



DIRECTIONS

PHMC Health Centers *Provide Thousands of Pennsylvanians with Primary Care*

According to the latest U.S. Census numbers, almost 50 million people across the nation lack health insurance. In addition, countless others are underinsured and have trouble paying for basic medical care. Throughout the years,

tioners who truly understand the culture of homelessness,” says **Elaine Fox**, vice president of Specialized Health Services at PHMC. Mary Howard sits at the corner of 9th and Sansom Streets near historic Jewelers’ Row, where it serves more than

1992, as part of St. Joseph’s Hospital, before becoming a part of PHMC in 2005. In addition to its regular primary care offerings, the PHMC Care Clinic provides health services exclusively to women living with HIV/AIDS on a designated day each week.

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“Our Health Center **IS LIKE A SAFETY NET.**”

PHMC has worked with community partners to provide accessible, high-quality health care to the region’s most vulnerable populations. As August 9–15 marks National Health Center Week, PHMC recognizes the important work and impact of its network of community health centers. Our five health care centers provide area residents with a diverse selection of services that help to close the gap on health care disparities.

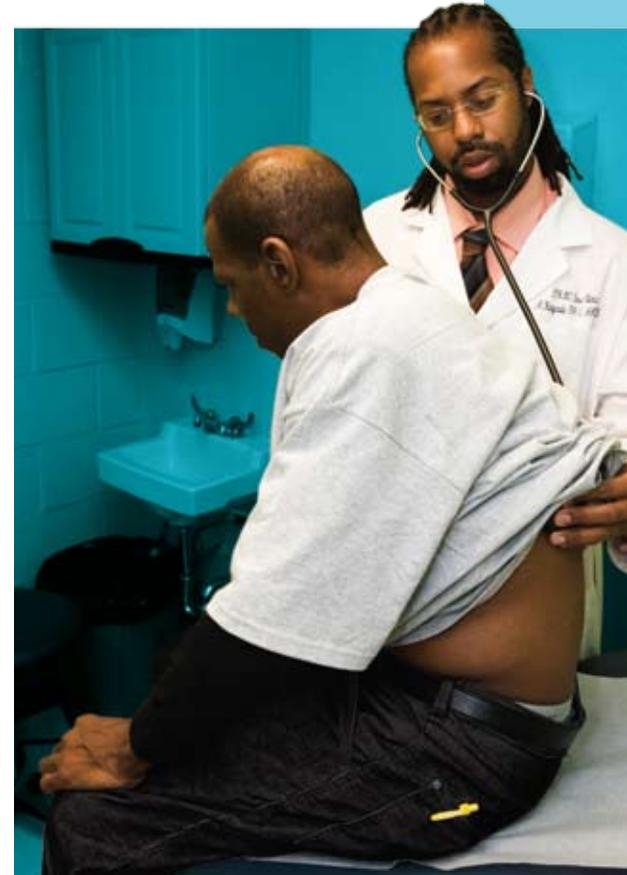
Helping Philadelphia’s Homeless

PHMC’s **Mary Howard Health Center**, a comprehensive primary health care center, is the only health center in the city of Philadelphia designed to serve Philadelphia’s homeless population. “Mary Howard is a safe and welcoming place where care is delivered by highly skilled practi-

1,200 clients a year. The center is named after Mary Howard, a well-known homeless Philadelphian who died in 1995 after health complications from living on the streets. The center, whose staff includes nurse practitioners, a psychiatric nurse and a social worker, provides clients with primary care, family planning and assistance with benefits. As of 2009, the center also offers clients free vision care and eyeglasses in collaboration with Davis Vision (See article on page 8.)

Serving Philadelphia’s HIV/AIDS Patients

The **PHMC Care Clinic**, located at 16th Street and Girard Avenue in North Philadelphia, provides primary care to Philadelphians living with HIV/AIDS. The staff includes doctors, physician assistants and case managers. The Care Clinic opened in



A MESSAGE from Our President & CEO

Welcome to PHMC's celebration of health centers! In honor of National Health Center week, August 9 to 15, this issue begins by focusing on the impact of PHMC's network of five health centers that collectively serve communities from Northeast Philadelphia to Chester County, provide broad-based primary care, offer specialized services for Philadelphia's homeless population and HIV/AIDS patients, co-locate with housing developments, and bring health care to people where they work. It's all about broadening access to quality care, so you'll also read about convenient care clinics and our administrative role with its professional organization, **Convenient Care Association**.

With the crisp weather of fall around the corner, and the school year ready to begin, we salute many of the programs from PHMC and our affiliates that offer fresh starts. Read on for details about how we

provide nurse home visiting to new mothers, after-school and summer programming for schoolchildren, residential recovery from addiction for mothers with their children, and recovery-based alternatives to incarceration for substance abusers.

