

Strengthening Health Center Primary Care: The Role of NP Residency Programs and Partnerships



November 25th, 2025 | 3 pm EST

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The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care through:

- training and technical assistance
- public health programing
- consultation
- direct care

To learn more about NNCC, please visit our website at www.nurseledcare.org.

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Accreditation Statement: The National Nurse-Led Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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NNCC National Training and Technical Assistance Partnership (NTTAP)



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Today's Agenda

5 min - Welcome

5 min - Background

- Nurse Practitioner residency programs addressing workforce gaps and improving care for special medically underserved patients

15 min- Jen Calohan

- Chronic Disease management in public housing

15 min- Jess Calohan

- NP Residency program for psychiatric mental health care

10 min - Questions & Wrap-Up



Learning Outcomes

By the end of this webinar, participants will be able to:

- Analyze the role and significance of nurse practitioners in addressing the health care needs of special medically underserved patients.
- Apply knowledge of nurse practitioner residency program models to deliver care that meets the unique needs of special medically underserved patients.
- Evaluate and propose partnership strategies that strengthen nurse practitioner residency programs and address workforce gaps.

Subject Matter Expert



Jen Calohan, RN, TQMP, SOLC, LSSBB

Chief Operating Officer, HealthTalk A.I.

Bridging the Gap —

Impact & Strategies for Effective Chronic Care Management in Public Housing Communities

Presented by:

Jen Calohan RN, TQMP, SOLC, LSSBB
COO, HealthTalk A.I.

Introduction



**USING CHRONIC CARE
MANAGEMENT TO:**
COORDINATE SUPPORT FOR PATIENTS
WITH MULTIPLE CHRONIC
CONDITIONS



HEALTH-RELATED NEEDS
PUBLIC HOUSING RESIDENTS
FACE HIGHER CHRONIC
DISEASE RATES & BARRIERS TO
CARE



GOALS:
IMPROVE OUTCOMES, REDUCE
COSTS, AND ENHANCE QUALITY
OF LIFE.

Health Issues in Public Housing

Higher Prevalence of Chronic Conditions:

Diabetes, Hypertension, COPD, Depression, etc.

Key Barriers:

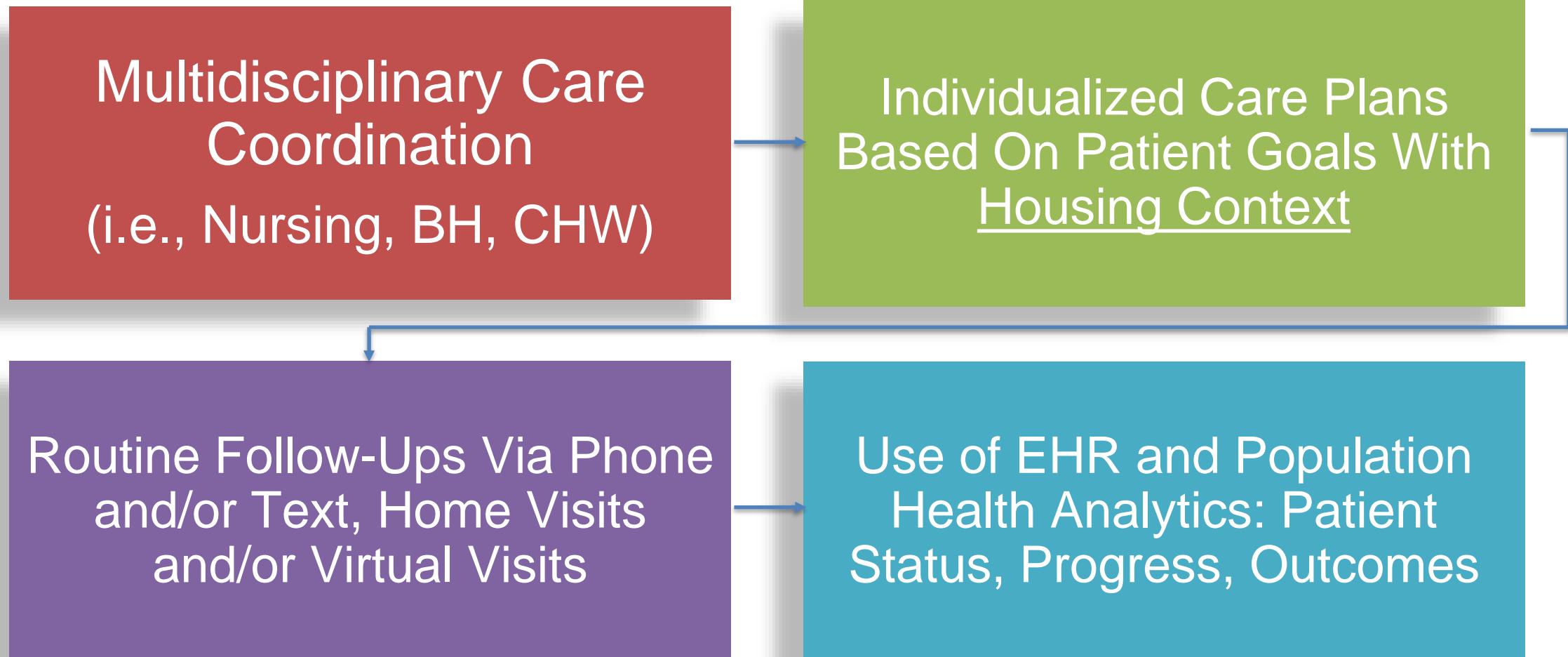
Transportation, Food Insecurity, Digital Divide, Limited Access to Care...

