

Whittier Street Health Center
Expanding Linkage, Leveraging Resources,
Creating Solutions:
A Collaboration Conference to improve the
health of residents in Public Housing

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Innovative Strategies to address the health and
social disparities of Public Housing residents:
Addressing Men's Health



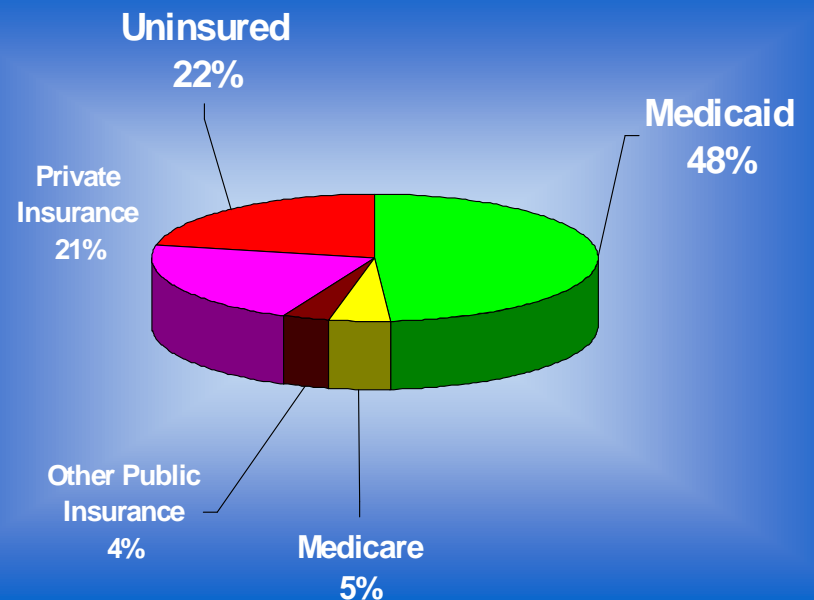
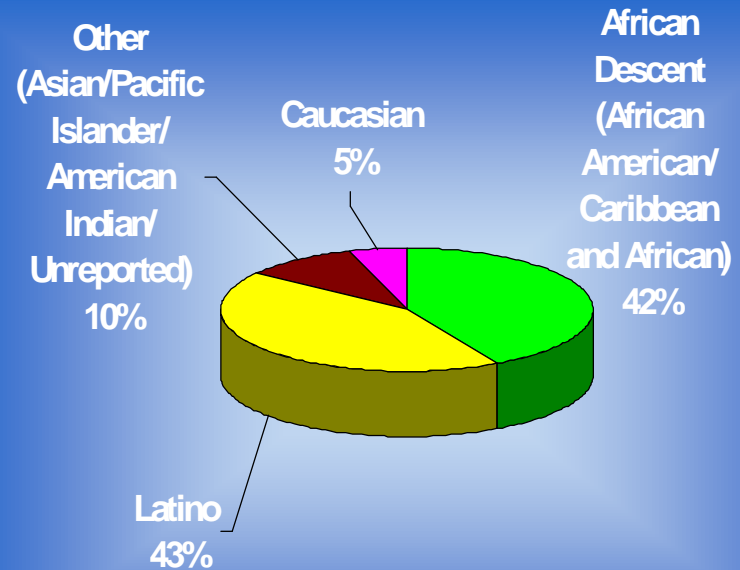
Whittier Street Health Center

The vision of Whittier Street Health Center is to serve as the premiere leader in urban healthcare to diverse populations.

- Urban community health Center located in the Roxbury neighborhood of Boston, MA
- Patient Population: 12,000
- 12 Languages spoken
- Predominantly African American, Latino, African

Mission

To provide high quality, reliable and accessible primary health care and support services for diverse populations to promote wellness and eliminate health and social disparities.



HRSA Funding and Whittier's Background

- **Founded in 1933 as a Well Baby Clinic.**
- **Incorporated in 1991 as a Federally funded Community Health Center (CHC).**
- **HRSA 330 CHC.**
- **HRSA 330 Public Housing Grantee.**
- **Massachusetts DPH Refugee Health Assessment Site.**



What Makes Us Unique

- Whittier Street Health Center is one of 11 Refugee Assessment sites in Massachusetts.
- We are one of 30 health centers in the nation federally funded to provide care to public housing residents.
- Became the first urban health center to incorporate an Arts Therapy program into the overall continuum of care.
- Innovative and culturally competent programs to address health and social disparities.
- Established Centers of Excellence in Diabetes Prevention and Management, Obesity, Cancer Prevention, Art Therapy, Men's Health and Asthma.



