

RECOMMENDATIONS
COUNTING TOTAL PATIENTS SERVED AT A HEALTH CENTER SITE
LOCATED IN OR IMMEDIATELY ACCESSIBLE TO A PUBLIC HOUSING SITE
2017 UNIFORM DATA SYSTEM (UDS) REPORT



Background

All health centers are to report all patients seen at a site that is located in or immediately accessible to public housing, regardless of whether or not the patients are residents of public housing or the health center receives funding under section 330(i) -Public Housing Primary Care (PHPC) in line 26 of UDS Table 4 (Selected Patient Characteristics).

HRSA Bureau of Primary Health Care (BPHC) 2017 UDS Reporting Instructions Manual (2017 UDS Manual, page 44)

1. Count patients on this line if they are served at health center sites that meet the statutory definition of PHPC (located in or immediately accessible to public housing) regardless of whether the health center site receives PHPC funding and regardless of whether or not the patient actually lives in public housing (location-based reporting).
2. This is the only field in the UDS Report that requires you to provide a count of all patients based on the health centers proximity to public housing. This means that you are to report all patients seen at the health center site if it is located in or is immediately accessible to agency-developed, owned, or assisted low-income housing, including mixed finance projects. Exclude from the count housing units with no public housing agency support other than section 8 housing vouchers.
3. For health centers that are multi-funded (330 g, 330 h, 330i), including a Public Housing grant, on the Grant Report do not report a number greater than the count of patients served in that program. For example, if a site is 50% funded by PHPC, do NOT report all patients served at that site, but only the number of PHPC patients.

Strategies for Counting Total Patients at a Health Center Site Located in or Immediately Accessible to a Public Housing Site

1. Ask the following questions for each health center site separately:
 - Is health center site located in public housing?
 - Is health center site immediately accessible to public housing site? Note: determination is at the discretion of health center administration.
 - If yes, count ALL patients at this health center site as public housing patients. Note: Each health center must clearly define “immediately accessible to,” support the definition with data, and note logic in the comments section of UDS report.
 - If no, count NO patients at this health center site as public housing patients.
 - Aggregate number at all health center sites and report that number on line 26 of Table 4 in the UDS report.
2. UDS Reporting Considerations
 - “Location-Based” data offers an account of the local area; social determinants of health could be extrapolated.
 - Embraces patients who formerly lived in public housing and who have continued to utilize this health center site for services.
 - Accounts for high degree of variability in definition of patients living ‘immediately accessible’ to public housing.
 - The number reported reflects patients who are residents and nonresidents of public housing.
 - Health centers that receive special populations funding for one or more sites are required to complete a separate grant report. On line 26, table 4 of the special populations grant report, only count patients served at sites receiving funding for the special populations grant report being completed.

Recommendations

The National Nurse-Led Care Consortium encourages health center sites and primary care associations to map health center site locations against most up-to-date public housing site information. Visualizing the distance between health center sites and public housing sites as well as identifying geographic, transportation, and cultural aspects that influence ‘immediate accessibility’ will help support determination of accessibility. Please reference our FAQs or contact Kristine Gonnella, Director, Training and Technical Assistance at kgonnella@ncc.us for additional guidance.

The National Nurse-Led Care Consortium is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09736, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$450,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.