Health for all - Increasing Inclusion for People with Disabilities

Learning Collaborative session 2:

The National Center for Health in Public Housing

March 4, 2024

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

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- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

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Today's speakers

Fide Pineda Sandoval, CHES
Manager of Training and Technical Assistance

Kevin Lombardi MD, MPH
Manager of Policy, Research, and Health Promotion

Jose Leon MD
Chief Medical Officer

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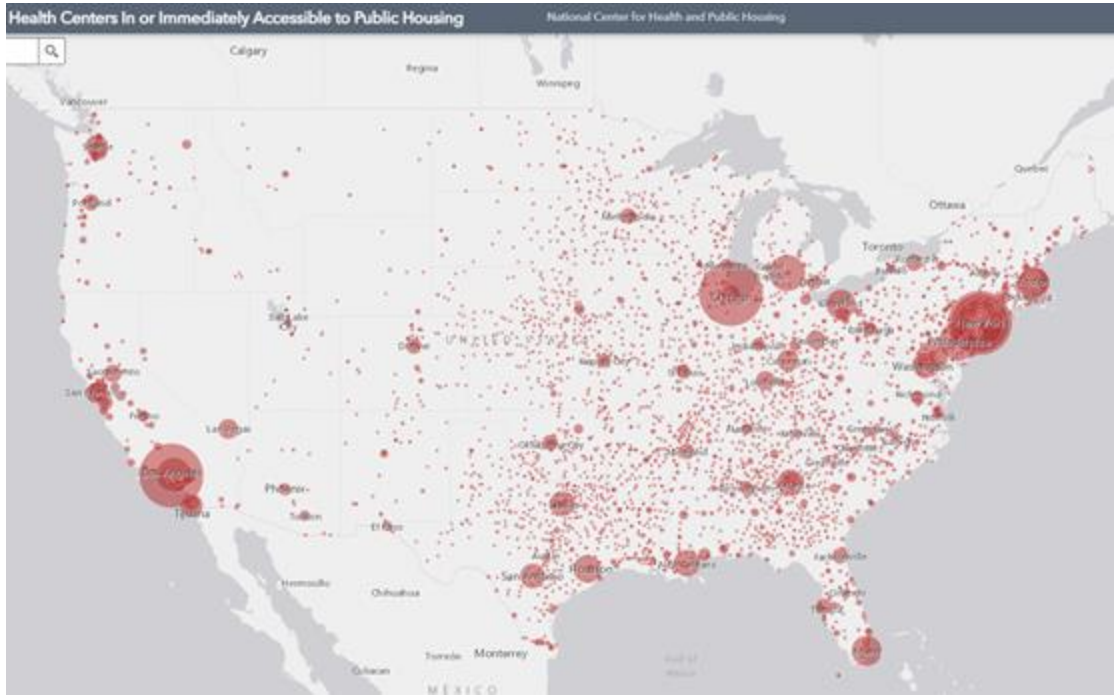
Health Centers Close to Public Housing

- **1,370 Federally Qualified Health Centers (FQHC) = 30.5 million patients**
- **483 FQHCs In or Immediately Accessible to Public Housing = 6.1 million patients**
- **107 Public Housing Primary Care (PHPC) = 935,823 patients**

Source: 2022 Health Center Data



Source: Health Centers in or Immediately Accessible to Public Housing Map

This session is designed to illicit discussion, process sharing and support between colleagues. The session framework will reflect these priorities. The – Discussion – Support – Assistance model describes NCHPHs approach to Training and Technical Assistance

Discussion

- Two discussion questions are integrated into the session material.
- Participants are asked to please write or type their response and to be open to share.

Support

- Participants include a range of clinical and non-clinical professionals from FQHC's, PHPCs and PHAs around the country.
- This interdisciplinary support can be an asset to better understanding the challenges your organization is facing.

