

## Mobilizing Residents for Health Promotion

*Community-based organizations have long recognized the diverse skills and talents that flourish among members of a community, and believe in the advantages of mobilizing residents to address the issues that impact their own lives. The belief that ‘care receivers’ can also be some of the most effective ‘care givers’ is more than a century old, and utilizing ‘community health workers’ has proven to be one of the most effective models for outreach and social change. This issue focuses on outreach and on the mobilization of community members in public housing.*

### La Maestra Family Clinic’s Circle of Care Program Recruits and Trains Health Consumers and Family Members to Provide Outreach Services

Alejandrina Areizaga, Chief Operations Officer, La Maestra Family Clinic, San Diego, CA

La Maestra Family Clinic (LMFC) uses an interdisciplinary concept of care at its four medical locations in San Diego County, based upon its conviction that “complete family wellness requires more than just medical services”. Through the Circle of Care Program, LMFC takes a holistic, solution-based approach to provide services and programs that starts with the “health of the individual” at its core and extends out into the “well-being of the individual,” to capture all medical and non-medical needs.

Alejandrina Areizaga is the Chief Operations Officer at LMFC. We were able to speak with her about this model of care, and her responses are printed below.

#### **Explain how the Circle of Care Program Works.**

Every staff member at La Maestra from receptionist to physician is trained in the Circle of Care approach - to identify the patient’s needs, to work as a team to assess the these needs, to guide the patient towards treatment, education, training and, finally, self-sufficiency. LMFC also has recruited and trained individuals from ethnically di-

verse populations to become medical assistants and support staff as Medically Trained Cultural Liaisons (MTCLs). These individuals serve as a two-way conduit for communication between the provider and the patient, thus educating both sides about the other. Residents find not only a “medical home” at La Maestra, they find a family that cares about their total experience.

#### **How are Medically Trained Cultural Liaisons trained and utilized? Can you give an example?**

LMFC identifies persons from within the various ethnic groups, trains them as medical assistants through an approved State of California Certified Medical Assistant Program that our Job Placement Unit offers, then hires one or more of these as interpreters, medical assistants and cultural liaisons. We have Medical Assistants (MAs) that are from Laos, Vietnam, Somalia, Sudan, and most recently we added one from Burma. As an example, our Laotian staff found 22 families from Burma recently placed as refugees in City Heights. The Laotian cultural liaisons speak Thai and were able to communicate with a Burmese RN and teacher, who was previously in a refugee camp in Thailand for 7 years. We hired her and trained her as a community health worker. Now she brings Burmese families to the clinics for services. She also acts as an interpreter/translator and informs the health care providers of the ways in which the Burmese families are accustomed to receiving treatment so they can provide care in a culturally sensitive way.

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# National Heart, Lung, and Blood Institute Awards Contracts to Thirteen Organizations to Improve Approaches to Asthma Control

On December 2, 2009, The National Institutes of Health (NIH) announced that the National Heart, Lung, and Blood Institute (NHLBI) approved the award of 13, two-year contracts to local organizations from across the country to “develop, implement, and test science-based approaches to improve asthma control using evidence-based national guidelines for diagnosing and managing asthma.”<sup>[1]</sup>

The 13 projects total \$1.3 million will be administered by the Academy for Educational Development in Washington, D.C. This organization is a contractor for NHLBI’s National Asthma Control Initiative (NACI), which was designed to bring together patients and families, health care providers, and other stakeholders in an effort to improve asthma management.

Asthma is a major problem in the U.S. The condition affects some 23 million Americans, including seven million children. It accounts for more than 10 million missed workdays a year and about 13 million missed school days.

Through the NHLBI projects, the organizations will be implementing community level, evidence based recommendations from two published reports by the National Asthma Education and Prevention Program (NAEPP).

The first is the Expert Panel Report 3-Guidelines for the Diagnosis and Management of Asthma (EPR-3). This report, published in 2007, provides guidance for treatment

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## La Maestra Family Clinic’s Circle of Care Program

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### **How does the Circle of Care program resolve the unique problems of the refugees such as lack of insurance, inadequate housing, and language barriers?**

When a refugee family approaches LMFC for services, the staff identifies the specific areas of need for that family and works to address each of these needs in a holistic manner. The Circle of Care program provides services through a number of different departments and staff members to fully attend to the needs of the clients. For example, a social worker may help them with better living arrangements, or help get the children into good schools and educate parents on the school system procedures and operations. The medical assistant or the community health worker may send them to obtain dental care or mental health services. The Job Placement Unit helps some of the members of the family to find a job with one of the many employers working with our Job Placement program. Using the Job Placement program we can identify members of the family who are not proficient in English. We are then able to provide information on schools closer to where they live that offer classes in English as a Second Language (ESL).

