



# DIRECTIONS

## *Ten Years Providing Housing Help in Philadelphia*

In 2007, 41-year-old Rita Hernandez had an apartment and a job. Life with her 3-year-old son, Cesar, was good. But when her company laid her off and she couldn't afford her rent, Hernandez and her son found themselves at a Philadelphia shelter. "I would go to sleep," says Hernandez, "and wake up crying." Her story isn't uncommon. According to the PHMC Community Health Data Base's 2008 Household Health Survey, more than half (55%) of Philadelphia adults report difficulty making their monthly housing payments, including utilities. And during this economic downturn, many shelters have seen increases in clients who have lost their jobs and homes. For Hernandez and her son, relief came 10 months into their ordeal from **HELP Philadelphia**, a PHMC-managed transitional housing program.

HELP Philadelphia is the local arm of HELP USA, a national nonprofit organization that builds and operates low-income, permanent housing and transitional housing facilities. PHMC has partnered with HELP Philadelphia for the past 10 years to provide on-site case management and social services for families in transitional housing. HELP Philadelphia Genesis Square Apartments, located in West Philadelphia, includes 50 transitional apartments for homeless families. It sits directly across from HELP Philadelphia Genesis Square Townhouses, a 40-unit, low-income, permanent housing complex. Families can stay in HELP Philadelphia's transitional housing, which receives its referrals through the City of Philadelphia's Office of Supportive Housing, for up to two years. To be eligible they must have one or two children under

the age of 12. The program collaborates with Childspace Cooperative Development, which runs on-site daycare services.

In 2009, HELP Philadelphia marked its tenth anniversary. For the past six years, the clients have been women with children, though men are welcome into the program. "We provide services for people who are previously homeless and are coming from a shelter," says **Shirley Robinson**, program director, explaining that residents come directly from City of Philadelphia shelters or from domestic violence situations. Each family lives in a fully-furnished, one bedroom unit.

One of HELP Philadelphia's most unique and critical features is ongoing case management support. "It's independent living but with supervision," says Robinson. "We teach clients how to manage their lives and households." Among other services, HELP Philadelphia provides its parents with employment guidance, vocational training, adult education classes, life skills education, permanent housing assistance and parenting classes. "A lot of our clients come from backgrounds where they did

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"We want families **TO GAIN INDEPENDENCE** from the welfare and shelter systems"

## A MESSAGE from Our President & CEO

I am delighted that this issue of **DIRECTIONS** comes out just in time to allow me — on behalf of all of us at PHMC — to wish you a joyous holiday season and a healthy 2010.

Unfortunately, for many whom we serve the holiday season serves as a harsh reminder of all they lack in access to health care and other key, basic needs. We have devoted this issue to those concerns and how the extraordinary staff at Public Health Management Corporation helps address them, every day, thanks to your ongoing support.

We seek to provide safe housing throughout the year, and as winter sets in this need becomes ever more urgent. From our Community Health Data Base report on housing data to stories on HELP Philadelphia, food safety in shelters, our new Homeless Resource Guide and how we help families live in lead-free homes, we give you just a glimpse of all we do to keep people safely sheltered.

It's always a bright moment when we witness children's delight upon receiving holiday gifts. Of course, holiday gift-giving and gift drives can only be as safe as the

toys themselves, another focus of our lead-free work.

Finally, we salute World AIDS Day, which was observed on December 1, with coverage of data on HIV testing and a profile of our newest affiliate, Best Nest, which originally developed in the 1980s to care for HIV/AIDS infected children. This extraordinary agency now provides services for a broad range of medically fragile children.

You'll notice that our coverage of Direct Emergency Financial Assistance focuses on both of this issue's themes, as the program provides housing for HIV/AIDS patients. That is hardly surprising. As much as we might try to present our work to you thematically in **DIRECTIONS**, the truth is that all we do is interrelated. The strength of PHMC comes from our ability to draw on our 1,400 expert employees, 250 programs and 10 affiliates to meet the intersecting and complex needs of individuals, families, communities and populations.

