

## RECOMMENDATIONS

### COUNTING TOTAL PATIENTS SERVED AT A HEALTH CENTER SITE LOCATED IN OR IMMEDIATELY ACCESSIBLE TO A PUBLIC HOUSING SITE 2018 UNIFORM DATA SYSTEM (UDS) REPORT



#### Background

All health centers are to report all patients seen at a site that is located in or immediately accessible to public housing (regardless of whether or not the patients are residents of public housing or the health center receives funding under section 330(i) -Public Housing Primary Care (PHPC)) on line 26 of UDS Table 4 (Selected Patient Characteristics).

#### HRSA Bureau of Primary Health Care (BPHC) 2018 UDS Reporting Instructions Manual (2018 UDS Manual, page 46)

1. Count patients on this line if they are served at health center sites that meet the statutory definition of PHPC (located in or immediately accessible to public housing) regardless of whether the health center site receives PHPC funding and regardless of whether the patient actually lives in public housing (location-based reporting).
2. This is the only field in the UDS Report that requires you to provide a count of all patients based on the health center's proximity to public housing. You are to report all patients seen at the health center site if it is located in or is immediately accessible to agency-developed, owned, or assisted low income housing, including mixed finance projects. Exclude from the count housing units with no public housing agency support other than section 8 housing vouchers.
3. For health centers that are multi-funded (330 g, 330 h, 330i), including a Public Housing Primary Care grant, do not report a number greater than the count of patients served in that program on the Grant Report. For example, assume that a health center has two service delivery sites, one is PHPC funded and one is not, but both are deemed immediately accessible to public housing by the health center. The PHPC-funded location serves 4,500 patients, and the non-PHPC location serves 2,000. Assuming there is no duplication in patients, on the Universal report, the health center must enter 6,500 on Table 4, Line 26. On the PHPC Grant report, the health center must report 4,500 patients on Table 4, Line 26.

#### Strategies for Counting Total Patients at a Health Center Site Located in or Immediately Accessible to a Public Housing Site

1. Ask following questions for each health center site separately:
  - Is health center site located in public housing?
  - Is health center site immediately accessible to public housing site? Note: determination is at the discretion of health center administration.
  - If yes, count ALL patients at this health center site as public housing patients. Note: Each health center must clearly define "immediately accessible to" and support the definition with data and note logic in comments section of UDS report.
  - If no, count NO patients at this health center site as public housing patients.
  - Aggregate number at all health center sites and report that number on line 26 of Table 4 in the UDS report.
2. Considerations
  - "Location-Based" data offers an account of the local area; social determinants of health could be extrapolated.
  - Embraces patients who formerly lived in public housing and who have continued to utilize this health center site for services.
  - Accounts for high degree of variability in definition of patients living "immediately accessible" to public housing.
  - The number reported reflects patients who are residents and nonresidents of public housing.
  - Health centers that receive special populations funding for one or more sites are required to complete a separate grant report. On line 26, table 4 of the special populations grant report, only count patients served at sites receiving funding for the special populations grant report being completed.

#### Recommendations

The National Nurse-Led Care Consortium encourages health center sites and primary care associations to map health center site locations against the most up-to-date public housing site information (via resources like the UDS Mapper). Visualizing the distance between health center sites and public housing sites as well as identifying geographic, transportation, and cultural aspects that influence 'immediate accessibility' will help support determination of accessibility. Please reference our FAQs or contact Kristine Gonnella, Director, Training and Technical Assistance at [kgonnella@ncc.us](mailto:kgonnella@ncc.us) for additional guidance.

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