



Health, Healthcare and Public Housing

BY EARNEST R. BURKE, III & CARL S. RICHIE, JR.

IMAGINE A CHILD falling on the edge of a metal bed frame, slicing a three-inch gash in his lower back and not receiving any medical treatment. Imagine a 16-year-old failing his written driving exam because he couldn't pass the vision exam. Imagine a 25-year-old getting his teeth cleaned for the first time in his life. I just described myself, Carl S. Richie, Jr., a former public housing resident from the Rosewood Public Housing Development in Wichita Falls, Texas, and now a Commissioner with the Housing Authority for the City of Austin (HACA). I understand firsthand how the lack of knowledge about and access to affordable healthcare can negatively impact one's quality of life. Although my family lacked access to affordable healthcare, I was fortunate that it did not impede my ability to succeed in school and become a productive member of the workforce. But not every child can tough it out as I did, nor should they.

Public housing agencies and their commissioners face a myriad of challenges; however, when it comes to health care, there appears to be very little attention given to this very important issue. Although it is a complex issue, it deserves dis-



cussion along with our other housing-related issues because of its impact on our residents.

For years commissioners were focused on building infrastructure and public safety programs, and now residents' self-sufficiency programs. Can we also take on resident health issues? The question should not be "can we?" but instead "when and how?" Our public housing resi-

dents will not become self-sufficient if they are too ill to go to work. Children cannot excel in school and break the cycle of poverty if they cannot see the words they are reading or if they are more concerned about coping with the pain from an ear or toothache rather than learning. Illnesses such as these lead to high absenteeism, which is a major reason children fail academically. I often wonder how much more I would have learned had I received corrected lenses earlier. Ideally, every child should have a physical, dental and vision exam prior to the start of school each year. This would provide an opportunity to identify health related problems that often go undetected for long periods of time and can impede a child's ability to learn. Through early detection, these issues can be addressed and enhance a child's learning experience and knowledge retention.

Additionally, we are learning more about the correlation of gum disease and other illnesses, which is why every child should receive a dental exam each year. Fortunately, I brushed my teeth just enough to prevent the onset of other health problems. Not all kids are that lucky.

More than 50 percent of our residents stay in public housing

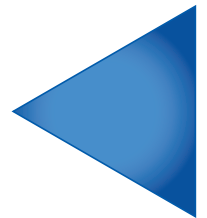
more than five years. The residents' self-sufficiency is not all we have to be concerned with; it's also the economic vitality of our communities. Healthcare costs and absenteeism at school and work are negatively impacting our economy. According to the Texas Comptroller of Public Accounts, current lifestyle behaviors are expected to increase health care costs to \$32.5 billion by the year 2030.

Eldercare has had three full-time service coordinators serving HACA's Elderly/Disabled designated properties and coordinates programs that focus on health and wellness, evidence-based health practices, volunteerism and community building. In the three years of the program's existence, approximately 180 older adults/elderly have been served in the various programs under this collaborative grant partnership, and approxi-

gram titled The Plano Housing Authority Health Care Initiative. This initiative provides basic Adult Limited Primary Care for colds, flu, hypertension, adult-onset diabetes and over the counter or prescription medication at a low cost to PHA low-income residents.

The Plano Housing Authority Health Care Initiative is the result of a partnership with the Collin County Adult Clinic and provides access for health care services

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Public housing authorities like other governmental and quasi-governmental entities are challenged by shrinking budgets. Most public housing residents are covered by Medicaid. Medicaid coverage begins for residents as young as six months old. Accordingly, commissioners and executive directors need to be creative and develop partnerships that will bring healthcare resources to their respective housing authorities. Public housing agencies have to address the disparities in health amongst the population they serve and the associated rising healthcare cost. HACA and The Plano Housing Authority have developed various partnerships to provide their residents with greater access to healthcare programs.

HACA has partnered with Family Eldercare, a local aging services agency that provides high-level and intensive case management services to HACA's elderly public housing residents. Through the federal Administration on Aging's Community Innovations in Aging In Place Grant, Family

mately 60 individuals have been able to continue to live independently and age in place through connections to caregivers, house-keeping, health, durable medical supply, medication management, support groups, meal and other services. Another 120 have participated primarily in exercise, brain boosters and volunteer programming supporting their health and wellness.

HACA also partners with Goodwill Industries of Central Texas and Children's Optimal Health (COH). Goodwill provides job training and coaching to persons with disabilities. COH is a collective leadership initiative to ensure that every child in Central Texas becomes a healthy, productive adult. At the drafting of this article, HACA has entered into exploratory discussions with Sendero Health Plans about the creation of a Kids Camp and providing annual back-to-school physicals for public housing youth.

Additionally, The Plano Housing Authority has implemented a pro-

through a referral program administered by the Collin County Adult Clinic. Local health care organizations provide low-cost health care services to PHA low-income residents.

Furthermore, The Plano Housing Authority is a strong advocate of the Family Self-Sufficiency Program and promotes community partnership involvement in life skills training coupled with educational pursuits to assist families in making a smooth transition into becoming self-sufficient and productive citizens.

We will write a follow-up to this article at a later date providing an update on HACA's programs and The Plano Housing Authority's Health Care Initiative.

All public housing residents, young and old, should have access to affordable and quality healthcare.

Earnest R. Burke, III, serves as Chair of the Board of Commissioners for the Plano Housing Authority. Carl S. Richie, Jr., serves as Vice Chair of the Board of Commissioners for the Housing Authority for the City of Austin.