Whittier's Background (cont'd)

- The patients and clients accessing services at WHSC are predominantly low-income, uninsured and underinsured.
- Forty-two percent (42%) of patients are between the ages of 20-39; 31% are under the age of 20 and 27% are 40 and older. Among this population, men make up 43% of those accessing care.
- WSHC is part of the Boston Empowerment Zone, an area distinguished by its higher degree of poverty and urban blight and whose residents are subject to considerable negative socio-economic and environmental risks to their overall health, well being and longevity.



Whittier Street Health Center:

Core Services

Adult Medicine
Arts Therapy
Behavioral Health and Substance Abuse
Clinical Pharmacy Program
Dermatology
Disease Specific Case Managers/Patient Navigators
Eye Care and Eye Wear Dispensary
General Dentistry, Oral Surgery and Orthodontics
Geriatric Services
Laboratory
Medical Interpreters Orthopedics
Nutrition
Obstetrics and Gynecology
Orthopedics
Pediatrics/Adolescent Health
Podiatry
Radiology

Mission-Based Services

Advocacy and Legal Services
Domestic Violence
Community Outreach
HIV/AIDS Counseling and Testing, and Medical Services
Men's Health
Post Prison Release/Re-entry Services
Refugee Health Assessment Clinic
Wellness Education Programs
Whittier Youth Services and Enrichment (WYSE) Youth Program
Women Infants and Children (WIC)

Specialized Clinics

Asthma Clinic
Adult Healthy Weight/ Bariatric Clinic
Diabetes Clinic
Diabetes Medical Groups
Pediatric Healthy Weight



Workshop Goals

- **How to utilize a multi-disciplinary team approach to increase health center utilization by males and to address the high mortality and morbidity rates of minority males.**
- **Utilizing the Care Model to address disease specific (obesity, diabetes, CVD, depression, asthma, HIV & cancer) and Population specific issues (men's health, geriatrics, ex-offenders, veterans and at risk youths).**



Workshop Goals (cont'd)

- **Innovative partnerships, linkages and collaborations to address Men's Health.**
- **Implementation of Clinic based and public housing based services to address chronic illness, wellness and prevention.**
- **Innovation recruitment and retention strategies to increase health center access for low income and uninsured men.**



Public Housing and Health: The Opportunity

- **There is a national crisis in public housing that must be addressed – a “social cancer” that needs prevention and intervention.**
- **Public housing residents must deal with issues of disenfranchisement related to drugs, poverty, chronic disease, disability, racism, blight, fragile family structures, crime, overcrowding units and unemployment.**

