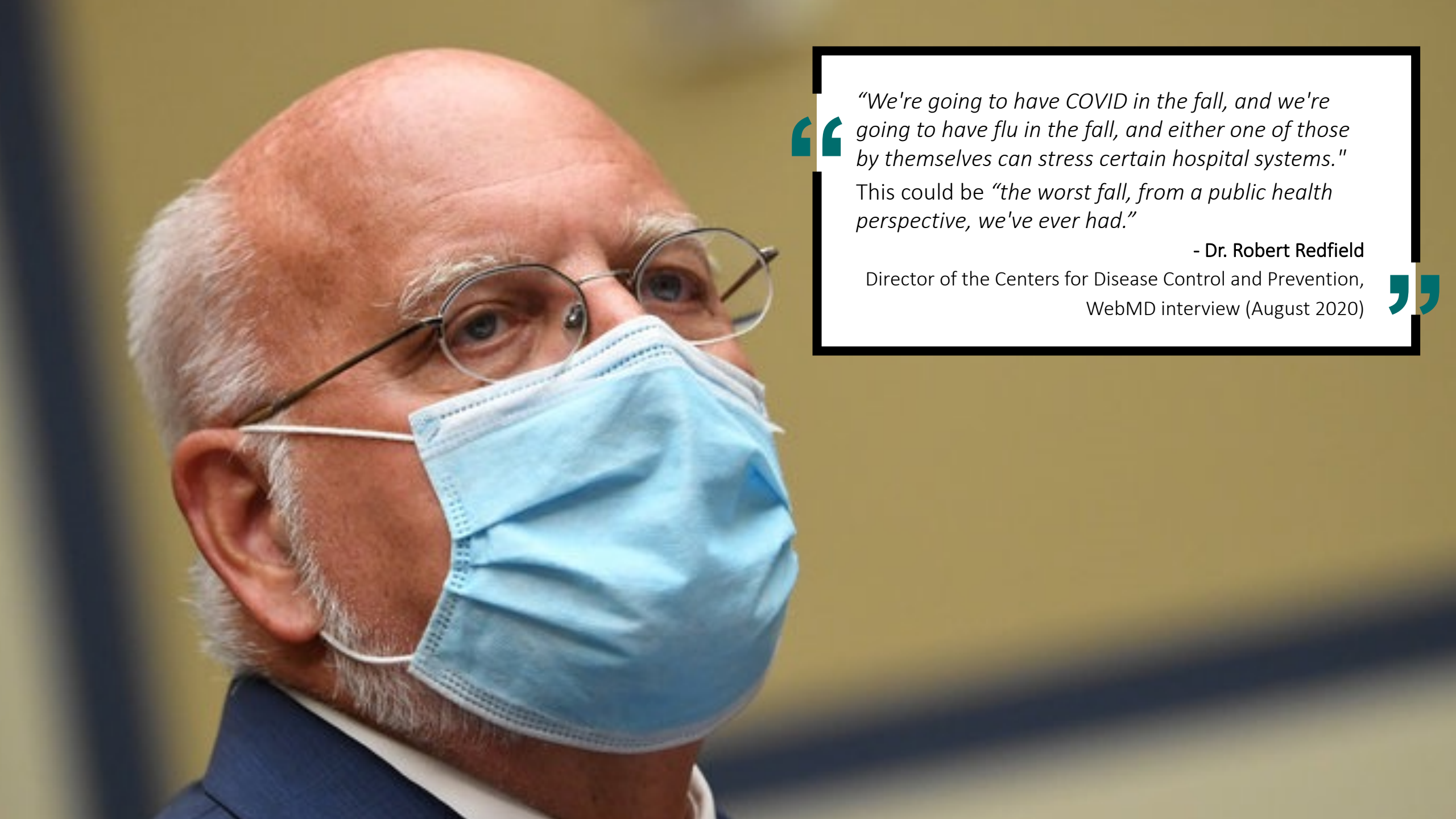
Flu LEAD

(Linkages to End Access Disparities)

A HUD/HRSA collaboration to increase influenza vaccination coverage

among HUD-assisted residents

September 2020



"We're going to have COVID in the fall, and we're going to have flu in the fall, and either one of those by themselves can stress certain hospital systems."

This could be "the worst fall, from a public health perspective, we've ever had."