We approach this holiday season knowing that those needs are greater than ever. Economic pressures combined with fiscal uncertainties in Pennsylvania and Philadelphia



have increased the number of people in need of services and, in recent months, hampered the ability of many in the nonprofit sector to respond. We at PHMC are thankful that our programmatic and fiscal strength has allowed us to serve when the demand has been greatest. And we thank our partners, collaborators and supporters for standing with us.

Yours in public health,

A handwritten signature in dark ink that reads "Richard J. Cohen".

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

# ALL OF US AT PHMC

## WISH YOU AND YOUR FAMILY THE BEST DURING THIS HOLIDAY SEASON AND THROUGHOUT 2010

## In Remembrance of Lewis Polk, Founding PHMC Board Member

**L**ewis David Polk, MD, MPH, former Commissioner of the Philadelphia Department of Public Health and one of the founding board members of PHMC, died on Saturday, October 24, 2009, in Philadelphia. He was 80 years old.

Polk was at the forefront of public health during his career, which spanned more than five decades. “Dr. Polk devoted his life to public service,” says PHMC senior vice president **John Loeb**. Polk played a leading role in founding PHMC in 1972 and was an active board member until 1981. “He was a driving force in formulating PHMC’s original mission and priorities and played a leading role in supporting PHMC leadership in emergency medical services planning and development,” adds Loeb. Polk received the PHMC Carl Moore Leadership Award in 2001.

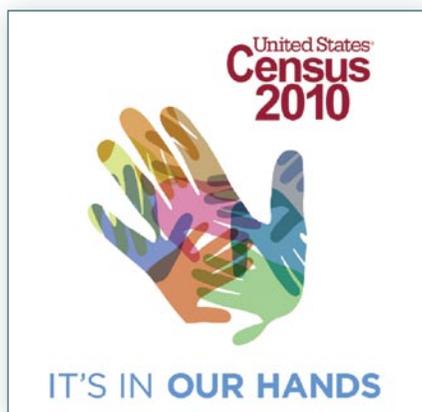
Polk’s contributions to public health were not limited to his work in Philadelphia or with PHMC. “Dr. Polk was very instrumental in shaping public health in Pennsylvania. He leaves an admirable legacy to follow and will be missed,” says **Richard Cohen**, PHMC president and CEO. Polk was director of the Bucks County Health Department from 1985 to 2003 and served as president of the American Academy of Health Administration, vice president of the American College of Preventive Medicine, trustee of the U.S. Conference of City Health Officers and president of the Pennsylvania Public Health Association. He was an editorial board member of *Clinical Pediatrics* and published more than 50 articles in the *Journal of the American Medical Association*, the *American Journal of Public Health*, *Public Health Records* and other publications. ●

## PHMC Supports Census 2010

**E**verything PHMC does flows from data and research, allowing us to provide high quality, evidence-based programs and services reaching the people who need them most. As the US Census Bureau prepares for the upcoming Census

2010, PHMC strongly encourages area residents to complete and return the questionnaire, which is due to hit mailboxes in March 2010. Census data directly affect the amount of federal and state funding that our communities receive over the course of the next decade for public health, education, neighborhood improvements, senior services, transportation and much more. Census data also determine our community’s representation in Congress and legislative redistricting. Spending just a few minutes to complete your census form will help ensure representation, access and funding for your community. ●

For more information on Census 2010, visit [census.gov/2010](http://census.gov/2010).



## Honors, Awards and Achievements

On Friday, May 1, United Way of Southeastern Pennsylvania recognized PHMC for its Top 2008 Campaign Performance at the Champions for Impact Awards. Last year, PHMC raised more than \$130,000 for the United Way, which helps to meet the health, education and social service needs of the Southeastern Pennsylvania community. The 2009 United Way Campaign ran from October 23 to November 20, raising \$158,000 and exceeding our campaign goal. PHMC thanks you for your continued support of the United Way, of PHMC and of our affiliates during this year’s campaign.

