

Summit on Aging in Place in Public Housing

March 10 -11, 2011 | Atlanta, GA

Hosted by Enterprise Community Partners, Inc., LeadingAge

Supported by The Atlantic Philanthropies



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Summit Proceedings

Overview

In March 2011, Enterprise Community Partners, Inc. and LeadingAge partnered to convene a summit on aging in place in public housing. The event brought together a select group of public housing authorities, service providers and public housing residents to examine opportunities and strategies for meeting the health and supportive needs of low-income seniors residing in public housing. Over the two-day period, teams from each of the seven participating locations learned about the strategies each is employing and/or developing to help support residents to age safely in their homes. Participants also broke out into affinity groups to explore a proposed goal participants could work towards, the elements and policy and practice reforms needed to achieve the goal, and how to measure success. Resident voices and concerns helped shape much of the conversation, resulting in broad consensus among the teams on the need for more resident engagement in the work ahead.

Background

A large and rapidly expanding population of low-income older adults faces the dual challenges of finding affordable, safe housing that can accommodate changing needs as they grow older. Millions of older adult renters and homeowners face excessive housing costs and/or live in housing with serious physical problems. About 1.4 million pay more than half their income for rent and/or live in substandard housing. Another estimated 1.3 million live in publicly subsidized rental housing. As they age, an increasing proportion of these older adults experience multiple chronic illnesses and deteriorating physical and cognitive functioning that impede their ability to live independently in the community. Individual resident needs translate into higher costs to Medicare and Medicaid—the primary health and long-term care payers in the U.S.—and to the housing managers who must deal with deteriorating properties and the potential need to evict high risk residents. With the rapid aging of the population over the next 20 years, these challenges are only expected to be exacerbated.

By providing a platform for the delivery of both shelter and health and supportive services, and by involving residents in the conversation around need assessment and program design, publicly subsidized housing may offer a potentially cost-effective solution to addressing the quality of care and quality of life concerns of a large and growing population of low-income older adults as well as the escalating costs of the two federal health care entitlement programs that are currently under serious scrutiny by both the executive and legislative branches. Service-enriched publicly subsidized housing may also provide cost-effective home and community-based options for states that are attempting to rebalance their institutionally-based long-term care systems to provide more options to remain in community settings.

LeadingAge and Enterprise have long seen the potential benefits that service-enriched subsidized senior housing has to offer residents, housing and service providers and public payer systems. Leading Age has utilized knowledge gathered from multiple studies of housing with services strategies to help housing providers implement programs in their own communities and to inform policy makers on needed policy and regulatory reforms to make these models more normative and sustainable. Enterprise has focused on ways they can help their affordable housing partners meet the needs of their aging residents through improvements to the physical facility as well as supportive service programming. Recently, LeadingAge and Enterprise have partnered to use their collective voices and strengths to promote the adoption and expansion of affordable senior housing with services strategies.

Summit Goals

A large portion of the publicly subsidized housing stock available to low-income seniors is found in public housing. Elderly households represent 31 percent of the nation's approximately 1.1 million public housing households, a proportion that will most likely grow in the future. The purpose of this summit was to bring this important sector into the conversation about opportunities for supporting the health and supportive needs of low-income seniors residing in publicly subsidized housing. The goals (illustrated by the italicized quotes from summit participants) were to:

- Explore effective strategies for how public housing authorities and service providers can work together to support the needs of aging residents to meet their health and supportive needs and remain safely in their home.

“There are many non profits around the country who believe that independent living is where we should all be. That sounds like a simple statement, like a no-brainer. . .If you ask people where they want to be, they’ll say in their home. But the question is how they will stay there.”

- Engage resident participation in developing and advocating for the types of service programs they would like to see in their housing community.

“You might not know that there are at least a million public housing units in this country. If 20% or 30% of these residents are baby boomers, the power of that number is something to be able to say what you would like, what you want to be.”

- Ignite interest and commitment from participants to continue to work together on next steps.

“Each of us alone can do one aspect of the work, but not all of it.”

Participants

The summit brought together a small group of forward-thinking housing authorities, residents and service provider partners from Atlanta; Brattleboro, VT; Denver; Chicago; Milwaukee; New York; and Oklahoma City. Although the participating housing authorities varied in the level of “aging in place” activities and partnerships, they were united in the recognition of their role in helping meet the needs of their elderly residents and an interest in developing and implementing innovative strategies to do so. A wide range of providers were invited to afford insight on the various health and supportive services potentially utilized by elderly residents. Participants included area agencies on aging, a federally qualified health center, a mental health provider, a supportive services provider, a PACE provider and other community service providers. To ensure resident interests were central in the conversation, at least one resident representative from each housing authority also attended. A complete list of attendees can be found in Appendix A.

