JOURNEY MAP

Pregnant Residents of Urban Public Housing Using an mHealth App for Prenatal Care

U.S. Department of Health and Human Services
Health Resources & Services Administration
Bureau of Primary Health Care

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Background

This is one in a series of four journey maps that depict the journeys experienced for populations as they access, receive, and engage in virtual care at health centers, including:

- People experiencing homelessness in urban areas accessing synchronous telehealth for primary care.
- Older adults in rural areas using remote patient monitoring technologies to manage chronic conditions.
- Pregnant residents of urban public housing using mHealth app for prenatal care.
- Adolescents using telehealth for mental health care at urban school-based service sites.

How Your Health Center Can Use Journey Maps

These journey maps are illustrative examples your health center can adapt and use to map the journeys of people in your community and expand your understanding of different populations and priority health topics.

The intent of these journey maps is for your health center to gain additional understanding of:

- Issues impacting peoples' ability to access, receive, and engage with virtual care at a health center.
- Actionable strategies to address populations' barriers to equitable access to virtual care.

Your health center staff can apply information from the journey maps to promote equity in virtual care programs to:

1. Think strategically to promote equity in virtual care access and delivery.
2. Identify equity-related issues and actionable strategies to mitigate health care disparities.
3. Prepare to establish or expand virtual care.
4. Implement and evaluate virtual care.
5. Enhance peripheral workstreams in health care delivery.

Guide to the Virtual Care Journey Maps, References, and Other Resources

This journey map is one in a series of four journey maps that depicts the experiences for populations as they access, receive, and engage in virtual care at health centers. The following materials can be found at the Optimizing Virtual Care webpage:

- Links to each of the four journey maps.
- Guide to the Virtual Care Journey Maps: Background and Tips for Review which contains detailed information on the journey map development process and glossary of terms.
- References for OVC Journey Maps which contains references cited throughout the journey maps.
- Additional information on the OVC program overall, including the OVC Implementation Toolkit.

Pregnant Residents of Urban Public Housing Using an mHealth App for Prenatal Care

Scenario

In this scenario, the health center wants to help pregnant residents of public housing[1] continue to use the mHealth apps throughout pregnancy.

This journey map is about people 18 years and older who are pregnant, living in public housing in an urban setting, and who are patients at a health center accessible to their public housing community. They currently use an mHealth app for prenatal care that:

- The health center has vetted the mHealth app for usability, including that it supports languages spoken by their patients.
- Their health care provider has recommended they use to support prenatal care visits, healthy pregnancy behavior engagement, and pregnancy self-management.
- They have been trained to use on their personal device.
- Allows them track and get information about pregnancy milestones and experiences.

mHealth (or mobile health) apps are technologies like smartphone and tablet apps that enable patients to capture or track personal health, fitness, or wellness information, or to access general health education materials independent of an interaction with a health care provider. Pregnant residents of public housing can choose to share data they gather using the app with their health care providers.[2]

Social Determinants of Health (SDOH)[3] That Can Impact the Journey to Access Care

Pregnant residents of urban public housing may:

💲	**Economic Stability**	• Earn an extremely low income (below 30% of median). [4-6] • Be unemployed or not in the labor force.[5,7] • Face barriers to employment and higher wages, including childcare costs.[8] • Be the head of a household with small children.[5]
🎓	**Education Access and Quality**	• Have a high school diploma or GED or not have graduated high school. [8]
✋	**Health Care Access and Quality**	• Be insured by Medicaid or uninsured.[7] • Manage multiple health conditions that can impact pregnancy. [9] • Be from populations facing high maternal mortality rates due to institutionalized discrimination and racism in medical care.[10] • Experience poor maternal-child health outcomes, including maternal or infant mortality.[11-13] • Experience chronic stress, trauma, or social isolation. [13-16]
🏠	**Neighborhood and Built Environment**	• Face barriers in accessing affordable, healthy foods (food desert).[17, 18] • Not have access to transportation.[19,20] • Experience challenges accessing quality internet.[21-23] • Encounter challenges staying in or moving out of public housing due to a lack of affordable housing and gentrification. • Live in areas that are not safe or have high levels of pollution.[17,25,26] • Live in units that have issues with pests, mold, lead poisoning, or overcrowding. [27-29]
🙌	**Social and Community Context**	• Live in communities that have a resident council or task force engaged in decision-making and/or have on-site services available (e.g., employment support). [30-33] • Identify as populations that face social and health disparities and housing discrimination, including people of color, people best served in a language other than English, people who may not have residency or citizenship status, people with disabilities, and people whose gender identity and sexual orientation are marginalized.[6, 34-42]

All references can be accessed in the "References" document available at https://bphc.hrsa.gov/funding/funding-opportunities/optimizing-virtual-care.