### **Please describe the Promotora program. How many MTCLs are there overall at LMFC?**

The Promotora program allows community residents to be trained in leadership roles to promote awareness of various health topics. Currently the Promotora program consists of 11 senior community residents. When community residents are recruited or demonstrate interest in becoming Promotoras, there is a series of eight classes they must successfully complete. Each class covers different topics such as patient

confidentiality, identifying symptoms of mental health disorders, patient education, and referrals for specialty services.

The Promotoras help the lead coordinator with seminar programs at 6 locations throughout San Diego County. The topics discussed during each session vary from financial assistance, health education (diabetes, obesity, breast cancer, HPV), domestic violence, human trafficking, and immigration. The Promotoras also visit apartments throughout San Diego to educate residents about the services La Maestra provides. Many of the Promotoras are employees of the County of San Diego and are able to further assist patients by referring them to additional services.

### **Can you describe the Office of Refugee Resettlement program (ORR)? Who participates in the program?**

The Office of Refugee Resettlement program (ORR) provides job training and skill development to local residents of public housing. The projected goal was to have 30 participants a year but, in 2006, we surpassed that number by recruiting over 365 patients. Many of the participating residents were refugees, primarily from countries in Africa.

The program staff and coordinators conducted research to determine what jobs were going to be sustainable in the future. They concluded that jobs in healthcare would be the main focus and residents were trained to become certified nursing assistants and medical assistants. They also participated in other workshops to help them prepare a resume, and practice their interviewing skills. Partnerships have been established with local community organizations to further assist with job placement. ■

# Developing A Public Housing Primary Care Program: Outreach – It’s All about Relationships

Stephen V. Bailey PA-C, MBA, PHPC Program Manager, La Casa Quigg Newton Family Health Center, Denver, CO

Residents of public housing can be a difficult population to reach. Cultural, geographic and other barriers including distrust of “outsiders” can create obstacles that limit the ability of otherwise successful health centers to provide health services to residents of these developments. At the La Casa Quigg Newton Family Center of Denver, Colorado, we realized that through outreach we could build the relationships that would provide the access we needed to meet the health care needs of our service areas.

By building working relationships with key organizations, such as the Denver Housing Authority (DHA), we were able to expand our operation from its humble beginnings in 1993 of a 1,000 square foot four bedroom flat to include a second 1,000 square foot building with our Family Counseling Center in 1994. Through our excellent relationship with DHA this center was able to expand our services to provide mental health counseling, outreach, case management, a teen clinic, craft/group therapy classes, healthy cooking classes, and a walking club.

## **So, where should you start if you want to expand to become a fully functional PHPC Program?**

First, establish a relationship with your housing authority. Start by contacting the housing manager, and getting to know the office personnel and support staff. Then, meet with the manager of resident community services or resident community services coordinator to better understand your common interests. Follow up by meeting with the executive director of the housing authority as soon as possible and then attend the board of commissioner’s open meeting to introduce yourself and your health center.

## **Secondly, establish a relationship with your Local Resident Council (LRC).**

Find out who the officers are and then meet with them. At that time ask to be on the agenda of the next LRC meeting to have the opportunity to introduce yourself and your program to your residents. At your initial LRC meeting, answer questions or concerns the community might have about your program and ask them how they think you can best serve them. Be sure to ask to be on the agenda on an ongoing basis so that the residents come to expect your presence at this important meeting.

The LRC meeting is an ideal opportunity to understand resident needs and to make a commitment to address those needs by offering to intervene on their behalf or get ideas for possible expansion. This give and take helps you build and earn the trust of the residents, who have grown tired of

having nothing done about their concerns.

To follow up, suggest that the LRC work with your program to create a needs assessment survey to evaluate what the needs of the community are. Assist the LRC in organizing the canvassing of the residents of the housing development. Once completed, collate the results and present them at a future LRC meeting.

