Last spring, Peniquia “Pinky” Russell called PHMC affiliate Linda Creed with a desperate request. She had a lump in her breast that had tripled in size within the span of a month and she was not sure what to do next. “I didn’t have any insurance at the time,” recalls the 29-year-old. “When I first called Linda Creed, they asked me if I had a primary doctor. But because I didn’t have health insurance, I would go to free clinics, but only if I had to, not for routine checkups.” Donna Duncan, executive director of Linda Creed, comes across clients like Russell everyday—women whose status as uninsured and underinsured patients prevents them from receiving regular, much-needed care.

The new healthcare reform legislation seeks to target these very clients who lack appropriate insurance by extending benefits and, over time, relaxing restrictions that previously prohibited such patients from receiving care. While policymakers continue to explore the effects the new legislation will have on Americans, Linda Creed remains a vital link to screening and diagnostic direct care services for uninsured and underinsured women in the Delaware Valley.

“The passing of the healthcare reform bill will have a major impact on everyone—not just the women whom we serve at Linda Creed, but all the people we serve through PHMC’s programs and health centers,” says Duncan. “However, the effects of the bill will phase in over time. For instance, it could be up to four years before our uninsured clients have access to insurance.” In the meantime, Linda Creed continues to help clients like 54-year-old Patricia Evans, who works part-time and thus does not qualify for health insurance. Thanks to Linda Creed, she was able to receive a mammogram for the first time in years.  

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“I didn't have any insurance... I would go to free clinics, but only if I had to, NOT FOR ROUTINE CHECKUPS.”
Summer Exercise Tips

As we enjoy August, one of the hottest months of the year in our region, keep in mind the following exercise tips from Students Run Philly Style director Heather McDanel. As executive director of Students Run Philly Style, the only program in Philadelphia that offers marathon training to help young people succeed in life, and a lifelong runner herself, McDanel maintains that regular workouts can be an energizing part of the summer if you keep the following precautions in mind.

- Stay hydrated. As the temperatures rise, so do your chances of getting dehydrated during the hot summer months. Drink water both before and after a workout. If you are running, carry a water pack that can keep you hydrated during long runs.
- When working out in the summer, wear light fabrics in light colors that allow your skin to breathe.
- Cover your head while working out. It will protect your skin from harmful UV rays and keep you cool at the same time.
- Try to work out in the early morning or evening instead of midday, when the sun’s rays are the hottest.
- If the temperature is higher than 90 degrees Fahrenheit or there is a chance of high humidity, help prevent heat injury by considering other options such as exercising inside or walking through an indoor mall.
- Always wear sunscreen while outside, no matter what the season.
What Does Healthcare Reform Mean to You?

President Obama signed healthcare reform into law on Tuesday, March 23. For this issue of DIRECTIONS, we asked PHMC and affiliate employees: “What does the passage of healthcare reform mean to you?” Here are a few of the responses.

“Health Promotion Council’s (HPC) core service is to provide health promotion and prevention services for uninsured and uninsured people. Healthcare reform expands coverage to 1.3 million Pennsylvanians who do not currently have insurance and to 683,000 residents who have non-group insurance who will now be able to attain affordable coverage through the health insurance exchange. One of the many provisions includes an essential benefit package comprising preventive services and chronic disease. Additionally, the legislation will include elimination of cost sharing for preventive care services in Medicare, as well as capping out-of-pocket expenses for low-income families. An example of how this will impact HPC’s efforts is that 2.2 million seniors will be able to access free-of-charge preventive care services. Seniors can now seek preventive services without making tough choices between health and other important life expenses.”

—Vanessa Briggs, MBA, RD, LDN
Executive Director, Health Promotion Council

“Health reform signals the beginning of a new era for nurse-led health care. The legislation defines “nurse-managed health clinic” in federal law for the first time and creates a new $50 million grant program to support these innovative safety net providers. This new grant funding will help ensure that nurse-managed health clinics—including PHMC’s nurse-managed primary care centers—are able to continue to provide care to low-income and vulnerable communities for years to come.”