Environmental Challenges:

Poor Ventilation, Mold, Lack of Safe Spaces for Exercise

Health Literacy & Trust Issues Compound Engaging Medically Underserved Patients

Chronic Care Management Model



Community Partnerships & Technology

Collaboration with housing authorities, FQHCs, and local organizations.

On-site clinics, wellness events, and outreach programs.

Technology: remote patient monitoring, mobile apps, and telephonic outreach.

Build trust through familiar, accessible touchpoints.

Implementation Strategies

Health Fairs & Onsite Events within Public Housing Facilities

**Engage Trusted Members of the Community:
Peer Ambassadors, Community Health Workers**

**Customize/Tailor Resources & Materials to Meet Literacy &
Community Needs & Preferences**

**Incentivize Participation:
Transportation Vouchers, etc.**

Optimize Program Funding: HUD, Medicare, Grants

NY Pilot Outcomes & Metrics



CLINICAL
IMPROVED
CONTROL OF
DIABETES,
HYPERTENSION &
ASTHMA



BEHAVIORAL
ACTIVATION &
ENGAGEMENT,
BUILD TRUST



SYSTEM-LEVEL
REDUCTION IN ER
VISITS, & AVOIDABLE
HOSPITAL
READMISSIONS



EXAMPLE
NYCHA + health
center PILOT □
25% DROP IN
AVOIDABLE ER
VISITS

Conclusion

Effective CCM in public housing requires coordinated access, trust-building, & customized/patient-directed care.

Agency partnerships, taking a data-driven approach, using multimodal outreach, engaging members of the community = amplified success.

Call to action:

Invest in customized, sustainable, community-based chronic care management models.

Evidence Appendix: Chronic Care Management in Public Housing

Key Data Points (2017–2025):

- HUD-assisted adults have higher obesity prevalence (47.5% vs 42.1%); AOR 1.29 (CDC, 2023).
- Smoking among HUD-assisted adults declined from 33.9% to 25.4%, but remains higher than the general population (BMC Public Health, 2025).
- NYC neighborhoods with poor housing quality have the highest pediatric asthma ED visit rates (NYC Vital Signs, 2021).
- Medicare CCM reduces ED visits and hospitalizations, slowing cost growth over 12–18 months (CMS Evaluation, 2017).
- Social housing RCT (Ontario, 2024): on-site paramedicine increased primary care use, reduced LTC transitions.
- CHW programs cut 30-day readmissions (JAMA Net Open, 2021).
- No public data confirming 'NYCHA + health center 25% ER reduction' — treat as internal or illustrative data.

References

1. CDC. Preventing Chronic Disease (2023): HUD Assistance & Chronic Disease. https://www.cdc.gov/pcd/issues/2023/pdf/23_0144.pdf
2. BMC Public Health (2025): Smoking Trends Among HUD-Assisted Adults. <https://bmcpublichealth.biomedcentral.com/>
3. NYC Department of Health. NYC Vital Signs (2021): Asthma & Housing Quality.
4. CMS/Mathematica (2017): Chronic Care Management Evaluation.
5. JAMA Network Open (2021, 2024): CHW and Social Housing RCT Studies.
6. HUD User (2017): A Health Picture of HUD-Assisted Adults.
7. Columbia University (2024): Public Housing Service Outages & Health.
8. (Vendor) TimeDoc Health Case Study (health center, 25% ED Reduction) — not peer-reviewed.

Subject Matter Expert



Jess Calohan, DNP, PMHNP-BC

Owner of Clinic Works Consulting, LLC.

NP Residency Programs

Dr. Jess Calohan, DNP, PMHNP-BC, FAAN
Lieutenant Colonel, United States Army, Retired.