In July, **Rachel Kirzner** and **Jodi Houlon** from PHMC’s **Maximizing Participation Project** gave a presentation entitled “Untreated Mental Illness in Long-Term TANF Recipients: Increasing Client Engagement into Treatment” at the National Association of Welfare Research and Statistics Conference in Albany, New York.

In celebration of National Health Centers Week, August 9–15, PHMC’s **Mary Howard Health Center**, the only primary health center in Philadelphia designed exclusively to cater to the city’s homeless population, recognized its leading supporters, including Councilwoman Jannie L. Blackwell, in a ceremony on August 13. The event also kicked off the start of Mary Howard Health Center’s expansion project, which includes six new exam rooms. The construction is made possible through federal stimulus dollars, which Mary Howard Health Center received in June. The ceremony also recognized **Rhonda Carter**, psychiatric nurse practitioner at Mary Howard, and Brenda Cooper, outreach coordinator at Horizon House, for their outstanding contributions.

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## PHMC Welcomes Best Nest

**B**est Nest, one of the first child welfare agencies in Pennsylvania to provide foster care for HIV/AIDS infected children and services to their families, joined PHMC on July 1 as its tenth affiliate. Best Nest comes to PHMC with an established reputation for bringing high-quality care to one of the area's most vulnerable populations. When Best Nest, Inc. was founded in 1987, AIDS had just appeared on the public health horizon, bringing with it a host of questions about transmission, treatment and prognosis.

in the epidemic, many people were sick or dying. Many grandparents and extended family members were unable to care for babies with HIV because they couldn't bear the thought of losing them. There was a great deal of stigma and fear associated with HIV and AIDS in the 1980s." Best Nest responded to the challenge that this atmosphere presented to the child welfare system by providing care for children with special medical needs.

Initially, Best Nest intended to open a group home in Forksville, Pennsylvania for babies with HIV/AIDS. The need for a

care and adoption agency that matches children with special medical needs to caring families. "We thought we would have a really hard time finding foster homes for children who were HIV positive," says Desmond, "but for a long time we had a waiting list of families who were willing to foster."

The first group of Best Nest babies included 16 children, but during the height of the HIV/AIDS panic and the crack cocaine epidemic, the agency serviced more than 200 children annually. In 1993, services expanded to include adoption, a program

## BEST NEST RESPONDED TO THE CHALLENGE by providing care for children with special medical needs

"Best Nest started because we realized that children were being born to mothers who were HIV infected and unable to care for their babies," says **Kathleen Desmond**, executive director of Best Nest. "At that time

group home dissipated, however, after public debate over the safety of such a home prompted many families to volunteer to keep the babies in their own homes. Since then, Best Nest has operated as a foster

aided in 1997 when President Bill Clinton signed the Adoption and Safe Families Act facilitating the adoption of children with special needs. Now, Best Nest serves an average of 100 children each year.



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Best Nest currently offers services to children with a variety of specialized health needs, including respiratory illness, cerebral palsy, cancer and heart transplant. In order to provide parents with resources, Best Nest offers counseling, case manage-

ment, parenting education and support services, including respite care, to families with special needs children. Shortly after the affiliation in July, Best Nest received news that Philadelphia's Department of Human Services had awarded it a \$1.9 million dollar contract to provide in-home services to children with special medical needs who are at risk for abuse, adding further to the agency's range of offerings.

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Long before Best Nest became an affiliate of PHMC, the two organizations had

collaborated. "PHMC provided consultation services to Best Nest nearly 20 years ago to help the organization stabilize its leadership structure and to develop fiscal, human resources and programmatic policies and procedures. Since that time we have contin-

ued to cross paths," says **Amy Friedlander**, vice president of PHMC's Management Services & Special Initiatives component. "We're very excited about the affiliation," says Desmond. "Our expertise plus PHMC's creates a lot of possibilities." Together with PHMC, Best Nest is poised to help a larger population of special needs children. ●

To learn more about Best Nest, call **215.546.8060** or visit **bestnest.org**.

In August, **Tine Hansen-Turton**, executive director of **Convenient Care Association** and PHMC affiliate **National Nursing Centers Consortium** and vice president of health care access and policy at PHMC, received the CARE Leadership Award at the second annual Retail Clinician Education Congress for her legislative efforts on behalf of nurse practitioners and convenient care clinics.