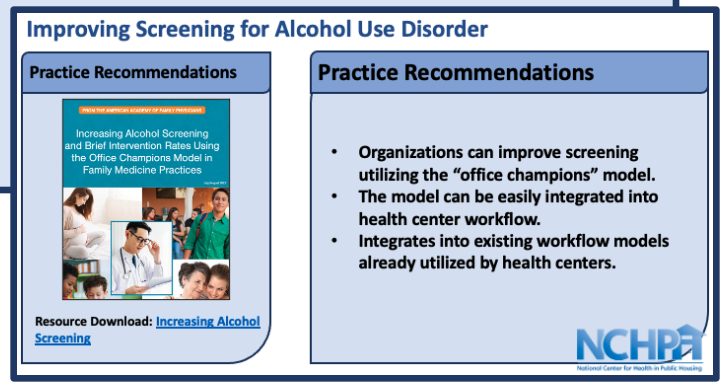
Assistance

- Discussion session format is designed to illicit the main themes in the learning objectives and are related to the resources and recommendations reviewed in this session

NCHPH presentations are designed to be utilized as external resources by FQHCs PHPCs and PHAs these can be freely circulated to partners and colleagues as needed.

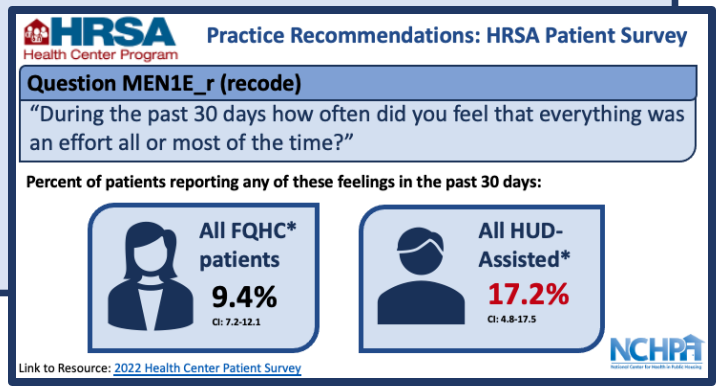
Research and Clinical Resources

- Cited resource links are located at the bottom right of the slides.
- Resources are publicly available and can shared internally or externally.
- Cited research is investigated and validated during a structured review process.



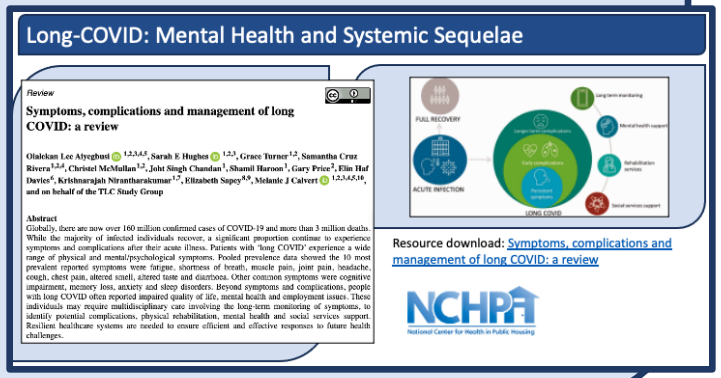
Guidance and Recommendations

- Recommendations are based on NCHPH internal research or validated external research.
- Practice recommendations presented are reviewed and validated by the NCHPH team.



Support and Consultation Resources

- NCHPH staff members and SMEs are available to FQHCs, PHPCs, PHAs and partner organization for consulting and advising services.