These are just a few examples, of course. Every day, the nearly 1,400 employees of PHMC dedicate their time and energy to ensuring that these evidence-based efforts achieve results, backed by excellence in research, planning, management, service delivery and fiscal control.

In this challenging economic environment, many focus on the difficulties of meeting growing needs with shrinking resources. At PHMC, we focus on our ability to flexibly respond to changing parameters while continuing to deliver on our promises to those who fund our work and, of course, to those we serve. So we truly are celebrating—not only National Health Center Week and the coming of



autumn, but also the opportunity to forge ahead with critical, innovative work in public health. And we celebrate you, our supporters, for giving us the opportunity to do so every day.

Yours in public health,

A handwritten signature in black ink that reads "Richard J. Cohen". The signature is fluid and cursive, written in a professional style.

*Richard J. Cohen, Ph.D., FACHE
President and CEO of PHMC*

NNCC Announces 2009 Conference

National Nursing Centers Consortium will present its 8th annual conference, *Nurse-Managed Health Centers: Disruptive Innovations for Comprehensive Care*, November 5-7 at the Radisson Plaza-Warwick Hotel in Philadelphia. NNCC will host the conference in partnership with the Academy of Cognitive Therapy, Nursing Centers Research Network and Institute for Nursing Centers. ●

For more information on the conference, please visit www.nncc.us.



Nurse-Family Partnership Gives First-Time Mothers a Running Start

Shawana Mitchell, Environmental Health & Safety Programs coordinator for PHMC affiliate **National Nursing Centers Consortium**, knew where to go when she learned that her 15-year-old niece was pregnant. “I talked about it with my niece’s mother,” says Mitchell, “and we enrolled my niece in **Nurse-Family Partnership (NFP)**.” NFP, a national nonprofit organization that provides first-time, low-income mothers with a public health nurse home visiting program, serves more than 20,000 families in 20 states. In the city of Philadelphia, which has the highest rate of first-time newborns in Pennsylvania, NFP serves 400 mothers and their first-borns. Each pregnant mother meets weekly or every other week with an assigned nurse who provides support, education and resources until the baby reaches two years old. “My niece loved NFP,” says Mitchell. “She had a wonderful nurse, **Sara Eldridge**, who was very instrumental in my niece’s pregnancy. It would’ve been a lot harder for all of us without Sara.”

NNCC’s **Dr. Katherine Kinsey**, administrator of Philadelphia’s NFP program, has heard countless such stories. “Our nurses are very committed to being in the world of public health,” she says. “They look at the needs of the family, link their needs to resources and help mothers to ensure better futures for their children.” In addition to offering mothers parenting tips and medical advice, NFP nurses stress the importance of education and employment. In Philadelphia, the majority of the program’s participants are in high school and the average NFP mother is 18 years old. The majority of NFP mothers continue their schooling. Of those who had not re-

ceived their high school diploma or GED at the time of enrollment, 57% continued to pursue their diploma or GED and 17% continued education beyond high school. Since the Philadelphia school system currently has between 10,000 to 12,000 teen mothers, almost 70% of whom drop out of school, the high percentage of NFP mothers who stay in school is “very significant,” according to Kinsey. In addition, research shows that NFP graduates remain on public assistance programs for a shorter period and enter the workforce earlier.

Prevention is at the core of the NFP model. “Our society wants a quick fix, a Band-Aid,” says Kinsey, “but we need to change our mindset and focus on prevention.” According to a 2004 study by the Washington State Institute for Public Policy, NFP programs offer a two- to four-dollar return for every dollar invested. Studies show that NFP mothers are less likely to abuse their children, be incarcerated, have additional unintended pregnancies and misuse drugs or alcohol. “The first baby represents a fresh start for a mother,” says Kinsey. “Our skilled nurses provide new families with the life skills to better manage their lives.”

For Shawana Mitchell’s niece, NFP not only helped her through her first pregnancy, it helped define her career. After her experience with her nurse, she was inspired to choose a career in medicine. Mitchell’s niece completed high school, trained to become a medical assistant and is currently working at a nursing home. “The reason my niece went into the medical profession is because of Sara,” says Mitchell. “She says she wants to help people like Sara helped her. Now she plans to go back to school to become a registered nurse, like Sara.” ◆

PHMC briefs

PHMC and its affiliate **National Nursing Centers Consortium (NNCC)** have jointly opened an office in Washington, DC. When in the nation’s capital you can visit our space overlooking Farragut Square at 1001 Connecticut Avenue, Suite 407. NNCC recently expanded its geographic scope by replicating a Philadelphia program to reduce childhood asthma in partnership with a managed care organization in DC. We look forward to continued opportunities afforded by our presence in the nation’s capital.

Honors, Awards and Achievements

Sonny Nwachuku, supports coordinator at PHMC’s **PersonLink** program, received recognition for his exceptional work with his clients at the 9th Annual Points of Transformation Awards ceremony hosted at City Hall in March by the Department of Behavioral Health and Mental Retardation Services. **Mayra Cruz**, Nwachuku’s supervisor at PersonLink, nominated him for the award.