—Donna Brian, CRNP, PhD
PHMC Health Connection, Clinical Director

“The Health Reform package offers enormous relief to working families who have been too poor to afford traditional insurance yet whose income was too high for Medicaid. States will now be able to cover adults up to 133% of the federal poverty level. For those of us who serve vulnerable populations, such as those who are homeless or living in marginal situations, there will be additional funding to add more clinicians, special services such as mental health, dental care or even funding to expand our health centers. We will be able to provide more services to a greater number of patients.”

—Elaine Fox, MA
Vice President, Specialized Health Services

PHMC Now Accepting Online Donations

You can now make an easy, secure and paperless donation to PHMC online. Every donation is tax-deductible and helps us meet our region’s public health needs and better serve our communities.

You can designate your gift in honor or memory of a loved one and you may specify the program your donation will benefit. Visit PHMC.ORG/donate to make a gift today.

Honors, Awards and Achievements

The Journal of Evidence-Based Social Work published “Effects of Drug Use on Sexual Risk Behavior: Results of an HIV Outreach and Education Program,” an article by Jennifer L. Lauby, PhD, senior research associate; Heather Batson, research associate; and Mary Milnamow, research associate, in its January 2010 issue. The article includes findings from the researchers’ evaluation of PHMC’s Pathways Project, an HIV intervention for out-of-treatment drug users. The researchers examined the effect of decreases in drug use on incidence of unprotected sex with main and non-main partners.

“Magic Johnson doesn’t worry about how to pay for medicine: experiences of black men who have sex with men living with HIV,” written by Lauby, Lisa Bond, PhD, senior research associate, and Archana Bodas LaPollo, MPH, senior research associate, along with Chong-suk Han of Middlebury College and Scott Edward Rutledge of Temple University, was published in the February 2010 issue of Culture, Health & Sexuality: An International Journal for Research, Intervention and Care. The article presents findings from PHMC’s Black Men’s Health Survey, which examines the everyday lives of HIV-positive black gay, bisexual and other men who have sex with men, and focuses on how being a racial minority may influence the ways they manage living with the illness.

Philadelphia Treatment Court case managers John Berry and Mary Santangelo received distinguished service awards for their more than 10 years of contributions and dedicated service to Philadelphia Treatment Court at the court’s 139th graduation ceremony in January.

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Why should nurse practitioners and NNCC-member nurse-managed health centers want healthcare reform? How could it affect them in their everyday patient care roles?

*Tine Hansen-Turton:* Healthcare reform is a good thing for nurses. This is an opportunity for which we have been advocating for a long time. With the current shortage of primary care physicians, and even fewer physicians going into primary care, resulting in a shortage of as many as 44,000 physicians in the fields of general internal medicine and family medicine by the year 2025, there really is no other way to meet the need than through primary care nurse practitioners, who have an opportunity to claim a significant core of health care delivery.

*Ann Ritter:* The law also recognizes that we’re going to need community providers in order to successfully implement the law. Healthcare reform focuses on improving health care in communities, and that’s exactly where our members are: in urban, rural and suburban communities across the country. It also focuses on public health and disease prevention, creating new investment in wellness services and preventive care. This fits very well with nursing’s overarching philosophy of comprehensive, patient-centered care that’s meant to prevent illness instead of just treating the symptoms of disease.

What was NNCC’s role in the healthcare reform legislation?

*TH:* We were instrumental in assuring that nurse-managed health centers were included in healthcare reform. We laid the groundwork to help ensure the sustainability of the nation’s nurse-managed health centers through the creation of a new $50 million grant program. The new law is a culmination of 10 years of work positioning nurse-managed health centers as critical access points for underserved populations and as teaching sites for faculty and students. This is what we were funded to do! Our founding goal was to make the nurse-managed health center federally recognized. A big part of our mission was accomplished by the bill itself.

*Brian Valdez:* NNCC’s advocacy for a federal grant program dedicated to nurse-managed health centers began in earnest with the introduction of the Nurse-Managed Health Clinic (NMHC) Investment Act of 2007 in the US Senate. Although that legislation eventually stalled, NNCC’s advocacy, which included holding a congressional briefing around the importance of NMHC funding, made it possible for the bill to be reintroduced in 2009. Last year, NNCC worked with congressional champions to reintroduce the NMHC Investment Act in the Senate and its companion bill in the US House of Representatives. Again, NNCC’s members engaged in a national advocacy campaign, involving both senators and representatives. Ultimately, NNCC’s contacts in the Senate and House were able
How will the new legislation affect the nurse-managed health center business model and make such centers more sustainable?