Link to Resource: NCHPH

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Health for All LC: Curriculum Description

Program support and continuity of care

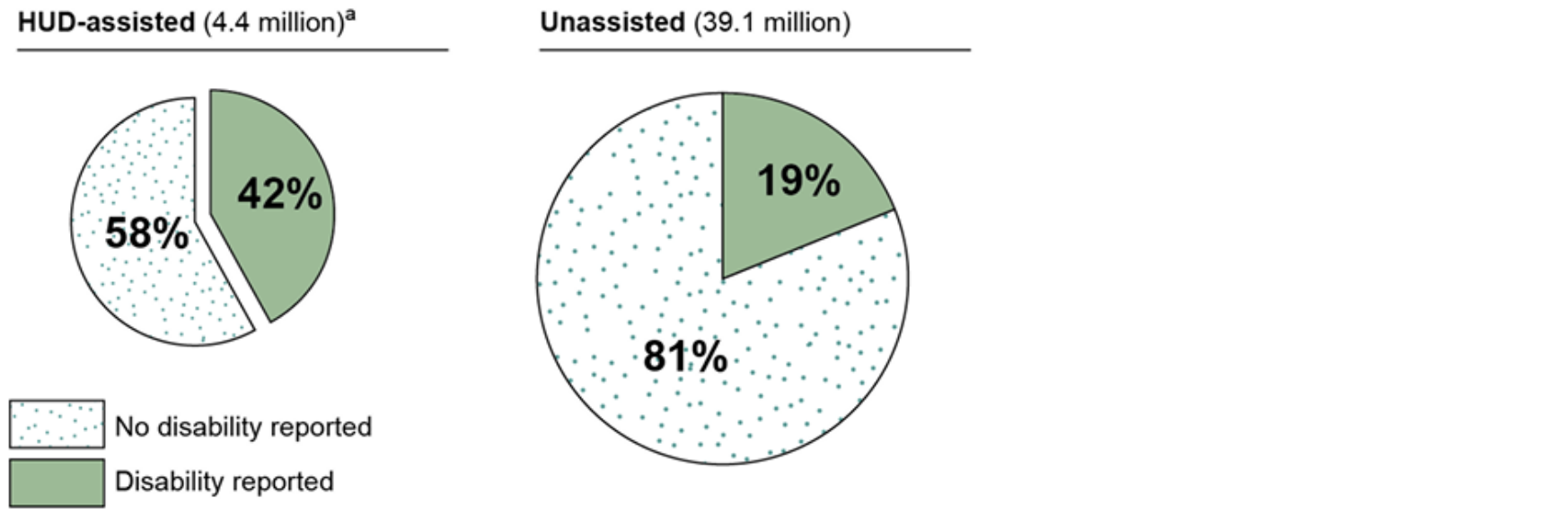
This session will include the following material (overview):

In our second session our focus will switch to leveraging SDOH program support and continuity of care to support patients with physical, intellectual or emotional disabilities. This will include:

1. Case Study Review
2. Recent Data Overview
3. Review of recent publications and resources on the topic

By the Numbers: HUD-Supported Residents with Disability

Figure 1: Proportion of Renter Households Assisted and Unassisted by the Department of Housing and Urban Development (HUD) That Reported a Disability, 2019



Source: GAO analysis of 2019 American Housing Survey. | GAO-23-106339

Note: Estimates in this figure have a relative margin of error of plus or minus 1–4 percent of the estimate at the 95 percent confidence level.

Link to resource: [GAO report]

Case Study: Supporting Patients with Disabilities

Mr. Jones is a 57 year-old man who presents for a wellness exam. He has a past medical history of T2DM, and hypertension. The patient has a behavioral health history of Major Depressive Disorder (MDD), post-traumatic stress disorder (PTSD), Generalized Anxiety Disorder (GAD) and Tobacco Use Disorder (remission for 1 years as of 2018). Mr. Jones is a combat veteran. Your health center has a large veteran population and is in the suburban area of a medium-sized city. Mr. Jones identifies as African-American.

