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Welcome

How to Partner with your Local Housing Authority Webinar

December 13, 2011

We will begin promptly @ IPM EST

Host Melissa Da Silva

Deputy Director

National Health Care for
the Homeless Council





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Presenter



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Introductions



STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING



www.chpfs.org

Objectives for Today

Participants will:

- 1. Be able to identify access barriers that public housing residents share with homeless individuals.
- 2. Be able to identify at least one benefit to partnership with a Housing Authority
- 3. Better understand HRSA's Public Housing Primary Care Program.



Why Partner?

Without partnership

With partnership

Organization 1

Organization 2

Nebulous idea of social change

Organization 3

Strengths of Organization 1 Larger objective Strengths of Strengths of **Organization Organization** Social change



Why Partner?

- Align joint response to intertwined issues of health and housing
- Marketing channel for vulnerable population that is largely Medicaid eligible
- Access to funding opportunities (HUD)
- Access to Housing Authority resources (space, human resources)



Public Housing Primary Care Program

- Authorized by Section 330(i)
- Overseen by the HRSA BPHC Office of Special Populations Health
- In 2010, Served 172,731 patients through 50 reporting grantees
- Special populations waivers available in some cases



Examples

Public Health Management Corporation and Resources for Human Development

Philadelphia Housing Authority

FQHCs serving neighborhoods with dense public housing and facing disparities in access and outcomes.

Each provides comprehensive health care and health promotion on-site and through housing authority events.

Initially provides space for new health center start-ups, converting housing unit into clinic space.

Ongoing, provides outreach to bring in new patients through public events, distribution of materials



Recent Trends in Public Housing

- Greater demand
- 2. New approaches in housing
 - Decentralization
 - Expanded eligibility
- 3. New approaches in health care



Recent Trend: Greater Demand

The Burden of Housing Costs

In 2007:

- More than 45% of all renters spent 30% or more of their income on housing, the benchmark level considered a severe cost burden.
- 51% of renters in the bottom income quartile spent more than half their income on housing.
- 70% of renters in the bottom tenth of the income distribution spend more than half of their income on housing.

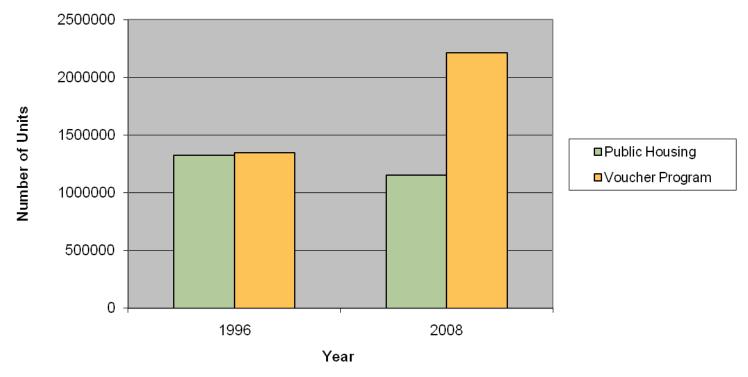


Recent Trend: Greater Demand

- No change in average waiting time for public and assisted housing despite increase of nearly 250,000 units.
 - 1996: 19 month wait, 4,814,983 units
 - 2008: 19 month wait, 5,063,071 units
- Waiting times in some areas exceed 10 years.



- Increase in total units is from increases in Voucher program
- Public Housing units actually decreased slightly





HOPE 6 Program

Created by the Departments of Veterans
 Affairs and Housing and Urban Development,
 and Independent Agencies Appropriations
 Act, 1993 (Pub.L. 102-389), approved on
 October 6, 1992.



HOPE 6 Strategies

- Change the physical shape of public housing
 - Decreased reliance on high-rise, multi-unit developments
 - Increased reliance on duplexes/low-rise developments and scattered sites
- Provide comprehensive services to promote resident self-sufficiency
 - Job training, health, benefits enrollment
- Lessen concentrations of poverty and promote mixedincome communities
- Forge partnerships to leverage support and resources



- Increased reliance on Section 8 (e.g., voucher) programs
 - Section 8-only programs are defined as assisted housing, NOT public housing, and are NOT covered under Section 330i funding for FQHCs (unless receiving other, non-Section 8 funds under U.S. Public Housing Act of 1937).
- Increased reliance on scattered sites
 - When receiving non-Section 8 Public Housing Act funds, ARE defined as public housing and ARE covered under Section 330i.