In April, **Yvette Rouse**, director of Forensic Clinical Services for the **Forensic Intensive Recovery Program**, received the Honorable Lucien E. Blackwell Guiding Light in the Community Award for her dedicated service to the Philadelphia community, at the 5th Annual Lucien E. Blackwell award ceremony.

Researchers in PHMC’s **Research & Evaluation** component published a groundbreaking study in the April issue of the *American Journal of Public Health*. Senior research associates **Dr. Lisa Bond** and **Archana LaPollo**, and research associate **Lee Carson**, are authors of “Black Men Who Have Sex with Men and the Association of Down-Low Identity with HIV Risk Behavior.”

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Targeted Solutions

Client Spotlight: Research & Evaluation for the Business Center for Entrepreneurship and Social Enterprise

Now, more than ever, funders want to see a nonprofit with programs that deliver clear, measurable results. But it can be hard for a nonprofit to decide which outcomes in a program are most relevant and how to improve the capacity to collect, analyze and present outcome data to key stakeholders.

The Business Center for Entrepreneurship and Social Enterprise has one objective. “Our business is to help entrepreneurs start, sustain and grow their business,” says Terri Rivera, director of Educational Programs at The Business Center. With this aim in mind, The Business Center approached Targeted Solutions in fall 2008 to enhance its Urban Youth Entrepreneurship Project. The youth entrepreneurship program, which reaches children ages 7–18, operates as both an after-school activity and a summer camp. “We teach our youth about the risks and rewards of going into business,

the characteristics of an entrepreneur and how to write a business plan,” says Rivera.

As part of its William Penn Technical Assistance Matching Fund grant, The Business Center is working with PHMC's Research and Evaluation staff, through Targeted Solutions, to develop a logic model and improve assessment and evaluation of outcomes. A logic model graphically represents what the program does for its participants. “Targeted Solutions is helping us to tweak what our outcomes should be,” says Rivera. “It also helps us to determine short-term and long-term goals for our program.”

Targeted Solutions is helping The Business Center improve its capacity to make program decisions, based on project data. “The goal is that when we record our outcomes to give to our funders, they have a tighter grasp of our program,” says Rivera.

Outcomes measurement is a new concept for many nonprofit organizations. Often, they collect data about their services and clients but are not always able to use the data to show the direct effect their programs have on their clients' lives. Nonprofits also struggle with having enough administrative resources or funding to keep staff informed on new outcome measurement techniques and reporting structures. Smaller organizations may not have the technical assistance to begin outcomes measurement. For the last 15 years, PHMC has provided training in the principles of outcome measurement to various nonprofit providers, government agencies and funding organizations through a wide array of training options.

For more information, visit Targeted Solutions at phmc.org/ts.

“Targeted Solutions is **HELPING IMPROVE ITS CAPACITY** to make program decisions.”



Targeted Solutions, the consulting practice of Public Health Management Corporation, helps nonprofit organizations in the region address many of the challenges of today's changing health and human services environment. From improving communications with funders and donors to carrying out mission-critical initiatives and increasing operating efficiencies, PHMC's Targeted Solutions offerings bring practical, strategic, proactive consulting services and products tailored to meet the needs of client organizations. For a full list of Targeted Solutions products and services, please contact Farrah Parkes at fparkes@phmc.org or 215.765.2343.

Interim House West: Supporting Families

Across from the new Please Touch Museum in West Philadelphia stands one of the city's only substance abuse treatment facilities that allows women to enroll with their children. At **Interim House West**, women check in to overcome alcohol or drug abuse, but leave with much more.

Currently 20 families reside in the facility. Women are permitted to bring up to three children no older than 12 years. School-aged children are enrolled in



schools close to Interim House West and come home each day to a staff trained and ready to help them. From 3:00 p.m. when school lets out until 4:45 p.m. when the mothers come to claim them, the children have snacks, get help with their homework and more. The library on the second floor has recently tripled in size thanks to donations by a local bookstore. The computer lab often provides the children's first exposure to the internet.

During the summer, the children take part in special camp activities. Last year's program was geared toward world cultures. This year, Interim House West is getting on the "Going Green" bandwagon with trips to the Horticulture Center in Fairmount Park and the Philadelphia Zoo.

But the program at Interim House West is more than field trips and academic tutoring. Each week the mothers take a parenting class, teaching them how to create positive, healthy environments once they leave the program. From learning how to properly play with or discipline their children to dealing with more volatile issues such as sexual abuse, program participants leave Interim House West with a foundation to stay clean and stay together. ●

PHMC Welcomes New Affiliate

On July 1, **Best Nest** became PHMC's newest affiliate. Established in 1987 to meet the needs of children and families at the intersection of the child welfare system and the HIV/AIDS crisis, the community-based social services agency specializes in providing foster care and adoption services to children with special

health needs. The Best Nest board and its executive director Kathleen Desmond view the affiliation as a means to grow and stabilize the organization. PHMC and Best Nest are eager to develop and evaluate new programs that build on their combined programmatic and evaluation expertise. ●

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In May, **John Loeb**, PHMC's senior vice president, received the Bryn Mawr Graduate School of Social Work and Social Research Alumni Achievement Award, which cited his "extraordinary contribution in the field of social work."