The patient undergoes a standard intake, including vitals and an SDOH screener. The results are as follows:

BP: 178/98
HR: 92
RR: 18

A review of Mr. Jones' medical records indicates the following:

Vitals (2018):
BP: 138/98
HR: 60
RR: 18

HbA1c: 7.0 **Prescribed Medications: Metformin, Chlorothiazide, Citalopram (Celexa)**
Drug Screen: Pan-negative

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The results of Mr. Jones' SDOH screener reveal the following:

Appendix

WellRx Questionnaire

DOB_____ Male___ Female _____

WellRx Questions

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1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

☑ Yes ☐ No

2. Are you homeless or worried that you might be in the future?

☑ Yes ☐ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

☑ Yes ☐ No

4. Do you have trouble finding or paying for a ride?

☑ Yes ☐ No

5. Do you need daycare, or better daycare, for your kids?

☐ Yes ☑ No

Link: To Resource

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_____ Yes _____ No

6. Are you unemployed or without regular income?

☑ _____ Yes _____ No

7. Do you need help finding a better job?

☑ _____ Yes _____ No

8. Do you need help getting more education?

_____ Yes ☑ _____ No

9. Are you concerned about someone in your home using drugs or alcohol?

_____ Yes ☑ _____ No

10. Do you feel unsafe in your daily life?

_____ Yes ☑ _____ No

11. Is anyone in your home threatening or abusing you?

_____ Yes ☑ _____ No

Link: To Resource

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Case Study: Supporting Patients with Disabilities

Mr. Jones is treated by his provider, who is also a combat veteran. Upon physical examination Mr. Jones is noted to be withdrawn and to exhibit closed body language. His responses are terse, and he seems irritated. His physical examination is positive for 1+ pitting edema and darkened skin around his neck and groin area. New results are positive for an HbA1c of 8.2

When Questioned Regarding the Results of His SDOH Screener Mr. Jones Reveals the following:

1. Mr. Jones worked as a construction foreman until 6 months ago when he was laid off. His unemployment insurance ran out 3 months ago.
2. He is behind on his utilities and his car is not operable. He uses uber and walks for transportation.
3. Mr. Jones reports more frequent panic attacks in the past six months (2 x per week vs 1x per month one year ago)
4. Mr. Jones is single and does not have any family in the area.
5. Mr. Jones has been taking a half dose of his prescription medications because he can no longer afford the medication.

Mr. Jones is asked if he is interested in treatment for his behavioral health conditions or SDOH issues but avoids answering the question. When questioned **he notes that he prefers to deal with his private life by himself. When asked why he notes that in the past he has had difficulty connecting with his providers and that he felt judged.**

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Case Study: Continuity of Care to Support Behavioral Health

Intake

- *Relationship building Screening*
- *Networking.*

Goal Setting

- *Goals set during SDOH Screening.*

Follow-up engagement

- *Keeping focus on goals.*
- *Encouragement and networking.*

Navigation

- *Relationship building, Screening*
- *Networking.*

Coaching

- *Relationship building Screening*
- *Goal achievement.*

Case Closure

- *Closure when all goals are achieved.*

Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones is contacted by a staff member that works for your facility via telephone. Mr. Jones is initially reluctant to receive assistance and refuses a CHW assessment. The CHW offers the following resources, which lead to Mr. Jones agreeing to an initial consultation:

1. Consultation via Telehealth

2. His pick of CHW

Mr. Jones meets his CHW via the facility telehealth mobile application. In the beginning of his appointment Mr. Jones has a short introductory session with his CHW, who uses a number of interview techniques to make Mr. Jones more comfortable during his visit:

Link to resources: Health Assessment Interview Techniques

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Addressing Learning Objective 3

Case Study: Continuity of Care to Support Behavioral Health

Please take a moment to write or type your response to the following:

If you were interviewing Mr. Jones, how would you get him to open up to questioning?

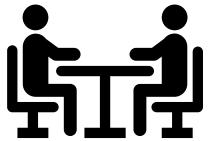
What are some interview techniques or procedures that can be used with a patient like Mr. Jones?

Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones' CHW utilizes the following techniques to facilitate his interview.

Active listening: Fully comprehending the client response through verbal and nonverbal cues, including client emotional state. Complete concentration on the client

Adaptive questioning: Starting with general questions, then becoming more specific.



Nonverbal communication: Staying in-tune with client posture and body language.