A: The new $50 million funding program is relatively small compared with some other parts of healthcare reform, but it will go a long way toward improving the sustainability of nurse-managed health centers. The new grant program is designed to support the development and operation of nurse-managed health centers, also called nurse-managed health clinics in the legislation. While the details still need to be worked out, this will help ensure that many of our members, especially the ones that can't qualify for existing health center funding programs, are able to get the new funding that they need to continue serving vulnerable patients.

The profile of nurse practitioners is on the rise. What are your predictions about nurse practitioners post-healthcare reform bill?

A: There are about 150,000 practicing nurse practitioners right now, and about 5,000 to 6,000 graduating every year. I would bet that, 10 years from now, nurse practitioners will be the face of primary care—an accepted face. Nurse practitioners are very highly skilled. Most other countries have something called a general practitioner, known as GPs, for primary care. If you look at the educational levels of nurse practitioners in the United States, they are more highly educated than most GPs throughout the rest of the world, yet barriers to nurse practitioner practice remain. So I still think you will see the politics of nurse practitioners being challenged.

Healthcare reform will require more advanced practice nurses as primary care providers. What types of incentive programs would you recommend to encourage nurse practitioners to choose primary care as their specialty?

A: Practicing in that type of setting is its own incentive. Our past studies have shown a high rate of satisfaction associated with practicing in community health centers; part of it is just the independence they have, in terms of making their own practice decisions. That autonomy is a major incentive. The healthcare bill also provides incentives for loan repayments for students.

A: Most nurse practitioners choose that profession because they're interested in primary care already. One way to encourage nurse practitioners to enter primary care and stay there is to remove unnecessary legal barriers to nurse practitioner practice. Nurse practitioners are capable of safely providing care that's comparable to a primary care physician, but many states place regulatory hurdles in their way. These hurdles don't improve patient safety, but they make nurse practitioner practice less efficient and they are immensely frustrating to nurse practitioners. Getting rid of these barriers would go a long way toward increasing the number of nurse practitioners providing primary care.
The Phrase that Pays

“Education is the passport to the future, for TOMORROW BELONGS TO THOSE WHO PREPARE FOR IT TODAY.” -Malcolm X

“WORDS MEAN MORE THAN WHAT IS SET DOWN ON PAPER. It takes the human voice to infuse them with shades of deeper meaning.” -Maya Angelou // “The difference between school and life? In school, you’re taught a lesson and then given a test. IN LIFE, YOU’RE GIVEN A TEST THAT TEACHES YOU A LESSON.” -Tom Bodett

For Shanice, a student in PHMC’s Homeless Teen Education Project, the phrase that paid was from Tom Bodett. “As I read the quote I cannot help but reflect upon my life experiences past, present, and future. I reminisce about the tests and lessons I have endured,” Shanice wrote in her essay that garnered her first place—and a new digital camera—in PHMC’s “The Phrase that Pays” Black History Month essay contest.

Shanice and 10 other students participated in the contest, selecting one of 10 provided quotes, identifying its author and writing a 300-word essay inspired by the chosen phrase. “Each year we try to give the teens a writing experience and this is the second year we have had this particular contest,” says Deborah McMillan, assistant vice president for Social Service Programs at PHMC.

Shanice was the only student to select Bodett’s quote. “There were a lot of good quotes, but I really liked how this one was phrased,” she says.

Elaine Colbert, teen education specialist, and volunteer tutor Catelyn Coyle coached the teens on writing their essays. Six judges, including a representative from the School District of Philadelphia and PHMC’s vice president of communications Dina Baker, evaluated the essays for format, clarity, style, originality and organization.

On April 7, PHMC held a recognition ceremony and dinner for the contest participants and presented awards to the first, second and third place winners. The second place winner received a $50 Dave and Buster’s gift card while the third place winner received movie tickets and complimentary transportation to the movie theater. Although most of the participants in the program live in emergency shelters and transitional housing, some are formerly homeless and live in permanent housing.