Mixed consequences of decentralization

- Positives
 - Increased economic capital through mixed-income communities
- Negatives
 - Displacement of residents
 - Outreach and community engagement more challenged



New models and eligibility standards

- The HEARTH ACT (http://www.hudhre.info/hearth/)
 - Expands definition of homelessness to include individuals with insecure housing due to a variety of factors
 - HRSA definition of public housing remains the same – only units owned/operated/improved by a housing authority are considered "public" (not voucher-only properties)



Recent Trend: New Approaches in Health Care

Many health centers serving public housing residents are no longer located *inside* public housing

Collaboration with housing authority remains important for community outreach/ engagement



Federal Expansions and Opportunities for Partnership

U.S. Department of Health and Human Services

- New access points (FY2011 included bonus points for public housing and other special populations)
- Capital improvements
- Service expansion funding
- Workforce development through National Health Service Corps and Bureau of Health Professions



Federal Expansions and Opportunities for Partnership

U.S. Department of Housing and Urban Development

- Encouraging partnership with housing authorities
- Can encourage policies within housing authorities that promote health
- Can encourage partnership with health centers through their grant programs



Federal Expansions and Opportunities for Partnership

U.S. Department of Labor

- Can encourage development of career tracks to fuel the workforce at professional and paraprofessional levels
 - Providers of all sorts (doctors, nurse practitioners, physician assistants)
 - Enabling and behavioral health staff (LCSW, Psychologists)
 - Administrative support staff (Medical Assistants, Medical Receptionists)
 - Outreach and health education (Promotoras, Patient Navigators)



Opportunities for Partnership: HHS and HUD Collaboration

Intent: Develop healthy, safe, productive communities

- **Problem:** Public housing residents face barriers to accessing health care, leading to poor health; Poor health leads to difficulties maintaining employment, stable homes and compliance with housing regulations
- Strategy: Familiarize residents of public housing with existing FQHC delivery sites and prepare communities to compete for resources to develop FQHCs where there are none currently.
- Outcome: Healthier residents are more able to be hold jobs, pay rent, be compliant with public housing requirements



HUD Secretary's Strategic Plan

Goal 3: Utilize Housing as a Platform for Increasing the Quality of Life

- Goal 3B: Utilize HUD assistance to improve health outcomes
 - Strategy 1: Increase information about and access to health services, including veterans' health benefits, through partnerships with health organizations and health care delivery systems
 - Strategy 2: Increase coordination of HUD program with healthcare resources administered by other federal, state, and local programs
 - Strategy 3: Provide physical space to collocate healthcare and wellness services with housing (for example, onsite health clinics)
 - Strategy 4: Promote housing management practices that protect the health of residents (for example, smoking cessation, pest management, and green cleaning)



Making the Case to a Housing Authority: Key Contacts

Partnerships must be explored early, through any or all of the following:

- Residents
 - Tenant Councils
- Housing Authority Staff
 - Executive Leadership
 - Development Staff
 - Outreach Staff
 - Site Managers
- Elected Officials



Access to primary care and health promotion creates healthier residents who are more able to:

- Give birth to low-risk, healthy weight babies
- Access immunizations, screenings, and other preventive services
- Manage their asthma and other chronic diseases, avoiding costly and time consuming hospitalizations and ER visits



Healthier residents are more able to:

- Access and keep decent jobs, including through the health center itself
- Pay rent on time and meet other public housing regulations
- Avoid school absences and successfully graduate on time
- Maintain safe households free of environmental hazards and domestic violence
- Achieve a higher quality of life



Residents engaged in career tracks for health care jobs will earn more

Level of educational attainment	Median yearly earnings
No high school diploma	\$16,777
High school diploma	\$24,435
Associate's Degree	\$32,386



Residents engaged in career tracks for health care jobs will contribute more in taxes, need less public support

Education Level	Lifetime Income	Lifetime Taxes and Government Benefits
No High School Diploma	\$660,400	(\$32,000)
GED	\$845,070	\$221,831
High School Diploma	\$1,040,000	\$273,000
Associate's Degree	\$1,310,000	\$408,000



As health centers that serve public housing expand:

- Public housing residents' access to services increases
- Public housing residents' health outcomes improve
- Public housing residents' self-sufficiency increases through employment in quality careers



How May We Help You?

- Through staff and a national network of consultants, Community Health Partners for Sustainability provides:
 - Live events
 - Live and archived webinars and other web-hosted resources
 - Site visits
 - Needs assessments
 - Document review
 - Other topics as appropriate just ask!



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Questions & Answers



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Resources

- National HCH Council website
 - www.nhchc.org
- Defining and Funding the Support in Permanent Supportive Housin
 - http://www.nhchc.org/wp-content/uploads/2011/10/ Permanent-Supportive-Housing.pdf
- Clinical Challenges in Permanent Supportive Housing
 - http://www.nhchc.org/2011/10/publication/
- Other resources on PSH and Housing
 - http://www.nhchc.org/resources/housing/



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