Link to resources: Health Assessment Interview Techniques

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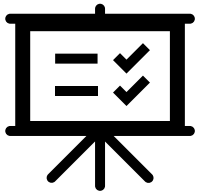
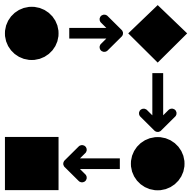
Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones's CHW utilizes the following techniques to facilitate his interview (continued)



Empathy, validation, reassurance: Telling the client that their emotions are reasonable

Partnering and summarization: Playing a coach-like role with the patient, talking-back the patient responses to ensure they are and feel understood.



Transitions and empowerment: Letting the client know what steps are next can help to lower provider and client anxiety.

Link to resources: Health Assessment Interview Techniques

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Addressing Learning Objective 3

Case Study: Continuity of Care to Support Behavioral Health

Please take a moment to write or type your response to the following:

What types of programs are available at your organization for patients like Mr. Jones?

Which types of program interventions would be most helpful to Mr. Jones? Why?

Case Study: Continuity of Care to Support Behavioral Health

During consultation Mr. Jones' CHW utilizes the Framework of the SDOH to determine facility resources to meet his needs:

Education Access and Quality:

- *No resources identified for this client.*

Health Care Access:

- *Free transportation to health center via facility van service. Appointment reminders via facility appointment mobile application and text.*
- *Behavioral health available via local VAMC*

Neighborhood and Built Environment:

- *Utilities vouchers provided from a local community-based organization.*
- *Social worker contacts utilities for discontinuation support.*

Link to resources: Jobs Plus Initiative

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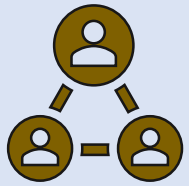
Case Study: Continuity of Care to Support Behavioral Health

During consultation Mr. Jones' CHW utilizes the Framework of the SDOH to determine facility resources to meet his needs:

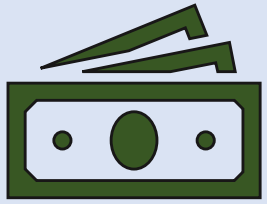
Social and Community Context:



- *Local veteran social group.*
- *Tobacco cessation literature and resource pamphlets.*
- *Regular (bi-monthly) tobacco cessation check-ins*

Economic Stability:

- *Training and support services through facility Jobs Plus Site.*
- *Veterans peer-support group at local church.*
- *Temporary medication assistance*



Link to resources: [Jobs Plus Initiative]

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Addressing Learning Objective 3

Case Study: Continuity of Care to Support Behavioral Health

Please take a moment to write or type your response to the following:

Considering Mr. Jones' disability (PTSD), how was telehealth helpful in providing access to care?

How can we use telehealth to help other vulnerable patients?

Practice Recommendations: HRSA Patient Survey

Question CON27a_R (recode)

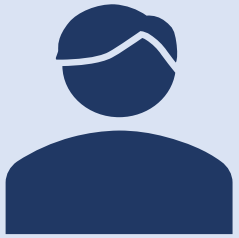
"Do you have any difficulty with self-care, such as washing all over or dressing?"

Study Results:

All FQHC* patients

10.9%

CI: 8.8-13.5



All HUD-Assisted*

22.8%

CI: 15.6-32.0

Public Housing*

22.4%

CI: 3212.8-36.2

Link to Resource: [2022 Health Center Patient Survey]

Practice Recommendations: HRSA Patient Survey

Question CON27b_R (recode)

"Do you have any difficulty with eating?"