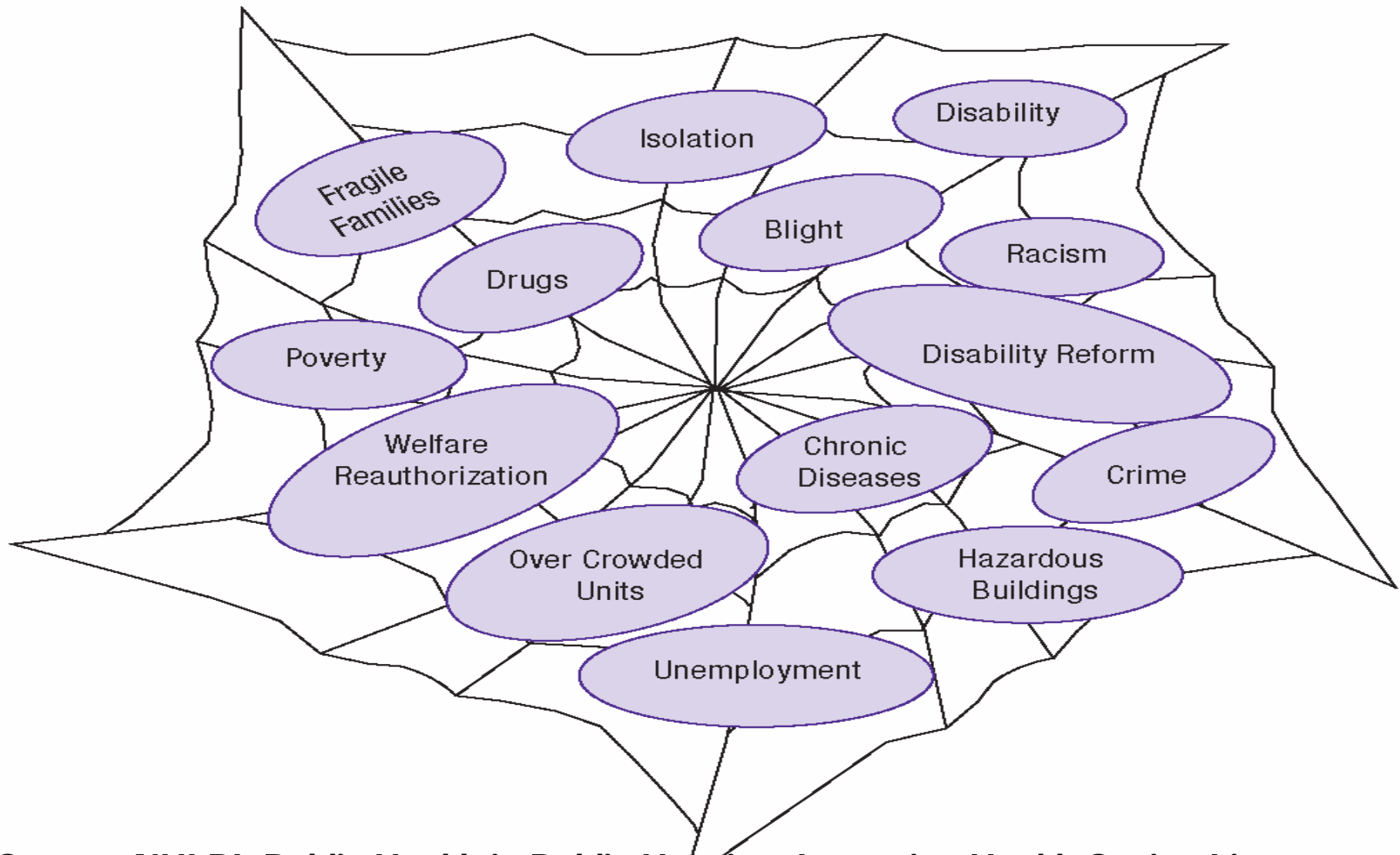


Public Housing and Health: The Opportunity (cont'd)

- Residents' problems include health (e.g. obesity, hypertension, diabetes, cancer, CVD, HIV) and safety and security issues (e.g. crime, drugs).
- In response to our annual community needs assessment, residents identify some of their important concerns which include: economic conditions, health barriers, safety and security.



Web of Issues Impacting Public Housing Residents



Source: NHLBI: Public Health in Public Housing: Improving Health Saving Lives

Expanding Linkages, Leveraging Resources, Creating Solutions: Addressing Urban Men's Health Issues

The Opportunity:

- **Community Health Center's patient base includes significant numbers of women and children and low numbers of male patients.**
- **Of the ten leading causes of death, including cardiovascular disease, cancer, stroke, diabetes, HIV and homicide, Black men suffer higher mortality rates than any other segment of society.**



Expanding Linkages, Leveraging Resources, Creating Solutions: Addressing Urban Men's Health Issues

- According to the Centers for Disease Control and Prevention's Deaths 2003 Preliminary data, the estimate of life expectancy at birth for the total population reached a record high of 77.6%. This represents an increase of 0.3 years relative to 2002. However, men have a life expectancy of 74.8 years versus 80.1 years for women. The life expectancy for Black males is 67.3 years and black females is 74.7 years.



Health Care Utilization, Gender and Age

Table I

No regular physician by age

Source: Commonwealth Fund (2000)

| <u>AGE</u> | <u>MEN</u> | <u>WOMEN</u> |
|------------|------------|--------------|
| All | 33% | 19% |
| 18-29 | 53% | 33% |
| 30-44 | 38% | 22% |
| 45-64 | 24% | 13% |
| 65+ | 10% | 6% |



Health Care Utilization, Gender and Age

Table II

No MD visit/past year by age

Source: Commonwealth Fund (2000)

| <u>AGE</u> | <u>MEN</u> | <u>WOMEN</u> |
|------------|------------|--------------|
| All | 24% | 8% |
| 18-29 | 33% | 7% |
| 30-44 | 30% | 10% |
| 45-64 | 18% | 7% |
| 65+ | 5% | 7% |



Attitudinal Barriers to Men's Participation in Healthcare

- **Gender Role Stoicism.**
- **Work Role Stoicism.**
- **Distrust of Health Care System, e.g. Tuskegee Syphilis Trials.**
- **Fatalism: "you've got to die of something."**
- **Maladaptive Self-Reliance: "A 'man' takes care of his own problems."**



Additional Barriers to Men's Participation in Healthcare

- **Informational Barriers**
 - Lack of information on men's health
- **Health Care System Barriers**
 - Schedule Conflicts – work hours often eclipse health care availability hours.
 - Lack of male-targeted health programs
 - Economic barriers, e.g., men as a gender are less likely to carry health insurance.



Whittier's Men's Health Program

Men's Health: The Men's Health Program at Whittier Street Health Center is an innovative and comprehensive outreach, education screening, and referral program designed to link men to primary health care and support services offered by the Center. Objectives of the program are to:

- Save men's lives by reducing premature mortality of men and boys.
- Provide men's health education to the general population with a particular emphasis on African American and Latino men.



