

## Raising Awareness About Public Housing Health Centers and the Residents They Serve

*This year marks the 45th anniversary of the creation of the Health Center Program. Among the most needy of the individuals served by health centers are residents of public housing because of their alarmingly poor health status and the difficulty in reaching them. To overcome the obstacles to caring for this population, public housing health centers have been innovating and developing best practice programs of care. This issue is part of our awareness campaign to bring this subject into the national discussion and increase knowledge about the unique health needs of this population and the dedicated heroic health providers that serve them.*

### The Public Housing Primary Care Program

David Vincent, Senior Consultant, and David Bates, Associate Project Manager, National Center for Health in Public Housing

Since the signing of the Minority Disadvantaged Act of 1990 and the funding of the first seven Public Housing Primary Care (PHPC) health centers in 1991, residents living in public housing have been accessing high quality comprehensive health care from federally funded special population PHPC health centers. These health centers are located in a public housing facility or nearby the public housing community. The overall goal of PHPC health centers is to increase access to healthcare for residents living in public housing communities, which include conventional family public housing, elderly housing, Hope VI units, Housing Choice Voucher, and Section 8 units. PHPC

health centers provide health care to about 176 public housing service delivery sites spanning, urban, rural, suburban, mobile on-site and clinical settings.

Delivering health care to this underserved and very difficult to reach population requires a full range of comprehensive strategies. They include intensive targeted outreach, use of mobile medical vans to travel to public housing communities, culturally competent health education and services, multiple language services,

transportation assistance, referrals to specialty care, extended hours of operation and case management. PHPC health centers are able to serve as a medical home for residents, thus treating their health conditions early and routinely, which helps to reduce expensive emergency room care. By providing primary health care, health promotion, and disease prevention activities, PHPC health centers are able to improve the overall health, self-sufficiency and well-being of residents.



PHPC health centers collaborate with public housing authorities to assess the needs of residents, meet with resident councils, and conduct extensive onsite outreach to residents. Some housing authorities further support PHPC programs through participating in other funding opportunities that will support resident health programming and services.

The PHPC health centers also have extensive networks of partnerships and affiliations working together to offer a range of services and increase outreach to residents. They include departments of social services, community service centers, family resource centers, mental health and substance abuse services, youth services, conflict and resolution centers, faith-based programs, local universities, and cultural organizations.

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## The Public Housing Primary Care Program

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PHPC health centers provide preventive and comprehensive primary health care services, which include Internal medicine, Pediatrics and OB/GYN care, preventative and restorative dental care, health education, outreach, laboratory, and case management. Some PHPC projects also provide mental health services, pharmacy, x-ray, optometry, podiatry, and WIC. When needed services are not provided on-site, PHPC projects refer residents to qualified practitioners including specialty care.

### About Residents Living in Public Housing

Across the country, in Puerto Rico and the U.S. Virgin Islands, there are 8.7 million residents - infants, children, teens, adults, parents, seniors, elderly and persons with disabilities - living in public housing. Residents of public housing have significantly worse health characteristics than other US residents and disproportionately experience asthma, high blood pressure, stroke, diabetes, obesity, anxiety and depression, cancer, arthritis, and HIV/AIDS. Residents have been

devastated by poverty, isolation, unemployment, and stigma. Not only do residents have high rates of disease and multiple chronic illnesses; they also become debilitated by their illnesses making it difficult to accept or sustain employment.

The average household size for residents of public housing is 2.2 people and 1.6 for residents of Section 8 housing. Approximately 3.1 million children (ages 0-17) live in public and Section 8 housing, and nearly 730,000 residents of public housing are seniors (age 62 and above). Approximately 19% of public housing, 17% of Section 8 housing and 48% of Housing Choice Voucher households include a member who is disabled.

The average annual household income for residents of public housing is \$12,569 and \$8,869 for households in Section 8 Housing. This falls well below the Federal poverty line, which in 2006 for a household of two was \$13,167, and for a household of three was \$16,079. ■

### Population Distribution<sup>1</sup>

This chart shows the 20 housing authorities across the country with the largest number of public housing units including Section 8 and Housing Choice Voucher units. It gives an estimate of locations with the largest number of residents living in public housing.