Study Results:

All FQHC* patients

6.3%

CI: 4.9-8.1

Public Housing*

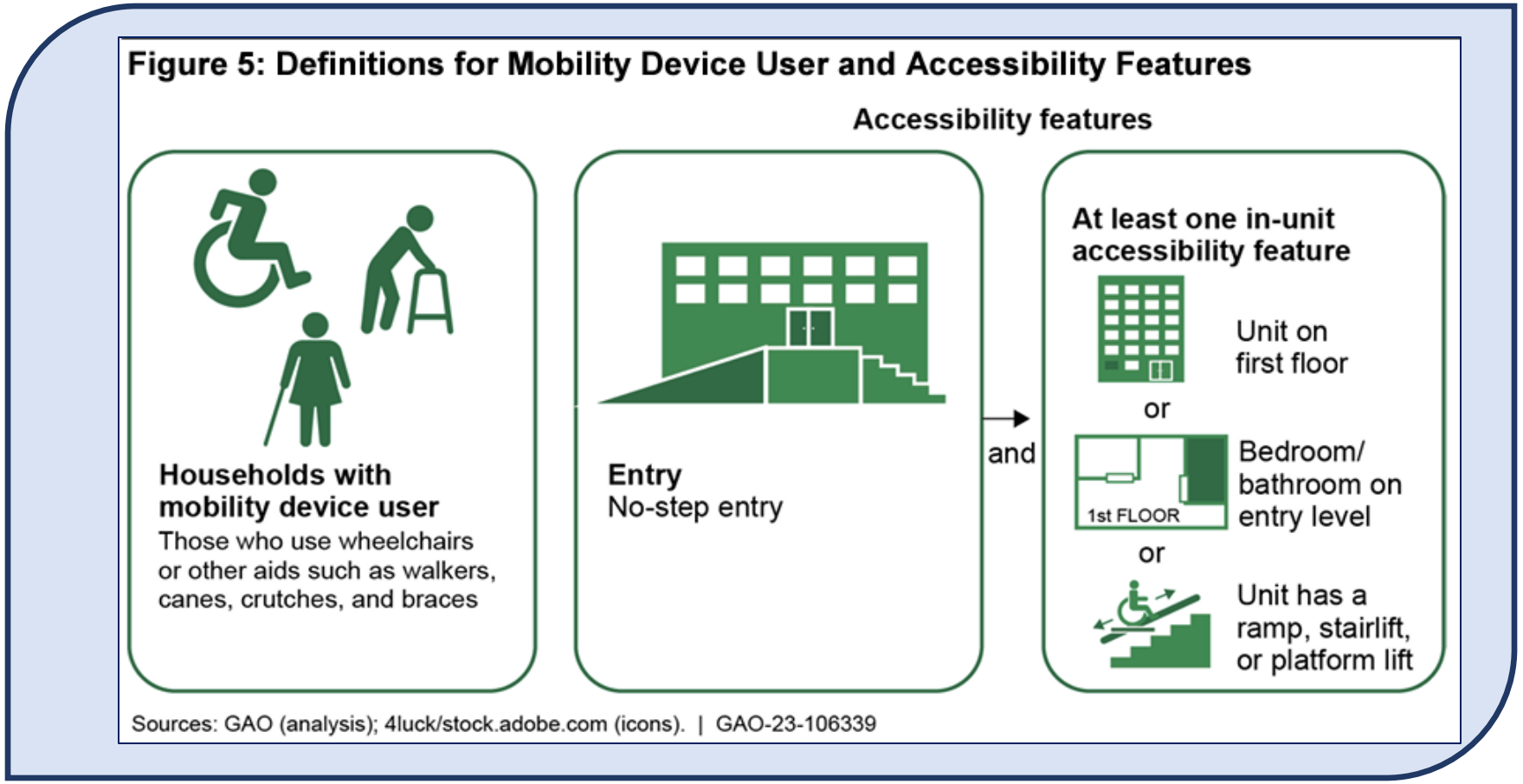
17.5%

CI: 9.1-31.2

Link to Resource: [2022 Health Center Patient Survey]

By the Numbers: HUD-Supported Residents with Disability

Properties must be updated with a variety of accessibility features to be suitable for individuals who use a mobility device.