In her essay Shanice writes: “I have overcome several obstacles in my life such as being homeless, death in my family, and having a single parent mother with a bad heart condition. All of these circumstances have been my most challenging tests in life. I have been moving from place to place, city to city, and state to state all my life… Moving has not only impaired my childhood and schooling, but my outlook on life…. This unstable upbringing has shown me how important stability is…. In order for me to achieve this I must get an education so that I can pursue a career that will provide me with financial support.”

Since the contest, Shanice and her family have moved into permanent housing. Shanice plans to attend Kutztown University in Kutztown, PA in the fall. “I want to study biology or pre-med so that I can become a surgeon or pediatrician one day,” she says. When asked what she thought of healthcare reform, she noted that she had not been following it very much but that she thought getting people treatment was the most important thing. “I would treat a child first before asking their parents for proof of insurance.”

For more information on the Homeless Teen Education Project, visit PHMC.ORG.
Linda Creed... continued from page 1

Roxanne Stockdale, a stay-at-home mom raising six children with her husband, a small-business owner, is also uninsured. “Our income is such that our children qualify for the State Children’s Health Insurance Program but the program they have for adults isn’t available for us. To pay for it on our own is impossible,” says Stockdale. She called Linda Creed’s toll-free hotline and obtained a free mammogram. When the test showed an abnormal result, Linda Creed arranged for a follow-up biopsy. Says Stockdale, “People can be condescending if you don’t have insurance, but Linda Creed saw our needs.”

have difficulty keeping up with living expenses such as rent and utilities,” says Belda Chan, project coordinator at Linda Creed.

Linda Creed client Johanna Madigan worked for six years as a housekeeper at a resort in the Poconos until she was diagnosed with breast cancer. After undergoing a mastectomy, she was unable to work as she continued radiation and then chemotherapy treatments. She moved in with her daughter to reduce her living expenses and reached out to Linda Creed after her savings started to run out. “I had been calling around and I needed some assistance,” says Madigan. “Linda Creed understood my situation and I really appreciate it.”

Duncan notes that although healthcare reform will benefit millions, it still includes co-pays that add up for patients with breast cancer. “Breast cancer is an expensive disease with all the chemotherapy and radiation treatments. The cost can easily run into six figures. Every doctor’s visit, medicine and some tests still require co-pays. There are a lot of out-of-pocket expenses.”

As for Russell, Linda Creed was able to connect her with a healthcare provider, PHMC’s Rising Sun Health Center, where she learned her cancer was growing quickly and that she needed a mastectomy immediately. Linda Creed found her a breast cancer surgeon at a local hospital partner and she is currently in recovery and undergoing follow-up radiation treatments. As the recent legislation continues to expand coverage to patients such as Russell, public health partners such as Linda Creed and PHMC’s other programs continue to provide much-needed support and care.

For more information about Linda Creed, visit LINDACREED.ORG or call toll-free 1.877.99.CREED.

“ I’ve come across women with breast cancer who have GONE BANKRUPT PAYING FOR THEIR TREATMENTS.”

The passage of the bill may help meet the needs of clients like Evans and Stockdale. According to Duncan, the legislation’s provision that insurance companies can neither deny coverage to patients with pre-existing conditions nor set lifetime caps on coverage will significantly alter the state of women looking to maintain optimum breast health. It will especially help those women currently undergoing treatment. “If you are a woman with breast cancer, often you have been stuck in the healthcare system. Some insurance companies do not cover pre-existing conditions such as breast cancer, while others have a waiting period for coverage. Therefore, you have to pay out-of-pocket for treatments. I’ve come across women with breast cancer who have gone bankrupt paying for their treatments,” says Duncan.

To meet that need, Linda Creed established the Patient Assistance Fund, which provides nonmedical financial assistance to help women fill the gaps that can occur in insurance coverage, as well as other incidental expenses related to recovery. “Most of the women who apply for our Patient Assistance Fund, even if insured, still face financial hardships including co-pays, money for medication and time off from work. Many
Targeted Solutions
Takes a Group Approach to Technical Assistance

As Targeted Solutions supports organizations in the process of growing and changing to meet new challenges and realities, we also continuously expand and enhance our services to meet our clients’ needs.

Over the past year, Targeted Solutions has developed and refined a group technical assistance model that will form part of our continuum of services moving forward. The group model serves as a bridge between time- and resource-intensive individual consulting projects and basic, introductory training.