Whittier's Men's Health Program (cont'd)

- **Employ a multifaceted approach to community outreach.**
- **Foster Community organizing among men.**
- **Conduct a variety of health screenings for men.**
- **Conduct a unique outreach effort and case management services to incarcerated men - pre-release from jails and prisons.**
- **Provide case management and follow-up to men receiving services at the Health Center.**
- **Identify and enroll uninsured men for health care coverage.**
- **Referral and retention at Whittier's Men's Health Clinic.**



Whittier's Men's Health Program: A comprehensive approach

- In 2004 we created a Men's Health Clinic that is open during hours convenient for men.
- Established a Men's Health department staffed by four male staff (case management, outreach, education, family planning and screening) and male providers (internists & NP's).
- For the last eight years, we have hosted an all day Men's Health Summit which attracts 300 – 400 men during National Men's Health Day.



Whittier's Men's Health Program: A comprehensive approach

- **Summit is underwritten by sponsorship from the City Health Department, Department of Public Health, Insurance companies, hospital partners and pharmaceutical companies.**
- **Use media and health fairs to recruit patients.**
- **Violence prevention focused.**
- **Developed 12 week peer leadership program for men to serve as Health Ambassadors.**



Whittier's Men's Health Program: A comprehensive approach

- **Health Ambassadors help with recruiting men into our program and serving as role models.**
- **Weekly "Men's Health Rap Group" sessions for men recently released from jails and in half way houses. Health topics include depression, diabetes, cancer, CVD, stroke and wellness.**
- **Developed Men's Health curriculum to educate men about preventable diseases.**



Whittier's Men's Health Program: A comprehensive approach

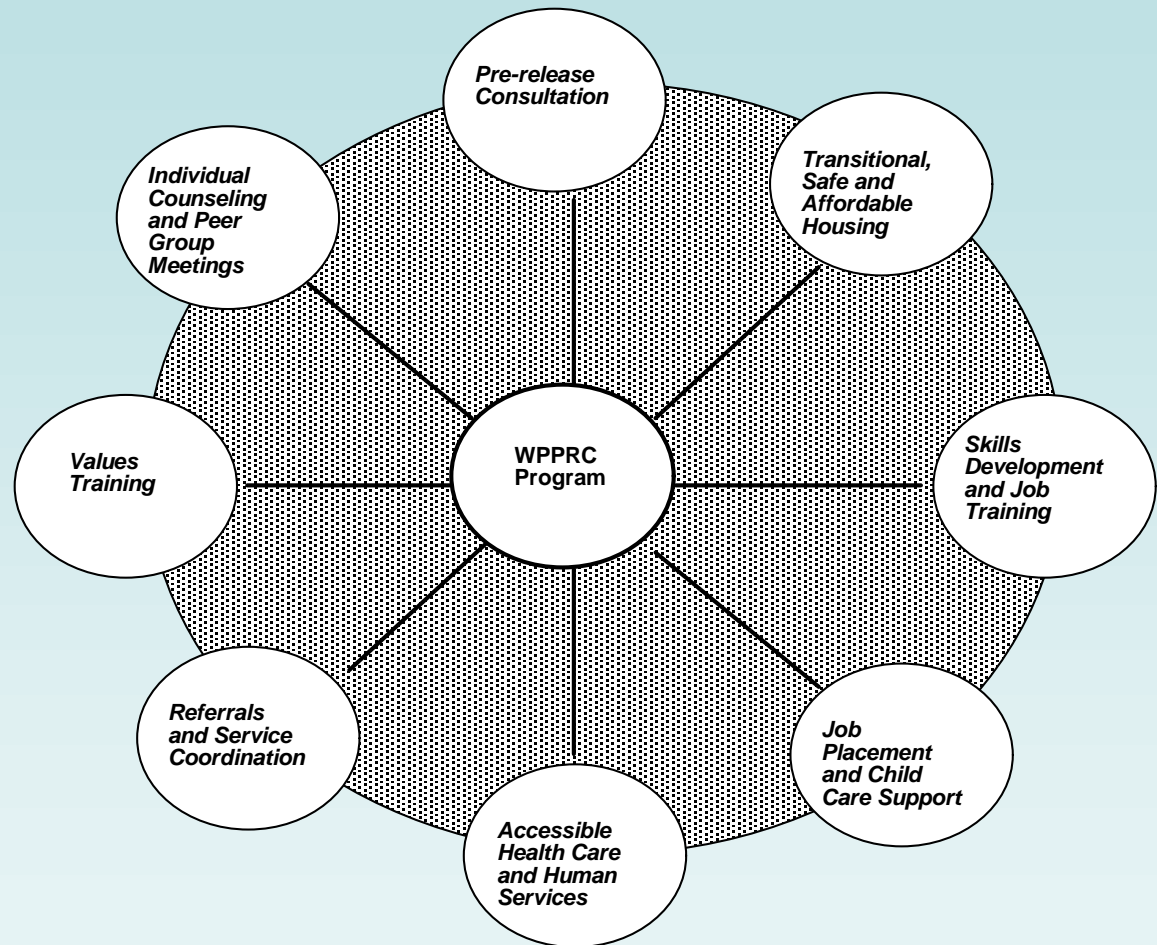
- **Post Prison programs support patients with re-entry and reducing recidivism rates.**
- **Focus on family and parenting.**
- **Programs for women to support men e.g. Women for prostate cancer.**