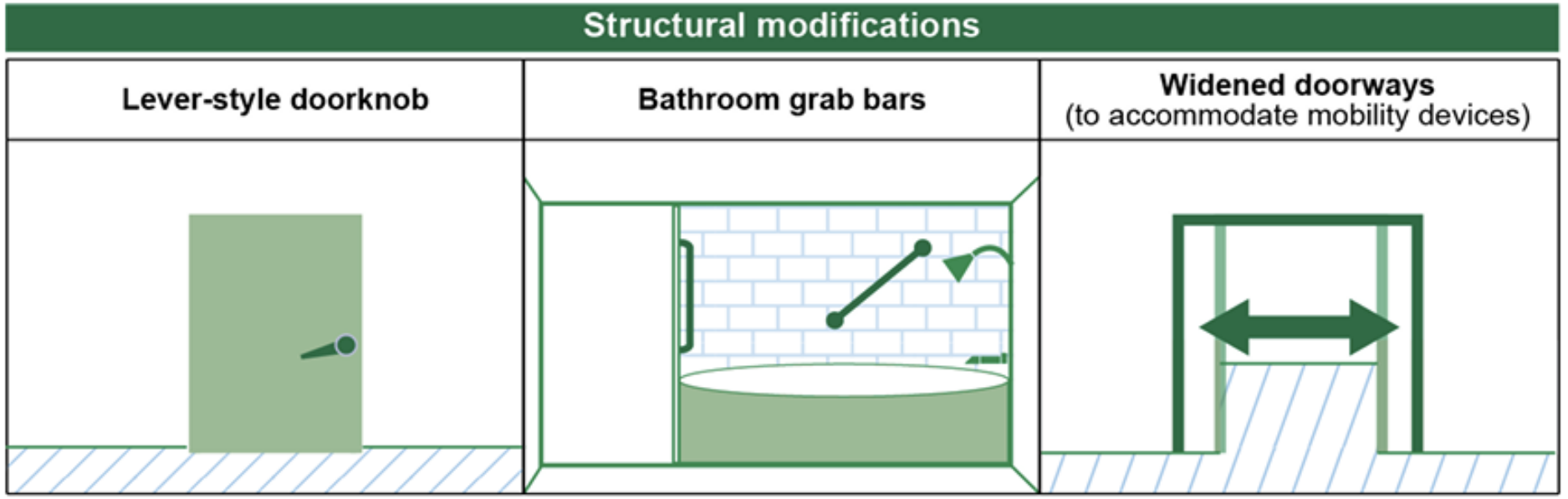


Link to resource: [GAO report]

By the Numbers: HUD-Supported Residents with Disability

Features such as bathroom-grab bars have been shown to decrease the risk of in-home injury for individuals with physical disabilities, including those utilizing mobility devices

Figure 4: Examples of Structural Modifications



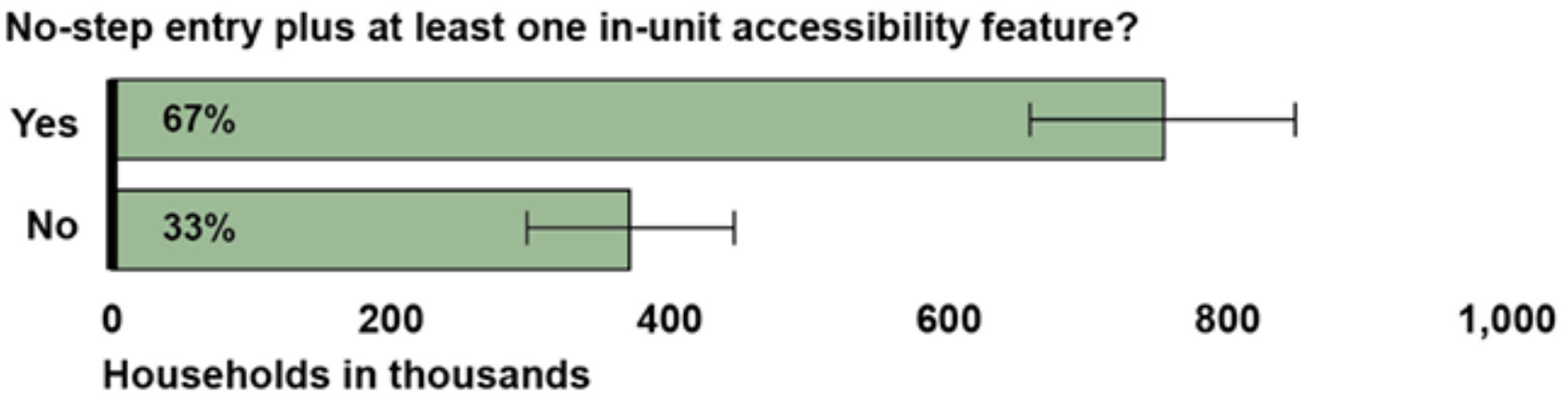
Source: GAO analysis of Department of Housing and Urban Development information. | GAO-23-106339