New Grants

In March, the U.S. Department of Health and Human Services announced that Pennsylvania will receive \$9.4 million in stimulus funds for community health centers. As part of this funding, PHMC health centers will receive \$242,715 over the next two years.

PHMC's **Preventing AIDS through Live Movement and Sound (PALMS)** project received a grant of \$2,463 from the Regional Offices on Women's Health of the Department of Health and Human Services to implement an initiative called Young Sisters Take Charge, 2009. PALMS organized the one-day, community-based, multi-service HIV prevention education event targeting African-American women and girls in recognition of National Women and Girls HIV Awareness Day on March 10.

The U.S. Department of Health and Human Services awarded PHMC affiliate **National Nursing Centers Consortium (NNCC)** a \$20,000 grant to coordinate events during National Women's Health Week (May 10–16, 2009). NNCC also received a \$50,000 grant from the Independence Foundation, which will allow NNCC to respond to emerging policy issues and opportunities and to conduct original policy research on challenges and issues that present barriers to fiscal sustainability for nurse-managed health centers in Pennsylvania and beyond.

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Q&A: Getting a Fresh Start through Forensic Services

PHMC's Forensic Services component encompasses a group of programs designed to put substance users into treatment rather than prison. Programs ranging from DUI Treatment Court and Drug Treatment Court to Domestic Violence Court and Juvenile Treatment Court are helping hundreds of Philadelphians escape the prison cycle. *DIRECTIONS* sat down with vice president of forensic services **Deborah Schlater** and director of operations **Amy Augustine** to learn more about the programs.

Q How did Forensic Services start?

A **Deborah Schlater:** Forensic Services started as an early parole program for people in the Philadelphia jails. It was created because the county jail was overcrowded and the city was getting fined for overcrowding. Those fines provided the program's first funding.

Q How do you reach possible participants?

A **DS:** We work closely with the district attorney's office, defenders association, court system and probation department to identify people who are legally eligible for parole. We go behind the wall and do a clinical assessment to determine whether treatment is needed. We send that information back to the public defender for approval.

Q Who is an ideal candidate for the program?

A **DS:** They are people in the Philadelphia prison system usually for drug crimes. They have to be under a sentence of no more than two years, for nonviolent crimes. Once participants serve half of their minimum sentences without incident, they are legally eligible for early parole.

Q How many candidates can be found in the Philadelphia prisons?

A **DS:** About 75% of the prison population is clinically eligible, that is they suffer from substance abuse.

Q And of that population, how many participants are chosen?

A **DS:** Our Forensic Intensive Recovery [FIR] caseload is currently about 750 people who have either earned early parole or have been diverted from jail; in addition we currently serve 1,300-plus participants in all of the Criminal Justice Treatment Initiatives [CJTI] combined.

Q What happens once participants are clean?

A **DS:** We enlist them in vocational training programs, housing, GED programs, enrolment in community college. There are a lot of options and we support whatever kind of reentry service the case manager recommends.

Q What kind of results do you see for participants compared with those not taking part in the program?

A **DS:** Based on an evaluation in the mid-1990s, those people who completed 6 months of substance abuse treatment are 66% less likely to be convicted of a new crime. Newer data suggests that we are seeing similar if not better results today.

Amy Augustine: Another CJTI, the Philadelphia Treatment Court, targets first-time offenders. The program takes anywhere from 12 to 15 months to complete. The goal at successful completion is to withdraw the case and eventually have the client's record expunged. 90% of the participants graduate and of those about 70% have their records expunged.

Q What kind of reaction are you seeing from the legal and surrounding communities?

A **AA:** The criminal justice system values our programs and over the last 10 years communities have become more receptive to treatment-based alternative programs versus incarceration.

Q Why the support?

A **AA:** Participants are getting the treatment they need, an improvement over traditional sentences such as incarceration and probation. There is confidence that clients are getting services they require, in order to lead crime- and drug-free lives. We address the problem-causing behaviors and that is what judges like. Essentially there is a sense that if you treat the root cause of the problem, you will see less recidivism.



**FORENSIC
INTENSIVE
RECOVERY**

Convenient Care Clinics Continue to Attract Consumers

As the economy affects more and more people, affordable, accessible health care continues to be one of the foremost topics on consumers' minds. The ongoing swine flu epidemic, for example, has reminded many people to seek a fast, low-cost place where they

as well as care for minor health concerns such as colds, sprains and rashes. "The clinics provide a valuable access point," says Ridgway. "Our clinics are good for our clients, a large percentage of whom state that they don't have regular primary care and who are looking for the basics."

