

Frequently Asked Questions

Counting Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site 2017 Uniform Data System (UDS) Report



- Q. Do all UDS reporting entities need to include a public housing count on Table 4, Line 26, or only those funded under 330(i), Public Housing Primary Care?
- A. All health centers, not only those funded under 330(i), reporting on the UDS are required to report all patients who were served at a health center that is located in or immediately accessible to a public housing site.
- Q. Can we report as the count on Table 4, Line 26, only those patients who self-report that they live in public housing and those patients' addresses which are cross-referenced with public housing addresses?
- A. Although you may collect this information, it cannot be used as the count for this line. Health centers are to report all patients (regardless of whether or not the patient resides in public housing) who were served at a health center that is located in or immediately accessible to a public housing site.
- Q. How does this "location-based" public housing count impact our count of homeless patients or other special population patients?
- A. They are separate counts. It is important that each special population be considered individually and be reported according to the latest UDS Manual guidance.
- Q. How can I determine whether my site is immediately accessible to public housing?
- A. Health centers are ultimately responsible for making their own determination of immediate accessibility to a public housing site. Resources are available to assist you with that determination. The National Nurse-Led Care Consortium (NNCC) has developed a mapping process and discussion points to assist health centers in determining immediately accessible. Health center site locations are overlaid with the most up-to-date public housing site information to visualize distance and identify immediate accessibility. NNCC staff can discuss these findings with health center staff to identify geographic, transportation, and cultural aspects that will influence "immediate accessibility."
- Q. Is there a specific distance a site has to be from public housing to be considered "immediately accessible"?
- A. No. Health Centers need to make that determination. Whether the health center is housed in a public housing authority-owned property, has a long-standing history of serving public housing residents, or is near a highly-traveled route (subway, bus, car, bike, foot), each option can be considered "immediately accessible" to a health center. Note that a health center does not need to be adjacent to a public housing site to be "immediately accessible."

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- Q. How should I communicate the data that is reported on Table 4, Line 26, to my project officer or board?**
- A. We suggest saying, “We served X people in sites that are located in or immediately accessible to public housing.” Under no circumstances should you say, “We served X public housing residents.”**
- Q. What types of locations are considered public housing? Does Section 8 count?**
- A. Only residents of Public Housing Authority-owned properties should be considered for the purposes of the UDS report. Currently, Section 8 (Housing Choice Voucher) is not considered a public housing location and does not count for the purposes of counting special populations.**
- Q. Can our local housing authority help inform us if any of our patients are residents in and immediately accessible to public housing?**
- A. They are separate counts. It is important that each special population be considered individually and be reported according to the latest UDS Manual guidance.**
- Q. How can I determine whether my site is immediately accessible to public housing?**
- A. It is possible to share information between a health center and a public housing authority in ways that don’t violate HIPAA. Please note, however, that this is not necessary to do in order to complete the UDS report for Table 4, line 26 (since it is location-based). NNCC recommends contacting us to discuss best practices for sharing this type of information.**
- Q. What if I’ve been given conflicting instructions about how to report public housing resident patients in my UDS report?**
- A. If the information presented here conflicts with any information given by others, please contact us, the UDS Support Line, and your HRSA project officer to resolve the issue.**

For more information, please contact Kristine Gonnella, Director, Training and Technical Assistance at 267-350-7632 or kgonnella@ncc.us.