Building Value and ROI in Housing and Health Partnerships

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

NCHPH
The National Center for Health in Public Housing
Enhancing Health Care Delivery for Residents of Public Housing

Learning Collaborative

October 6, 2021 - November 17, 2021

WELCOME!

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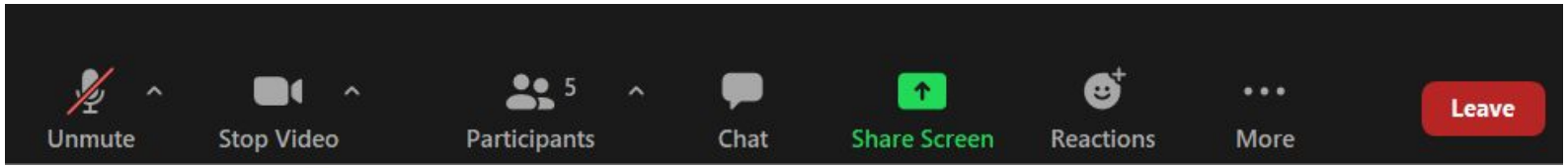
HOUSEKEEPING

Click to mute & unmute your mic

Chat your comments & responses to the group here



Turn your video on/off

Zoom Tips

- Videos on!
- Mute when not speaking
- Engagement
- Breaks when you need them

Follow-up Items

- Brief survey poll at the end of the module
- CME/CNE credit link to be shared in our Google folder

During the session: Zoom Tips

- Videos on (when possible)
- Mute when not speaking
- Engagement
- Breaks when you need them

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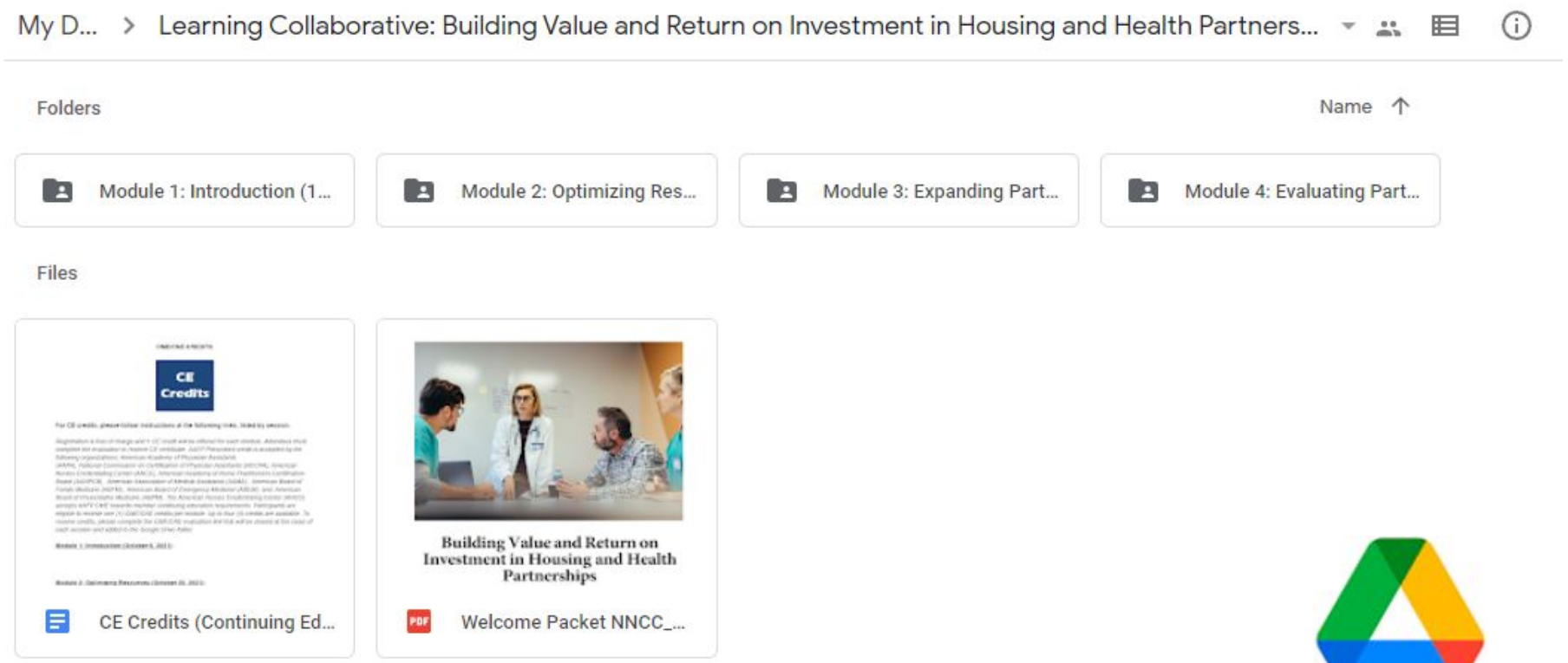
Shared Resources Folder in Google

We have a Google folder to share resources between sessions.

<u>There you'll find</u>:

- Welcome packet
- CE evaluation links
- Slides/recordings
- Resources



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“Optimizing Resources”

October 20, 2021

Agenda

Introduction (5 min)

Didactic: “Using partnerships to optimize resources”(15 min)

Partnership Showcase: Topeka/Washburn (20 min)

Activity (20 min)

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Today's Learning Objectives

1. Describe effective communication strategies when developing partnerships.
2. Learn how to convey a shared partnership vision and roadmap.
3. Identify the values & social ROI of housing authority-health center partnerships.

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Icebreaker

What’s the best Halloween costume you ever wore?