Whittier's Post Prison Release Collaborative Program

The WPPRC members and program staff work with the judicial system and community residents to identify and engage men and women who are in the penal system and due to be released into society. The pre-release consultation occurs 30 days before release and inmates are informed of services at Whittier Street Health Center such as:

- Transitional, Safe and Affordable Housing.
- Skills Development & job training
- Job Placement & Child Care Support
- Accessible Health Care & Human Services
- Referrals & Service Coordination
- Values Training
- Individual Counseling & Peer Group Meetings



Whittier Post Prison Release Collaborative Model



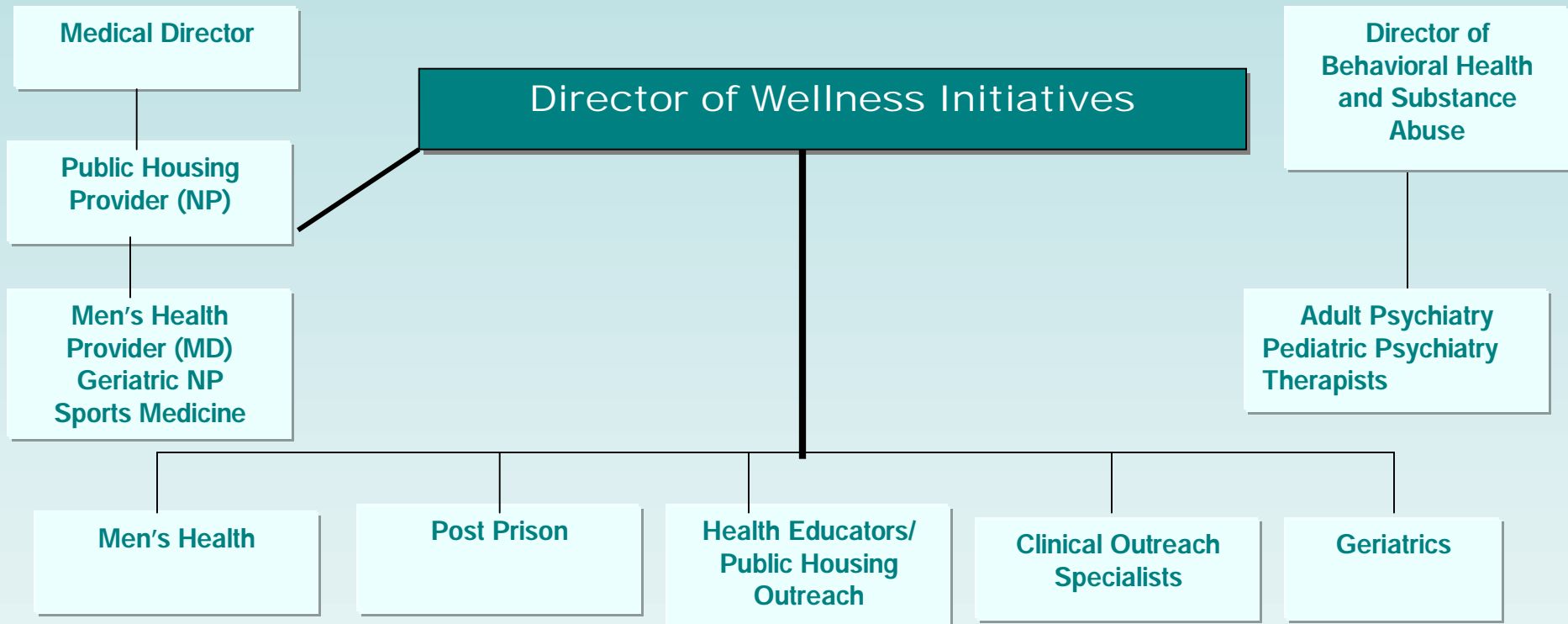
Scope of Violence Prevention Programs & Services