- Dr. Robert Redfield

Director of the Centers for Disease Control and Prevention,

WebMD interview (August 2020)



CDC estimates* that, from October 1, 2019, through April 4, 2020, there have been:

39,000,000 – 56,000,000
flu **illnesses**



18,000,000 – 26,000,000
flu **medical visits**



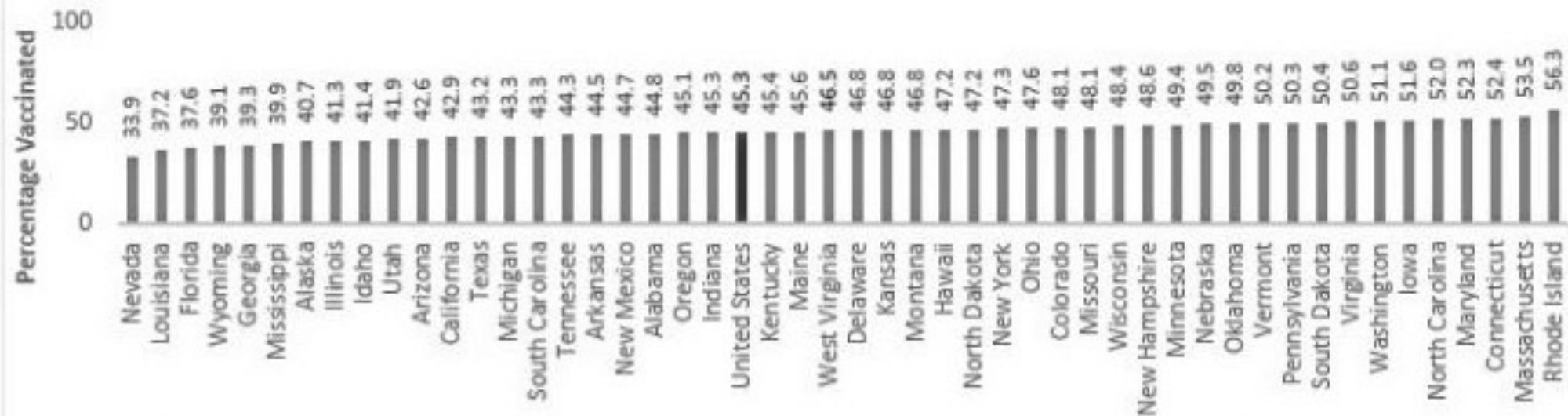
410,000 – 740,000
flu **hospitalizations**



24,000 – 62,000
flu **deaths**



Figure 4. Flu Vaccination Coverage by State, Adults, United States, 2018–19 Season



CDC recommends annual influenza vaccination for everyone 6 months and older with any licensed, age-appropriate influenza vaccine with no preference expressed for any one vaccine over another

Factors associated with low influenza vaccination coverage¹



Lower Level of Education



Lower Household Income



Urbanicity



Lack of Health Insurance

Background: Healthcare Resilience Working Group

- One of five work groups supporting the Unified Command, the national COVID-19 response led by the U.S. Department of Health and Human Services
- HRWG Mission: optimize healthcare delivery for COVID and non COVID patients in all health settings
- Work group broken into five teams, each with a focus on different aspect of health care system: hospitals, long-term care facilities, emergency medical services, health care workforce, and outpatient settings (ambulatory settings)
- Flu LEAD is a priority pilot project of the Ambulatory Team of the HRWG
- In listening sessions with many national associations and organizations, HRWG heard about concerns for communities and individuals related to seasonal influenza vaccination in the fall within the context of COVID-19

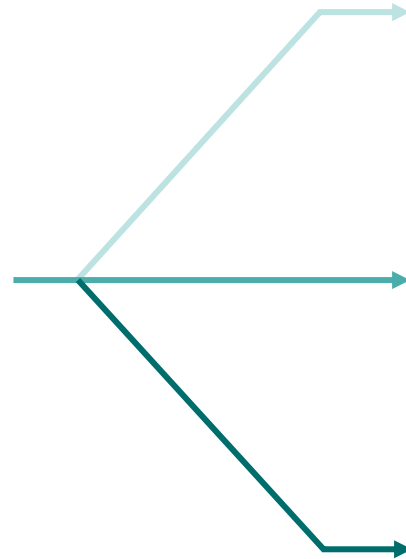
A close-up photograph of a healthcare professional wearing blue scrubs and blue nitrile gloves. The professional is using a syringe to draw vaccine from a small glass vial. The background is a soft, out-of-focus clinical setting. The text 'Overview Flu LEAD Pilot Project' is overlaid in white on the left side of the image.