Housing Authority Name	Public, Section 8 and Housing Choice Voucher units	Number of Residents
New York City Housing Authority	264,004	631,749
Chicago Housing Authority	69,550	112,744*
Puerto Rico Public Housing Administration	53,208	131,216
City of Los Angeles Housing Authority	47,804	114,442
NY State Division of Housing and Community Renewal	38,322	96,894
Philadelphia Housing Authority	32,799	64,603
New York City Department of Housing Preservation	27,325	54,842
Housing Authority of Baltimore City	27,977	26,582*
Miami-Dade Housing Agency	23,672	41,498
Cuyahoga Metropolitan Housing Authority	24,186	53,709
Michigan State Housing Development Authority	24,497	58,023
Housing Authority of the County of Los Angeles	23,807	58,164
Boston Housing Authority	23,341	46,934
Atlanta Housing Authority	22,975	30,639
Housing Authority of the City of Dallas	20,979	48,378
D.C. Housing Authority	20,622	11,899*
State of New Jersey Department of Community Affairs	19,748	46,596
Massachusetts Dept. of Housing and Community Dev.	18,929	47,190
Houston Housing Authority	18,205	46,629
San Antonio Housing Authority	18,056	41,374

<sup>1</sup>U.S. Department of Housing and Urban Development, Public Housing Agency Profiles available at: <http://www.hud.gov/offices/pih/systems/pic/haprofiles/index.cfm>

\* Insufficient data collection responses

# Hudson River Health Care: A Public Housing Community Profile

Allison Dubois, MPH, Vice President, Health Center Administration, Hudson River Health Care, New York

Located in Peekskill, NY, Hudson River Health Care's (HRHCare) Public Housing Primary Care program provides comprehensive primary care services to 1,109 of the estimated 1,150 residents living in public housing. Although the vast majority of residents of Peekskill's public housing already use the services of HRHCare, it is apparent that this population continues to have multiple and urgent unmet needs for health care services.

The 1,150 public housing residents in the City of Peekskill are poor, disproportionately very young or old, and are largely members of racial minorities. According to records of the Peekskill Housing Authority, although the majority of Peekskill's public housing households are working families, 95% of them have incomes below 200% of the federal poverty level, with 30% receiving public assistance. Senior citizens occupy 19% of the public housing units, while children under 18 years of age are found in 57% of the housing units.

The status and needs of those individuals living in the neighborhoods surrounding public housing tends to be quite similar to that of the public housing residents. The residents of Peekskill's public housing and the surrounding neighborhoods exhibit many of the health problems that

typically are related to their socioeconomic circumstances and reflect a lack of access to appropriate and comprehensive health care. Asthma, high blood pressure, teen pregnancy, sexually transmitted disease, diabetes, substance abuse and mental illness are among the most critical and common medical conditions faced by the residents of public housing.

Physical barriers to obtaining adequate health services specifically affect the many frail elderly and disabled persons living in public housing in Peekskill. The public housing complexes tend to be isolated from most medical providers, particularly specialty and diagnostic services. Although HRHCare is located only several blocks from the largest housing site, this is too great a distance for the elderly and disabled to walk, and public transportation is inadequate to meet their needs.

HRHCare's Public Housing Primary Care services include primary, preventive and behavioral health care, mobile clinical health care, home visits, health education, support and education at the time of an emergency room visit, and transportation to and from providers along the full continuum of service delivery. ■

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## Great Brook Valley Health Center: A Collaborative Approach

Kathy Blumenthal, Director of External Programs, Great Brook Valley Health Center, Worcester, Massachusetts

Great Brook Valley Health Center (GBVHC), is located in Worcester, Massachusetts. The largest housing complex, which consists of 900 units, lies on the outskirts of the city and is culturally, linguistically economically and geographically isolated from the rest of the city.

Situated directly across the street from the housing complex, GBVHC offers comprehensive primary health care, mental health services, social services and a range of programs focusing on HIV and substance abuse and community health issues. Services are provided by multicultural professionals and paraprofessionals who speak 22 languages (84% of staff are bilingual and 20% are trilingual).

GBVHC works closely with the Worcester Housing Authority, local agencies and residents of public housing. In collaboration with the Housing Authority, the GBVHC is an active and founding member of the Great Brook Valley Curtis Collaborative. This is a group of 15 agencies that partner with residents of public housing to assess their needs and interests, develop needed programming with the

input of residents, and search for resources to address unmet needs. The mission of the collaborative is to maximize opportunities for residents of Great Brook Valley Curtis Apartments to access programs and services as well as empowering residents to enhance the quality of their lives.