In September, **Celeste Collins**, vice president of human resources at PHMC, received a 2009 Minority Business Leader Award from the *Philadelphia Business Journal*. The award recognizes top minority executives and advocates of ethnic backgrounds.

On September 11, **PHMC Training** offered "New Developments in Addiction Treatment," a seminar featuring keynote speaker **A. Thomas McLellan, PhD**, the recently appointed Deputy Director of the Office of National Drug Control Policy, professor of psychiatry at University of Pennsylvania and founder and executive director of Treatment Research Institute. McLellan addressed more than 80 behavioral health professionals on the barriers facing patients in treatment for substance abuse and the need to train primary care physicians to treat patients who are struggling with addiction. Also presenting were **James McKay, PhD**; **Douglas Marlowe, JD, PhD**; **Laura McNicholas, MD, PhD**; **Dan Polsky, PhD** and **Robert Brooner, PhD**.

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# Targeted Solutions

## *Strategic Planning: The Bridge Maps a Blueprint for the Future*

In today's rapidly changing nonprofit environment, organizational strategic plans are more important than ever. Without a clear sense of where it wants to go and how to get there, organizations are prone to drift aimlessly in the winds of policy, funding and practice change.

With this in mind, **The Bridge**, a PHMC affiliate providing rehabilitation services to individuals struggling with substance use, called upon Targeted Solutions to lead the organization through a strategic planning process. The organization had recently completed its previous strategic plan cycle and taken over management of the **E<sup>3</sup> Youth Opportunity Center**, a program that provides employment and education services to youth who have not earned a high school diploma or GED. The timing was perfect for a new strategic plan. "In order for us to stay competitive in the long haul, we need to have a good, solid strategic plan," says **Michael Ogden**, program director of The Bridge.

Targeted Solutions began the strategic planning process by interviewing The Bridge's stakeholders—those individuals who are invested in and benefit from its services. Targeted Solutions consultant **Laura Line** conducted group and personal interviews with board members, funders, employees, community members and consumers to ascertain the direction in which stakeholders perceived the organization to be heading. "It was important that we made sure everybody's voice was heard," says Line. "It really allowed stakeholders to express the things that they wanted to maintain at The Bridge, as well as opportunities for change."

After collecting and analyzing the information from stakeholders and from The

Bridge's internal documents, Line presented the preliminary findings to staff and board members and then facilitated a series of discussions to guide development of the final plan. As part of the process, the organization also updated its mission statement to better reflect the range of services now offered. The final result is a five-year plan that includes a comprehensive set of targeted goals and objectives with specific activities, timelines, key staff and success indicators.

"The great thing about working with Targeted Solutions is that they have skill sets that include an understanding of the nonprofit sector," says Ogden. "It was only logical that if we wanted a high quality product, we would go to them."

"The great thing about working with Targeted Solutions is that **THEY HAVE SKILL SETS THAT INCLUDE AN UNDERSTANDING OF THE NONPROFIT SECTOR**"



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](mailto:fparkes@phmc.org) or 267.765.2343.

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In October, PHMC's **Specialized Health Services** received a grant for more than \$800,000 to start the "Rapid Re-Housing Program," which assists families needing help with rent, utility payments and moving costs. The grant, which is funded through federal stimulus monies from the American Recovery and Reinvestment Act, provides 250 families with housing stabilization services. The program operates out of the HELP Philadelphia site in West Philadelphia. (See cover story to read more about HELP Philadelphia.)

## New Grants

**Students Run Philly Style**, a program of PHMC affiliate National Nursing Centers Consortium, received a \$10,000 grant in May from St. Christopher's Foundation for Children. Students Run Philly Style is the only program in the city that provides youth with mentoring through marathon training.

In June, **New Pathways for Women**, which helps substance-involved minority women enroll in substance abuse recovery programs, received a grant of \$5,000 from the Stuart Fund.