Overview Flu LEAD Pilot Project

Flu LEAD: Goal

GOAL

Increase site-wide flu vaccine coverage during the 2020-2021 influenza season.



OBJECTIVES

Increase influenza vaccination coverage among HUD-assisted residents beginning in Fall 2020.

Enhance health and health resiliency of residents of HUD-assisted communities.

Foster partnerships between HUD-assisted communities and local HRSA-funded health centers.

Flu LEAD: Locations

HUD Assisted Communities:

- Managed by hundreds of PHAs and multifamily owners across the country.
- Served by HRSA-funded health centers, including 108 Public Housing Primary Care awardees.
- **Successful sites will leverage aspects of HUD's place-based programs:**



Partnership facilitators,
such as program managers
and service coordinators



Resident advocates, such as
Community Coaches and
community health workers



Meeting space, such as
community centers and
service sites

Flu LEAD: HRWG Activities



Support site-level matching of Health Centers and PHAs



Develop a coordinated outreach effort to HRSA-funded health centers and PHAs



Collect and offer materials to support PHAs and health centers



Convene a webinar series highlighting success stories

Flu LEAD: Phase 1 Project Activities

Housing Providers will:



Partner with Health Centers



Customize outreach materials



Engage resident leaders



Lead outreach campaigns



Provide community space

Health Centers will:



Partner with Housing Providers



Coordinate vaccination clinics



Provide vaccinations






Enroll patients



Manage patient relationships

Flu LEAD: Phase 2 Activities

Ongoing Activities to Support Community Health Resiliency

-  Promote **vaccine awareness** among HUD-assisted communities, including the importance of childhood vaccines and COVID-19 vaccine.
-  Promote **awareness and linkage** to COVID-19 testing, therapeutics, and vaccines.
-  Identify/connect **individuals in need of primary care and preventive services** with local health centers.

A person wearing blue scrubs and a stethoscope is holding a smartphone with both hands. The background is blurred, suggesting a clinical setting.

Messaging

Kathleen LaPorte, CDC, National Center for Immunization and Respiratory Diseases

Georgia Simpson, HHS, Office of the Assistant Secretary for Health

CDC: Communications Goal & Special Target Audiences

- **GOAL:** Increase flu vaccine uptake, especially in people at higher risk from flu and COVID-19, as well as serious outcomes from flu & COVID-19.
- **SPECIAL AUDIENCES:** Older Americans, People of any age with underlying health conditions (for example lung disease, heart disease, neurologic disorders, weakened immune systems, diabetes), African Americans and Hispanics, Essential Workers
- Comprehensive plans for traditional media, digital and social media and partner outreach.
- Two new campaigns for the public, plus ongoing public and clinician education activities by CDC.

CDC: Core Messaging

- This season, flu vaccine is more important than ever.
 - Flu vaccine **protects you, your loved ones, and your community from flu.**
- The more people vaccinated, the more people protected.

- This season, flu vaccine is more important than ever.
 - Flu vaccine can **flatten the curve of flu illnesses, save medical resources, and protect essential workers from flu.**
- The more people vaccinated, the more people protected.

CDC: Animation: Community

Flu vaccine protects you,

Learn How [#FIGHT FLU](#)

This panel features a central circular image of an elderly couple smiling. Surrounding this are several smaller circular images of diverse families and individuals. The background is a dark blue with a network of white dots and lines. At the bottom, there is a white button with 'Learn How', an orange button with '#FIGHT FLU', and the CDC logo.

& your loved ones,
& your community from flu.

Learn How [#FIGHT FLU](#)

This panel features a central circular image of a family with a young child. Surrounding this are several smaller circular images of diverse families and individuals. The background is a dark blue with a network of white dots and lines. At the bottom, there is a white button with 'Learn How', an orange button with '#FIGHT FLU', and the CDC logo.

Get a flu vaccine.

Learn How [#FIGHT FLU](#)

This panel features a central circular image of a young woman smiling. Surrounding this are several smaller circular images of diverse families and individuals. The background is a dark blue with a network of white dots and lines. At the bottom, there is a white button with 'Learn How', an orange button with '#FIGHT FLU', and the CDC logo.