While training often focuses on the individual and on specified knowledge or skill development, group technical assistance focuses on the organization as a whole and encourages multiple staff members to attend. While imparting new skills and knowledge, the process is highly reflective and focuses on participants’ application of information and concepts to current issues within their organizations. For example, participants might be asked to bring organizational documents such as a strategic plan or logic model to assist in this reflective process.

Unlike traditional training, the group process does not end after a single session. Targeted Solutions consultants follow up with attendees to help them identify next steps, clarify concepts and generally advance the organization’s capacity in that particular area.

The group model combines some of the best aspects of training, such as providing peer learning opportunities and exchanges, with the features of more in-depth, individualized consulting projects, but in a manner less costly for organizations in terms of time and money. In the field of adult learning, there is extensive research-based evidence that adults learn best in small peer groups and that much of that learning is informal. With the new program model, Targeted Solutions aims to increase networking and information sharing among participating groups, thereby strengthening their respective sectors as a whole.

“We’re very fortunate,” says Amy Friedlander, vice president for Management Services and Special Initiatives at PHMC, “that William Penn Foundation, which generously supports Targeted Solutions, is interested in these new ways to effectively provide technical assistance.”

On September 22, from 9 a.m. to 12 p.m., Targeted Solutions will host a group technical assistance workshop on Outcomes Measurement. To register for this and future workshops, visit targetedsolutions.phmc.org.

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 offers 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 267.765.2343.
PHMC Awarded Southeast Regional Key

In May, PHMC received a contract from the Pennsylvania Department of Public Welfare’s Office of Child Development and Early Learning (OCDEL) to serve as the Southeast Regional Key (SERK) for its Pennsylvania Early Learning Keys to Quality initiative, a statewide quality improvement program targeting childcare providers. SERK is one of six regional keys working in partnership with OCDEL to develop and implement an integrated and coordinated system of program quality improvements and professional development supports for early childhood education.

As the Southeast Regional Key, PHMC will offer technical assistance and professional development to childcare providers in Philadelphia, Delaware and Montgomery Counties through specialized staff as well as subcontractors. PHMC also will evaluate providers to assess their quality levels based on the Keystone STARS system, an initiative of OCDEL to improve, support and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. Participating providers are ranked on a scale from STARS Level 1 to STARS Level 4, with Level 4 representing the highest level of quality. Providers receive grants or merit awards from SERK for achievement of higher STARS Levels. They also receive higher subsidy rates through the state’s Child Care Subsidy Program. Keystone STARS is managed through a partnership between OCDEL and the Pennsylvania and Regional Keys.

For more information, visit pakeys.org.

“SERK represents an opportunity for PHMC to leverage and coordinate several large-scale initiatives to benefit children and youth in the region. ChildLink, our early intervention system for children age three and younger experiencing developmental delays and disabilities, and OST, the city’s Out-of-School-Time initiative that we manage, will work in partnership with SERK to offer supports and services to early childhood education providers as they pursue continuous quality improvement.”

— Amy Friedlander, Vice President for Management Services and Special Initiatives

PHMC Care Clinic Gets New Home

In March, PHMC’s Care Clinic moved from St. Joseph’s Hospital to 1200 Callowhill Street. The Care Clinic, part of PHMC’s network of health centers, is a Federally Qualified Health Center providing primary care, pediatric care, specialized supportive services and family planning to public housing residents and underserved, uninsured and homeless populations living in communities located near the clinic.

New Grants

In January, CVS Caremark Charitable Trusts Awards presented Linda Creed with a $10,000 check to continue providing screening and diagnostic testing to women in the community.

PHMC’s Specialized Health Services (SHS) component received $187,000 in April from the Pew Fund for Health and Human Services, part of The Pew Charitable Trusts’ Philadelphia Program, to implement the Homeless Early Intervention Project. Currently, SHS provides assessment services to children living in shelters. The grant will help expand services to children in transitional housing and aid efforts to remove barriers to the early intervention system for homeless children ages three to five.

The Leo & Peggy Pierce Family Foundation awarded PHMC affiliate Interim House, which provides a continuum of comprehensive services to women addicted to drugs and alcohol, with a $30,000 two-year grant.