Service Programs and Partnerships

The summit began with each of the participating teams highlighting their strategies, programs and activities to help meet the health and supportive needs of their aging residents. Key efforts that sparked significant interest and further discussion included:

- Resident assessments – The Atlanta and New York City housing authorities had recently conducted formal assessments of their senior population providing them with a fuller understanding of the health and functional needs of their residents and helping them to target programs and interventions at prominent areas of need.
- Partnership networks – A broad range of service providers were invited to participate in the summit to expand the perspective on meeting resident need. This diversity allowed some groups to realize their partnership networks were limited and that they should explore other potential services partners to address a broader range of needs and/or bring additional resources to the table. While expanding opportunities, the Milwaukee housing authority also noted that the networks require active management to keep the partners committed and engaged.

- Policy efforts – The Brattleboro, VT housing authority highlighted its participation in a larger Medicare demonstration activity organized at the state level. Housing properties were included in the demonstration only after housing providers convinced the state that a strategy to link services to the housing setting could help them obtain their goals of improving health outcomes and minimizing costs for a large segment of lower-income seniors.
- Resident engagement – Several ideas were presented on mechanisms for engaging and empowering residents. The Denver housing authority capitalizes on resident skills, utilizing them to lead resident activities thus providing opportunities at minimum cost. The Milwaukee housing authority service partnership is pursuing an opportunity for the resident council to be the grantee for a ROSS service coordinator grant, giving residents responsibility for oversight and management of the service coordinator. Resident representatives expressed appreciation and interest in being part of this conversation, and commented on ways they can help advocate for their fellow residents within the elder communities.

Highlights of each team’s service programs and partnerships can be found in Appendix B.

Resident Engagement

A primary goal of the summit was to provide a unique forum in which elderly public housing residents could help shape and guide the discussions on the nature of the challenges to and opportunities for aging in place choices. The summit conveners recognized that the failure to respond to the interest and needs of residents typically leads to less effective strategies and an inefficient and inappropriate use of limited resources. Residents of public housing and other affordable housing settings, furthermore, may serve as potential allies in advocating for needed policy and regulatory reform.

The residents participating in the summit were highly engaged, with most having served in a leadership capacity on a resident council in their property or some other type of advisory board. This involvement appeared to have afforded the participating residents an opportunity to hear about the needs and desires of their fellow residents as well as the operational constraints and realities of the housing authority.

Resident input throughout the event raised several key points:

- Invested in their community – Whether they had lived in their property for just a few or for several years, residents saw the property as their home and were committed to the community’s and their fellow residents’ success.
- Support network – Residents believe they can be an active component of the property’s strategy to buttress residents. Residents frequently noted “we take care of each other” and “we are family” when describing actions such as checking in on their fellow residents and helping care for them.
- Desire to be engaged – Residents noted that they do not want to sit idly in their apartment, but want to participate in activities in the building and in the community that will keep them engaged. Being cognizant of the resource constraints housing authorities face, residents suggested that utilizing resident talents is both an inexpensive way of bringing activities to the property and helping residents feel useful. Residents can also fundraise to support activities and bring additional resources to the table.
- Greater compassion – Residents want to feel that their presence is welcomed and appreciated in the building and would like housing authority staff to have greater empathy for the changes the aging process brings in the resident’s life.
- Eyes and ears of the property – Residents noted that their inside perspective affords them a greater awareness of resident issues and interests. In this regard, residents can be a valuable partner to the housing authority in helping to address resident needs and creating an amicable, supportive community.

Breakout Group Discussion

Summit participants were divided into three affinity groups (residents, service providers, and housing authorities) and asked to consider the goal that “all older Americans, regardless of income, should have the choice and necessary supports to age in place.” Each group was asked to discuss whether they could agree on that goal and, if so, what would then be necessary to achieve the goal. The groups were asked to consider what elements should be included in a successful strategy, what types of challenges to the goal currently exist and what policy and practice reforms would be needed, and how would success be measured. The chart below highlights each group’s thoughts.