Philadelphia's Department of Human Services (DHS) recently awarded **Best Nest**, PHMC's newest affiliate, a \$1.9 million contract to be the sole provider of in-home protective services to children involved in the DHS system who have special health care needs. Best Nest will use a multi-disciplinary team of social workers, nurses, social work supervisors and a program director. The program will double the staff and size of Best Nest and expand its complement of services. (See page 4 for a profile of Best Nest.)

## HELP Philadelphia... continued from page 1

not have parents while growing up; no one was really there," says resource specialist **Aisha Childs**, who leads many of the workshops. "Many don't have their GED or diploma either. Without our help, a lot of them would be lost."

Each client works with a case manager who guides her through the five phases of the program. "Case management is a lot like parenting," says **Nadine Davis**, a case manager at HELP Philadelphia. "A lot of the young women have very low self-esteem; they come from lives of turmoil. Our job is to get them back on track." Phase one is described as orientation and takes place in the first 30 to 90 days of the program, during which case managers meet with the client once each day. During this period, the client must open a bank account and begin a savings plan. Every resident must put away 20% of her income in savings and pay 30% for rent. "Most of the women are used to doing what they want with their money," says Davis. "But they're not used to saving; that's a big struggle for them." On average, the women have saved approximately \$1,000 by the time they leave the program.

In phase two, the clients register for a program that helps them pass the General Educational Development (GED) test or attain job training. For the third phase, the

clients attend group therapy for five weeks. Phase four requires that the clients facilitate a four-week peer discussion group. In the final phase, clients prepare for their move into permanent housing and they research their future neighborhood. "For a lot of them, when it's time to leave, they don't want to leave," says Davis. "A lot of the friendships made here last years after the women have moved out of HELP Philadelphia."

Ninety percent of HELP Philadelphia graduates continue to maintain their housing after leaving the program. "Young women with children need additional support to become self-sufficient," says **Deborah McMillan**, assistant vice president of PHMC's Specialized Health Services. "Here at HELP Philadelphia, we want families to gain independence from the welfare and shelter systems."

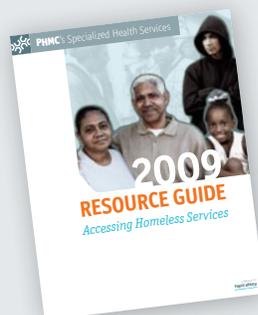
As for Rita Hernandez? She is studying for her GED test and is happy that Cesar started pre-K this year. "I've saved some money," says Hernandez, who enjoyed the various seminars so much that she took some of her favorites twice. "Being in this program gives you time to get ready for your own house and it really teaches you how to stretch your money." ◆

For more information about HELP Philadelphia, call **215.473.7451**.

## Accessing Homeless Services Just Got Easier

PHMC's Specialized Health Services component is pleased to announce the publication of its *2009 Resource Guide: Accessing Homeless Services* for providers working with Philadelphia's homeless population. The directory, which is the first of its kind in Philadelphia, lists resources to help clients who seek transitional and permanent housing, access to health care services, enrollment in vocational and education programs and much more. Why waste your time searching for services or hunting for program brochures when you can find all your information in one place?

To access the free, searchable, online version please visit [issuu.com/phmc](http://issuu.com/phmc). To order a bound copy at \$10 each, please contact Nikkia Hunter at **215.731.2046** or [nhunter@phmc.org](mailto:nhunter@phmc.org).



# PHMC Helps Many Come Home to Safety

When it comes to housing, PHMC programs address barriers that prevent families, whether they live in a shelter or a row house, from achieving the goal of living in a safe, comfortable atmosphere. PHMC affiliate **National Nursing Centers Consortium** (NNCC) offers a number of lead safety programs that help families determine whether their children are at risk of lead poisoning. PHMC's

## Helping Parents Raise Their Children Lead-Free

When *The Washington Post* reported in 2004 that there were high levels of lead in the drinking water in the District of Columbia, the Environmental Protection Agency responded by teaming up with National Nursing Centers Consortium, which had experience with lead programs in Philadelphia, to create **Lead Safe DC** to

them reduce that level. The third initiative is a lead poisoning prevention program to help ensure that children placed into foster care are not exposed to lead dangers.