The LRC can also help you establish relationships with other agencies they collaborate with to provide further access to residents. Ask the LRC for a list and begin contacting these agencies to establish a working relationship with them. Determine if there are any regular meetings with these agencies, and ask to be on the agenda so that you can request to become an ongoing member for these meetings. If no regular meeting exists, initiate establishing an ongoing meeting with them and the LRC.

## **The next step is to establish relationships with your residents.**

Begin by looking for the most outspoken residents in the community at meetings and gatherings. These residents are the voices of the community and often the “unofficial” leaders. You’ll need to have them on your side if possible. To win the trust of these key residents, invite them to your clinic and ask if they would like to become Community Advisory Board (CAB) members. Their opinions of your program, based upon your interaction with them, will be key to your ongoing relationship with the community.

The CAB should be set up as soon as possible. To identify other activist in the community ask the development manager of the housing development to make recommendations for the board. Provide food and incentives to encourage attendance with reminder phone calls for all meetings. During the meetings validate resident ideas and attempt to implement these ideas when feasible.

Once you have established a relationship with residents you must maintain high visibility within the community. You can increase recognition of your staff by having outreach workers wear scrubs, a smock, or some other identifier that connects the staff member to the clinic, especially when they are out in the community. Also, if at all possible hire your outreach staff from the community, preferably someone that is respected and active in the community.

As a result of these efforts, residents may be more likely to open the door if they see a recognizable connection to the clinic and/or a trusted friend.

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## Developing A Public Housing Primary Care Program: Outreach – It’s All about Relationships

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### **Next, start door-to-door outreach.**

Provide door-to-door outreach using your outreach workers, case management staff, and other staff whenever possible. Go out into the development, introduce yourselves, and get to know their families. If possible, make a map of the development to know which units you have already contacted. Use a color coding system to identify utilization and other important information. Develop a survey to get key information you need and then enter the household and family information into a database for future reference. This will save you a lot of time when you need to reach out to specific households or demographic groups such as teens or seniors.

To reach as many people as possible, create a goody bag to leave on the door when no one is home. In the bag leave your clinic brochure with a list of services and a refrigerator magnet with the important clinic numbers on it. Include coupons from local businesses for freebees or discounted services etc., so that the residents are enticed to look at your goody bag instead of automatically discarding as solicitation materials. Have a raffle ticket for a donated gift to be raffled at next LRC meeting in the bag to encourage attendance at the LRC meeting and to keep their interest in your mailings.

### **Continue outreach efforts by establishing relationships with the greater community.**

Research what service agencies exist in your surrounding community and collaborate with them. Conduct a site visit to meet their staff and tour their program in order to establish a relationship, and understand what they offer for your residents. It’s important that you make person-to-person contacts, so when your outreach or case management staff calls the agency, they will talk to a person they have a personal relationship with and will know the people to whom you are referring your clients. Create a resource guide with all of these agencies and the services they provide, for staff and resident use. Most importantly, update it regularly.

### **Expand your contacts by establishing relationships with local businesses and associations.**

Have your outreach and case management staff visit all of the businesses in your local community and introduce them to your program. Businesses will periodically donate when asked, for such things as holiday food drives, prizes for fundraisers, raffle prizes, program support, and health fairs. Know who your local neighborhood associations are and create a relationship with them. Attend their meetings on a regular basis and ask to be on their agenda regularly. Keep in touch with the greater community.

### **As one of your final steps establish a resource network.**

In order to better service your residents and to gain access to more extensive resources remember that *Networking is*

*everything!!* For example, the Northwest Denver Collaborative Network was created to bring service agencies together for collaboration and communication to better serve the community and to avoid duplication of services. We meet monthly in our own neighborhood to share ideas and coordinate our efforts to provide services to the residents. The network includes groups such as Mi Casa Resource Center, Rape Awareness and Assistance Program, Denver Children Advocacy Center, Denver Police Department-District 1, Mental Health Corporation of Denver, the Boys and Girls Club, Rocky Mountain Head Start, Big Brothers Big Sisters,



and Denver Parks and Recreation, just to name a few.

We have also established linkages and collaborations with other key organizations and programs such as the Denver Housing Authority, The Colorado Coalition for the Homeless, The Denver Health Medical Center, AARP, universities and public schools among many others.