Residents	Service Providers	Housing Providers
Goal		
Support	Support in spirit, but consider: <ul style="list-style-type: none"> • Should it be broadened to “community” to promote linkage to surroundings • Should it be broaden to include younger disabled • Reality given current funding picture • Inference of entitlement 	Support in spirit, but consider: <ul style="list-style-type: none"> • Resident safety • Burden to property • Availability of appropriate and sustained services • Inference of entitlement
Elements Needed		
<ul style="list-style-type: none"> • Necessary supports, including medical services, nutrition programs, home attendant services, mental health services • Better assessment of individual needs • Housing staff shows compassion for resident circumstances and impact of changes • Safety from crime and disruptive behavior • Senior only buildings 	<ul style="list-style-type: none"> • A system, not a patchwork of services • Public health model that services spectrum of needs, not just targeting high-risk • Sustainable funding • Evidence to prove strategies work • A learning circle collaborative to share knowledge and insight across providers and locations • HAs seeing themselves as part of the service network 	<ul style="list-style-type: none"> • Better information on resident needs • Flexibility and autonomy to: <ul style="list-style-type: none"> — ask questions about resident situation — move residents where they can best be served — allow for sound business decisions • Universal design and accessibility upgrades • Sustainable funding for a core set of services • Fully-funded service coordinators • Transportation
Challenges and Needed Policy/Practice Reforms		
<ul style="list-style-type: none"> • Reaching seniors not living in senior-only buildings • Co-mingling of older adult and younger disabled populations 	<ul style="list-style-type: none"> • Policy directive or incentive for HAs to see themselves as a service and not a product 	<ul style="list-style-type: none"> • Fair housing and knowing about resident need • Suspicion from residents and service providers about why HA collecting information • Funding for non-Medicaid and lower-risk populations • Complexity of eligibility
Measuring Success		
<ul style="list-style-type: none"> • Increased resident satisfaction • Decrease in crime and increase in safety • Reduced turnovers/evictions • Increased resident engagement 	<ul style="list-style-type: none"> • Improved quality of life • Reduced hospital stays • Reduced ER visits 	<ul style="list-style-type: none"> • Measures should be: <ul style="list-style-type: none"> — Standard across entities — Simple to collect • Possible measures: <ul style="list-style-type: none"> — Reduced evictions — Improved wellness — Reduced hospital stays — Increased quality of life — Cost/benefit analysis

Findings

Over the two-day event, the rich discussion between participants covered a range of topics and ideas. Some of the prominent points raised include:

- Evolution of housing authority role – Helping support elderly residents to age in place requires housing authorities to redefine their role. While housing authorities may not become direct service providers, they will nonetheless need to see themselves as part of the service network and actively engage with their service partners. This will require new thought processes such as overcoming the fear of liability and fair housing laws and gaining comfort in knowing about their residents' needs. It will also require expanded knowledge such as understanding the aging process and the service delivery system.
- Reaching all elderly residents – Elderly public housing residents are diffused throughout multiple living arrangements. While some live in elderly-designated buildings, many others are mixed in family buildings or are voucher recipients scattered throughout the community. Housing authorities are challenged by finding efficient mechanisms to bring services to those elderly residents in non-elderly designated buildings.
- Mixed populations – Population-restricted buildings often mix both elderly and younger disabled populations. Several in the younger disabled population have mental health issues and/or drug and alcohol addictions, causing elderly residents concerns for their safety and security.
- Increase skills and knowledge – Housing authorities and service providers need to increase their understanding of each other's worlds and of residents. Housing authorities need to learn about service programs, funding mechanisms and potential partners. While several have been programming for families and children, they often have limited capacity in the aging arena. Service providers need to better understand housing authorities and the parameters and restrictions they must work within.
- Understanding residents – The housing authority and service provider participants heard firsthand from a knowledgeable group of residents the needs and preferences of individuals who experience on a daily basis what it is like to age in their apartments and their communities. Participants also began to understand more clearly how conducting periodic assessments of their residents can provide a more complete picture of their situation and interests. This will help ensure that service programs are responsive to resident needs and concerns and that scarce resources are targeted efficiently. Housing authorities are challenged, however, by capacity to conduct assessments and concerns of what they are allowed to know about residents.
- Awareness of opportunities – Housing authorities and their service partners should be aware of potential opportunities that could help support the operation and sustainability of their service efforts and should insinuate themselves in conversations about possible solutions. Affordable housing with services strategies, for example, may have a role in health care reform or long-term care system rebalancing efforts.
- Inevitable course – Despite the fear and trepidation some housing authorities may have over going down the course, most of the participants recognized that it is inevitable. Trends clearly show that elderly residents are staying in their apartments, and housing authorities will not be immune from residents' increasing needs as they grow older. The language coming from HUD is also setting a course for utilizing housing settings as a platform for meeting the health and supportive service needs of residents.

