EVOLUTION OF FAIR SHARE HOUSING NETWORK OF ORGANIZATIONS

**ADVOCACY**

- **Fair Share Housing Center** 1975
- **Mt. Laurel Doctrine** - all NJ towns must have fair share of affordable housing
- **Policy responsible for 60,000 affordable units in NJ**

- Mt. Laurel I – 1975: Ruled exclusionary zoning illegal
- Mt. Laurel II - 1983: Fair Housing Act, Council on Affordable Housing (COAH), NJ Balanced Housing Program -1985

**DEVELOPMENT**

- **Fair Share Housing Development - 1986**
  - Develop and manage affordable housing
  - 656 units for 2000 people

- Northgate II 1981: 402 units
- New Sharon Woods 1984: 50 units
- Cooper 1995: 64 units
- Historic Homes
- Ethel 2006: 140 units
- Lawrence Homes

- **Support Services**
  - Fair Share Northgate II 2004: to become Fair Share Support Services, Inc. 2013

- Pro-active social and wellness services
- Initial focus on Northgate II; possible expansion to other developments
- Wellness Program to improve resident health outcomes and ability to age in place
- Independent non-profit affiliated with Fair Share Housing Development
WHO ARE THE NORTHGATE II HIGH RISE RESIDENTS?

- 307 Apartments
- 340 Residents

High Rise Age Breakdown:
- 18 - 24: 5
- 25 - 44: 44
- 45 - 54: 70
- 55 - 64: 112
- 65 - 74: 72
- 75+: 37

High Rise Race/Ethnicity Breakdown:
- Hispanic: 65%
- Black: 29%
- Other: 3%
- White: 3%
- Non-Handicapped / Non-Disabled: 3%
- Handicapped: 3%
THE BROADER URBAN ENVIRONMENT IN CAMDEN

**Poverty**

- Camden identified by US Census Bureau as being the most impoverished city in the country in 2012.
- 40% of Camden’s population is below the poverty level, double the national rate and triple the Camden county rate.
- Approximately 25% of all elderly and disabled residents live in poverty.

**Crime**

- 2014: Ranked by FBI as #1 for violent crime per capita in the US.
- 2011: Camden’s overall crime rate is more than five times the national average and ten times the NJ rate.
- 100-170 open air drug markets operate in Camden on any given day.

**Trauma**

- CDC notes that childhood trauma (poverty, exposure to crime and violence) increases the likelihood of physical, mental and social ills in adulthood.
- First Camden summit on trauma occurred in May 2013 advocating treatment of violent crime as a public health issue.
Health

- Disability rate for Camden residents is significantly higher in all age groups than for other NJ cities, Camden County and the State.
- Camden households with mobility-related disabilities account for 64.5% of Camden households.
- Infant mortality is 3 times the NJ rate and is comparable to many underdeveloped countries.

Medical Transportation

- 2009: LogistiCare becomes state’s medical transport broker.
- Requires 48 hour notice to schedule medical transport.
- Identified by residents as a barrier to health care access.
- NGII currently pilot site for LogistiCare Preferred Provider Program.
MOTIVATION FOR TRANSFORMATION

- Projected shift in residents’ age ranges
  - 5-year trend analysis indicates 43% increase of 60+ year old residents
- Priority: Ability to allow residents to age in place with appropriate supports
- “Hotspotting” data was evidence of need to address residents’ health issues, Emergency Department utilization, and multiple hospitalizations
Camden Coalition of Healthcare Providers (CCHP) data analysis in 2009 encourages FSNGII’s transformation.
CCHP’S ANALYSIS SUGGESTED A NEED FOR:

- Re-defined focus on health and wellness activities
- Monitoring high ER utilization and hospital admissions
- Partnership with CCHP
- Re-focusing of social service intervention from reactive to proactive
- Expanded Social Services team to conduct in-home physical functioning/psycho-social assessments
- Resident Advisory Board focused on health and health-related programming
- Expanded collaboration with other community agencies
# AGGREGATE 2012 HOSPITAL UTILIZATION

## 645 Residents

<table>
<thead>
<tr>
<th></th>
<th>Patients</th>
<th>Visits</th>
<th>Visits per Patient</th>
<th>% of Building Visiting</th>
<th>Camden Citywide % Visiting</th>
<th>US % Visiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>290</td>
<td>640</td>
<td>2.2</td>
<td>45%</td>
<td>51%</td>
<td>20%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>89</td>
<td>136</td>
<td>1.5</td>
<td>14%</td>
<td>11%</td>
<td>n/a</td>
</tr>
</tbody>
</table>
UTILIZATION TYPES: HI RISE ONLY