New initiatives include partnership in the Healthy Corner Store Project raising awareness of health and wellness among residents by working with local markets, and bringing the housing project its first farmer's market. The Health Center and the Housing Authority have also prioritized teen pregnancy prevention and now collaborate on an evidence based teen pregnancy prevention project called 'Strong Girls, Healthy Choices.' ■



# Breaking Through the Stigma that Detours Access to Primary Health Care

Allan Cintrón-Salichs, MBA, MHCM, Executive Director, Med Centro ® / Consejo de Salud de Puerto Rico, Inc., Ponce, Puerto Rico

Residents of public housing complexes in Puerto Rico are by far atop the stigmatized social strata. An island with a population of nearly 4 million American citizens that live within a land space of 35 by 100 miles, has nearly 179,057 residents (4.5%) living in the vicinity of 53,610 public housing units spread throughout 147 complexes. Social problems range from enduring poverty to long-term high profile crime activities, all contributing to further isolate residents from quality primary health care services, particularly children, mothers and the elderly.

Largely because of stigma and isolation, residents would not normally go to a health center and their health conditions would become worse, even debilitating. In 2009, Med Centro (Consejo de Salud de Puerto Rico, Inc, by its corporate name) initiated an approach toward diminishing barriers to accessing primary health care services. With the support of HRSA/ARRA funding, a team of health care professionals, highly skilled in subculture sensitiveness, began to visit six public housing sites to offer comprehensive primary healthcare services.

On a scheduled basis, an intenerating team comprised of physicians (family, general, ob/gyn, pediatricians, internists, psychiatrists), dentists, psychologists, RN's, social workers, lab technicians, and other support personnel, began to deliver high quality services utilizing a mobile medical unit

to people who would otherwise be neglected.

Today, a year after our Public Housing Primary Care Program was implemented by Med Centro, a total of 1,142

persons, who were far outside the mainstream of preventive care, if they at all, are now receiving health care services. However, prevalence of diabetes (7.51%), asthma (17%), overweight/obesity (9.7%), depression (8.58%), hypercholesterolemia, hypertension (11.2%) and substance abuse (20%) are still found with alarming regularity among patients arriving for services. We have a target population of 17,450 people to reach, for which we are aggressively addressing.

Continuing to convince drug-lords to agree with our endeavor, a pseudo collaborative agreement, is at the core of our success in delivering health services in certain communities. Yet, it is the willingness of the caring and committed staff of the mobile medical unit that is making the difference by bringing a non-traditional approach to delivering primary health care directly to the residents. ■



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## NCHPH Regional Training Meetings: New York and San Juan, Puerto Rico

Sara Stepahin, Training and Technical Assistance Coordinator, National Center for Health in Public Housing

On November 19, 2009, the National Center for Health in Public Housing convened its first regional training conference in New York City, followed by a second training meeting on January 26, 2010 in San Juan, Puerto Rico. The New York regional conference produced a number of great educational/training opportunities, a forum for networking and exchanging ideas and many important and exciting outcomes, and the trend continued in San Juan.

Both conferences were sold out, with over 60 people attending each. The need for comprehensive health care to residents of public housing is immense in both cities. New York city has the highest number of conventional public, Section 8 and Housing Choice Voucher public housing in the United States. The New York Housing Authority has over 276,000 units housing with 631,700 residents. Puerto Rico is second to New York, with over 53,000 units housing 131,215 residents. Many of the health centers that came to

the conferences were located near or at public housing sites and were able to share their experiences, practices and interests in learning more about the special needs of residents.

Some of the most popular workshops at the meetings included: Addressing Prescription Drug Abuse: An Interdisciplinary Approach in Public Housing; Referral Management Initiative: An Approach to Manage and Improve Access to Specialty Care in a Community Health Center Serving Residents of Public Housing; PHPC 101 and Outreach Strategies to Reach Residents that Work!; Starting Right: A Multidisciplinary Approach to Pediatric Obesity in the South Bronx; Health IT and Meaningful Use: How do EHRs Fit Into Your Health Center?; Spreading a Model of Diabetes Care for Residents in Public Housing; Health and Business Plans Demystified; and Same Day Appointments: Improving a Patients' Access To Healthcare.