Conclusions

The group's interest in and enthusiasm for exploring innovative strategies for helping elderly residents to age in their communities (if this is their choice) were evident throughout the summit. The participants quickly learned that the attendees held a collective wealth of knowledge and experience in helping to support elderly public housing residents to age in place. Participants raised new ideas and provided insight into challenges and barriers as well as opportunities. A number of the residents, housing authority operators and providers expressed an interest in continuing this collaborative process that would offer more shared learning opportunities to explore strategies for improved policy and practice.

Appendix A – Summit Participants

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Appendix B

Atlanta Housing Authority

The Atlanta Housing Authority (AHA) is currently working to develop service and support programs for residents in their 11 senior high rises. AHA began by working with their local Area Agency on Aging (AAA), which they had already worked with in various capacities, including bringing case management services into their properties. The AAA suggested that to develop a responsive program, they needed to assess their residents to fully understand their needs and interests. AHA worked with LeadingAge to assess residents in five of their senior properties through a survey that looked at physical and mental health status, functional status, health care utilization, physical activity, support networks, computer usage, spirituality and service and activity interests. Armed with knowledge of their residents' needs and interests, AHA is now working on developing programs across their senior housing properties that incorporate the seven dimensions of whole person wellness. AHA will continue to build on an existing relationship they have with the Fuqua Center on Late-Life Depression, which assists residents through some direct services and helps them access appropriate community mental health services. AHA is also making physical changes to the property to support resident needs and programming and service delivery. Fifty percent of units were upgraded with improved accessibility features. They are also redesigning and adding common spaces, with a goal of moving the properties from an institutional feel to a more hotel/café-like setting. All properties will have a café, fitness room, billiards room, craft room, common kitchen, and spaces will be opened up to the outside both physically and visually.

Brattleboro Housing Authority

The Brattleboro Housing Authority is participating in a program being launched statewide in Vermont affordable senior housing properties. Seniors Aging Safely at Home (SASH) is a care management model that helps coordinate the health and long-term care services of residents in affordable senior housing properties and the surrounding communities. The core of the model is a site team comprised of a home health agency nurse assigned to the site; an Area Agency on Aging case manager; a community mental health provider; representatives of other home and community based services providers (such as PACE); a full time SASH Coordinator employed by the housing property; and a quarter time Wellness Nurse. Residents are invited to enroll, signing appropriate disclosure and consent forms and identifying who can have access to their personal health information. Enrolled residents participate in an interview with the SASH Coordinator to identify the resident's preferences and goals and a complete functional and cognitive assessment is completed to create a Healthy Aging Plan. The SASH coordinator works with the site time to assist residents in accessing and implementing the services, supports, and activities identified in the plan. SASH also aggregates the individual health aging plans to identify sub-populations in a property that may benefit from group interventions. A Community Health Aging Plan is developed to implement evidence-based programming that addresses the needs of the community. Through a recently award Medicare demonstration grant, the SASH program will be integrated into Vermont's health reform initiative. The Medicare grant will fund the SASH coordinator and wellness nurse in the housing authority property. Each community has a "local table," whose members represent the local community services organizations and other interested stakeholders, to help guide the development and implementation of the SASH program in a particular community.

Chicago Housing Authority

The Chicago Housing Authority (CHA) has a service coordinator in each of its 40 senior buildings who go through training programs with the housing authority's senior service director. Each service coordinator is required to conduct an annual assessment of all residents in the building and to arrange for two activities a month to help prevent isolation. CHA also plans regional activities for residents (CHA properties are divided into three regions). Seniors residing in family buildings receive support from CHA's case management program. Some properties have onsite meal programs. With transitional job funding received by CHA, they have been able to employ other housing authority residents to operate the meal programs in the senior buildings. CHA is exploring opportunities to bring intergenerational and health promotion programs to the properties.

Denver Housing Authority

The Denver Housing Authority (DHA) has an array of partnerships to help bring services and supports to their residents. A local health system provides monthly clinics at nine properties. Volunteers of America provides meal programs as well as other supportive services. The Food Bank of the Rockies also provides onsite commodity distributions. DHA is exploring opportunities with Total Longterm Care, a Program for All-Exclusive Care for the Elderly, to integrate services into their senior properties. DHA properties have very active resident councils who sponsor several conferences, including a recent one on health-related issues. They also utilize the talents of residents to provide a range of programming and activities at the properties.