For the past nine years, NNCC has run **Lead Safe Babies**, a similar program in Philadelphia that reaches 1,300 families per year by coordinating with several nurse-managed health centers throughout the city to educate parents and screen homes for lead. "Both Philadelphia and Washington, D.C. are very old cities and a great number of people who live in urban areas may be living in homes with lead-based paint," says **Harrison Newton**, director of NNCC's environmental health programs. "Homes are not static environments. Over time, general wear and tear, renovations and even the weather can release particles of lead-based paint into your home."

See page 10 for tips on how to keep your home lead free.

PHMC programs address barriers that prevent families from **ACHIEVING THE GOAL OF LIVING IN A SAFE, COMFORTABLE ATMOSPHERE**

**Direct Emergency Financial Assistance** (DEFA) program helps HIV/AIDS patients obtain housing, while PHMC's contract with Philadelphia's Department of Human Services Emergency Fund subsidizes housing expenses for those who need it most. Through its **Child and Adult Care Food Program**, PHMC affiliate **Health Promotion Council** (HPC) engages with food workers at emergency housing sites across the city to ensure that families in housing are eating healthy, safely prepared meals.

educate families about the dangers of lead poisoning. Lead Safe DC now offers three lead safety outreach initiatives. The first focuses on primary prevention and helps inform families who live in the neighborhoods where many of the children have elevated blood levels. The second Lead Safe DC initiative responds to children who have been tested for lead and whose blood results indicate that they have been exposed to dangerous levels of lead. The program works with their parents to help

## DEFA Ensures HIV/AIDS Patients Have a Home

The DEFA program works exclusively with HIV/AIDS patients and is administered by PHMC for the Philadelphia Department of Public Health's AIDS Activities Coordinating Office and the city's Office of Housing and Community Development, with



## Healthy Toy Shopping

When it comes to lead safety, children are of paramount importance. "Learning disabilities, attention deficit disorders and the loss of executive functioning are just some of the things that can occur when a child gets lead poisoning," says **Harrison Newton**, director of NNCC's environmental health programs. With recent reports of lead-based toys and children's jewelry coming into the US, parents need to be aware of lead poisoning

risks when buying their children holiday presents. Most toys have very little lead in them, but even a small amount can be lethal if swallowed by a child. Newton advises that if you are buying toys for a child under three who may put things in his or her mouth, avoid buying toys with small parts. Additionally, look for well-made toys that will not break easily. Avoid giving your children older toys. Old toys are far more likely to contain lead.

funding from HUD's Housing Opportunities for People with AIDS program. "Under our watch, not one DEFA recipient has been homeless," says DEFA program coordinator **Linda Hazelwood**. "There may not be a cure for HIV/AIDS yet," she says, "but we can at least help make clients comfortable." DEFA helps recipients with housing, including mortgage, rent and essential utilities, as well as with medical treatment and equipment related to HIV/AIDS. In the past year, 85% of DEFA applications asked for housing funds. DEFA works with an average of 500 clients each year.

### Stability for Children and Their Parents

As part of a contract with Philadelphia's Department of Human Services (DHS), PHMC administers the DHS Emergency Fund, which last year provided housing support to 2,693 children and their families. The DHS Emergency Fund works with families who are already in stable housing by helping parents and caregivers pay for items such as rent, utilities, housing repairs, appliances and rent arrears. "On average we receive 50 applications for DHS emergency funds a week," says **Rich Kirschner**, administrative coordina-

tor. The fund, which began in 2002, operates with the goal of achieving permanent housing and stability for children in foster care or adoption or who may be separated from their families.

### Healthy, Safe Food for Families in Shelters

HPC's **Child and Adult Care Food Program** (CACFP) is all about food, more specifically how to cook it right. CACFP, which is funded by the United States Department of Agriculture and staffed by HPC, works with the City of Philadelphia's Office of Supportive Housing to provide training and technical support to eight emergency housing sites across the city. In addition to developing menus, CACFP provides cooks with on-site and off-site training and helps kitchen workers obtain ServSafe® certification, a nationally recognized and accredited food safety credential. "We teach food safety to the culinary staff of emergency housing facilities to enable them to better serve their clients," says **Lynne Snyder**, program coordinator of CACFP.