Community Health Data Base recently received four grants from major area foundations, including an additional $1 million over four years from The Pew Charitable Trusts and new support of $10,000 each from Philadelphia Foundation, CIGNA Foundation and Green Tree Community Health Foundation.

Correction

In the Winter 2010 issue of DIRECTIONS, we incorrectly reported the amount raised in PHMC’s 2009 United Way Employee Giving Campaign. The correct amount is $131,753. We apologize for the error.
Forty years after President Richard Nixon declared a “war on drugs” the White House released a national drug policy that aims to fight a disease, not a war, by treating illegal drug use as a public health issue and investing more resources into prevention and treatment.

McLellan, who stepped down from ONDCP this summer, has been a major voice for identifying and treating addiction as a chronic illness. Among the nation’s leading researchers on addiction, he has more than 30 years of experience in addiction treatment research.

“Healthcare reform will do for substance use disorders what Brown vs. the Board of Education did for school desegregation.”

The new drug control strategy, released in May, promotes community-based anti-drug programs, encourages healthcare providers to screen for drug problems before patients become dependent, and expands treatment beyond specialty centers to mainstream healthcare facilities.

In April, A. Thomas McLellan, then deputy director of the Office of National Drug Control Policy (ONDCP), spoke at PHMC to outline the priorities and share the latest developments in federal drug control policies and their implications for addiction treatment in public health, behavioral health and primary care. PHMC presented the program “Highlighting the Federal Agenda for Drug Control Policy” in recognition of National Public Health Week. “Given the release of the first-ever National Drug Control Strategy, Dr. McLellan’s visit to PHMC was very timely and appropriate for those of us committed to addressing the addiction needs of Philadelphia and the region,” says PHMC president and CEO Richard Cohen, PhD, FACHE. “Having a national drug policy that recognizes drug abuse and addiction as complex public health issues, not just criminal justice issues, is critical to our mission and extremely advantageous to the work we do.”

“Healthcare reform will do for substance use disorders what Brown vs. the Board of Education did for school desegregation,” McLellan told lecture attendees, referring to the historic segregation of addiction treatment from the rest of health care. The healthcare reform bill will integrate addiction treatment into primary care settings, making substance use treatment more accessible. In addition, it requires all healthcare plans to cover substance use disorders, make treatment accessible. In addition, it requires all healthcare plans to cover substance use disorders, approach prevention and promote workforce development, essential factors in substance use disorder services and overall healthcare.

The new drug strategy encourages healthcare professionals to solicit information about patient drug use even during routine medical care. “Putting treatment into the primary healthcare setting is critical,” says Elaine Fox, vice president of Specialized Health Services at PHMC. “Our Federally Qualified Health Centers specialize in providing supportive services not traditionally offered in primary care settings, such as mental health and substance treatment counseling.”

Arthur C. Evans Jr., PhD, director of the Philadelphia Department of Behavioral Health and Mental Retardation Services and also a speaker at the April event, agrees. “Addiction is a chronic condition, but the current system is set up to treat it on an acute basis,” he noted. Evans discussed a paradigm shift in the delivery of addiction services in Philadelphia, which he said aligns with the direction of the new drug policy and is based on a recovery-oriented system of care with emphasis on early intervention and sustainability after leaving treatment. Like McLellan, Evans noted that addiction should be monitored continually and managed much like other chronically relapsing medical conditions such as asthma, diabetes and hypertension.

“The integration of substance abuse treatment into primary care centers represents a critical paradigm shift that will help decrease the stigma associated with seeking help for addiction while also increasing access to care for thousands of consumers who wouldn’t otherwise receive it,” says Leslie Hurtig, MPA, vice president for Behavioral Health Services at PHMC and a co-speaker at the event with Lynne Kotranski, vice president of PHMC’s Research and Evaluation Group. Research shows that individuals receiving care in specialty behavioral health programs represent a small minority of those who need it, and that half of all mental health care in the United States is delivered by medical practitioners.

“Providing behavioral health treatment in healthcare centers, as we do here at PHMC, allows us to greatly expand the availability of these services in settings where patients already feel a sense of trust and safety, and often have long-standing relationships with their primary care providers,” says Fox.