"OUR CLINICS ARE GOOD FOR OUR CLIENTS, a large percentage of whom state that they don't have regular primary care."

can receive flu shots—or, if they have flu symptoms, rapid testing for Type A Influenza or a prescription for antiviral medication. One solution that has emerged is the convenient care clinic. These are located at retail centers across the United States and have become a quick and inexpensive way for many people to manage their basic health needs. For the last three years, PHMC has provided executive management and administrative support to the **Convenient Care Association (CCA)**, a nonprofit professional organization for the companies and health care systems that run such clinics.

Convenient care clinics first opened in 2000 and the Convenient Care Association launched in 2006. "We're a very new industry" says **Caroline Ridgway**, program and senior policy associate at CCA, "but we're continuing to grow." Since CCA began, more than 1,200 clinics have opened their doors at retail sites in 31 states around the country, a sharp increase from the 100-plus clinics available in 2006. Wal-Mart, Walgreens and Target are only a few of the stores that have clinics staffed by nurse practitioners and physician assistants on-site and that can offer customers immunizations, physicals and health screenings,

Says **Tine Hansen-Turton**, vice president of Health Care Access & Policy at PHMC and executive director of CCA, "In these tough economic times, convenient care clinics are providing access to high-quality, convenient and affordable health care. The clinics serve a large population of patients with high-deductible plans, for whom the lower price-point makes a big difference in their personal finances and ability to access health care."

Did you know?

According to research from the Convenient Care Association:

- Convenient care clinics (CCCs) achieve a 90% client satisfaction rate
- About 35% of CCA patients are self-pay, which means they opt to pay out-of-pocket rather than through their insurance, or they lack insurance
- Convenient care clinics accept most insurances, and patients without insurance generally pay between \$40 to \$70 for a clinic visit — far less than a typical emergency room bill. ●

For more facts about CCCs and to learn more about CCA, visit ccaclinics.org.

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NNCC's **Southwest Breast Health Initiative** received a \$40,000 grant from Susan G. Komen for the Cure. The program will use the funds to provide breast health education to at-risk women served by the Health Annex, a Philadelphia-based nurse-managed primary care center in Southwest Philadelphia. The program also provides clients with clinical breast exams and links them to mammograms through referral to Healthy Woman provider sites nearby and on-site through partnership with Fox Chase Cancer Center's mobile mammography unit.

First Steps Autism received a \$23,133 grant from The Pew Charitable Trusts. The NNCC program will use the grant for capacity-building including gathering information on early intervention for Autism Spectrum Disorders and completing a national scan of evidence-based research and practice.

The Independence Foundation provided a \$30,000 challenge grant to NNCC's **Students Run Philly Style** to match new funders for its next season. The program also received a \$1,250 grant from the Harold and Ann Sorgenti Foundation.

St. Christopher's Foundation for Children awarded NNCC \$10,000 to support its **Students Run Philly Style** program.

NNCC's **Asthma Safe Kids** program received \$81,847 from Keystone Mercy Health Plan to pilot an in-home education program that provides an asthma coach to Keystone Mercy Health Plan clients in Philadelphia with severe asthma.

NNCC received a \$60,000 one-year grant from ClearCorps, USA to conduct environmental health promotion programs in Washington, DC. ●

PHMC Helps Homeless Access Vision Care

Mary Howard Health Center Partners with Davis Vision

In December, 58-year-old Connie Naylor walked into Mary Howard Health Center for a vision care appointment and walked out with a prescription for a free pair of glasses. It was her first pair in over three years. Four years ago, Naylor was homeless, severely depressed, jobless and living in a shelter. Then she found Mary Howard. "I would not be alive now if it weren't for Mary Howard," says Naylor. Mary Howard, a health center managed by PHMC, is the only nurse-managed health center for homeless people in Philadelphia; it offers comprehensive primary care. Through Mary Howard, Naylor was able to receive the medical care she needed to heal and move into permanent housing. But even with the help of insurance, she could not afford new glasses. Now, thanks to a partnership between PHMC's Mary Howard and Davis Vision, a Highmark company, she can.

Before this past fall, free vision care was unavailable to Philadelphia's homeless population, many of whom are uninsured or underinsured, like 58-year-old Jesse Porter. When he came to Mary Howard Health Center for his vision care appointment, he knew something was wrong. "How are your eyes doing?" optometrist Dr. Tamara Hill-Bennett asked Porter. "Not good," he replied, struggling to read the top line on the vision chart she held up for him. Porter told her he had been putting off vision appointments for months because he had no insurance, even though his left eye had suddenly gone

blurry a couple months before. Dr. Hill-Bennett discovered the problem was no ordinary vision deterioration. "He had some bleeding in his retina," said Dr. Hill-Bennett. She referred him to a retina specialist.