Step 1

Understanding health care needs, prenatal care services, and mHealth app capabilities

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Pregnant public housing residents are using an mHealth app for prenatal care. To identify when to seek care, they need to be able to (1) use the information, data, and teachings in the mHealth app and (2) know how to access care at the health center.

The health center wants to support their ability to effectively use the mHealth app and discern when and how to access care.
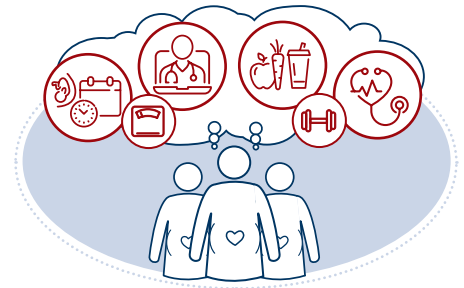
Step 2

Considering the costs and benefits of using an mHealth app to make care decisions

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Before making an appointment, pregnant residents assess if it is worth 1) acting on information from the mHealth app to make decisions about seeking care and 2) scheduling an appointment for a regular (non-emergency) pregnancy milestone visit at the health center based on what they learned from the mHealth app.

The health center wants to help pregnant public housing residents minimize costs and maximize the benefits of using the mHealth app to support prenatal health and their decisions to make an appointment.

Step 3

Preparing for a health center visit and using the mHealth app during the visit

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After making an appointment, pregnant public housing residents prepare for their visit, including sending mHealth app data to their providers. The health center wants to help pregnant public housing residents prepare for their visit and address any barriers or concerns regarding the mHealth app data or attending the visit.

Step 4

Attending a prenatal care visit and discussing mHealth data with health center staff

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Pregnant residents of public housing are going to the health center for a prenatal care visit and have chosen to share their mHealth app data with their care providers. The health center wants to ensure that the pregnant public housing residents have the supports needed to 1) get to and participate in the visit, and 2) use the mHealth app and its data during the appointment.

Step 5

Keep using an mHealth app to support prenatal health

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Pregnant residents of public housing are continuing to use mHealth to support prenatal care. To support continued mHealth app use, the health center wants to help thems address any challenges in using or accessing the mHealth app.

Step 1
Understanding health care needs, prenatal care services, and mHealth app capabilities

In this step pregnant public housing residents are using an mHealth app for prenatal care. The app allows them to input data and access information about pregnancy milestones and experiences to help decide when to make an appointment at the health center. To identify when to seek care, pregnant public housing residents need to be able to:

1. Know what data to enter into the mHealth app and how to enter it.
2. Access information in the mHealth app.
3. Know about services and how to access care at the health center

Concurrently, the health center wants to support pregnant public housing residents' ability to effectively use the mHealth app and discern when and how to access care at the health center.

Issues patients may face at this step

Trust in health centers and mHealth app. Cultural expectations and past experiences with health care (including prenatal care), can influence expectations of prenatal care and impact trust in health centers and mHealth apps.[43]

Health literacy. Education level, reproductive health knowledge, and access to information about the health center's services can impact one's health beliefs and behaviors.[44]

Digital literacy. Limited experiences with technology due to gender and racial bias in technology education and design can impact comfort with and the ability to use technology.[45,46]
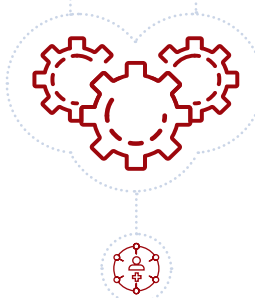
Health center activities that impact access to care

Partnerships with public housing communities. Relationships with public housing residents, resident councils, and management can impact patients' trust and access to services.[47,48]