See the special feature on the right for food safety tips. ●



## Food Preparation Safety Tips

- Always wash your hands before and after food preparation.
- Use separate cutting boards if possible, for example, one for meat and the other for vegetables.
- Always wash and sanitize your countertops, knives, cutting boards and equipment when switching tasks, for example, when you switch from cutting raw meats or poultry to working with vegetables.
- Set your refrigerator's thermostat below 40°F to help prevent bacteria from growing to dangerous levels in your food.
- If food has been sitting at room temperature for more than two hours, throw it away!
- After cleaning spills (especially raw meat juices) from kitchen surfaces, sanitize the surface with diluted bleach or another chemical sanitizer to reduce bacteria to safe levels.
- Keep cold foods cold, keep hot foods hot!
- Always cook meats, fish, poultry and eggs to a safe internal temperature.
- Do not let raw meats touch or drip into ready-to-eat foods.
- If preparing ahead, cool cooked foods down as quickly as possible.



Lead Safe DC director Harrison Newton testifies to the District of Columbia Council in support of groundbreaking lead poisoning prevention legislation.



## Lead Safety Tips

- If your house was painted before 1978 and the paint is stripping or peeling, test it to make sure it is not lead based.
- Every morning, let your water run in your faucets for about five minutes to help discard possible residual lead, as many pipes are lead based.
- Parents and caregivers who use formula to feed their infants should only use filtered water to prepare it.
- Lead can also be found in soil. Make sure children thoroughly wash their hands after playtime outdoors.
- Many batteries contain lead. Keep loose batteries out of the reach of children.

## Selected Findings on HIV Testing in SEPA

The following information is taken from the 2008 Southeastern Pennsylvania (SEPA) Household Health Survey conducted by PHMC's **Community Health Data Base**. Analysis includes all adults ages 18 and older in the five-county area, except where specified.

**1.55 million** Number of adults in SEPA who have never been tested for HIV

- Among adults (ages 18 and older) in Southeastern Pennsylvania, about 54% have never been tested for HIV, representing about 1.55 million adults in SEPA.
- Just under one in five adults (18.5%) in Southeastern Pennsylvania have received an HIV test in the past year. This represents approximately 528,000 adults.
- On the other side, over eight out of ten adults (81.5%) have not received an HIV test in the past year.

**Philadelphia** County in Southeastern Pennsylvania with the highest proportion of adults who have been tested for HIV in the past year

Incidence of adults who have received an HIV test in the previous year, by selected demographic characteristics:

### By County

Philadelphia is home to the highest proportion of adults who have had an HIV test in the past year (28.8%), followed by Delaware (15.9%), Chester (12.0%), Montgomery (11.3%) and Bucks (11.1%) Counties.

### By Age Group

- Younger adults are more likely than older adults to have received an HIV test in the past year. Over one-third of adults ages 18–29 (37.6%) had an HIV test in the past year, compared with one-quarter of adults 30–44 (26.2%), 12.1% of adults 45–64 and 5% of adults 65 and older.
- Those never having had an HIV test (as opposed to past year testing) include: 38.5% of adults 18–29, 29.5% of adults 30–44, 61.5% of adults 45–64, and 86.6% of adults 65 and older.

### By Race/Ethnicity

- Black/African American and Latino adults are more likely to have had an HIV test in the previous year than other racial groups (37.1% and 35.8%, respectively). This compares with 17.8% of Asian adults and 10.7% of white adults who have had a past year HIV test.

**18.9%** Percent of SEPA men who have had an HIV test in the past year, compared to 18.1% of women

### By Gender

- Men and women in SEPA are about equally likely to have received an HIV test in the previous year (18.9% and 18.1%, respectively).