Milwaukee Housing Authority

In 1992, the Housing Authority of the City of Milwaukee (HACM), in partnership with the resident association and other community organizations, began looking at ways to help support the aging residents in Lapham Park. Their efforts resulted in the Lapham Park Venture, which had a mission of creating a continuing care community where low-income older adults can comfortably age in place. To support the venture, the housing authority renovated the building's basement area creating a variety of spaces for service delivery and resident activities. The venture partners and the services available onsite have evolved somewhat since the beginning, although a core group of partners and services has remained. Currently, SET Ministries provides service coordination for all residents and onsite case management for residents participating in the Family Care program, a Medicaid waiver program through which they help arrange and coordinate needed health and supportive services. SET also provides a monthly nurse-staffed wellness clinic. Marquette University School of Nursing conducts clinical practicums on site, pairing student nurses with residents to follow regularly over a semester. Goodwill Industries operates an onsite daily meal program. The venture is currently in a holding pattern as the housing authority is rehabilitating all 200 units and approximately two-thirds of residents are relocated from the building. During this time, the venture is reevaluating its service offerings, which may also change based on the resident makeup once the building is reoccupied after the rehabilitations are complete. HACM has attempted to address resident needs in all its senior high rises in some capacity. SET Ministries provides service coordination in 14 HACM properties. HACM partnered with an assisted living provider to build a new assisted living facility that will connect to an existing property via a new two-story common area that includes a lobby, country store, library, exercise room and dining area and where residents of both buildings can gather for activities, meals and social events. The assisted living facility will offer a variety of optional personal care and nursing services to residents in the existing building. In another initiative to construct a new property, HACM partnered with a community services organization to locate the new building on their campus so that residents could be better linked with the services.

New York City Housing Authority

With 42 senior-designated developments, the New York City Housing Authority (NYCHA) has several mechanisms and partners to help support their aging residents. NYCHA maintains service coordinators on site at some buildings and supports other buildings through borough satellite offices that staff social workers and case managers. In those buildings without an on-site staff person, the resident association president is often involved in overseeing the programming and services that occur at the building. NYCHA has collaborative relationships with 12 NORCS, which include their buildings and are supported by a consortium of community partners that provide comprehensive services. They also have a formal memorandum of agreement with the Visiting Nurse Service of New York to provide services in 40 properties for one to three hours per day. NYCHA is exploring a partnership with Service Program for Older People, a provider of mental health and related services for older adults. A bilingual social worker will go to a cluster of buildings one day a week where a high level of mental health needs have been identified. Like AHA, NYCHA also conducted an assessment of their senior population in order to gain a better understanding of their aging residents. The survey was administered by the City University of New York with a random sample of residents throughout their properties. NYCHA is now identifying programming and services to help address some of the needs the assessment uncovered about their residents. For example, they will be implementing smoking cessation and diabetes self-management programs.

Oklahoma City Housing Authority

The Oklahoma City Housing Authority (OCHA) has six senior facilities, comprising 10 buildings. Each building has a service coordinator presence, generally part-time, and a nutrition program. OCHA has initiated additional services and supports in two of its senior housing buildings, Wyatt Jeltz Senior Center and Mary McGuire Plaza. OCHA became concerned that many seniors in the building were “living on the edge.” Several residents had out of control diabetes, had had strokes, and other physical and mental health challenges. Residents often had limited emotional and physical support, with some even paying their neighbors to help them. OCHA began exploring options of how they could better support them. Through their investigation, they ended up creating a partnership with Baptist Village Retirement Community and Daily Living Centers to offer an adult day center and wellness clinic onsite. In 2007, OCHA renovated the first floor of Wyatt Jeltz to accommodate the service programs. The adult day center is open to the community, but is predominately attended by residents. The wellness clinic is staffed by a nurse two days a week, who provides a range of assistance such as blood pressure and glucose checks, health education and assistance with accessing and communicating with health providers. In 2010, OCHA initiated a partnership with Variety Care, a federally qualified health center (FQHC). Currently, the FQHC sets aside a set of appointments twice a month with a designated provider and OCHA transports residents to the center. OCHA found that even though many residents now have Medicare coverage, they do not have a history of properly utilizing the health system or managing their care. Many used free clinics or the ER to manage their care and they continue to do this because this is what they know. The goal of working with the FQHC is to help residents better manage their health care. Ultimately, OCHA hopes to build the program to have a mobile bus come from the FQHC to the property to provide onsite medical and dental care.