### **The results from all of these collaborations and relationships.**

Today, we have a new clinic of 15,000 square feet, 18 exam rooms, a pharmacy/lab, large waiting rooms, two bay treatment rooms and an expanded family counseling center space. Our PHPC program provides holistic health care and mental health care to the residents of Quigg Newton Housing Development and the surrounding Sunnyside neighborhood in northwest Denver. The program provides a complete range of family practice care including pediatric, adolescent, adult, geriatric, and obstetric care. Mental health care is provided on site and access to substance abuse services, dental care, and eye care are provided by referrals.

Through our outreach efforts our residents now have the Quigg Newton Community Center, Bridge Project/Food Bank, the Wilfley Boys and Girls Club, and Youth Leadership Council. These centers and programs have brought two Head Start programs, a literacy program, computer labs, connections to colleges and other employment programs, more youth programs, and more prevention programs. ■

# Reduction of Indoor Asthma Triggers: The Role of Public Housing Community Workers

Anna M. Gard, FNP-BC, ACU Health Disparities Consultant

Asthma is one of the most common chronic illnesses among children in the United States and disproportionately affects young people in public housing. According to the Alliance for Healthy Homes, asthma mortality is higher in urban areas characterized by high levels of poverty and minority populations. Most common asthma triggers are found indoors and, in the U.S., we spend 90% of our time indoors. What can be done at home to reduce exposure to triggers?

Community health workers (CHWs) with proper training, can provide culturally competent asthma education about reducing environmental triggers and can serve as patient navigators in the health care and housing system.

An article published in the April 2005 issue of *The American Journal of Public Health* highlights a Seattle study that demonstrates that CHWs can have a significant impact on asthma management and asthma trigger reduction. Home interventions with trained CHWs consisting of a full indoor environment assessment, an asthma trigger action plan, and a provision of pillow and mattress covers, low-emission vacuum cleaners, door mats, and integrated pest management tools to combat cockroaches, rats, and mice. CHWs also advocated for improved housing conditions for the families involved. The children whose families received multiple visits from CHWs experienced a significant reduction in the number of days with asthma symptoms and fewer health care visits.

CHWs can engage patients and family members in their asthma management by doing in-home environmental assessments using tools like the EPA home checklist<sup>[1]</sup> and the ACU Asthma and Indoor Environmental Tool Card, which

incorporates the 6 C's of asthma management: cover, clean, clear, collaboration, cultural and linguistic competency, and community connections.<sup>[2]</sup> CHWs can target their education on specific realistic reduction techniques to address triggers, including dust mites, pet dander, mold, pests, second-hand smoke, consumer products and unsafe heating sources like kerosene and propane. Residents often feel less intimidated or embarrassed opening up their home to CHWs and may be more willing to change their environment once they understand that certain triggers are contributing to worsening asthma symptoms. Residents will also gain confidence and strength from learning about how to improve their family members' health.

CHWs can serve a central role as environmental health advocates for residents in meetings with resident councils and public housing authorities. In conjunction with health centers, CHWs can provide in-service trainings on environmental health in housing to public housing managers and community politicians. They also help inform residents about housing codes, landlord-tenant advocacy organizations, and available asthma community coalitions. Advocating for solutions to housing-related environmental health hazards through community organizing builds community leadership and participation. With support and targeted education, many families are empowered to take control in improving their environment and their health, which may help them to breathe easier. ■

<sup>[1]</sup>[http://www.epa.gov/asthma/pdfs/home\\_environment\\_checklist.pdf](http://www.epa.gov/asthma/pdfs/home_environment_checklist.pdf)

<sup>[2]</sup>[http://www.clinicians.org/images/upload/Asthma\\_English.pdf](http://www.clinicians.org/images/upload/Asthma_English.pdf)

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## NHLBI Awards Contracts to Thirteen Organizations to Improve Approaches to Asthma Control

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of asthma based on patient's individual needs and level of asthma control. These guidelines emphasize that the condition can change over time and differ among individuals and different age groups.

The second report, the Guidelines Implementation Panel (GIP) Report, which was built off of the EPR-3, identifies priority messages to improve implementation of the asthma treatment. It provides practical guidelines for patients and health care providers on how to treat asthma, create asthma action plans, assess asthma severity and control, schedule of follow-up appointments and control environmental factors that can affect asthma symptoms.