A health care worker at PHMC Care Clinic, which provides HIV/AIDS services, labels lab samples.

# Data Reveal Difficulties Affording Housing

Throughout the region, economic hardship is a reality. Stress from financial strain is reflected in our well-being, with long-term effects on families, communities and individual health. The emotional toll of struggling to get by can directly affect health, and financial difficulty also may cause delays in seeking needed medical care. Public Health Management Corporation's **Community Health Data Base** shines a light on the burden of housing costs on area residents with data from the 2008 Southeastern Pennsylvania Household Health Survey, a telephone survey of 10,000 households in Bucks, Chester, Delaware, Montgomery and Philadelphia counties conducted every two years.

## The Housing Burden in Our Region

For most people, housing represents a significant portion of monthly expenses. Whether paying rent or mortgage, nearly half (48.5%) of adults in Southeastern Pennsylvania (SEPA) report that making their monthly housing payments, including utilities, is either very difficult or somewhat difficult. Much of the media attention around housing has focused on homeowners, yet the data show that renters in our region are struggling as well. More than half of renters (60.6%) in SEPA face difficulty paying their monthly rent and utilities, in addition to 44.7% of homeowners.

Those with lower incomes face the greatest challenge, with nearly three in four SEPA adults (74.5%) who live below the Federal Poverty Line struggling to pay. Yet nearly half (45.4%) of those with household incomes above the Federal Poverty Line indicated that their monthly housing obligations were somewhat or very difficult to meet. Many families in our region are having difficulty; more than half of households in SEPA with children under age 18 (55.2%) have trouble paying monthly housing bills.

Racial and ethnic disparities in difficulty paying for housing are evident throughout

the five-county region. Nearly two-thirds (65.2%) of Hispanic and Latino adults in SEPA are having a hard time making housing payments, as are 58.2% of black adults and 44.3% of white adults.

## Housing Costs and Health Care

Area residents who face challenges making housing payments may also forego or delay health care for economic reasons. SEPA adults who indicated their housing payments were very difficult or difficult to make each month were more likely than other area residents to report going without medical care when sick due to the cost (18.8% and 3.4%, respectively). Nearly a quarter of those having difficulty with housing payments (23.9%) did not get needed prescriptions because of the cost, compared with 6.2% of those not facing housing difficulties.

Among homeowners ages 18–64 in our region, nearly 64,400 are struggling to make their mortgage and utility payments and are also without health insurance. For these individuals, a medical emergency could result in long-term financial effects.

## Summary

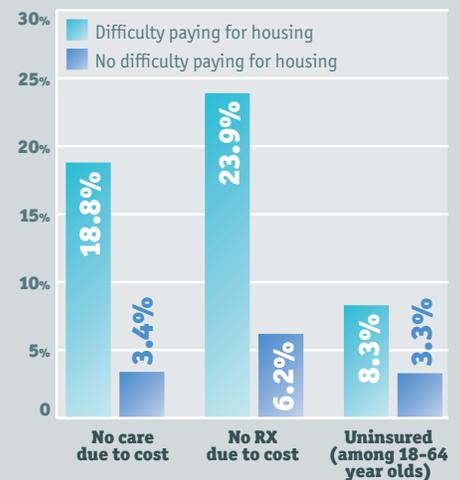
Nearly half of adults in our region experience a hard time making housing payments each month. This difficulty spans our region geographically, across the city and the suburban counties, and hits households with children and single adults, owners and renters, and those with both lower and higher incomes. Individuals and families who struggle to make housing payments may face other difficulties that impact their health, including delayed health care.

For more information about housing and health in Southeastern Pennsylvania, or about the Community Health Data Base, please contact Rose Malinowski Weingartner at [rosemw@phmc.org](mailto:rosemw@phmc.org) or **215.985.2572**.

**Figure 1** Difficulty Paying for Housing in Southeastern Pennsylvania



**Figure 2** Economic Barriers to Health Care in Southeastern Pennsylvania



From PHMC's 2008 Household Health Survey

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, visit [chdbdata.org](http://chdbdata.org).

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PHMC has served the region since 1972.

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