“Using partnerships to optimize resources”

Wednesday, October 20th

Bob Burns, MPA
Project Director
National Center for Health in Public Housing

"Using Partnerships to Optimize Resources" --HealthCenters, Public Housing Agencies and More

National Center for Health in Public Housing

Robert Burns, MPA, Director

Learning Collaborative:
Building Value and ROI in Health and Housing Partnerships
October 20, 2021

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Agenda

- Background on Public Housing Programs that Offer Partnership Opportunities
- Approaching Public Housing Agencies
- Identifying and Conveying a Common Challenge
- Building/improving partnerships through establishing goals & objectives-- and roles & responsibilities

HUD Housing Assistance

- 10 Million individuals receive assistance; 4 million children
- 1.7 Million residents of public housing
- 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 costs crowd out other costs
- Program Eligibility: citizenship, household income, and household size
- Race/Ethnicity: 64% Minority

Source: HUD Office of Public and Indian Housing

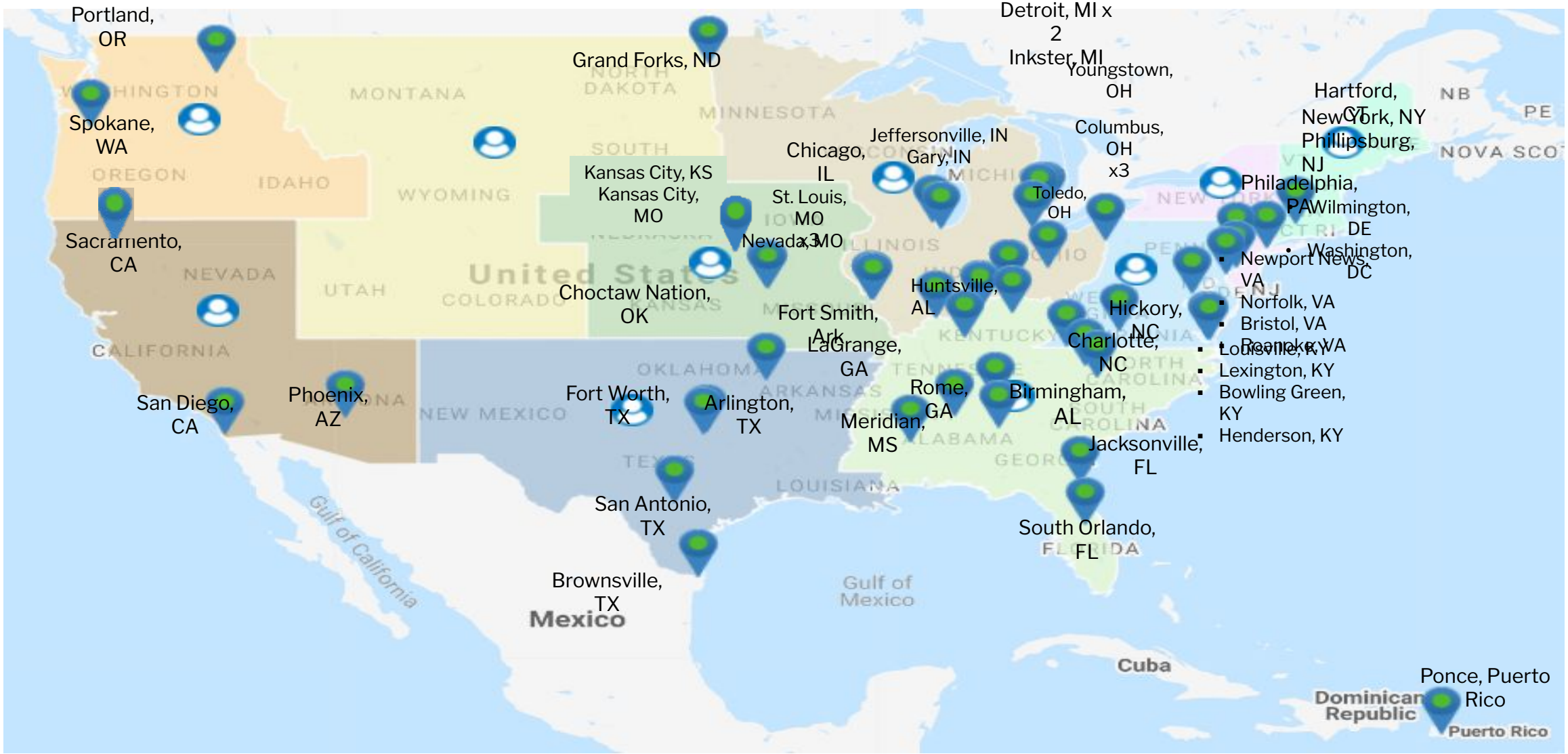
OFFICE OF PUBLIC & INDIAN HOUSING

PHA Programs

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

EnVision Centers (currently 99 sites)

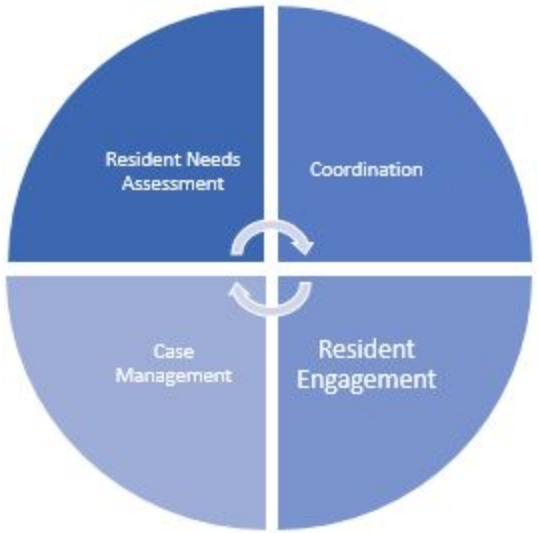
Visit www.hud.gov/envisioncenters for interactive map