- **Men's Health Program (All men, specifically Black and Latino males)**
- **Whittier's Post-Prison Release Program**
- **Behavioral Health and Substance Abuse Counseling**
- **Whittier's Youth Enrichment Service**
- **Witness to Violence Program**
- **Creative Arts Therapy (Drama, Music, Dance and Arts Therapy to address self esteem. Behavioral and developmental disabilities)**
- **Whittier's primary care departments (Pediatrics, Adult medicine and Geriatrics)**
- **Domestic Violence with a focus on men who perpetrate violence.**
- **Faith Based Collaborations**



Community Relations Staff

(Staff supporting Public Housing Residents)



Benefits of Focused Strategy on Men's Health

- **Focus on Men's Health and the impact on Women, Children and society.**
- **Increase the physical and mental health of men so that they can live fuller and happier lives.**
- **Energize public sector in men's health activities to increase awareness and resources.**
- **Encourage women to expand on their traditional role as the family health care leader and activist for enhancement of health care services.**

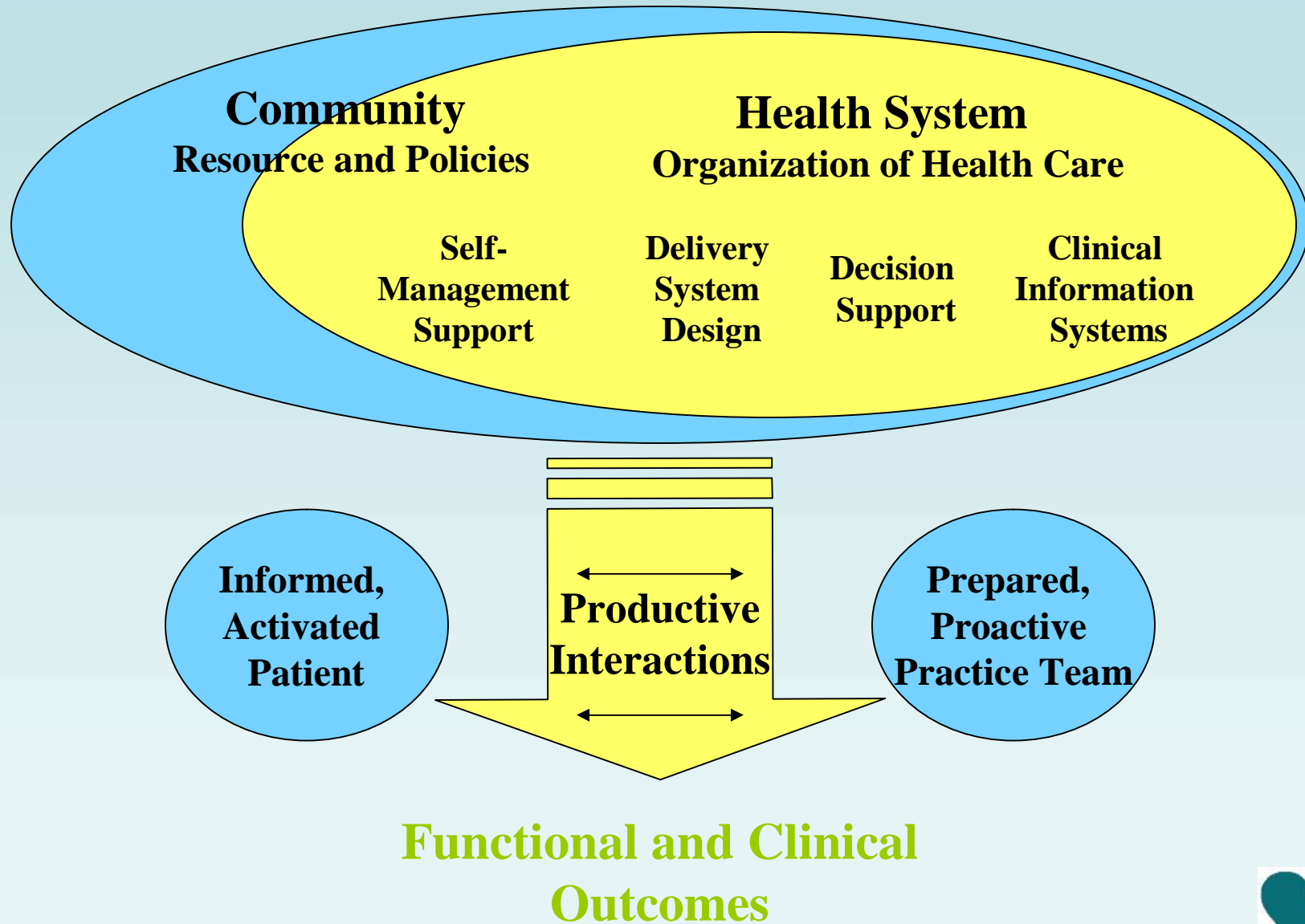


Benefits of Focused Strategy on Men's Health

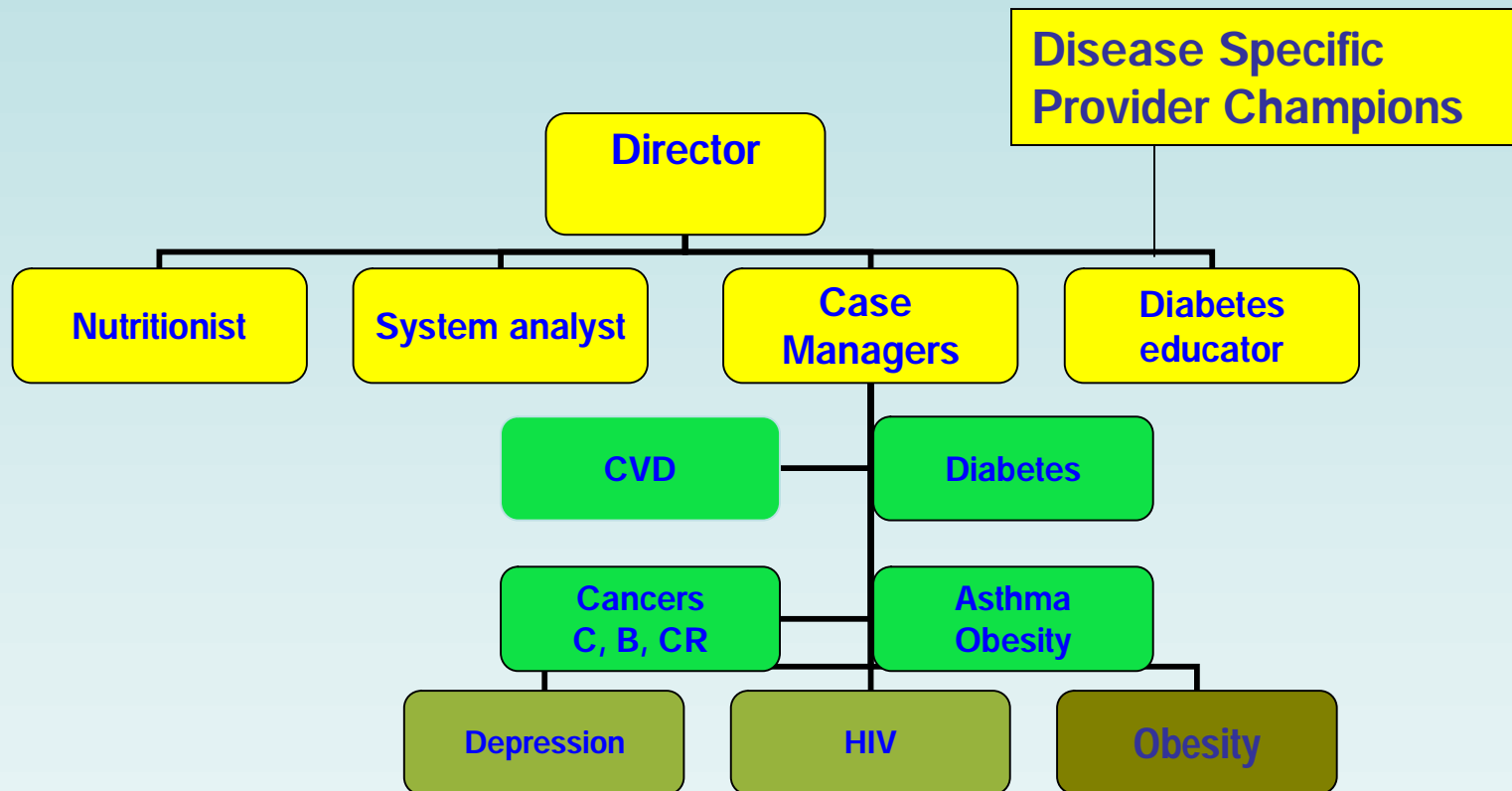
- **Save men's lives by reducing premature mortality.**
- **Men make up 43% of the patient population at Whittier. Over the last three years, we have experienced more growth in the male population than in any other population.**
- **Outreach to taxi stands, barber shops, coffee shops and any place men congregate.**



Chronic Care Model (Care Model)



Public Health Initiatives Staff – (Staff supporting Care Model)



Chronic Care Model (Care Model): Implementation

- Our experience has affirmed the Care Model's ability to overcome deficiencies in the health care delivery system and to transform it from reactive to proactive care focused on wellness.
- We embarked on an Expanded Care Model approach to include services provided at and for our Public Housing residents.
- Our focus is to improve the quality of patient experience and care and to address aspects of health disparities for Public Housing residents.