Flu Vaccine for Everyone!

A Guide to Reaching and Engaging Diverse Communities

Massachusetts Department of Public Health—Office of Health Equity



September 2011

Example: Massachusetts Extending your Reach!

Key Takeaways

- Engaging Community
 - ✓ Faith-based Organizations
 - ✓ Community Groups
- Flu Education
 - ✓ Beliefs and Perceptions
 - ✓ Publicize your Message
 - ✓ Language and Translation
 - ✓ Resource Toolbox



Example from the Field— Health Centers

Darien E. Nolin, Vice President of Philanthropy & Social Responsibility

Dr. Marcé J. White, Chief Medical Officer

Total Health Care
Baltimore, MD

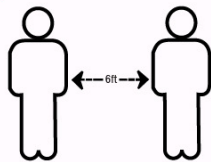
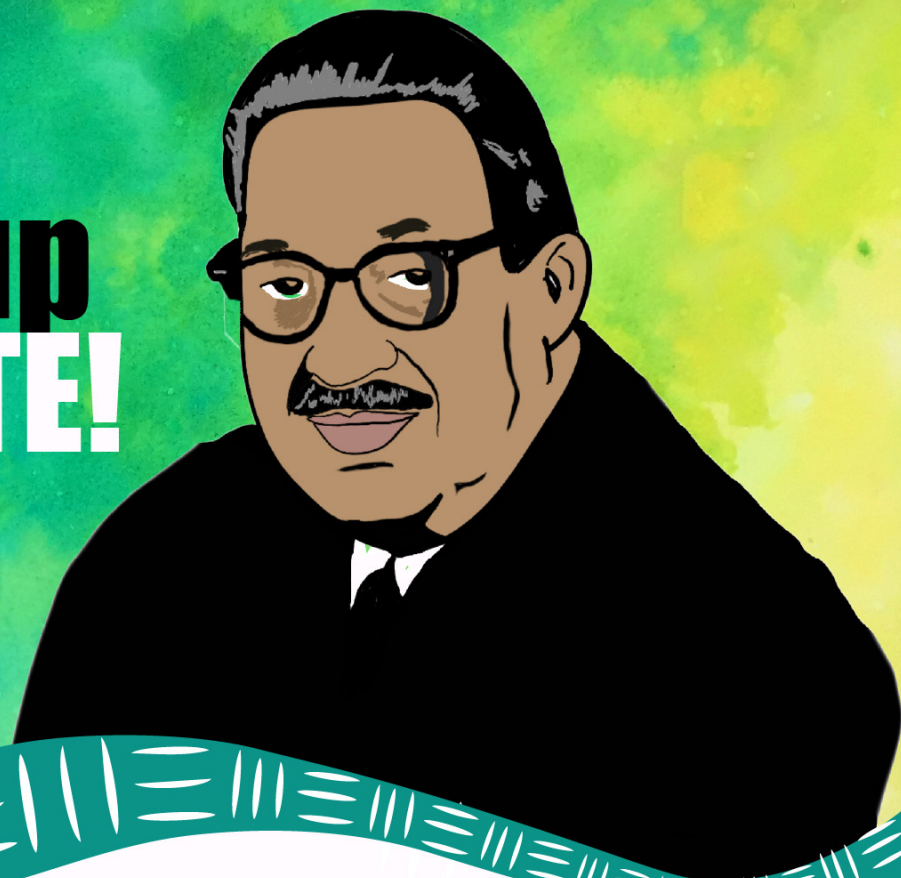
Total Health Care, Baltimore, MD

- Goals
 - Build trust and connections
 - Increase patient engagement
 - Better serve the community
- Approach
 - Procured a mobile unit for on-site vaccination clinics
 - Combining services with COVID-19 rapid testing
 - Future opportunity to deploy for community health
- Coordination
 - Reaching public and assisted housing sites across the city
 - Leveraging new and existing Community Health Workers (CHWs)
 - Engaging youth and resident leaders for messaging & outreach





It is not up for **DEBATE!**



Keep 6 Feet



Wash Your Hands



Wear A Mask

You Don't Have To Be Rich To Wash Your Hands



 **Total Health Care**
You're Covered.



Keep 6 Feet



Wash Your Hands



Wear A Mask

A photograph of two men in an office setting. The man on the left is wearing a white lab coat and is looking towards the man on the right. The man on the right is wearing a dark suit, a blue tie, and glasses, and is looking down at a document he is holding. They are sitting at a desk with a laptop and a cup. In the background, there are shelves filled with binders and papers. The image has a dark, semi-transparent overlay.