Jobs Plus

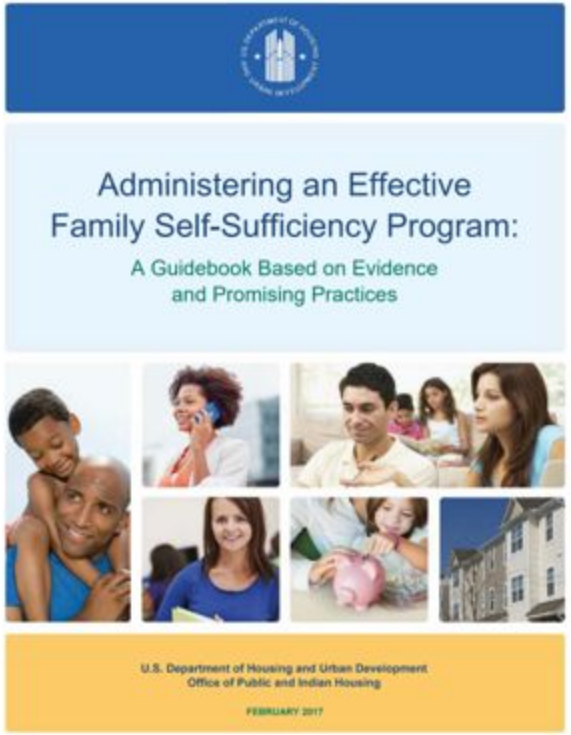
- **44 sites in 6 cohorts**
- **Builds opportunity for Public Housing Residents:**
  - Supports locally-based approaches
  - Increases earnings
  - Improves employment outcomes

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

Family Self-Sufficiency (FSS)



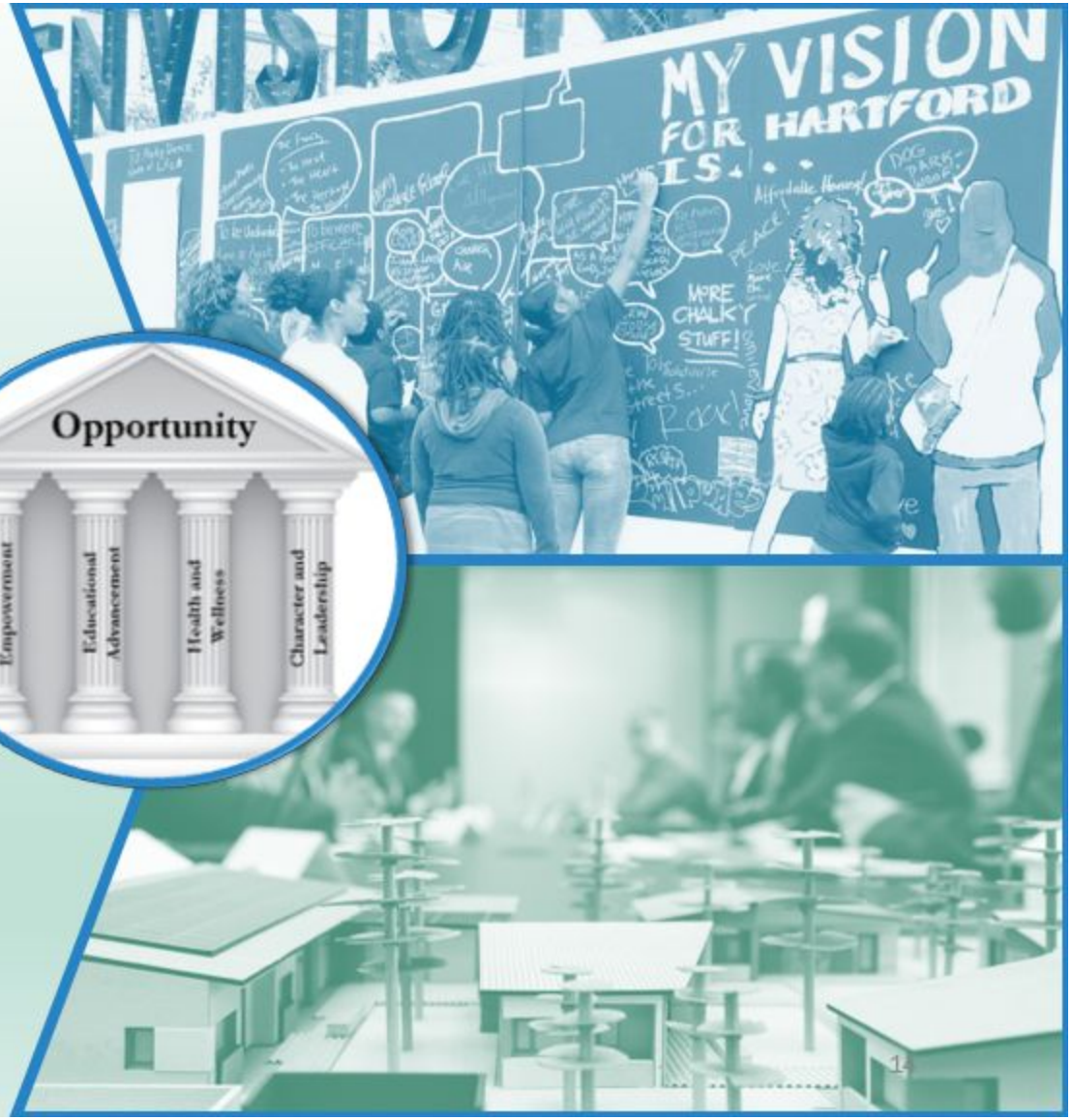
- **Just announced $80 million in renewal awards**
- **700+ grantees**
- **Annual grants**
- **Provides motivational coaching to increase household earned income and achieve self-sufficiency through:**
  - Comprehensive case management services
  - Family escrow account that grows as a family's earnings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



Approaching Public Housing Agencies

Approaching Public Housing Agencies -- Make the Call!