Objectives

Differentiate between NP Residency and Fellowship Programs

Discussed a Nurse Practitioner Residency Program

Review Evidence-Based Outcomes of NP Residency Programs

NP Residency vs. NP Fellowship

- Nurse Practitioner Fellowship
 - More experienced nurse practitioners looking to sub-specialize (Cardiology, Ortho, Pain, etc.)
 - Gain specialized skills
 - Focused clinical experiences
 - May have didactic content
 - Goal is to prepare the practitioner for a sub-specialized role
- Nurse Practitioner Residency
 - Recent graduates
 - Focus on skill development in NP specialty (FNP, PMHNP, CRNA, etc.)
 - Provides foundational experience to build confidence as an independent practitioner
 - Didactic component
 - Supervised clinical experiences

Residency Program Outcomes

Increase confidence in practice

Familiarity with a specific organization

Job satisfaction

Reduced turnover

Improved productivity

Accreditation

Commission on
Collegiate
Nursing
Education
(CCNE)

Consortium for
Advanced
Practice
Providers
(CAPP)

Department of Veterans Affairs Residency Programs

Psychiatric
Mental Health
Nurse
Practitioner

Family Nurse
Practitioner

Geriatric and
Extended Care
Nurse
Practitioner

References

McDonough KE. Outcomes of postgraduate fellowships and residencies for nurse practitioners: An integrative review. *J Prof Nurs.* 2024 Jul-Aug;53:95-103. doi: 10.1016/j.profnurs.2024.05.005. Epub 2024 May 17. PMID: 38997205.

Rugen KW, Dolansky MA, Dulay M, King S, Harada N. Evaluation of Veterans Affairs primary care nurse practitioner residency: Achievement of competencies. *Nurs Outlook.* 2018 Jan Feb;66(1):25-34. doi: 10.1016/j.outlook.2017.06.004. Epub 2017 Jun 13. PMID: 28697845.

Hicks KE, Rico J, Beauchesne M. Core curriculum and competencies: A multisite analysis of postgraduate training programs for primary care nurse practitioners. *J Prof Nurs.* 2018 Nov-Dec;34(6):454-462. doi: 10.1016/j.profnurs.2017.12.012. Epub 2017 Dec 26. PMID: 30527693.

Bryant, Shari DNP, ACNP-BC; Parker, Karen RN. Participation in a nurse practitioner fellowship to instill greater confidence, job satisfaction, and increased job retention. *Journal of the American Association of Nurse Practitioners* 32(10):p 645-651, October 2020. | DOI: 10.1097/JXX.0000000000000313

Questions?

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.



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Evaluation & Contact Hours: *Strengthening PC: Role of NP Residencies - Session 1*

Nov 18, 2025

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If you have any questions or need further assistance, please feel free to reach out to Jillian Bird at jbird@phmc.org or Regina Brecker at rbrecker@phmc.org

Thank you for your participation!

 ANCC115 2025.09.25 Optimizing Case Mgmt-Telehealth

Details Changes since 9/25/25, 10:25 AM

1 row added, 1 row changed
1 attachment added

1 row added or updated (shown in yellow)

Row 2

First and Last Name	Regina Brecker
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Changes made by web-form@smartsheet.com, automation@smartsheet.com

 1 attachment added
 Optimizing Case Management for Patient-Centered Telehealth Care- Certificate.pdf (126k) added by automation@smartsheet.com on Row 2: Regina Brecker



Upcoming Trainings

December 16th, 2025 - 3pm EST

- Comprehensive Case Management for Prenatal Care in Health Centers: Improving Access and Outcomes
- *Registration:* https://uso2web.zoom.us/webinar/register/WN_tZvwoSTT3-ey4vVznEgmg

January 15th & 22nd - 3 pm EST

- Optimizing Community Health Workers and & Patient Navigators in Public Housing Primary CarePCs
- *Registration:* https://uso2web.zoom.us/webinar/register/WN_6AVbSMORSWugIBJm7zl_3w



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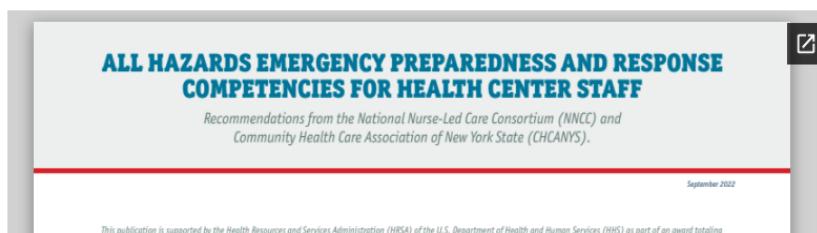
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All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. The National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of all health center staff. This publication provides a comprehensive overview of those competencies and sub-competencies, as well as a description of their development process. The competencies are intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects.



Thank You!

If you have any further questions
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Regina Brecker at rbrecker@phmc.org

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