Support for Partners Implementing Flu LEAD

HUD Technical Assistance
HRSA/BPHC/National Technical Assistance Partners

Flu LEAD: What Materials Will Be Available

FLU VACCINE: GET THE FACTS

YOUR BEST PROTECTION AGAINST FLU

Millions of people get the flu every year, hundreds of thousands of people are hospitalized and thousands or tens of thousands of people die. The Centers for Disease Control and Prevention (CDC), public health professionals, and our practice recommend that everyone 6 months of age and older should get a flu vaccine every year. The vaccination can reduce the flu illness, doctor visits, and missed work and school due to flu, as well as prevent serious complications that can result in hospitalization and even death.^{1,2} A flu vaccine is the best way to help prevent flu and its potentially serious complications. Remember that flu vaccine not only protects you, but also can help protect those around you.

FLU VACCINE REDUCES YOUR RISK OF FLU

During the 2017-2018 influenza season, influenza vaccination prevented an estimated 7 million illnesses, 105,000 hospitalizations, and 8,000 deaths associated with influenza.³

During recent seasons, flu vaccine has reduced the risk of flu illness in vaccinated people by between 40% and 60%.⁴ While some people who get a flu vaccine still get sick, studies show it can make their illness less severe.

During the 2018-2019 influenza season, there were 126 influenza-related pediatric deaths reported to CDC. A recent study was the first to show that influenza vaccine is the best way to help prevent flu and its potentially serious complications.



40-60%



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

All A-Z Topics
Search Vaccines site
Advanced Search

Healthcare Providers / Professionals

Healthcare Professionals / Providers Home > Administration Tools > Vaccine Administration

Healthcare Professionals / Providers Home

- Clinical Resources +
- Administration Tools -
- Vaccine Storage & Handling +
- Vaccine Administration -
- Review Immunization History

Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

The purpose of this guidance is to assist with jurisdictional planning and implementation of satellite, temporary, or off-site vaccination clinics by public and private vaccination organizations. Other users may include public health preparedness professionals. The guidance primarily focuses on clinical considerations for planning a vaccination clinic, including vaccine storage, handling, administration, and documentation. However, large-scale clinics, such as those held in arenas or stadiums, those held over multiple days or those conducted during emergency scenarios, will likely require additional logistical and technical considerations. Consult your state or local public health preparedness office for additional support.

CHECKLIST of Best Practices FOR Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

OVERVIEW OF THIS DOCUMENT
This checklist is a step-by-step guide to help clinic coordinators/supervisors reviewing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. It should be used in any non-traditional vaccination clinic setting, including but not limited to workplaces, community centers, schools, mobile health units in remote areas, and even medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, and vaccination clinics held during pandemic preparedness scenarios. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness. A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held. To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

- INSTRUCTIONS**
- A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. This individual will be responsible for completing the steps below and will be referred to as "you" in these instructions.
 - Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
 - Critical guidelines for patient safety and vaccine effectiveness are identified by the sign icons. If you check "NO" in ONE OR MORE answer boxes that contain a "DO NOT" sign, proceed with the clinic. Follow your organization's protocols and/or contact your state or local health department for guidance BEFORE proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.
 - Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, concerns about whether patient's personal information was protected appropriately, or concerns about other responses that you have marked as "NO" in items that do not have the "DO NOT" sign.
 - This checklist should be used in conjunction with CDC's Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/imz/downloads/toolkits/vaccine-handling-toolkit.pdf. For information about specific vaccines, consult the vaccine manufacturer's package insert.
 - This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures (i.e., between 2° Celsius or 36-46° Fahrenheit).
 - Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). (If more than one clinic coordinator/supervisor is responsible for different aspects of the clinic, you should complete only the sections for which you are responsible.)
 - Attach the staff sign-in sheet (with shift times and date) to the checklist or checklists if more than one clinic supervisor is overseeing different shifts, and submit the checklist(s) to your organization to be kept on file for accountability.