Who to Call?

- PHA CEO or Resident Services Manager
  - Service Coordinators: ROSS, FSS, Jobs+, EnVision
- HUD Field Office
  - https://www.hud.gov/program_offices/public_indian_housing/about/focontacts#8APHhttps://www.hud.gov/program_offices/public_indian_housing/about/focontacts
- Multi-Family Manager or Services Coordinator

Preparation

- Review Health and SDOH-related data (HHS-UDS, CDC, State and Local DOH)
- Formal and or Informal Interviews with Community Members--Residents
- Formal and or Informal Interviews with community leaders: faith-based, government, business, healthcare, education
- Determine Your Case for a New or Enhanced Partnership Effort

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Identifying and Conveying a Common Challenge

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

HRSA Strategic Plan 2019-2022

- In 2019 – 2022, HRSA will focus efforts to increase access to health care **and improve health outcomes for vulnerable populations by enhancing community partnerships** with entities from diverse geographic areas, groups needing or offering particular health care services, professional organizations, and others that support the populations HRSA serves.

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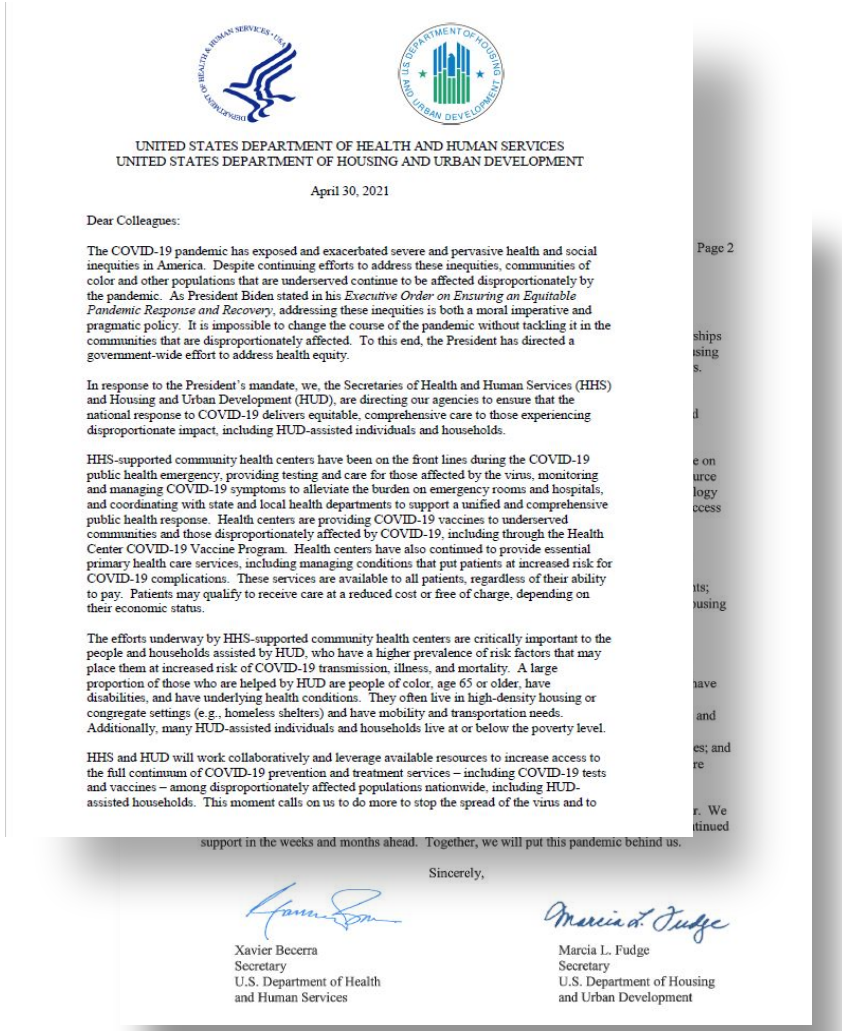
HHS-HUD Partnership Supporting HUD-Assisted Families Against COVID-19



UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

April 30, 2021

Dear Colleagues:

The COVID-19 pandemic has exposed and exacerbated severe and pervasive health and social inequities in America. Despite continuing efforts to address these inequities, communities of color and other populations that are underserved continue to be affected disproportionately by the pandemic. As President Biden stated in his *Executive Order on Ensuring an Equitable Pandemic Response and Recovery*, addressing these inequities is both a moral imperative and pragmatic policy. It is impossible to change the course of the pandemic without tackling it in the communities that are disproportionately affected. To this end, the President has directed a government-wide effort to address health equity.

In response to the President's mandate, we, the Secretaries of Health and Human Services (HHS) and Housing and Urban Development (HUD), are directing our agencies to ensure that the national response to COVID-19 delivers equitable, comprehensive care to those experiencing disproportionate impact, including HUD-assisted individuals and households.

HHS-supported community health centers have been on the front lines during the COVID-19 public health emergency, providing testing and care for those affected by the virus, monitoring and managing COVID-19 symptoms to alleviate the burden on emergency rooms and hospitals, and coordinating with state and local health departments to support a unified and comprehensive public health response. Health centers are providing COVID-19 vaccines to underserved communities and those disproportionately affected by COVID-19, including through the Health Center COVID-19 Vaccine Program. Health centers have also continued to provide essential primary health care services, including managing conditions that put patients at increased risk for COVID-19 complications. These services are available to all patients, regardless of their ability to pay. Patients may qualify to receive care at a reduced cost or free of charge, depending on their economic status.