Culturally congruent care. Cultural competency of staff and providers and the cultural inclusiveness of services provided, including languages supported by the mHealth app and the health center, can impact patients. [49,50]

Communication methods. The ways that health centers convey (e.g., in plain language and audience-centered) and share information about prenatal health, health center services available, and mHealth app for prenatal health can impact patients' ability to understand this information.[51,52]

Societal factors impacting pregnant residents of public housing

Stigmatization of people of color and young women using public benefits. Public attitudes about people who use public benefits (e.g., stereotypes of "welfare queens" or women who allegedly misuse or collect excessive welfare payments) impact policies and services available, including health care, to pregnant residents of public housing.[53-59]

Bias in education regarding what is taught, and which students benefit. Pervasive beliefs about women's reproductive health and the abilities of women and people of color can impact education. This may influence what schools teach in health education classes and which students are supported in their education.[60-67]

Ways A Health Center Can Support Pregnant Residents at This Step

Partner with public housing residents to support digital and health literacy promotion

- Engage with a resident council to see how community health workers (CHWs) and digital navigators can support digital health literacy for residents.[68-73]
- Offer health or technology literacy programs within public housing communities and trough virtual methods in languages residents are most comfortable using.[69,74-76]
- Assess residents' ability to use technology to inform tailored digital literacy support and identify usability issues (e.g., app does not support languages spoken by users).[77-79]

Collaborate with trusted organizations to support digital literacy and access

- Engage with organizations trusted by residents (e.g., libraries, places of worship) to provide digital literacy education and access to the internet.[81-83]

Assess internal processes that could impact communication and care

- Ask residents if current health center communication methods are effective, what their communication preferences are, and suggestions for improving communication.[52,83,84]
- Hire staff and providers who are from the same communities as public housing residents.[49]
- Provide cultural competency training for staff and providers.[85-87]

Step 2

Considering the costs and benefits of using an mHealth app to make care decisions

In this step, pregnant public housing residents assess if it is worth 1) using information from the mHealth app to make decisions about seeking care, and 2) scheduling an appointment for a regular (non-emergency) pregnancy milestone visit at the health center based on what they learned from the mHealth app. In this process, pregnant residents weigh costs and benefits of 1) acting on information from the mHealth app and 2) making the decision to seek care at the health center.

Issues patients may face at this step

Ease of using mHealth app. The cost and availability of quality internet, as well as usability and usefulness of the mHealth app – especially for those with pregnancy side-effects like morning sickness – can impact the desire or amount of effort patients need to use the app.[88-91]

Opportunity costs of seeking care. The time and resources patients need to attend a visit can mean lost wages and arranging childcare with family or friends, which can impact their ability or desire to schedule an appointment.[92,93]

Relationship with the health center. How patients are treated and engaged by health center staff can impact benefits they get from prenatal care and their trust in that care (e.g., fear of mandatory reporting by health care providers for suspected substance use or intimate partner violence).[94-96]
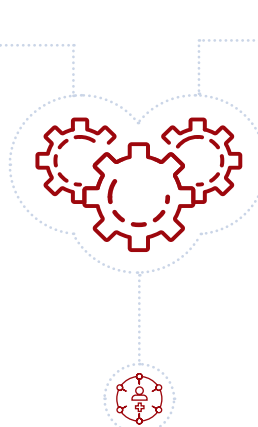
Health center activities that impact access to care

mHealth app support provided to patients. Costs of providing mHealth app support, including services not reimbursed that help patients get low/no cost data plans or deal with usability issues, can impact a health center's ability to support patients' mHealth app use.[97-100]

Methods to screen needs. When and how the health center screens patients can impact their ability to address patients' opportunity costs when seeking care.[101-103]

Provider and staff perceptions of patients. Beliefs and biases about pregnant public housing residents who are people of color or LGBTQI+ can impact provider and staff relationships with patients and patients' care.[96,104,105]

Societal factors impacting pregnant residents of public housing

Policies and practices around reproductive health and social services. Beliefs about reproductive health and stereotypes about people who use social support services are influenced by racism and other forms of discrimination and can impact; Patient-provider relationships (e.g., interpersonal interactions, referrals for mandatory reporting).[106] ; Policies or services that address pregnancy care (e.g., procedures that can be conducted on a pregnant person) or opportunity costs (e.g., childcare).[59, 107-109]