"We are thrilled to have optometric care provided on-site by Dr. Hill-Bennett," says Elaine Fox, vice president of PHMC's Specialized Health Services component. "The free service provided on-site by Davis is a critical component of caring for our homeless patients, many of whom have long-standing health problems such as diabetes that would affect their vision." The opportunity to provide free vision care to the homeless arose when Davis Vision executives contacted PHMC's Health Care for the Homeless Project, in which area providers come together to address the health and social services needs of the region's homeless population. "Projects like this are consistent with Davis Vision and Highmark's goal to provide quality vision care to all Pennsylvanians," said Dr. Joseph Wende, Davis Vision senior vice president of professional affairs and quality management.

As part of the project, Dr. Hill-Bennett will be available to patients once each month. "One of my goals as an optometrist is helping those who need it," said Dr. Hill-Bennett. "I'm very excited that there's a clinic for the homeless that provides free vision care."



Local homeless advocates, who often refer homeless clients to Mary Howard for primary care, frequently encounter clients who need vision care. "Not a day goes by that we don't have someone asking for glasses," says Sister Anne Kappler, coordinator of Health Education and Services at Project H.O.M.E. "I'm so glad Mary Howard is now able to offer vision care." Dainette Mintz, director of the City of Philadelphia's Office of Supportive Housing, echoed those statements. "Health care is of critical importance to those living on the street," says Mintz. "I'm thrilled that we have folks partnering with us to provide services like this."

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"Women make up the fastest growing population of new cases of HIV infection worldwide," says **Katie Huynh**, physician assistant at the Care Clinic. "Many barriers keep women from care such as: being caretakers, financial stress, anxiety and depression, as well as lack of access. The PHMC Care Clinic empowers women to care for themselves through accessible,

female-centered health care and health education." Services for women include the Women's Support Group, case management and peer counseling.

In addition, PHMC Care Clinic offers Hepatitis C clinics twice monthly to patients co-infected with HIV/AIDS and Hepatitis C. In the near future it will expand to offering specialized supportive services

that are not traditionally offered in primary care settings to underserved populations, including mental health and substance treatment counseling.

The Care Clinic recently was designated a Federally Qualified Health Center (FQHC) to provide primary care to underserved, uninsured, and homeless populations living in communities located near the clinic.

Working with the Community

PHMC Health Connection began in 1994 as Temple Health Connection in response to a study conducted by faculty at Temple University's School of Nursing revealing that 90% of area residents with health insurance did not have a regular primary health care physician. "Our health center is like a safety net," says clinic director **Donna Brian**. "We take the people who have nowhere to go and offer them high-quality care." PHMC Health Connection partners with Norris Homes and Apartments, which are owned by the Philadelphia Housing Au-

thority. The nurse-managed health center, located adjacent to Temple University's main campus, operates with input from the Temple and PHMC Health Connections Community Advisory Board, half of which is made up of the center's patients. The council includes community members from Norris Homes and Apartments and from Fairhill Apartments, two housing projects served by the center.

PHMC in 2004. The nurse-managed health center serves the diverse ethnic population in Philadelphia's Logan/Olney neighborhoods, as well as residents of Hill Creek. "About 30% to 40% of the residents of Hill Creek use the Rising Sun Health Center for their primary health care needs," says health center director **Mariam Salahou**. "The people who live here find it very convenient to come here." Like PHMC Health Connection, Rising Sun Health Center also incorporates a community advisory council composed of community members and Hill Creek residents.

One in 7 adults in Philadelphia **HAS NO REGULAR SOURCE OF PRIMARY HEALTH CARE** — from PHMC's Community Health Data Base

thority. The nurse-managed health center, located adjacent to Temple University's main campus, operates with input from the Temple and PHMC Health Connections Community Advisory Board, half of which is made up of the center's patients. The council includes community members from Norris Homes and Apartments and from Fairhill Apartments, two housing projects served by the center.

Between 400 to 500 patients come to the center every month for its primary health offerings. "PHMC Health Connections has definitely improved the health of the community," says Brian. "A lot of children were under-vaccinated and they couldn't go to school or enroll in Head Start programs. Right now, more than 92% of our children are completely vaccinated." In addition, "we've seen a decreased number of teen pregnancies," says Brian. "We make it very easy for teens to talk with us about birth control."