The efforts underway by HHS-supported community health centers are critically important to the people and households assisted by HUD, who have a higher prevalence of risk factors that may place them at increased risk of COVID-19 transmission, illness, and mortality. A large proportion of those who are helped by HUD are people of color, age 65 or older, have disabilities, and have underlying health conditions. They often live in high-density housing or congregate settings (e.g., homeless shelters) and have mobility and transportation needs. Additionally, many HUD-assisted individuals and households live at or below the poverty level.

HHS and HUD will work collaboratively and leverage available resources to increase access to the full continuum of COVID-19 prevention and treatment services – including COVID-19 tests and vaccines – among disproportionately affected populations nationwide, including HUD-assisted households. This moment calls on us to do more to stop the spread of the virus and to

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support in the weeks and months ahead. Together, we will put this pandemic behind us.

Sincerely,

Xavier Becerra
Secretary
U.S. Department of Health and Human Services

Marcia L. Fudge
Secretary
U.S. Department of Housing and Urban Development

- **Conduct targeted outreach** on COVID-19 vaccine efficacy and safety to encourage all eligible individuals to obtain COVID-19 tests and vaccines
- **Assist with registering and scheduling** COVID-19 tests and vaccine appointments
- **Facilitate on-site vaccine clinics** at HUD-assisted or insured properties, public housing developments, homeless shelters, and through mobile facilities serving people experiencing unsheltered homelessness
- **Use state assistive technology accessibility kits** to provide accessible testing and vaccination sites
- **Assist with transportation** as needed to vaccine sites, including for people who have limited mobility
- **Support self, mobile, drive-up, and/or walk-up testing** that addresses the unique and evolving access barriers experienced by disproportionately affected populations
- **Provide information** regarding access to comprehensive primary health care services.
- **Ensure communications are in plain language and accessible formats** for people with disabilities.

Reasons for Partnership: Primary Care v. Health Issue or Crisis

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Identifying and Conveying a Common Challenge for Partnership to Address

Identify

- Evidence-Based Needs Assessment/ Environmental Scan
  - Use Existing Databases: CDC, UDS, State & Local DOHs, Focus Group OR Conduct Survey and Focus Group
- Meet with PHA and resident leadership and other community partners regarding needs and priorities- Identify the pain points and establish priorities
- Develop a compelling case for the partnership built around challenges and benefits— Answer the WHY?, e.g., population need for primary care, reducing ER visits and costs, social ROI, Health Crisis, e.g., COVID, addressing chronic disease, e.g., diabetes or COPD, compliance with program requirements, etc.
- Based on the Top Priorities, establish or re-establish the goals of the partnership
- Develop a Partnership MOU or Agreement – Don't let perfection be the enemy of the good!

Convey/Communicate □ Launch

- Messaging may differ depending on audience: PHA CEO, RAB, Residents or other partners
- Initial messaging may target the PHA and resident leadership and be focused on building a case for the partnership
- Find/Develop Appropriate Messaging—use existing messaging where possible, e.g., CDC. Include residents/patients
- Placing messaging on social media and materials in the Health Center and PHA
- Educating/ training staff to use the messaging media (print and electronic)
- Develop In-person and virtual events to deliver messaging, services, build community relations and obtain feedback.

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Building/improving partnerships through establishing goals & objectives and roles & responsibilities

- Building or Improving Partnerships through establishing Goals & Objectives -- and Roles & Responsibilities.

Health Center and PHA Partners

- Review needs, assets, and priorities.
- Develop goals & objectives and update on and agreed upon schedule, e.g., annually.
- Based on objectives, review update resources of partners to determine who has expertise and capacity for the various role, e.g., treatment and prevention, enabling services, educations and outreach, case management, transportation, meeting space, etc.
- Assign roles on responsibilities clearly and update as personnel changes

Establish Clear reporting and communication protocols between the partners.

Establish Training as needed.

Evaluate performance annually.

- Providing baseline data and follow up data to inform evaluation
- Include community partners and residents in evaluation.