Ways A Health Center Can Support Pregnant Residents at This Step

Help patients address opportunity costs

- Screen patients' needs and connect them with resources or offer flexible care options to address opportunity costs (e.g., open access scheduling that allows for same-day/walk-in appointments, offer care during clinic visits).[103,110]

- Use screening data to inform partnerships to help establish long-term service support to patients.[111,112]

Bolster relationships with patients

- Hire digital navigators who are or were public housing residents to support digital literacy needs and identify mHealth use issues, which can build patients' trust and engagement in mHealth app.[113,114]

- Train providers about biases and stigmas patients face.[115,116]

Support patients' tech needs

- Partner with residents, public housing, and community organizations to identify ways to support quality internet access at public housing sites and devices to residents.[117-119]

Step 3
Preparing for a health center visit and using the mHealth app during the visit

In this step, pregnant public housing residents decided to schedule an appointment with their health care provider at the health center and are preparing for their visit. Preparation can include:

- Deciding if they want to share their mHealth app data with care providers.
- Sending their mHealth app data to their care provider before the visit.
- Navigating the mHealth app during the appointment if they are not comfortable with it or are unable to send the mHealth app data before the visit.
- Identifying how to get to and engage in the visit.

To support patients at this step, the health center wants to help pregnant public housing residents prepare for their visit and address any barriers or concerns regarding the mHealth app data or attending the visit.

Issues patients may face at this step

Family factors impacting care engagement. Competing priorities (e.g., putting the needs of children or family members before one's needs) and lack of autonomy (e.g., living in a household with an abusive or controlling family member) can impact pregnant peoples' health, behaviors, and ability to seek care.[120-124]

Device and internet capabilities. The availability and quality of internet and having a working device that connects to the internet can impact patients' ability to collect and send data via the app to their providers.[125,126]

Security and privacy concerns. Uncertainty about security and privacy of apps, devices, and sending or receiving information via the internet can impact willingness to send app data.[125,127,128]
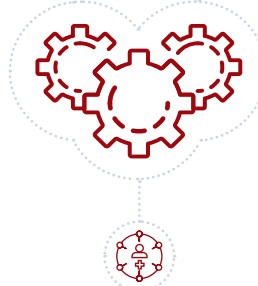
Health center activities that impact access to care

Screen for patient needs. The ways health centers screen for needs to address competing priorities and intimate partner violence can impact patient health and care seeking.[123]

Ability to collect and integrate mHealth data. The capabilities of electronic health records (EHRs) to integrate non-standardized mHealth data can impact use of data in clinical care.[129-130]

Security and privacy measures. The methods the health center uses to address security and privacy of patient generated data and how they inform patients about those methods can impact use of mHealth data in clinical care.[132-134]

Societal factors impacting pregnant residents of public housing

mHealth app data standards, privacy, and security regulations. mHealth apps are not included under FDA regulation of medical devices, so mHealth app developers are not required to use standardized terminologies, follow health data privacy regulations, and integrate with EHRs.[135,136] This causes barriers in mHealth app data quality, sharing, and use in clinical care.[137-144]

Discrimination in technology and internet availability (digital redlining). Biased practices in technology and internet companies leads to lack of access to affordable, quality devices, and internet, especially in low-income and racial and ethnic minority neighborhoods where public housing may be located.[145-147]

Ways A Health Center Can Support Pregnant Residents at This Step

Leverage virtual care to screen and address needs

- Identify ways to screen for intimate partner violence (IPV) using the mHealth app or other screening methods accepted by patients.[148]
- Provide in-home or virtual methods for community health workers or social workers to engage with patients and connect them with supports to address family factors and device or internet issues.[149,150]

Provide education about data security and privacy

- Train health center staff and providers on mHealth app data privacy and security.[151]
- Develop methods and resources to educate patients about data security and privacy, including how to access their health records, that meet their language and literacy needs.[152-155]

Step 4
Attending a prenatal care visit and discussing mHealth app data with health center staff

In this step, pregnant residents of public housing are going to the health center for a prenatal care visit. They have chosen to share their mHealth app data to help care providers better understand their pregnancy experiences and collaborate on decision-making.