“Our goal is to help people who have asthma lead longer, healthier, and fuller lives, thereby reducing asthma's toll on those who have it,” states Diana Schmidt, M.P.H., NAEPP coordinator for the NHLBI. “These demonstration projects are aimed at tackling different barriers to quality asthma care, so patients and their families can improve asthma control — and be active at work, school, and play.”<sup>[1]</sup>

If providers and patients integrate these recommendations into their programs and daily life activities, the NHLBI believes it will make a huge difference in asthma control. ■

<sup>[1]</sup> <http://www.nih.gov/news/health/dec2009/nhlbi-02.htm>

# The Emerging Role of Situational Awareness 2.0 Resources In Disaster Response

Carl Taylor, Assistant Dean University of South Alabama, College of Medicine, Principal Investigator, National Center for the Study of Disaster Medical Response

Community health organizations are called upon to be at the forefront of responding to emerging infectious disease events such as H1N1. One of the key components to effective engagement is situational awareness.

The goal of situational awareness is to understand as much as possible about any adverse event in order to provide more focused assistance by public health and medical providers before they are overwhelmed by events and operating beyond their (surge) capacity.<sup>[1]</sup> Surge capacity is generally defined as the maximum number of patients that can be safely treated by a facility at any one time based upon available exam rooms, staff and supplies.

How do community health centers gain this awareness and, equally importantly, how do community health centers create a response capability to meet the needs of the patients while still in their community?

One solution is to look at existing tools already deployed through public health departments or associations. Here in Alabama we have created the AIMS system. AIMS is a health demand management and biosurveillance system that ties all hospitals, community health centers, nursing homes and public health agencies together on one system.

The goal of AIMS is to assist in surge capacity management and supply chain distribution. Systems like AIMS are built with federal dollars and hence are free to appropriate users. Moreover AIMS has the benefit of being tested in live fire events such as Hurricanes Ivan and Katrina, the Enterprise tornados and now H1N1. AIMS can be nominally viewed at <http://training.aimslive.org>

We are also building a new kind of situational awareness and transactional response approach. This is called a collaboration hub (see <http://xchlive.org>). Collaboration hubs are more flexible in that they are designed to incorporate information from a host of reporting sources and to allow expert caregivers to offer ideas and suggestions on the fly back to community health centers or other users.

The technology to create a situational awareness 2.0 response to emerging infectious disease outbreaks exists and is an inexpensive or, in many cases, a free and open source.

Patient-centric health records can easily be created from claims databases for use during an event and in pre-event planning.

Low cost interactive voice recognition (IVR) systems can be built and distributed on the fly or linked to medical resource providers.

Free, open source tools such as Ushahidi or Data Dynes EpiSurveyor (for case reporting) and Google's Evolve (to create integrated outbreak maps) are available and represent emerging public health technologies.

Voxiva SMS text messaging for outbreaks or GeoChat inquiries to selected community responders can assist community health centers in quickly learning more about interdependency issues.

Social networking tools or collaboration hubs as referenced above can be used to connect community health centers, public health departments, patients and providers to a broad suite of virtual responders and knowledge sharing groups.

With appropriate integration of situational awareness 2.0 tools such as AIMS or Collaboration Hubs, community health centers can both manage the community needs for care and those of their specific patients. By leaning forward into an event, with superior awareness and transactional ability, patients can be diverted away from overwhelmed centers, if that trip is unneeded. Moreover by having the health data before an event, patients can be prioritized for vaccines based upon the relationship of co-morbidities to susceptibility or stratified by age, sex or conditions such as pregnancy.

Situational awareness (2.0) is a fundamental component of preparedness. The tools are there to achieve superior community health center responsibility by reaching out to and embracing the emergent coherence of knowledge based resources including self forming social networks both within and without the immediate community. ■

<sup>[1]</sup>Toner,E. *Creating Situational Awareness: A Systems Approach, Unpublished White Paper for Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events, June 10, 2009.*

**FLU.gov** is a one-stop resource with the latest updates on the H1N1 flu. On this site, you can find information on “How to Prevent and Treat the Flu”, “Flu Essentials”, and “Why the H1N1 Vaccine is Safe and Recommended by Health Experts”. To look up where to get vaccinated in your state, visit the Vaccine Locator. This information is updated regularly as more doses are shipped each week.