Like PHMC Health Connections, **Rising Sun Health Center** collaborates with a housing project to provide residents with quality health care. Rising Sun, located next to the Hill Creek Housing Development in Northeast Philadelphia, was formerly Hill Creek Health Center and joined

Reaching Chester County's Farm Workers

Project Salud, a nurse-managed health center operated by PHMC affiliate La Comunidad Hispana and located in Kennett Square, provides Latino members of Chester County with culturally sensitive, bilingual and financially accessible primary health care. In May 2009, Project Salud moved to the new La Comunidad facility. The center's clients are primarily agricultural workers. In addition to nurse practitioners, Project Salud's staff includes a nurse midwife who helps provide clients with prenatal care. "We serve a community that faces many barriers, including language and culture," says **Marguerite Harris**, clinical director of Project Salud. "We do extensive outreach and education on diabetes, hypertension and cardiovascular health in the context of the patient's culture." In addition to providing care at the clinic's main site, Project Salud partners with local care providers to ensure their patients can afford x-rays, MRIs, blood work, other diagnostic tests and specialty visits. "Without Project Salud here, I think the community would not be so healthy. A lot of people would be hospitalized with complications because they would not be able to afford care or understand their illnesses," Harris says. ●

PHMC Health Centers

La Comunidad Hispana / Project Salud

731 West Cypress Street, Kennett Square, PA 19348

610.444.5278

Located in Chester County

Established 1985

Mary Howard Health Center

125 South 9th Street, Philadelphia, PA 19107

215.592.4500

Serves Philadelphia homeless population

Located in Old City

Established 1997

PHMC Care Clinic

1600 West Girard Avenue, Philadelphia, PA 19130

215.787.9617

Located in North Philadelphia

Established 1989

PHMC Health Connection

11th and Berks Streets, Philadelphia, PA 19122

215.765.6690

Located in North Philadelphia

Established 1996

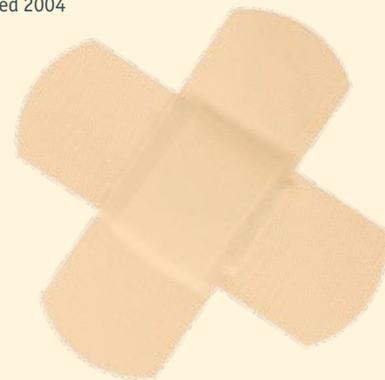
Rising Sun Health Center

500 Adams Avenue, Philadelphia, PA 19120

215.279.9666

Located in Northeast Philadelphia

Established 2004



PHMC-Managed OST Site Helps Residents Access Vital Programs

School Partnership Offers Academic and Health Resources

Every day, thousands of Philadelphia youth throughout the city can receive academic tutoring, college preparation assistance, healthy snacks and extracurricular activities through **Out-of-School Time (OST)**, a city initiative that offers after-school and summer programs to more than 20,000 Philadelphia youth and their families. Last July, the City of Philadelphia's Department

Sayre offers homework assistance, recreational activities, cultural enrichment and community service and leadership development opportunities. "Activities such as our family and fitness programs allow us to serve the community as part of our PHMC OST grant," says **Alan Speed**, director of the program at Sayre. "We offer classes such as line-dancing, fitness and nutrition, and karate."

for a lot of our students and families who don't have health care," he says. "We also encourage them to come to some of the programs the center provides, including free health screenings." In addition to community health care, the Sayre Health Center brings OST participants exposure to health-related topics. According to **Chris Bower**, director of community schools at Penn's Center for Community Partnerships, "We often collaborate with the health center for after-school workshops covering topics like sexual health and nutrition."

PHMC staff offer support to Sayre and all other OST sites to help ensure that youth receive high-quality services, which vary based on the site's focus and age group. "PHMC's role as the OST intermediary includes a number of different types of work: fiscal, contract, information systems, technical assistance and program monitoring among other things," says **Amy Friedlander**, vice president of Management Services & Special Initiatives at PHMC. "We provide professional development opportunities to funded providers in programmatic areas. PHMC program monitors work with each site to ensure the highest possible quality of programming is available to youth enrolled." Speed adds, "PHMC is not only an intermediary. They allow us to collaborate with like-minded programs and share resources to better help our community." 

Through PHMC's involvement, **FACILITIES PROVIDE A DIVERSE ASSORTMENT OF ESSENTIAL SERVICES** to the community

of Human Services designated PHMC as the fiscal and management intermediary for OST. Through PHMC's involvement, facilities such as Sayre High School, an OST site in West Philadelphia, provide a diverse assortment of essential services to the community.

Sayre High School serves about 50 elementary- and middle- school children after school, in addition to youth and community members, through its OST program. Staff members from the University of Pennsylvania's Barbara and Edward Netter Center for Community Partnerships coordinate and administer Sayre's OST program to provide care at a variety of levels. Through the Sayre Community School OST program, Penn staff and students provide programming to students in kindergarten through grade 8, as well as high-school-age students and adults.

In collaboration with Penn, Sayre High School also makes available the on-site Sayre Health Center, a federally funded and federally qualified community health center that provides its over 3,100 students and community patients with clinical, health education and health promotion services. **David Finzimer** is one of seven PHMC program monitors who work closely with OST sites and believes that the Sayre Health Center helps give important health care access for families with children in OST. "Sayre has a great working relationship between its school and its health center," says Finzimer. "At Sayre, when the child needs a physical, we can send them straight to the health center."