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## NCHPH Regional Training Meetings: New York and San Juan, Puerto Rico

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In addition to the many health and medical center participants, the New York meeting was attended by Richard T. Greene, Director, Resident Services, New York City Housing Authority. Richard Greene and LaVerne Green, of HRSA's Office of Special Populations had a chance to discuss the status of health of residents and the large number of residents living in New York. The workshops, presented by Public Housing Primary Care (PHPC) health centers from New York and New Jersey, were very well received and gave the audience an opportunity to engage, ask questions and make connections with other health centers challenged by similar issues.

Despite the many health disparities in Puerto Rico, and the large number of public housing units, there are only 19 federally funded health centers on the island, and only one is a PHPC grantee, Med Centro (Consejo de Salud de Puerto Rico) based in Ponce.

Representatives from 13 of those health centers attended the regional training along with Henry Lopez, Director, and Martha Firman, Public Health Analyst, from HRSA's Office of Special Populations, a representative from the Puerto Rico Department of Health, and attendees from other supporting organizations. The Puerto Rico Primary Care Association, (Asociación de Salud Primaria de Puerto Rico, Inc.) was very supportive and significantly contributed toward making the meeting a great success. Many health centers were able to come to the conference because of a scholarship the Primary Care Association (PCA) provided.

The PCA also assisted in outreach for the regional training, created partnerships and acted as a link between health centers and other organizations. Their presence and participation at the conference was greatly appreciated by all who attended. Alicia Suarez, Executive Director, of the Asociación de Salud Primaria de Puerto Rico, Inc., spoke at the morning session and encouraged the participants to address residents' health care needs with best practices presented at the workshops. Many of those who presented in New York also flew in to give their workshops in Puerto Rico.

During our time in Puerto Rico, representatives from HRSA and several of the PHPC grantees, were able to meet with Alberto Giménez, President of PROMMA, a property management company that oversees 10% of all the public housing units in Puerto Rico. Mr. Giménez shared the harsh realities of life experienced by residents of public housing in Puerto Rico, both in major health outcomes and basic needs for health education and prevention. Mr. Giménez attended the conference to learn more about the work of health centers, to begin to work with the PCA, and to introduce other housing representatives to the idea of working with health centers improve the health of residents of public housing.

The day following the regional meeting several participants, along with the representatives from HRSA, were invited to tour the PHPC health center in Poncé by Allan Citron-Salchs, Executive Director of Med Centro. Mr. Citron-Salchs and his staff lead the group through the various divisions of Med Centro and also took them to visit their mobile unit which was located at one the public housing sites in Ponce, PR.

Peter Meacher, Medical Director of the South Bronx Health Center for Children and Families, shared with Mr. Citron-Salchs that 25% of his patients are Puerto Rican, many coming from the area of Poncé and that he saw similar dispar-



ities and challenges facing the health centers in Puerto Rico and those in New York. It was enlightening for all the health centers to share their experiences. Because of their similar patient

populations, Dr. Meacher invited Mr. Citron-Salchs to come and visit the South Bronx Health Center for Children and Families, in New York.

Through these regional meetings, many great questions were asked, connections between organizations were formed and important information about the health of residents of public housing was addressed. Information on our next regional meeting will be posted on our website when details are available. ■

### Health Care for Residents of Public Housing National Training Conference



June 28 - 30, 2010  
InterContinental  
Boston Hotel  
Boston, Massachusetts

For more information about the conference  
please visit our website at [www.NCHPH.org](http://www.NCHPH.org)  
or contact David Bates at  
(703) 812-8822 or [dbates@nchph.com](mailto:dbates@nchph.com)

# National Health Care in Public Housing Day - August 10, 2010

The second week of August each year is National Health Center Week, dedicated to recognizing the service and contributions of Community, Migrant, Homeless and Public Housing Health Centers in providing access to affordable, high quality, cost-effective health care to medically vulnerable and underserved people in the U.S.

This year, for the first time, Tuesday, August 10th has been designated as National Health Care in Public Housing Day. This is a great opportunity to collectively acknowledge the work of the Public Housing Primary Care (PHPC) health centers and the many other dedicated individuals working to improve resident health, and to bring awareness to the health status of residents and their unique health needs.

National Health Center Week is sponsored by the National Association of Community Health Centers. This year, the theme is “Celebrating America’s Health Centers: Turning the Vision into Reality.” This theme highlights the 45 year record of Health Centers in providing affordable, high quality, cost-effective health care to all people, regardless of ability to pay. America’s health centers now serve over 20 million people in 7,000 communities in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

Funded through the Consolidated Health Centers program, there are currently 55 (PHPC) programs located in 24 states and Puerto Rico with over 167 public housing service-delivery sites spanning urban, rural, suburban, mobile, on-site, and clinical settings. With over 8.7 million residents nationwide, PHPC health centers deliver health care to 134,000 residents.