# Public Health Career Training Begins in Community Colleges

Karen Denard Goldman, Ph.D., CHES, Co-Director, Program in Community Health, Dept. of Health, Physical Education & Recreation, Kingsborough Community College, New York

Kingsborough Community College of the City University of New York in Brooklyn, NY is one of 13 community colleges across the country that offer two year (Associate Degree) academic programs in Community Health. Community Health is a general field of study that focuses on creating healthy work, play, and living settings through education, community organizing, advocacy for policy change, research, and changes in the “built-environment.”

Community health specialists work with families, groups, and communities of people, and they focus on health promotion and disease prevention. Some of the 13 colleges offer 12-16 credit Community Health Worker certificate programs. Others offer a full 60-credit Associates Degree in Community Health.

To advance professionally and earn more money, many students move on to a 4-year college. However there are frontline, entry-level positions available in hospitals, managed care organizations, nursing homes, health agencies and community-based organizations for certificate program and Associate Degree graduates.

## Schools that with Community Health or Public Health Associate Degrees include:

Central Alabama Community College, AL  
Community College of the Air Force Diné College , AZ

Hostos Community College/CUNY, NY  
Howard Community College, MD  
Kingsborough Community College/CUNY, NY  
Los Angeles City College, CA  
Los Angeles Trade and Technical College, CA  
Mission Junior College, CA  
Mount San Antonio College, CA  
Napa Valley College, CA  
Rio Hondo College, CA  
West Hills College: Coalinga, CA

## College-Affiliated Community Health Worker Certificate Programs include:

San Francisco State University/City College - Community, CA  
Health Works of San Francisco, CA  
Project Jump Start - University of Arizona, AZ  
Northwest Vista College, TX  
El Paso Community College, TX  
Community Health Education Center, Nation-Wide  
Community Capacitation Center, Portland Community, OR  
College Center for Sustainable Health Outreach, MS  
Virginia Center for Health, VA  
Outreach Center for Healthy Communities, Sinclair, OH ■

*Save the Date*

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, and other underserved individuals living in the neighborhoods surrounding public housing. Conference participants will share effective practices, treatments, new technologies and policies to improve health outcomes among residents of public housing.

**Tracks include:** Operations and Administration, Clinical, Resident Training and Health Education, Current Research, and Partnerships.

**Who should attend:** Primary care health centers providers, other health care professionals, researchers, housing authority officials, resident association members, and all others interested in improving the health status of residents of public housing.

## Health Care in Public Housing National Training Conference



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

## National Health Service Corps Update

The NHSC recently implemented improvements to the loan repayment application process to make it more efficient and less burdensome to applicants. Changes to the application process included: a reduction of the supporting documents required for applicants by more than half; easy step-by-step instructions; fill-in forms; the ability to fax supporting documents and forms; and more accessible information about eligibility and requirements through the online bulletin and NHSC website.

Since the June launch, the NHSC has received more than 5,000 applications for loan repayment under the Recovery Act. The number of approved NHSC sites and vacancies has increased more than 20%.

With nearly \$200 million of Recovery Act funding dedicated to NHSC loan repayment awards, now is a great opportunity for clinicians to heed the call to serve the Nation's most vulnerable populations by joining the NHSC. For more information on the NHSC, please visit [www.nhsc.hrsa.gov](http://www.nhsc.hrsa.gov). ■

*Organizations interested in becoming NHSC-approved or clinicians interested in loan repayment should visit <http://nhsc.bbpr.hrsa.gov>.*

## National Center for Health in Public Housing's Regional Training Conference in New York City

On November 19th NCHPH introduced the first of a series of regional training conferences to be held each year. This conference took place in New York City which has the highest concentration of public housing units in the country. The conference focused on clinical and administrative best practices and was conducted in a round table forum, which encouraged health centers to share and discuss their concerns and experiences.

The conference was a great success with high attendance and positive feedback from participants. Many of the participants were from the New York City region, but New Jersey, Pennsylvania, Connecticut, Rhode Island and Massachusetts were all represented.

The next regional training conference will be held in San Juan, Puerto Rico on January 26, 2010. ■

*For more information on our regional and national conferences, please visit our website at [www.NCHPH.org](http://www.NCHPH.org) or contact Sara Stepabin at [sstepabin@nchph.org](mailto:sstepabin@nchph.org) or (703) 812-8822.*

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