Speed, who attended Sayre as a child and now directly serves families in his former neighborhood through his role as director, agrees. "We use the health center

For a complete list of OST programs, visit **[PHMC.ORG/OST](https://www.phmc.org/ost)**.



Children's Checkups and Screenings

Many parents and children view the beginning of the school year as a fresh start. It also offers a great time to catch up on children's routine health examinations to ensure they start the new school year on the right foot. PHMC's **Community Health Data Base** has fresh data from the 2008 Southeastern Pennsylvania (SEPA) Household Health Survey examining routine childhood screenings. The survey includes 3,000 interviews about the health and health care of a selected child in the household.

Nearly all children (97.9%) in Southeastern Pennsylvania have seen a doctor in the past year. More than six in ten (63.0%) had a routine exam within the six months that preceded the survey.

The majority of children under 18 in Philadelphia and SEPA have a regular source of health care. While about 95% of children in all age groups do have a regular source of care, older children and children in families with lower incomes were less likely than their peers to have a regular place to go when sick. For example, 7.3% of teens (ages 12–17) below the federal poverty line did not have a regular source of care, representing more than 3,500 children.

Toddlers (ages 0–3 years) were most likely to have a regular source of care: 96.9% of the youngest children had a regular place to go when they were sick, regardless of insurance status. However, older children were less likely to have such a place, especially those lacking health insurance. Among 4–11-year-olds in our area with health insurance, 97.2% have a regular source of medical care. Among uninsured children in this age group, only 90.7% have such a place. The gap between the insured and the uninsured widens in the teen years. While 95.2% of insured teens in SEPA have a

regular source of care, only about eight in ten (80.2%) uninsured teens have a regular source of care.

For most children, their regular source of care is a doctor's office. Among toddlers above the federal poverty line, nearly nine out of ten (89.3%) go to a doctor's office, while about seven in ten (69.0%) toddlers in households below the federal poverty line go to a doctor's office for their regular source of care. Similar differences are seen across age groups.

Children and Eye Examinations

For many children, a comprehensive eye exam should be a routine event every two years, and for some children annual eye exams may be necessary¹. Only about four in ten (38.1%) SEPA children ages 4–17 had an eye exam in the past year. A greater percentage of insured children visited an eye doctor than did uninsured children (38.3% and 31.3%, respectively).

For nearly three in four (72.3%) children in SEPA foregoing eye exams in the past year, lack of need for one was cited as the main reason. For 4% of SEPA children who did not see an eye doctor, (representing approximately 16,000 children), the main barrier to care was cost. This reason was more common for teens than for younger children.

As we look forward to a new school year, this is a great time to make sure children are up-to-date on back-to-school checkups and routine exams. A screening now may help prevent problems later. ●

For more information on back-to-school checkups and routine exams, or about the Community Health Data Base, please contact **Rose Malinowski Weingartner** at rosemw@phmc.org or **215.985.2572**.

PHMC Data Opens New Area of Health Research

Researchers exploring a variety of health-related topics mine the data found in the Household Health Survey from PHMC's Community Health Data Base (CHDB). One such researcher is **Dr. Nirav Patel**, assistant professor of clinical medicine at the University of Pennsylvania Medical Center's Division of Sleep Medicine, who says, "CHDB is a great resource of primary data to understand a health or health-service issue in the region of Southeast Pennsylvania and lends itself well to professionals and students. The database can serve several important functions, including program development and evaluation, planning of health services, and as pilot data for grant applications."

Patel directs the Portable Sleep Monitoring and Commercial Drivers Program at Penn's Sleep Center and conducts research on public health concerns associated with insufficient sleep and sleep-related disorders. He uses CHDB data as a key component of his studies on sleep quality in the Philadelphia region. In 2006, Patel worked with CHDB to add the first question on sleep to the Household Health Survey. In 2008, thanks to Dr. Patel, the Household Health Survey asked participants three sleep-related questions. "With the data from the 2006 CHDB survey, my research team conducted an epidemiologic analysis to investigate potential socioecological influences upon sleep," says Patel. "This formed the basis of a grant from the National Institutes of Health Resource Center for Minority Aging Research for a pilot project in Philadelphia."

The Community Health Data Base (CHDB) Southeastern Pennsylvania Household Health Survey is one of the largest regional health surveys in the nation, covering Bucks, Chester, Delaware, Montgomery and Philadelphia Counties, and now Schuylkill, Lancaster and Berks Counties. It has been conducted every two years since 1994. The Pew Charitable Trusts, The William Penn Foundation, United Way of Southeastern Pennsylvania and over 350 local agencies from the health, government, nonprofit and academic sectors help to support CHDB. For more information on CHDB, visit phmc.org/chdb.

1 <http://www.webmd.com/eye-health/child-eye-exam>

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PHMC has served the region since 1972.

For more information on PHMC, visit **PHMC.ORG**

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