Name and contact info of clinic coordinator/supervisor: _____
Name of facility where clinic was held: _____
Address where clinic was held (street, city, state): _____
Time and date of vaccination clinic shift (the portion you oversee):
Time (AM/PM) _____ Date (MM/DD/YYYY) _____
Time and date when form was completed:
Time (AM/PM) _____ Date (MM/DD/YYYY) _____
Signature of clinic coordinator/supervisor: _____



This document was created by the Influenza Work Group of the National AIM and Influenza Immunization Consortium. Version 6 | 6 pages | February 8, 2020

Communicating the Benefits of Seasonal Influenza Vaccine during COVID-19

Influenza (flu) severity varies from year to year, but flu always brings serious consequences. The prevention of influenza and its associated consequences is important every year. Although the effectiveness of the flu vaccine can vary, overall the vaccine markedly lowers the risk of influenza-related illness, hospitalization, and death.¹

The COVID-19 pandemic means preventing influenza during 2020-21 is more important than ever. Influenza and COVID-19 share many symptoms. Preventing influenza means fewer people will need to seek medical care and testing for possible COVID-19 or influenza. And increasing flu vaccination uptake saves healthcare resources for COVID-19 and other conditions. Begin recommending flu vaccine and vaccination throughout the flu season, providing extra outreach to those at highest risk of severe COVID-19 or severe influenza.



What are the Benefits of Seasonal Flu Vaccine?

- Research shows flu vaccination:**
 - Reduces Hospitalization and Death
 - ✓ Pediatric deaths from flu were cut in half for children with underlying high-risk medical conditions and by two-thirds for healthy children¹
 - ✓ Influenza hospitalizations were cut in half for all adults (including those 65+ years of age)²
 - ✓ Influenza hospitalizations dropped dramatically among people with chronic health conditions—by 79% for people with diabetes and 57% for those with chronic lung disease³
 - ✓ Vaccinating long-term care facility (LTCF) staff reduces hospitalizations and deaths in LTCF residents⁴
 - Reduces Severity of Illness in Hospitalized Individuals
 - ✓ Among adults hospitalized with flu, intensive care unit (ICU) admissions decreased 40% (95% CI 30-50%), and fewer ICU admissions were spent in ICU if vaccinated⁵
 - ✓ Children's risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%⁶
 - Reduces Risks for Major Cardiac Events
 - ✓ Risk of a major cardiac event (e.g., heart attack) among adults with existing cardiovascular disease was reduced by more than one-third⁷
 - Protects Pregnant Women and Their Babies
 - ✓ For pregnant women, flu-associated acute respiratory infections were cut in half⁸, and flu-associated hospitalizations were reduced by 40%⁹
 - ✓ Influenza illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated¹⁰

Vaccination rates¹¹ remain well below optimal levels:
63% children 6 months-17 years
45% adults 18+ years
63% adults 65+ years
81% healthcare personnel
54% pregnant women

How to Discuss Vaccine Effectiveness

Keep it simple: "Flu vaccine helps prevent you from getting sick and flu."
Use a persuasive approach: "Today we are giving you your annual flu vaccine."
Communicate why we vaccinate: "Vaccination prevents flu and severe outcomes of flu." Preventing the flu also means preventing missed work and helping you avoid doctor appointments and unnecessary medications.
It also means preventing flu symptoms that can mimic COVID-19, meaning that one missed COVID-19 test could have serious consequences for your COVID-19 care.
Communicate the validity and acceptability of flu: "Flu vaccine is a proven way to get an annual flu vaccination."
Address fears: "Vaccination is safe. Always a perfect match with the changing virus types. But flu and COVID-19 are different illnesses. Because we commonly catch both, it's important to get vaccinated for both. There is no overlap in the risk of flu and its negative outcomes."
References: 1. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 2. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 3. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 4. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 5. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 6. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 7. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 8. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 9. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 10. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019. 11. CDC. Influenza Vaccination: How to Communicate the Benefits of Seasonal Influenza Vaccination. 2019.

During COVID-19, healthcare providers are taking steps to keep you and your family safe.

Don't delay recommended vaccines.