Link to resource: **GAO report**

By the Numbers: HUD-Supported Residents with Disability

A large proportion of HUD-Assisted Households utilizing a mobility device do not have no-step entry or at least one in-unit accessibility feature

Figure 7: Proportion of HUD-Assisted Households with a Mobility Device User That Reported a No-Step Entry and In-Unit Accessibility Features, 2019

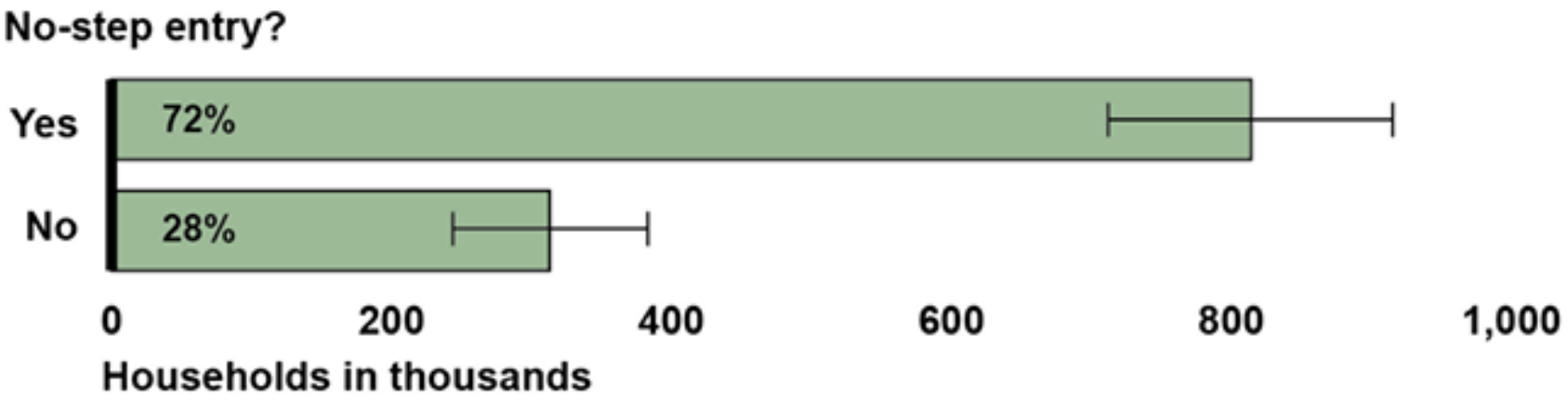


Link to resource: [GAO report]

By the Numbers: HUD-Supported Residents with Disability

A large proportion of HUD-Assisted Households utilizing a mobility device do not have no-step entry

Figure 6: Proportion of HUD-Assisted Households with a Mobility Device User That Reported a No-Step Entry, 2019



Link to resource: [GAO report]

Q&A Session

Upcoming LC Sessions

Session 3 (03/11/2024): Data-driven interventions

Session 4 (03/18/2024): Conclusion and case studies engagements

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Complete our Post Evaluation Survey

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Thank you!