- Non-Physically/Mentally Challenged
- Physically Challenged
- Mentally Challenged

Utilization Types:
- Low/No Utilization
- High ED Utilization
- Medium ED Utilization
- High INP Utilization
Partnership with Rowan Medical School to assess medical risk

Comprehensive high-rise resident health, psychosocial, and functional assessments

- **HIGH** – Approximately 90 Residents
  - Most frequent ER users
  - Most days hospitalized
  - Multiple chronic diseases

- **MODERATE** – Approximately 270 Residents
PROGRAMMING THAT Responds TO RISK LEVELS

High Risk
- Assisted Living Program
- Post-Hospitalization Care Coordination
- Community Health Worker
- Case Management

Moderate Risk
- Enhance Wellness
- Chronic Disease Self Management
- Clinical Counseling
- Weight Loss Support Group
- Partnership with Touch NJ:
  ➢ Food Pantry and Healthy Cooking Class
- Case Management
- Community Health Worker
- Massage Therapy
- Exercise Class

All Residents
- Exercise Class
- Weight Loss Support Group
- Healthy Cooking Class
- Fresh Produce
- Healthy Cooking Class
- Food Pantry
- Twilight Harvest
<table>
<thead>
<tr>
<th>TRADITIONAL: Reactive</th>
<th>EXPANDED &amp; IMPROVED: Proactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents seek assistance in office</td>
<td>Staff seek residents for comprehensive, in-home case management assessment.</td>
</tr>
<tr>
<td>Provides bilingual assistance with benefits and entitlements</td>
<td>Coordinates medical and social service interventions from health care and community-based providers</td>
</tr>
<tr>
<td>Arranges transportation to medical appointments</td>
<td>Works with Camden Churches Organized for People (CCOP), RAB, and other stakeholders to address problems with transportation providers. Started LogistiCare Preferred Provider pilot program April 2014.</td>
</tr>
<tr>
<td>Social Service Coordinator and Administrative Assistant</td>
<td>Director of Support Services, Social Service Coordinators, Community Health Worker, Jesuit Volunteer, Social Work Intern</td>
</tr>
<tr>
<td>Recreational activities for residents</td>
<td>Wellness activities and programs</td>
</tr>
<tr>
<td>No 24-hr assistance with home care and health needs</td>
<td>Onsite assisted living</td>
</tr>
</tbody>
</table>
BRIDGES TO HEALTH: PROGRAM ELEMENTS

- Post-Hospital Care Coordination
- Assisted Living
- Chronic Disease Self-Management
- Clinical Counseling
- Enhance Wellness
- Nutrition Programs/Healthy Cooking Class
- Fitness Class
- Resident Advisory Board
- Massage Therapy
Mayo Clinic review of 47 studies assessing methods to reduce readmissions

Saw 20% reduction in readmission when intervention in place to “help patients deal with the work being passed onto them at discharge.”

Studies estimate 1 in 5 Medicare beneficiaries readmitted within 30 days of hospitalization ($26 billion/year)

Most effective interventions: Multi-faceted, proactive, include in-person visits to patient’s home after discharge
FSNGII/CCHP PARTNERSHIP

- FSNG II seat on board
- Participating on Quality Committee
- CCHP Staff coordinating NGII residents’ post-hospital care coordination
- Resident database – TrackVia
- Impact analysis/outcome measurement
- Limited access to Health Information Exchange (HIE)
Mr. Vega came down to give me a phone number from someone who called his home but he could not understand because they spoke English. I called back and it was North American Spine and Pain formerly Virtua Pain and Spine who he was seeing before and did not take his insurance but they are taking it now.
<table>
<thead>
<tr>
<th>Activity</th>
<th>ActivityDate</th>
<th>ActivityID</th>
<th>NumberAttended</th>
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<tbody>
<tr>
<td>Group Exercise</td>
<td>May 13, 2014</td>
<td>Group 05132014</td>
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<tr>
<td>Nutrition Class</td>
<td>Apr 8, 2014</td>
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<tr>
<td>Group Exercise</td>
<td>May 13, 2014</td>
<td>Group 05132014</td>
<td>2</td>
</tr>
<tr>
<td>Nutrition Support Group</td>
<td>Mar 27, 2014</td>
<td>Nutrit03272014</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition Support Group</td>
<td>Mar 27, 2014</td>
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<td>2</td>
</tr>
<tr>
<td>Group Exercise</td>
<td>Feb 26, 2014</td>
<td>Group 02262014</td>
<td>5</td>
</tr>
<tr>
<td>Nutrition Class</td>
<td>Apr 2, 2014</td>
<td>Nutrit04022014</td>
<td>2</td>
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<tr>
<td>Nutrition Class</td>
<td>Mar 25, 2014</td>
<td>Nutrit03252014</td>
<td>5</td>
</tr>
<tr>
<td>Group Exercise</td>
<td>Mar 19, 2014</td>
<td>Group 03192014</td>
<td>3</td>
</tr>
<tr>
<td>Healthy Cooking Class</td>
<td>Mar 22, 2014</td>
<td>Health03222014</td>
<td>20</td>
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<tr>
<td>Healthy Cooking Class</td>
<td>Feb 22, 2014</td>
<td>Health02222014</td>
<td>10</td>
</tr>
<tr>
<td>Group Exercise</td>
<td>Mar 12, 2014</td>
<td>Group 03122014</td>
<td>3</td>
</tr>
<tr>
<td>Group Exercise</td>
<td>Mar 5, 2014</td>
<td>Group 03052014</td>
<td>9</td>
</tr>
<tr>
<td>Group Exercise</td>
<td>Feb 19, 2014</td>
<td>Group 02192014</td>
<td>7</td>
</tr>
</tbody>
</table>
CCHP POST-HOSPITALIZATION CARE COORDINATION

- Implementation Date: November 1, 2013
- Imbeds onsite CCHP nurses, medical fellows, community health worker at Northgate II.
- Targets high hospital utilizers.
- Provides intensive care coordination over a 1-2 week period to ensure post-hospitalization medical needs are met.
  - PCP visit within 7 days
  - Medication Reconciliation
- Ensures close collaboration between CCHP care coordination staff and NGII social services staff.
  - Bi-weekly Care Coordination meetings
  - “Hand-off” of patient to social services staff after intervention
    - Involvement of Community Health Worker is essential
- Limited access to HIE for Northgate II Social Services Staff
ASSISTED LIVING PROGRAM

- Agreement executed with Caring, Inc., an experienced assisted living provider in South Jersey
- Targeted to residents with multiple chronic illnesses and who need assistance with at least 3 ADLS
- AL Staff assist residents during different times of the day according to needs.
- On-call 24-hour nursing support
- Will include an onsite social day program
- Caring, Inc.’s state license for NGII approved
CHRONIC DISEASE SELF-MANAGEMENT

- Evidenced-based program that educates residents on how to better manage their chronic illness(es)
- Developed by Stanford University
- Allows residents to share their experiences of chronic illness
- Scheduled for 6 weeks, 3 hours per session
- Facilitated by Camden Area Health Education Center (AHEC) Master Trainer

- 1st Class: Oct-Nov 2013
- Spanish class planned for 2014
TRAUMA INFORMED CARE

- City-wide effort to recognize impact of trauma on poor urban population in Camden
- 2013 – Trauma summit
- CCHP: Detrimental impact of high ACE Score on health
- Healing 10
- NGII social services staff administer ACE questions to residents
- Sanctuary Model
Two part-time licensed clinical therapists from Catholic Charities of the Diocese of Camden

- One bilingual counselor

Provide in-home counseling for residents dealing with loss, grief, depression or trauma

- Allows for privacy and avoids stigma associated with seeking therapy
MASSAGE THERAPY

- Aim to serve individuals that have been affected by trauma
- Focus on healing
- Currently see 23 residents weekly/bi-weekly/monthly
- 2 Massage therapists work in the building 3 days out of the week
- Have held 2 on-site retreats
Residents have the opportunity to talk and participate in group healing activities.
NUTRITION SUPPORT GROUPS

- Led by two male residents
- Discuss health and nutrition related topics on a weekly basis
- Receive educational and financial support from Social Services Department
- 2 groups have formed for both English and Spanish speaking residents
Residents watch an informational video to learn more about healthy living.
ENHANCE WELLNESS

- Evidenced-based self-motivational wellness program
- Web-based health assessment
- Participant selects 6-12 month action plan targeting change in health behavior
- Residents receive support in reaching goals and follow up from Community Health Worker
NORTHGATE II RESIDENT, MR. GREGORY STRATTON AND SOCIAL SERVICES COORDINATOR MS. PAQUIITA LOPEZ
NUTRITION CLASS

- **Goal**: Improve nutrition and healthy food choices

- Offered in partnership with Rutgers-Camden
- Focuses on nutrition education
- Provides a bag of groceries as an incentive

EFNEP
Expanded Food and Nutrition Education Program
FOOD PROGRAMS

- Twilight Harvest
  - Partnership with Food Bank of South Jersey
  - Deliver groceries once a month to 50 residents over the age of 60
- Touch NJ/AAA
  - Food pantry in May

Resident, Thelma, picking up groceries from Twilight Harvest Program
HEALTHY COOKING CLASS

- Began February 2014 in partnership with Touch NJ
- Residents taken offsite once a month to practice preparing wholesome meals
- Taught by trained chef

Residents trying their hand at preparing a healthy dish
Residents learn from trained chef, Mahir, to create a delicious Curry Chicken meal.
FITNESS CLASS AT NORTHGATE II

- Sponsored by CCHP
- Led by trained fitness instructor
- Incorporates stretching, strength and cardio exercise, and relaxation techniques
  - Modified for those with disabilities
- Offered once a week for 1 hr

Residents Participating in Exercise Class
Residents follow along to the exercises and movements Sara, the fitness instructor, provides.
SOCIAL EVENTS

- Parties are held in the Community Center and all residents are invited to attend.
- Allows residents the chance to socialize, dance, and have fun!
- Past events include:
  - Harvest Party
  - Thanksgiving Dinner
  - African American History Celebration
  - Senior Prom

Residents dress their best for Senior Prom
THANKSGIVING DINNER

Over 100 residents enjoyed a delicious meal sponsored by members of AquaCorps and Touch NJ.
COLLABORATION W/ OTHER COMMUNITY BASED ORGANIZATIONS & SERVICES

- Camden Area Health Education Center
- Camden Churches Organized for People (CCOP)
- Life at Lourdes PACE Program
- Home Health Agencies
- Hospice Agencies
- Senior Centers/Adult Day Services Centers
- Catholic Charities of the Camden Diocese
- Food Bank of South Jersey
- Camden Office of the Aging
- Behavioral Health Providers
- Greensgrow
- Camden pharmacies
- Camden Children’s Garden
- Touch NJ
- Abigail House
- Primary Care Providers
- Leading Age
SUCCESSES AND CHALLENGES
SUCCESS

Bridges to Health Program:

- Provides residents with an opportunity to improve their health and support
- Integrates well with other health initiatives
- Allows for peer support:
  - Initiation of Nutrition Support Group (Both in English and Spanish)
- Engages and empowers residents who have few opportunities to exercise decision-making about their care
- Reflects “whole person” perspective to improving health
- Strengthens engagement with other providers who offer expertise that we do not have
CHALLENGES

- Literacy Issues
- Language Issues
- Cultural Issues
- Generational history of health management and health access
- Impact of Trauma
- Behavioral Health Issues
- Capacity
- Funding/Sustainability
- “Silo” mentality among some providers
- Impact Measurement/Tracking
Program Funding

- Total FSNG II Budget: $300,000

- Current Funding
  - CCHP: $15,000/year
  - Fair Share Housing Associates LP: $260,000/year
  - NJ Office of Faith-Based Initiatives: $20,000
  - Leading Age NJ: $20,000

Projected Funding Gap: $125,000
LOOKING TO THE FUTURE…

- Community Garden
- Intergenerational programming
- Trauma-Informed Care
- Health care coordination with townhouse families
- Exercise Room
- Potential partnership with MCOs
VACANT LAND NEXT TO NG II

Future sight of Community Garden for residents?
WHERE DO WE GO FROM HERE?

- Build on what works based on outcome measurements
- Reject what does not work
- Continue to seek out & learn from others doing similar work
- Expand wellness program to include families with children
- Broaden funding base
- Serve as a model that can be replicated by other affordable housing providers

GOAL:

- A sustainable, effective, program that improves health outcomes, quality of life and ability to age in place for our NGII residents.
FOR MORE INFORMATION…

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