PHPC health centers are successful for a number of reasons. Each health center has developed a relationship with its respective housing authority and its resident council to assess resident health needs. PHPC programs bring reliable, cost efficient, comprehensive health care organizations right to the housing developments, creating lasting partnerships between housing authorities and the PHPC programs. PHPC programs connect residents to resources (e.g., education and training programs, employment assistance, case management) that foster personal and community development. PHPC programs, whether directly in a public housing development or located nearby - serve as healthy hubs of activity and are often beacons of hope in some of the most underserved communities in the nation.

The nation’s first health center was established onsite of a public housing complex in Boston Massachusetts, specifically to meet the needs of residents of public housing. National Health Care in Public Housing Day will continue to raise awareness of the health care needs of residents of public housing.

## Activities and Event Ideas

Because this year is the first annual National Health Care in Public Housing Day, many health centers have not yet developed events to observe the occasion, however there are many things that your health center can do!

**HEALTH FAIRS** demonstrate the health center focus on prevention by offering fitness tests, immunizations, blood pressure screenings, first-aid demonstrations, etc. Invite civic leaders and local celebrities (TV anchors, sportscasters and athletes) to attract the public and media. Include sites, such as shopping malls, local churches, civic centers for greater community exposure.

Hold an **OPEN HOUSE** introducing visitors to key staff and board members and providing opportunity for the public to learn more about health center programs targeted to primary care and prevention. Take this occasion to recognize the contributions of public officials and individuals who have dedicated time and service as volunteers and active board members.

**PUBLIC FORUMS** engage public officials, local health authorities and representatives of community groups and health organizations to participate in public dialogue or a town meeting about pressing community health issues. Expand the base of support by asking other organizations to join as co-sponsors. Notify the media.

Plan a **RECEPTION** to interact with the broader community and also to recognize staff and board members, as well as partners and supporters for outstanding service.

**FUNDRAISERS** such as a dinner dance, auction, raffle or concert to celebrate health center achievement will raise community awareness and funds for special projects.

**OTHER IDEAS** for activities you could hold for National Health Care in Public Housing Day can be found on the National Health Center Week website at this link:

[www.healthcenterweek.com/pdf/HCW\\_Events\\_Ideas.doc](http://www.healthcenterweek.com/pdf/HCW_Events_Ideas.doc)

America’s health centers have produced a model of health care that has demonstrated this nation can meet compelling health needs while containing health care costs. The health center legacy proudly shows the value and vast potential of a community-based health system that is lifting the barriers to health care - safeguarding health - revitalizing communities - and keeping people healthy at cost savings for the nation.



*Content about activities and event ideas has been excerpted from the National Association of Community Health Center’s website: [www.healthcenterweek.com](http://www.healthcenterweek.com)* ■

# Research Updates

By Anna Gard, FNP, Association of Clinicians for the Underserved and David Bates, Associate Project Manager, National Center for Health in Public Housing

## **Asthma Morbidity in Adult Chicago Public Housing Residents.**

*Lambertino A, Turyk ME, et. al.*  
*J Asthma.* 2009 Mar;46(2):202-6.

Residents of public housing can experience socioeconomic disadvantages, inadequate access to health care, and particularly substandard indoor air quality due to inadequate building maintenance. This study investigates demographic, medical management, severity, and household factors associated with asthma-related emergency department visits and hospitalizations.

## **The Association Between Racial and Gender Discrimination and Body Mass Index Among Residents Living in Lower-Income Housing.**

*Shelton RC, Puleo E, et. al.*  
*Ethn Dis.* 2009 Summer;19(3):251-7.

Research on the association between self-reported racial or gender discrimination and body mass index (BMI) has been limited and inconclusive to date, particularly among lower-income populations. The aim of the current study was to examine the association between self-reported racial and gender discrimination and BMI among a sample of adult residents living in 12 urban lower-income housing sites.

## **Mixed Method Approaches to Understanding Cancer-Related Dietary Risk Reduction Among Public Housing Residents.**

*Klassen AC, Smith KC, et. al.*  
*J Urban Health.* 2009 Jul;86(4):624-40. Epub 2009 May 15.