Chronic Care Model (Care Model): Approach

Our approach is based on the recognition that the health care organization needs to be capable of meeting community needs of our public housing residents, addressing psychosocial needs of patients, providing modern, evidence-based care and coordinating care across settings through greater office efficiency, better access to care and more assured patient safety.



PHI Staff supporting Care Model

Intensive Case Management / Self Management

Communication with patients – letters, follow-up phone calls and letters for patients who were overdue for an office visit

- **Self –management process** –an accurate assessment of what is truly going on with the patient. Following the assessment, the examiner and the patient can decide on a realistic goal for the patient to work on.
- **PHQ- 9 screening** - the PHQ-9 is designed to have patients assess their own level of functioning, as it is relevant to feelings of hopelessness and depression.



PHI Staff supporting Care Model

Intensive Case Management / Self Management

- **Planned visits** - The major goals of the PV are completing anything that is due for the patient during the visit time – the self management process, PHQ -9 screening, referrals, community resource information which will enable providers to spend more time on patients' medical concerns. The patients responded favorably to the planned visit and revealed that they feel that they can express their concerns in an environment where they have individual attention.



Benefits of Care Model Implementation

- Interactions over time, planned and acute, meet patient needs and assure the delivery of proven clinical and behavioral elements of care.
- We have found that our patients have the motivation, information, skills and confidence necessary to help make decisions about their health.



Benefits of Care Model Implementation

Community Resources and Linkages:

- The Center has established stronger linkages with community organizations that can enhance our capabilities, provide key patient services or improve care coordination.
- Clinical Team have the patient information, decision support, and resources necessary to deliver high quality care.



Benefits of Care Model Implementation

- Team have defined roles, uses planned visits to support evidence based care.
- Clinical care/case management assures regular follow up and care coordination.
- Evidence based guidelines are integrated into care, and supported by provider education.
- EMR functions as a database of clinically useful data and provides timely information on all patients.



Benefits of Care Model Implementation

- Demonstrates that patients can be engaged and activated using self management and planned visits.
- Organization and managers encourage and support better care using ongoing quality measurement and improvements.
- Provides a measurement tool for job performance evaluation for all staff, patient satisfaction and clinical outcomes.
- Demonstrated increase in Public Housing users.



Benefits of Care Model Implementation

- Ability to track disease specific outcome measures using evidence based guidelines has given the data needed to identify successes, areas requiring improvements and comparison to Best Practices.**
- Our Public Housing and other clients now see us as experts in a wide variety of chronic diseases and public health issues.**
- Provided case for support from private and public funders.**



ROXBURY

Striking at barriers to men's health



Lab technician Abby Omor prepared Pastor Gerald Bell's arm for a blood test during the Men's Health Summit. (Wendy Maeda/Globe Staff)

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Globe Staff / June 15, 2008

The news sounds bleak: Cancer, heart disease, stroke, and diabetes are among the leading causes of death for men, particularly black men. But there is good news: Those woes can be prevented by checkups and early detection.

That was the message at the Men's Health Summit on June 7 at the Reggie Lewis Track and Athletic Center, where men of all ages braved the heat and flocked to the Roxbury facility for free health screenings, performances, meals, and bagfuls of information on how to navigate the state's changing healthcare system.

They came in droves, some with kids in tow, others with their wives or in groups of friends.

Along with a meal, they were given information on access, cost, and treatment.



They were treated to performances and speeches as well as vision, HIV, and prostate cancer screenings.

"A lot of us can't afford health insurance," said Pablo Gonzalez, 46, of Jamaica Plain, "so to get the free screenings, this is great for us."

Frederica Williams is president and chief executive of Whittier Street Health Center, which sponsored the summit during National Men's Health Month and a week before Father's Day. She said the center is working to shatter barriers - such as cost, time, distrust, and discomfort - that have kept black and Hispanic men away from the healthcare system for too long. Whittier touts its men's health program as one of a kind in New England.

"Many black and Hispanic men have no health insurance and no primary care physician," said Williams at the summit.

"They are more likely to seek out medical attention in hospital emergency rooms." And overuse of emergency rooms, panelists said, helps drive up healthcare costs.

She said that as the racial demographic changed across America in the past 30 years, "the glaring disparity in healthcare between white Americans and Americans of color, especially black and Hispanic men, has become an increasingly important issue."

She also points to violence as a health issue, stressing that "the trauma of witnesses, the pressure of knowing what is out there, and the fact that you can be hurt or killed are all threats to our community."

At the summit, panelists tried to dispel myths and provide answers to the public on the state's mandatory healthcare law.

"It's well-documented that the lack of health insurance is a serious barrier to accessing healthcare," said David C. Dodson, a doctor who practices at the Whittier Street Health Center, in the panel discussion. "That's uniquely an American problem, and it's uniquely an American disgrace." ■



The End