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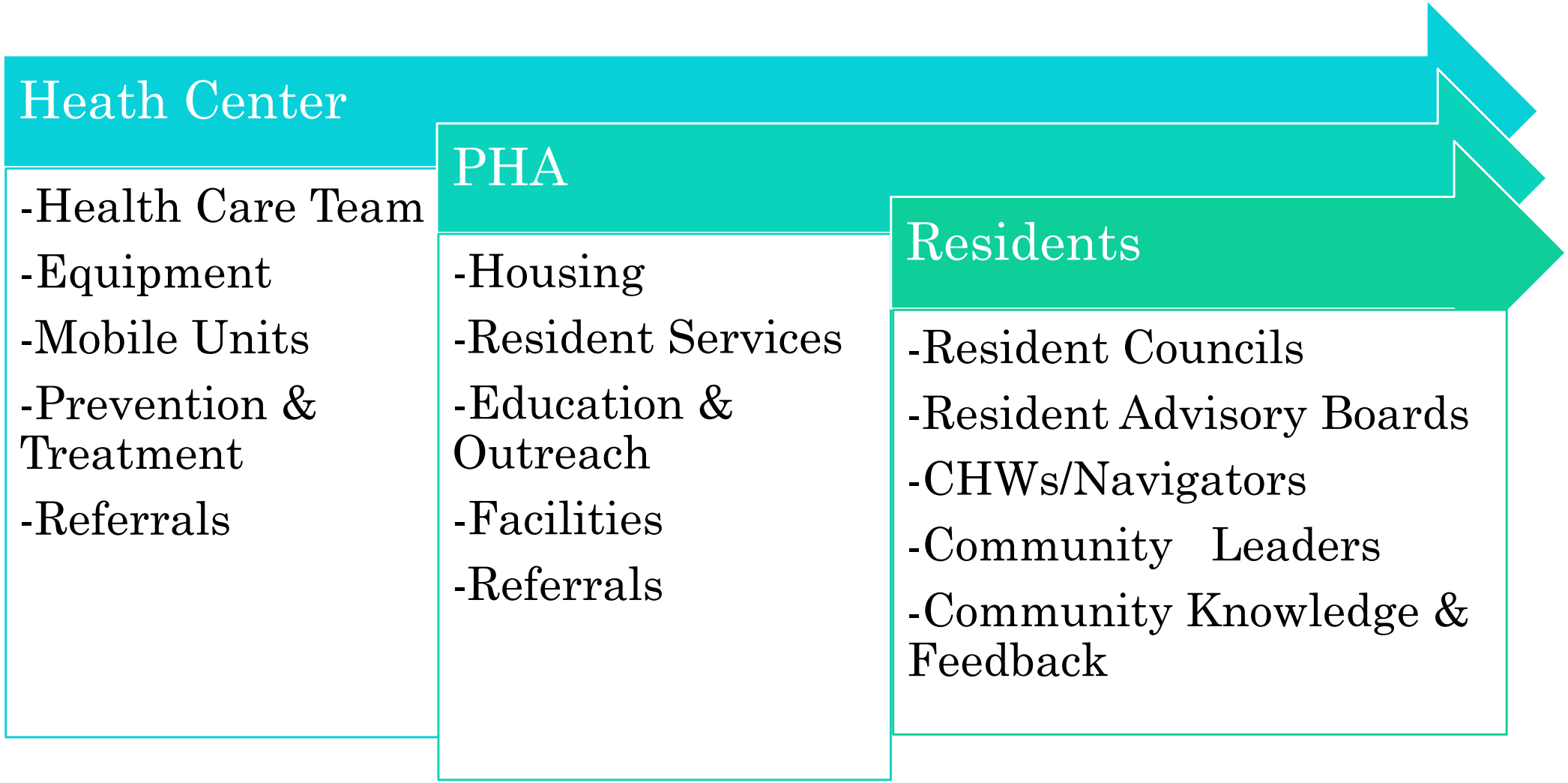
Roles and Resources for Collaboration



Summary/Recommendations--Partnership Tips

- Reach out to PHA Leadership and other HUD supported programs, FSS, Jobs+, EnVision, Connect Home
- Evidence-based Program and Partnership Development --Do your homework/research-provide a strong case for collaboration
- Institutionalize the Partnership--> MOU, regular meetings, and evaluations
- Build Partnerships with other stakeholders: Faith-based, schools, state and local DOH/DPH, etc.
- Establish Reciprocal Partnerships, e.g., memberships on boards, advisory groups of PHAs, FQHCs and Other CBOs
- Use (Find, Create, Enhance) Messaging that speaks to the audience—include residents in the process

Summary/Recommendations--Partnership Tips

- A health crisis, e.g., COVID-19, can be used as a catalyst to build a partnership, but existing relationships have proven to make it easier to deal with a crisis.
- Use events/gatherings to build relationships, obtain community feedback, and deliver and promote services and education
- Serve all HUD Assisted families—PH, HCV and Multi-family
- Environmental Scan and Asset Mapping
- Engage the community together: FQHC, PHA, other partners
- Use Annual Public Housing Resident Meeting and lease signing to refer residents to Health Center(s)
- Secure and Leverage ALL Resources

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Summary/Recommendations--Partnership Tips

- Case Management is key on Health Center and PHA side- identify needs & monitor progress
- Include residents in all phases and aspects of the partnership
- Partnership building and nurturing is ONGOING!!!
- Establish a Culture that is passionate and steadfast about the health and wellness of residents of public housing, but flexible and adaptable enough to deal with the ever-changing circumstances we face along the way !!!

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Partnership Opportunities

- PHA and Health Center Partnerships
- EnVision Centers, Jobs+, FSS, ROSS
- Health Crisis: COVID-19 Vaccination, Infant and Maternal Mortality
- Chronic Disease: Diabetes, Obesity, Hypertension, COPD, Mental Health
- X-Sector Collaborations: Govt, National and Local, CBOs, Faith-based
- Ensuring Health of Residents Impacted by Changes in PH and move from Public Housing to HCV

Lessons/Outcomes from Flu LEAD and COVID Initiatives

- ***30%*** of vaccinated Flu-LEAD residents became patients of Health Ctr

- Partner w/ PHA, DOH, +
- Get out from "behind the stethoscope"
  - Meet people where they are
    - Delivery
    - Curbside Services
    - Door to door vaccines
    - Virtually - Telemedicine
- Prioritize the Underserved with emphasis on elderly & disabled
- Trust v. Vaccine Hesitancy
- Mobile Units for Vaccination, Testing and transporting staff and patients

- Communication and Flexibility are Key
  - Internal, with local PHA staff and residents
  - Multiple methods of contact and promotion (flyers, web, text messages, day of presence, virtual town halls, radio)
- Residents have competing priorities
  - Jobs, Childcare, etc.
- Visibility: be in front or main area
- Secure supplies of vaccine, tests, PPE
- Student Nurses (need exposure to community health, and injection practice)
- Community Health Workers - Shared: Liaison, advocates, support services, communications between FQHCs, PHAs and residents/patients

Contact Us

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Please contact our team for Training and Technical Support info@nchph.org	

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a project of North American Management

www.nchph.org

Partnership Showcase:

Washburn University
&
Topeka Housing Authority

Mari Tucker, MBA
RENEW Partnership Liaison
Washburn University

Trey George
President/CEO
Topeka Housing Authority

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Pine Ridge Family Health Center

PARTNERSHIP IN ACTION

Trey George, Executive Director, THA
Mari Tucker, Partnership Liaison, Washburn University

Learning Objectives

- Identify the role of partnerships in collaboration to create health care change
- Articulate the steps of community-based participatory research (CBPR) as a means to collect/report data which demonstrates the impact and value of nurse-led care
- Examine the benefits of healthcare and housing collaboration

Topeka Housing Authority & THA, Inc.