#CatchUpGetAhead Learn more at Vaccines.gov

Twitter | Facebook | Instagram | Sample posts

HUD Technical Assistance

- Place-based sites
 - Grant managers
 - Field contacts
 - HQ staff
- Support for all PHAs
 - Webinars
 - Newsletters



Next Steps

Flu LEAD: Next Steps



Matching



Joint introduction to both PHAs and health centers from HUD/HRSA



Connect with partner, **plan** outreach campaign and service



Follow up: After introduction, will check in with health centers and PHAs to make sure a connection made, or if any challenges



Periodic check in: identify, capture and share success stories from Flu LEAD sites

Flu LEAD: Next Steps & Contacts

Housing Providers



Signup [Flu LEAD Mailing List](#)
Contact FluLEAD@hud.gov

- Copy your grant manager/field office contact
- Provide information about existing health partners
- Include any focus sites with programs and addresses

Health Centers



Email Karen Ingvoldstad
Kingvoldstad@hrsa.gov

- Identify if have a current PHA partner, and if implement similar activities
- Indicate any PHAs of interest, if applicable
- HUD will reach out to PHA(s) to identify a partner

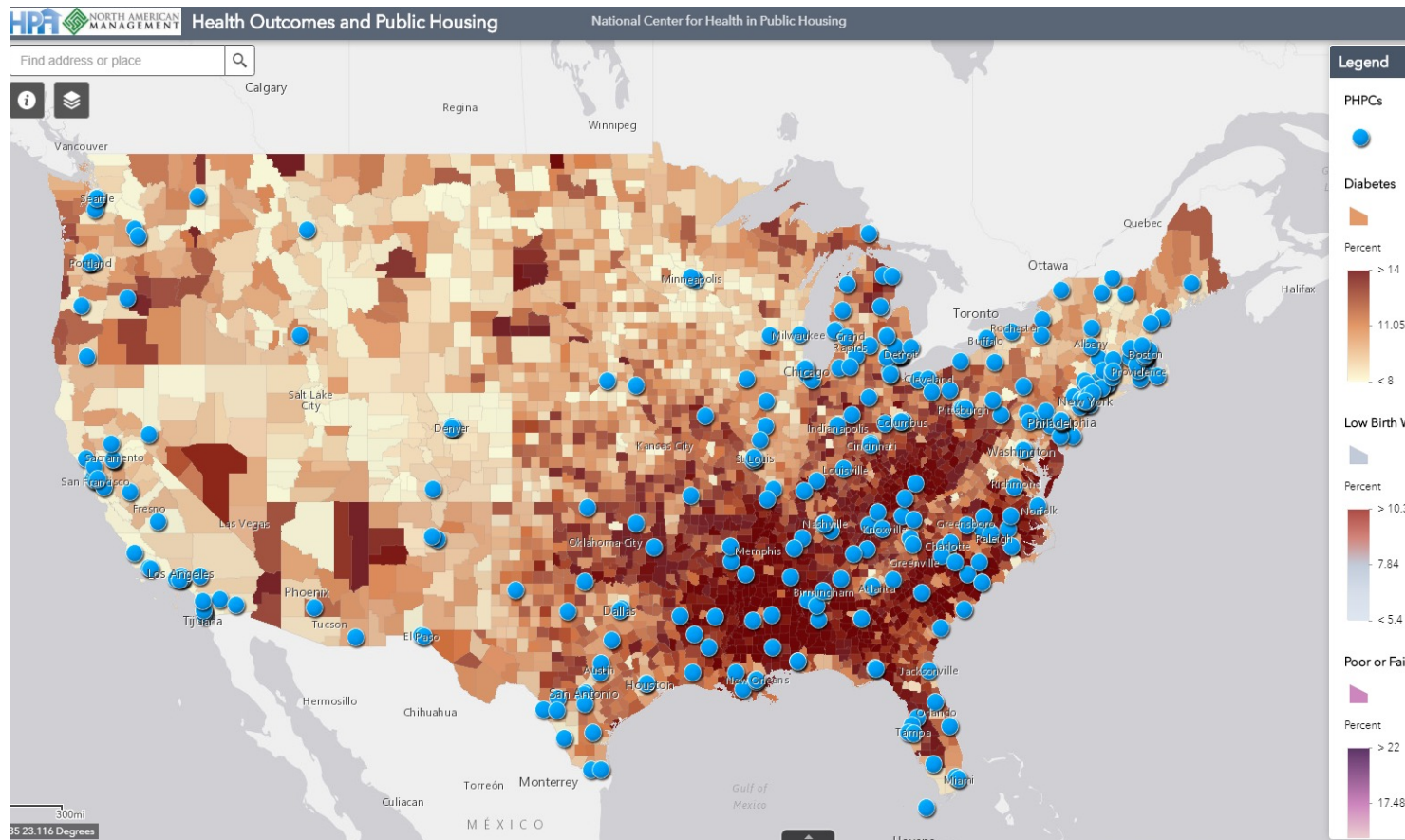
Flu LEAD--Challenges

- New Endeavor
- Lack of Partnership History
- “Matchmaking” Complexities
- Tight Turnaround
- Supply Chain
- Cost Reimbursement
- Leadership Supportive but lacking resources
- Competing Priorities