To support patients at this step, the health center wants to ensure that the pregnant public housing residents have the supports needed to (1) get to and participate in the visit, and (2) use the mHealth app and its data during the appointment.

Issues patients may face at this step

Trust in health center staff and providers. Identities (e.g., race, gender), cultural beliefs, languages spoken, and treatment by care providers that patients or their communities experience can impact people's trust in health care, comfort seeking care, and interactions with care providers.[156,157]

Competing priorities. Obligations that take priority over care seeking and for which resources or support are not available can impact people's ability to attend a prenatal care visit.[158]

Ability to access and use mHealth app data during the visit. Digital literacy and comfort interacting with care providers can impact use of the app and data during visits.[159,160]
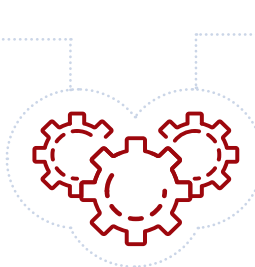
Health center activities that impact access to care

Diversity of providers and staff. How well the providers and staff represent the communities they serve (e.g., race, languages spoken) can impact patient trust in the provider and collaboration with patients.[161,162]

Accommodations for patients who cannot make their appointment. Processes and alternatives available to re-schedule or provide other options to access an appointment (e.g., synchronous telehealth) can impact care seeking for those who cannot make the visit.[163,164]

Providers' ability to review mHealth data. Accessibility, readability, and usability of mHealth data and reimbursement for time reviewing mHealth data can impact providers' ability to understand and use the data in clinical care.[165]

Health information technology integration with mHealth app. How well health center health information technology (HIT) meets the technical requirements to receive mHealth app data and, if possible, integrate it into their EHR can impact data access and quality.[166-168]

Societal factors impacting pregnant residents of public housing

Discrimination within medicine against women, people of color, people who identify as LGBT+, and people with a disability. Past and current sexism, racism, and other forms of discrimination in medical education, clinical care, and public health lead to differential care and harm for those facing discrimination (e.g., forced sterilization of women of color or who have a disability).[169-180]

Telehealth policies. Regulations regarding reimbursement for mHealth app related services and interoperability standards for integrating mHealth app with HIT impact use and utility of mHealth in healthcare.[181-186]

Ways A Health Center Can Support Pregnant Residents at This Step

Consider different ways to offer visits to address competing priorities

- See if it is possible to provide in-home visits or partnering with organizations in the Maternal, Infant, and Early Childhood Home Visiting program.[187]

- Ask patients about their visit preferences, like flexible or open scheduling for appointments and virtual care options that meet their needs.[188-191]

Support patients' diverse identities and needs

- Hire and support staff and providers who represent the patients' communities.[192-196]

- Partner with residents of public housing or a resident council to understand social, structural, and cultural barriers to seeking care at the health center and using technology.[197-199]

Conduct regular assessments of HIT performance and burden

- Assess the impact of integrating mHealth app data into clinical care or HIT systems on staff and provider burden and workflow.[167,168]

- Collaborate with HIT staff to assess and address mHealth app data access, integration, or quality issues, including options to include methods to process and summarize mHealth app data.[202-204]

Step 5

Keep using an mHealth app to support prenatal health

In this step, pregnant residents of public housing are continuing to use mHealth app to support prenatal care, including regularly using the mHealth app to:

- Engage in activities or behaviors discussed with their care provider during their visit.
- Monitor pregnancy experiences and milestones.
- Connect with the health center to ask questions and make appointments.

To support continued mHealth app use, the health center wants to help pregnant public housing residents address any challenges in using or accessing the mHealth

Issues patients may face at this step

Challenges overcoming external factors contributing to competing priorities and mHealth app use. Persistent barriers that patients face meeting their basic needs, addressing competing priorities, having devices that can run the app, and having access to the internet without gaps in service can impact their ability to engage in health behaviors and use mHealth apps over time. [205,206]

Competing health needs. Untreated or uncontrolled pre-existing or pregnancy-related health needs (e.g., pre-eclampsia, perinatal depression) can impact patients' health and care engagement. [207,208]