Improving diet is one important pathway for addressing cancer disparities. We conducted mixed-method analyses of 468 24-hour dietary recalls from 156 African-American women residents of Washington DC public housing to better understand dietary patterns.

## **Indoor Concentrations of Nicotine in Low-income, Multi-Unit Housing: Associations with Smoking Behaviors and Housing Characteristics.**

*Kraev TA, Adamkiewicz G, et. al.*  
*Tob Control.* 2009 Dec;18(6):438-44. Epub 2009 Aug

An analysis of airborne nicotine measurements collected in 49 low-income, multi-unit residences across the Greater Boston Area. Nicotine concentrations were determined using passive monitors placed in homes over a one-week sampling period and air exchange rates (AER) were sampled using the perfluorocarbon tracer technique. Residents were surveyed through a questionnaire about smoking behavior and a visual inspection was conducted to collect information on housing characteristics contributing to secondhand smoke (SHS) exposure.

## **Racial Discrimination and Physical Activity Among Low-Income-Housing Residents.**

*Shelton RC, Puleo E, et. al.*  
*Am J Prev Med.* 2009 Dec;37(6):541-5.

Although discrimination has been identified as a potential determinant of existing racial/ethnic health disparities, no studies have investigated whether racial discrimination contributes to disparities in physical activity. The primary aim of the current study was to examine the association between interpersonal racial discrimination and physical activity.

## **Colorectal Cancer Prevention for Low-Income, Sociodemographically-Diverse Adults in Public Housing: Baseline Findings of a Randomized Controlled Trial.**

*BMC Public Health.* 2009 Sep 18;9:353.

This paper presents the study design, intervention components, and baseline data from Open Doors to Health, a study designed to address social contextual factors in colorectal cancer (CRC) prevention for low-income, racial/ethnic minority populations.

## **The Relation of the Perceived Environment to Fear, Physical Activity, and Health in Public Housing Developments: Evidence from Chicago.**

*Roman CG, Knight CR, Chalfin A, & Popkin SJ.*  
*J Public Health Policy.* 2009;30 Suppl 1:S286-308.

Within the realm of active living in urban neighborhoods in the United States, only a few studies have addressed the factors that promote or inhibit active living among residents in public housing. This paper examines the environmental and interpersonal factors associated with active living and health in public housing. ■

## **Did You Know?**

The nation's first community health center was established at the massive Columbia Point public housing project in Dorchester, Massachusetts in 1965. The health center occupied four apartment units and was called the Columbia Point Health Center. Their clients were predominantly black and other minorities that had been disenfranchised by the larger medical community. The health center continues to serve this community and is now known as the Geiger-Gibson Community Health Center

# Health Care in Public Housing National Training Conference

June 28 - 30, 2010

InterContinental Boston Hotel  
Boston, Massachusetts

**About the conference:** The nation's leading symposium on issues and topics that strengthen the capacity of federally-funded Public Housing Primary Care and other health centers to improve the health of residents of public housing. Conference participants will share effective practices, new technologies and policies to improve health outcomes among residents of public housing.



For more information about the conference  
please visit our website at [www.NCHPH.org](http://www.NCHPH.org)  
or contact David Bates at  
(703) 812-8822 or [dbates@nchph.org](mailto:dbates@nchph.org)

The keynote plenary speakers and workshops for this year's conference are:

## **MONDAY, JUNE 28TH**

**Marcia Brand**, PhD, Deputy Administrator, HRSA  
U.S. Department of Health and Human Services

**Sandra Henriquez**, Assistant Secretary, PIH  
U.S. Department of Housing and Urban Development

**James W. Hunt, Jr.**, President and CEO  
Massachusetts League of Community Health Centers

**Kaitlin McColgan**, Director of Federal Affairs National  
Association of Community Health Centers

**Congressman Danny Davis**, U.S. House of Representatives

## **TUESDAY, JUNE 29**

**Theresa Jacobs**, MD, West End Medical Centers

**Elmer Freeman**, Director, Office of Urban Health  
Programs and Policy, Northeastern University

**Sonsiere Cobb-Souza**, Director, Division of Program  
Operations, Office of Minority Health, HHS

**Barbara Ferrer**, PhD, MPH, Med, Executive Director,  
Boston Public Health Commission

**Cara James**, Director of the Barbara Jordan Health Policy  
Scholars Program at the Kaiser Family Foundation

National Center for  
Health in Public Housing

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