Flu LEAD – Lessons Learned

- Secure Leadership Commitment
- Establish Partnerships — Clarifying Roles and Contributions
- Address Critical Resources:
 - Supplies
 - Reimbursement
- Establish Realistic Goals and Activities
- Develop and Obtain Buy-in from Partners
- Plan for Next Year NOW !!!

Visit our Interactive Maps at www.nchph.org/training-and-technical-assistance/maps/



- Diabetes in Public Housing Primary Care
- Health Behaviors and Public Housing
- Health Centers In or Immediately Accessible to Public Housing Map
- Health Center Program Grantees and Public Housing Developments
- Health Outcomes and Public Housing
- Socioeconomic Health Factors and Public Housing
- Other Public Housing Programs, e.g., Jobs Plus, Connect Home, FSS

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
- Create Messaging that speaks to the audience
- Environmental Scan and Asset Mapping
- Engage the community together: FQHC, PHA, EnVision, etc.
- Use Annual Public Housing Resident Meeting and lease signing to refer residents to Health Center(s)
- Secure and Leverage ALL Resources
- Case Management- identify needs & monitor progress
- Partnership building and nurturing is ONGOING!!!

Partnership Opportunities

- PHA and Health Center Partnerships
- EnVision Centers Support and Promotion
- Flu LEAD → COVID-19 Vaccination
- X-Sector Collaborations: Govt, National and Local, Community-Based Organization
- Ensuring Health of Residents Impacted by Changes in PH

Partnering with Public Housing Authorities to Increase Resident Participation

RECRUITING RESIDENTS AND GAINING COMMUNITY SUPPORT

- Identify Community Leaders
- Communicate Health Center Goals and Mission -- groups, individuals focus groups, in-person or virtually
- Involve Residents in Planning— ensures buy-in and that needs are met
- Partner with Housing Authority- be frequent, relentless, enthusiastic, for the long haul
- Identify and Address Opposition Promptly
- Recruit support and volunteers
- Utilize "Floor Captains" or "Block Captains" to disseminate information and support health & wellness efforts
- Identify groups settings and events to reach residents
- Attend, support and actively promote health at Community Events

Partnering with Public Housing Authorities to Increase Resident Participation

- EFFECTIVE TOOLS FOR COMMUNICATING WITH PHA
- Solicit Buy-in & Support from CEO of PHA
- Attend PHA Meetings Regularly
- Reciprocal Board or Advisory Group Membership
- Attend Resident Council Meetings
- Provide Tangible Services: Flu Shots, screenings for diabetes, high blood pressure, etc.
- Establish MOU
- Say "Thank You"--Invite OHA staff to Health Center meetings, functions and activities
- Provide Positive "press" in reports traditional or social media
- Address barriers
 - , e.g. PHA CEO and staff Turnover;
 - Space , transportation and other logistical issues
 - Regulations and restriction on sharing resident data---PHAs can refer residents
 - Trust Issues—within PHAs and with Health Care System in general
- Use traditional communication and social media--- Connect Home

Outreach to Residents of Public Housing

- Assess Community Characteristics, Needs and Resources
 - Assess Health Center Resources and Staff and Board Support
 - Develop Outreach Plan
 - Implement Outreach Plan
 - Monitor and Measure Outcomes
 - Review and Update
- Highlights:
 - Identify the Need and the Target Audience
 - Goals and Objectives
 - Identify, build and enhance Community Collaborations
 - Arrange logistics and Schedule
 - Develop and deliver training as needed
 - Assign existing staff or recruit new staff—include CHWs, Outreach Staff and integrate their roles with the entire Care Team
 - Involve CHWs or other peers as health role models, and “eyes and ears”, health coaches, distribute and share information, make referrals

Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.

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Mapping



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