According to Hurtig, “Providing good behavioral care is essential to providing good primary care. In fact, integrating behavioral health and primary care makes so much sense that I wonder why we haven’t been doing this forever!”

"Healthcare reform will do for substance use disorders WHAT BROWN VS. THE BOARD OF EDUCATION DID FOR SCHOOL DESEGREGATION."
Measuring Access to Care in Pennsylvania

This summer, PHMC’s Community Health Data Base (CHDB) fields its 2010 Southeastern Pennsylvania Household Health survey, providing an opportunity to measure some of the earliest regional effects of changes in access to care resulting from healthcare reform. The new legislation is expected to provide increased security to Americans who already have insurance while expanding coverage to an additional 32 million uninsured Americans over the next several years. Although many of the provisions of healthcare reform will not be enacted until 2014, many Americans, particularly children and young adults, are already benefiting from a number of immediate provisions. Under the new law, coverage for young people under their parents’ plan is extended until age 26. The legislation also bars health insurance companies from denying coverage to children with pre-existing conditions and rescinding coverage after a policyholder gets sick.

Other key provisions of healthcare reform focus on health disparities and will likely impact ethnic and racial minorities. Such provisions include efforts to expand access to health care through Medicaid expansion and health exchanges, as well as workforce development—particularly in medically underserved areas—and expansions of community health centers.

PHMC conducted its last survey in 2008, documenting disturbing disparities in care among uninsured and insured persons in Southeastern Pennsylvania. Approximately one in 10 adults ages 18–64 (9.8%)—representing about 237,400 individuals—did not have public or private health insurance. Nationally, an estimated 46 million Americans, nine million of them children, are uninsured.

Despite provisions such as the federally funded State Children’s Health Insurance Program, better known as SCHIP or CHIP, many children in southeastern Pennsylvania have inadequate coverage. In 2008, 4.2% of children under age 18 in the region, or about 39,000, had no private or public insurance. Across the five-county region, Philadelphia had the highest proportion of uninsured children (5.1%).

Profile of Uninsured Pennsylvanians*

- Nationally, about 30% of young adults are uninsured. In southeastern Pennsylvania (SEPA), young adults are more than twice as likely to be uninsured compared with any other age group: one in five adults ages 18–29 (19.5%) are uninsured, compared with 8.5% of adults 30–39, 9.1% of adults 40–49, and 6.1% of adults 50–64. Young adults are also more likely to lack insurance than children (19.5% and 4.5%, respectively).
- A higher proportion of men are uninsured than women (11.2% and 8.7%, respectively).
- Racial and ethnic minorities represent only one-third of the total US population, yet they comprise more than 50% of the nation’s uninsured. In SEPA, racial and ethnic minority adults are more likely to be uninsured than white adults: 29.8% of Latino adults are uninsured, followed by black/African American adults at 14.5%.
- In SEPA, 7% of black children are uninsured compared with 2.7% of white children and 4.5% of Latino children.
- 14.1% of SEPA children with asthma do not have insurance.
- Adults living below 200% of the federal poverty level are more than four times as likely to be uninsured than those living at or above 200% of the federal poverty level.

PHMC’s Household Health Survey Summer 2010

Did you recently get a call asking you to participate in a brief phone interview about your household’s health? It may have been PHMC’s Community Health Data Base. Conducted every two years, the Southeastern Pennsylvania Household Health Survey examines the health and healthcare experiences of area residents. Survey data help in the planning and enhancement of local and regional health services. The survey encompasses approximately 10,000 households across the region. By taking a few minutes to answer questions, you played an important role in improving local health care services. We thank all who participated.

For more information on the Community Health Data Base, visit chdbdata.org.†

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, Berks and Centre 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 about the Community Health Data Base or access to care, contact CHDB director Francine Axler at francine@phmc.org.

* Data from 2008 Southeastern Pennsylvania Household Health Survey
PHMC’s DIRECTIONS SUMMER/FALL 2010

Public Health Management Corporation (PHMC) is a nonprofit public health institute that builds healthier communities through partnerships with government, foundations, businesses and other community-based organizations. It fulfills its mission to improve the health of the community by providing outreach, health promotion, education, research, planning, technical assistance and direct services.

PHMC has served the region since 1972. For more information on PHMC, visit PHMC.ORG

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