TOPEKA HOUSING AUTHORITY

THA Inc.

- 744 Public Housing Rentals in Topeka
- 4000+ Individuals Assisted Daily
- # under 18 years of age = 1601
- # over 55 years of age = 788
- $6,000,000 + Paid Annually to Section 8 Landlords

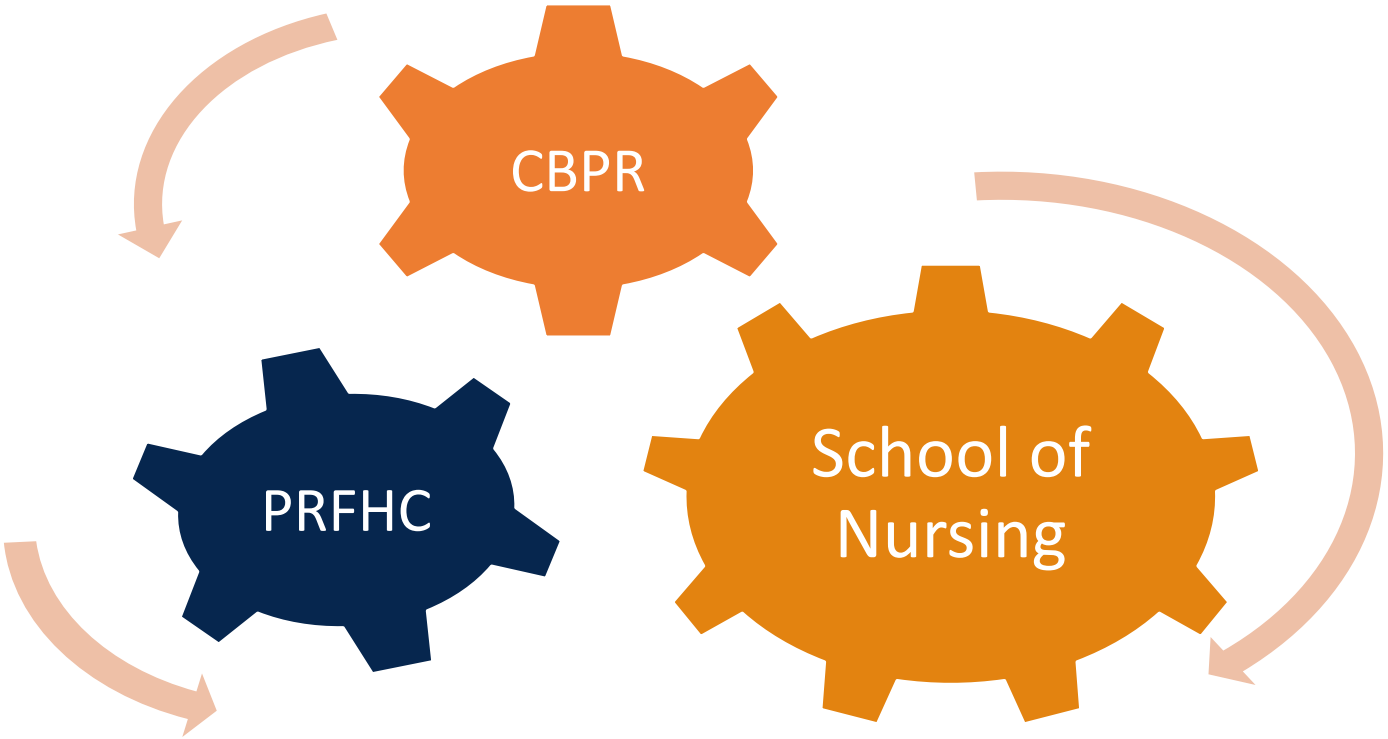
Poverty Challenges

- Mean household income in Topeka = $43,860
- Average annual income for individuals residing in public housing = $11,677
- Poverty rate in US =13.5%
- Poverty (Topeka) = 19.2%
- Children living in poverty = 16.8% (state); 26.1%(Topeka)

The Pine Ridge Partnership

- Pine Ridge Prep I & II
- Parents as Teachers
- Wellness Center
- Born Learning Trail/Park
- Pine Ridge Family Health Center

Components of Collaboration



Washburn University School of Nursing

WASHBURN UNIVERSITY
SCHOOL OF NURSING

- Undergraduate & Graduate Nursing Programs
- NEXUS & HRSA Grant Projects
- Support for the Pine Ridge Wellness Center
- PRFHC Clinical Training Site for BSN & DNP Students

Community Based Participatory Research

CBPR is the design approach used to provide structure for the interprofessional relationships between residents and THA leadership.

Pine Ridge Family Health Center

- Classroom to Community Grant Project
- Interprofessional Education
- Curriculum focused on SDOH
- Practice Focused on Resident Needs
- Nurse-Led Urgent and Primary Care

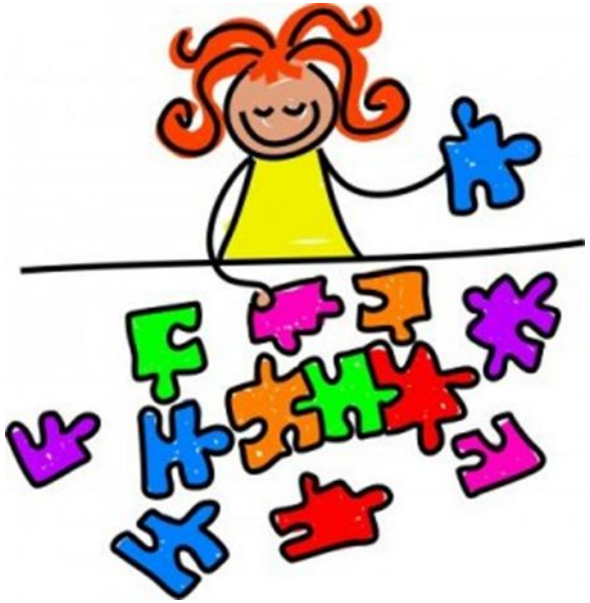
Pine Ridge Family Health Center
Changing Lives & Improving Health