Motivation to use mHealth app. Usability of the app and feeling that it is helpful can impact the ability and desire to use the app. [209,210]
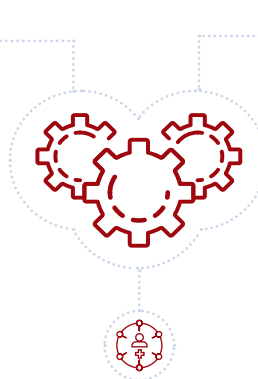
Health center activities that impact access to care

Connectedness with patients. The frequency, methods, and quality of interactions, communication, and care provided can impact relationships with, and retention of, patients in prenatal care. [211]

Knowledge about technology and app changes. Methods to find out if patients have a new device or if apps are updated can impact the health center's ability to contact or provide technical support to patients, and access quality app data. [212]

mHealth app program sustainability. The cost and impacts of the program on patient outcomes and provider workload can impact program sustainability. [213]

Societal factors impacting pregnant residents of public housing

Stigma regarding maternal mental health. Common negative beliefs about mental health in general and during pregnancy can discourage pregnant people from seeking mental health care and impact public support for funding maternal mental health care services. [214-217]

Policies regarding reimbursement and prenatal care. Changing federal and state laws on reproductive health care, medical service reimbursement, patient data, and consumer protection leads to uncertainty for patients and threatens the sustainability of mHealth app programming for prenatal care. [218-221]

Ways A Health Center Can Support Pregnant Residents at This Step

Address barriers to mHealth app use
- Continue regular outreach via CHW and digital navigators in person or virtually to identify and address basic needs, personal safety issues, and other factors that impact mHealth app and prenatal care engagement. [222-226]
- Work with patients and resident councils to identify issues that make the app easy or hard to help promote facilitators and address barriers to use. [227-229]

Address other health needs
- Engage providers who represent the populations served to identify and address mental health or other health needs for patients who are more comfortable working with providers with similar backgrounds. [230-233]
- Consider adding teletherapy, telemedicine, or remote monitoring for high-risk patients to help manage their multiple care needs. [234-237]

Regularly engage in quality improvement and sustainability work
- Review internal practices for data sharing and educating patients about these practices. [238]
- Use the same or similar technologies for all aspects of patient care to decrease provider burden (e.g., use mobile-optimized web-app instead of downloadable app). [239,240]
- Use multiple ways to follow up with patients to learn about their experiences with the app, and updates on their contact information and app updates. [241]

Resources

Below are resources relevant to this journey map from U.S. government agencies or organizations funded by U.S. government agencies.

Agency for Health Care Research and Quality (AHRQ)

- Accessibility and Beyond: Designing Consumer Health IT for Disabled Individuals: https://digital.ahrq.gov/ahrq-funded-projects/accessibility-and-beyond-designing-consumer-health-it-disabled-individuals

- Information, tools, and professional trainings on health literacy: https://www.ahrq.gov/health-literacy/index.html

- Report on "Accessibility and Beyond: Designing Consumer Health IT for Disabled Individuals": https://digital.ahrq.gov/ahrq-funded-projects/accessibility-and-beyond-designing-consumer-health-it-disabled-individuals#nav-publications

- Report on "Developing Evidence-Based, User-Centered Design and Implementation Guidelines to Improve Health Information Technology Usability:" https://digital.ahrq.gov/ahrq-funded-projects/developing-evidence-based-user-centered-design-and-implementation-guidelines

Centers for Disease Control ad Prevention (CDC)

- Information and tools on health literacy research, practice and evaluation: Hhttps://www.cdc.gov/healthliteracy/

- Information about digital health literacy: https://www.cdc.gov/healthliteracy/researchevaluate/eHealth.html

- Telehealth for providers: What you need to know: https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf

Food and Drug Administration (FDA)

- Apps that are not considered devices in the FDA guidance document (Appendix A): https://www.fda.gov/media/80958/download

- Searchable database for devices: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm

General Services Administration

- Usability toolkit: https://digital.gov/topics/usability/

- User-centered design toolkit: https://digital.gov/topics/user-centered-design/

Health and Human Services (HHS)

- Action plan to improve maternal health: https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf

- Bridging gaps in maternal health services with telehealth: https://telehealth.hhs.gov/providers/telehealth-for-maternal-health-services/bridging-the-gaps-with-telehealth/

- Health literacy resources: https://health.gov/our-work/national-health-initiatives/health-literacy/resources

- Healthy People 2030 goal to promote healthy and safe home environments: https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes

- Healthy people social determinants of health page on housing instability: https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability

- Getting started with assessing if maternal telehealth is right for your community: https://telehealth.hhs.gov/providers/telehealth-for-maternal-health-services/getting-started/

- Guide for improving health literacy through website and digital tool design: https://health.gov/healthliteracyonline/

- Surgeon General's call to action to improve maternal health: https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf

- Telehealth and high risk pregnancy: https://telehealth.hhs.gov/providers/telehealth-for-maternal-health-services/telehealth-and-high-risk-pregnancy/

- Training materials for health professionals regarding HOPAA and data privacy: https://www.hhs.gov/hipaa/for-professionals/training/index.html

Health Resources and Services Administration (HRSA)

- Bureau of Maternal Child Health: https://mchb.hrsa.gov
- Evaluation of the Rural Maternity and Management Strategies (RMOMS) program: https://www.hrsa.gov/sites/default/files/hrsa/rural-health/fy2019-cohort-2nd-evaluation-report-executive-summary.pdf
- Health equity report 2019-2020, special feature on housing and health inequalities: https://www.hrsa.gov/sites/default/files/hrsa/about/organization/bureaus/ohe/hrsa-health-equity-report.pdf
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program
- Maternal mental health hotline: https://mchb.hrsa.gov/national-maternal-mental-health-hotline
- National training and technical assistance partners page: https://bphc.hrsa.gov/technical-assistance/strategic-partnerships/national-training-technical-assistance-partners
- Telehealth resource centers (TRCs): https://www.hrsa.gov/rural-health/topics/telehealth/trcs
- Use of public housing funding to support internet connectivity for residents: https://www.hud.gov/sites/dfiles/PIH/documents/PublicHousingFundingSupportInternetConnectivityResidents.pdf

Housing and Urban Development (HUD)

- ConnectHomesUSA program to address the digital divide in HUD-assisted housing: https://www.hud.gov/connecthomeusa
- Housing discrimination and persons identifying as LGBTQ: https://www.hud.gov/program_offices/fair_housing_equal_opp/housing_discrimination_and_persons_identifying_lgbtq
- Enforcement of Fair Housing Act to prohibit discrimination on the basis of sexual orientation and gender identity: https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_021
- Office of Capital Improvements: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/capfund
- Working to Bridge the Digital Divide: https://www.huduser.gov/portal/periodicals/em/fall16/highlight3.html

National Association of Community Health Centers (provides training and technical assistance to existing/potential HRSA Health Center Program award recipiences and look-alikes

- Report on CMS guidance regarding services and supports related to social determinants of health: https://opus-nc-public.digitellcdn.com/uploads/nachc/redactor/c796c6d06a6771839e5b2fe645c2522e125d41489e66992e39c3f8e12194836a.pdf

National Center for Health in Public Housing (funded in part by HRSA)

- Toolkit for health center collaborations with HUD-assisted housing and community-based organizations: https://nurseledcare.phmc.org/images/pdf/nttap/housing%20toolkit/partnerships-toolkit-5322022%20(1).pdf
- Toolkit for health centers doing outreach to residents of public housing: https://nchph.org/wp-content/uploads/2013/11/Outreach-to-Residents-of-Public-Housing.pdf
- Toolkit for health centers for assessing the health care needs of residents of public housing: https://nchph.org/wp-content/uploads/2013/11/FinalNeedsAssessmentToolKit.pdf
- Training and technical assistance resource library: https://rny.jqr.mybluehost.me/resources/

Office of Disease Prevention and Health Promotion

- Research-based guide for developing better health websites and digital tools that support health literacy online: https://health.gov/healthliteracyonline/

SAFEST Choice Learning Collaborative (funded by HRSA)

- https://www.bmc.org/addiction/training-education/safest-choice

The MITRE Corporation (an operator of a federally funded research and development center)

- Social justice platform: https://sjp.mitre.org

White House

- Blueprint for addressing the maternal heath crisis: https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf