Frequently Asked Questions
**Counting Patients Served at a Health Center Located in
or Immediately Accessible to a Public Housing Site**
2018 Uniform Data System (UDS) Report

Q. Do all UDS reporting entities need to include a public housing count on Table 4, Line 26, or only those funded under 330(i), Public Housing Primary Care?

A. All health centers are to report all patients seen at a service delivery site located in or immediately accessible to public housing, regardless of whether the patients are residents of public housing or the health center receives funding under section 330 (i) PHPC. Please note that line 26 is not a count of residents in public housing as the question implies.

Q. Can we report as the count on Table 4, Line 26, only those patients who self-report that they live in public housing and those patients' addresses which are cross-referenced with public housing addresses?

A. Although you may collect this information, it must not be used as the count for this line. This is the only field in the UDS Report that requires you to provide a count of all patients based on the site's proximity to public housing. You are to report all patients seen at the health center site if it is located immediately accessibly to agency-developed, owned, or assisted low-income housing, included mixed finance projects.

Q. How does this "location-based" public housing count impact our count of homeless patients or other special population patients?

A. HRSA requires separate Grant Reports for each funding authority when awardees receive grant support under the Migrant Health Center (MHC) (330(g)) program, Health Care for the Homeless (HCH) (330(h)) program, and/or Public Housing Primary Care (PHPC) (330(i)) program, unless a awardee receives funding under only one of these program authorities.

Q. How can I determine whether my site is immediately accessible to public housing?

A. Health centers are ultimately responsible for making their own determination of immediate accessibility to a public housing site. Resources are available to assist you with that determination. UDS Mapper is equipped with mapping functionality that can identify a health center's proximity to HUD facilities. Through UDS Mapper, health center staff can also identify major roads that would promote accessibility for residents of public housing. Other online mapping software (such as Google Maps) can provide public transportation information that can be used to determine immediate accessibility. Health centers must provide a rationale for being in or immediately accessible to public housing on the UDS report.

Q. Is there a specific distance a site has to be from public housing to be considered "immediately accessible"?

A. No. Health Centers need to make that determination. Whether the health center is housed in a public housing authority-owned property, has a long-standing history of serving public housing residents, or is near a highly-traveled route (subway, bus, car, bike, foot), each option can be considered "immediately accessible'" to a health center. Note that a health center does not need to be adjacent to a public housing site to be "immediately accessible."

Q. How should I communicate the data that is reported on Table 4, Line 26, to my project officer or board?

A. We suggest saying, "We served X people in sites that are located in or immediately accessible to public housing." Under no circumstances should you say, "We served X public housing residents."

Q. What types of locations are considered public housing? Does Section 8 count?

A. Only residents of Public Housing Authority-owned properties should be considered for the purposes of the UDS report. Currently, Section 8 (Housing Choice Voucher) is not considered a public housing location and does not count for the purposes of counting special populations.

Q. Can our local housing authority help inform us if any of our patients are residents in and immediately accessible to public housing?

A. It is possible to share information between a health center and a public housing authority in ways that don't violate HIPAA. Please note, however, that this is not necessary to do in order to complete the UDS report for Table 4, line 26 (since it is location-based). NNCC recommends contacting us to discuss best practices for sharing this type of information.

Q. What if I've been given conflicting instructions about how to report public housing resident patients in my UDS report?

A. If the information presented here conflicts with any information given by others, please contact us, the UDS Support Line (866-UDS-HELP), and/or your HRSA project officer to resolve the issue.

For more information, please contact Kristine Gonnella, Director, Training and Technical Assistance at 267-350-7632 or kgonnella@nncc.us.