- 4000 + Patient Encounters
- 20% Reduction in Emergency Room visits
- Well-Child & Sports Physicals
- Primary Care Across the Lifespan
- Addressing Barriers to Healthcare & Social Determinants of Health
  - Medicaid/Medicare/Private Insurance

Mutually Beneficial Partnership

Expand the return on investment concept to include non-monetary benefits

Adopting the Model



Impacting Lives

"I want to give a shout out to all of the staff at Pine Ridge and to THA as a whole for one of the very best experiences I've had accessing and receiving health care in my entire adult life. Leaving the office, all I could think about was the quality of my experience and care from start to finish. I knew at that moment that this would be my new primary medical care clinic. Your collective attentiveness and direct action are definitely making a difference to the underprivileged you serve in public housing in Topeka.

– *PRFHC Patient*

Contact Information

Trey George **(tgeorge@tha.gov)**

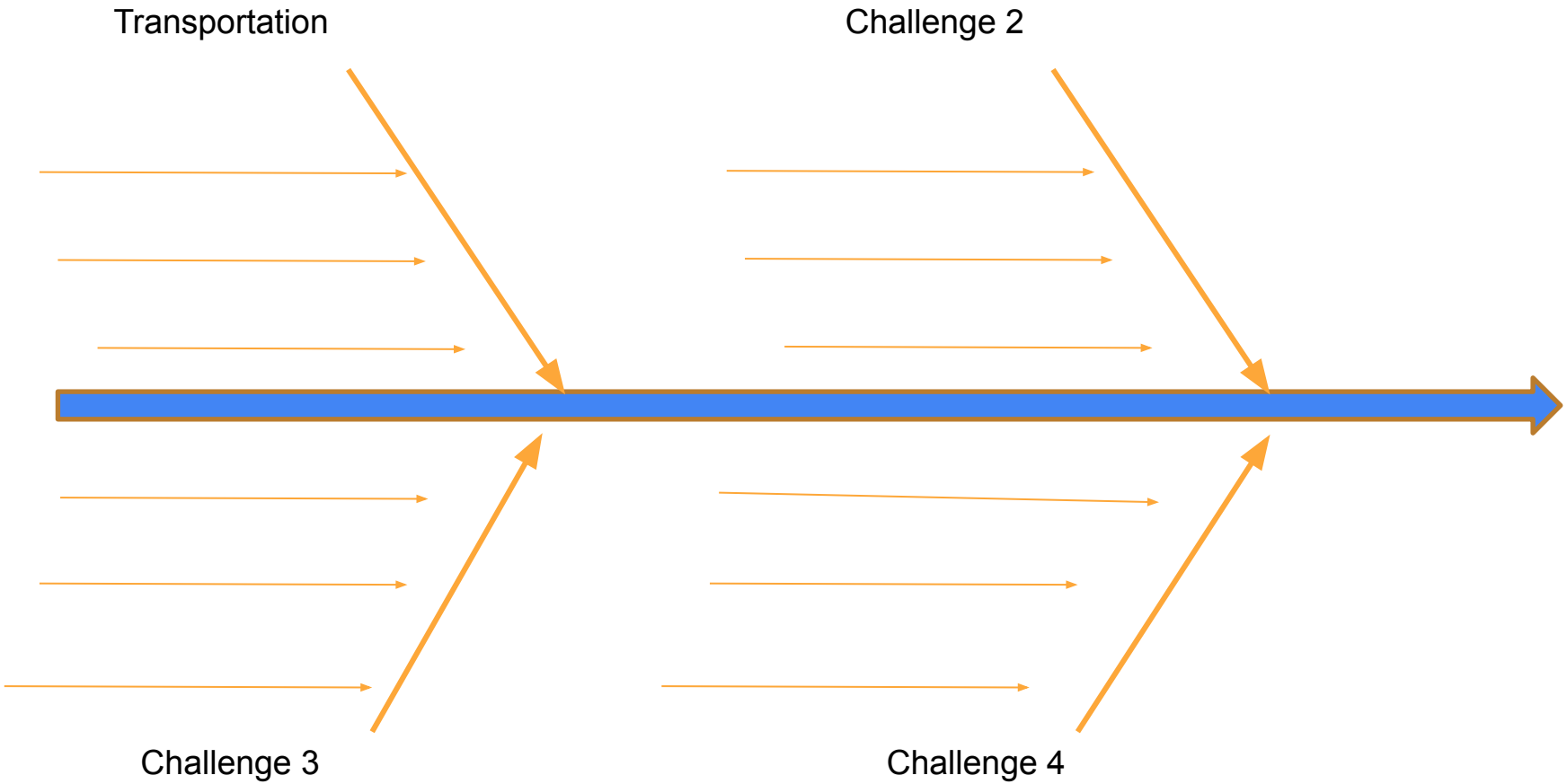
Mari Tucker **(mari.tucker@washburn.edu)**

https://www.tha.gov/

https://www.thainc.org/

http://www.washburn.edu

ACTIVITY



Over 600,000 older adults who are homebound have at least one additional barrier, such as transportation, which limits their ability to access vaccines.

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THANK YOU!

- **Next module on Wednesday, November 3rd at 3pm ET**
  - Partnership showcase: Roots Community Health Center (Oakland, CA)
  - **Complete the session evaluation**
  - **Complete CME/CNE form if you need continuing education credits**

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