Social Determinants of Health for Public Housing Residents

Community Violence



Social, economic, and environmental factors, such as income, access to high quality health care services, and safe and healthy environments play a large role in determining the health status of public housing residents.

In general, individuals that receive assistance from the U.S. Department of Housing and Urban Development (HUD) are more likely to have chronic health conditions and are higher utilizers of health care than the rest of the U.S. population, even more so than other low-income renters¹.

- 35.8% are in fair or poor health vs. 13.8% of other adults
- 71% are overweight or obese vs. 64% of other adults
- 61% have a disability vs. 35.4% of other adults
- 17.6% have diabetes vs. 9.5% of other adults³

A significant social determinant of health for public housing residents is community violence. Physical, sexual, or emotional violence can lead to an increased risk of mental health and behavioral health disorders².

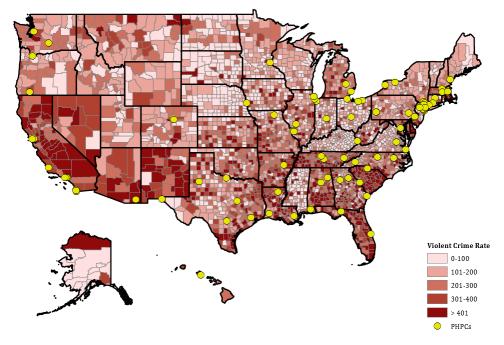
The map below shows the location of Public Housing Primary Care (PHPC) health centers across the country and the corresponding rates of violent crime in the county where they are located³. Violent crime refers to murder, rape, robbery, and assault. Rates of violent crime are higher in areas where PHPCs are located compared to the national average.

 There is an average of 508 violent crimes per 100,000 population in PHPC counties compared to the national average of 386 per 100,000⁴.

Public Housing Primary Care (PHPC) In 2016, Health Centers provided comprehensive medical and behavioral health services to 609,751 patients living in or immediately accessible to public housing⁵.

The majority of these patients lived in poverty (78%), were uninsured (22%) or were enrolled in some type of public health insurance program (60% on Medicaid⁶.)

Violent Crime Rate (per 100k pop) by County





Violence is higher in communities where there are limited economic opportunities; high concentrations of poverty; unemployment; and limited public, mental health, and social services available to residents⁷.

Exposure to violence increases vulnerability to a broad range of mental and physical health problems over the life course. Violence is associated with the development of cardiovascular disease, cancer, chronic lung disease, and diabetes as well as alcohol use, to-bacco use, physical inactivity, and obesity⁸.

Children with a history of physical abuse have a 54% increased odds of depressive disorder, a 78% increased odds of sexually transmitted illness or risky sexual behavior, and a 32% increased odds of obesity⁹.

Children experiencing emotional abuse or neglect are even more likely to develop depression later in life. In fact, as the number of traumatic events experienced during childhood increases, the risk for developing mental health and behavioral health problems in adulthood increases¹⁰.

People who have experienced trauma from violence are ¹¹:

- * 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- * 4 times more likely to develop an STD
- * 4 times more likely to inject drugs
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- * 2.5 times more likely to smoke

According to a study by HUD, individuals that receive housing assistance are more likely to report feelings of anxiety, depression, and hopelessness, and those feelings are more likely to interfere with daily activities compared to the general population¹².

45.00%

40.00%

35.00%

30.00%

25.00%

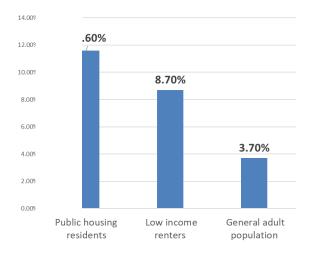
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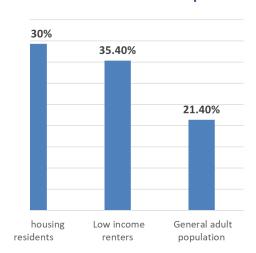
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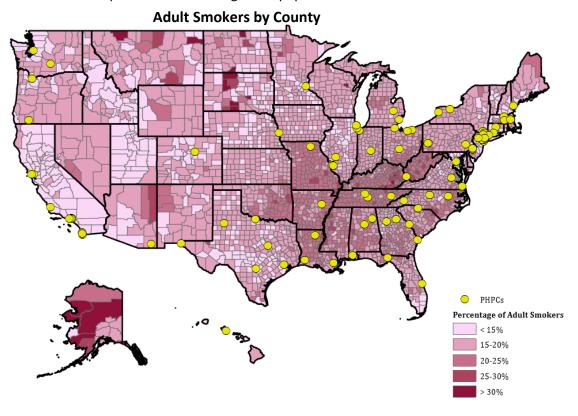
tress with Mental Hardship



Source: A Health Picture of HUD-Assisted Adults, 2006-2012



Other health behaviors linked to stress, such as smoking, is high among public housing residents. Overall, smoking rates have declined over the last decade, but they still remain high for this patient population. About 33.5% of public housing residents smoke compared to 22% of the general population¹³.



Implications

Violence prevention programs are critical for the physical and mental well being of public housing residents. The most effective strategies include family-focused programs, early childhood education, school-based programs, counseling, and public policy¹⁴. For example, the Safe Environment for Every Kid (SEEK) model, a pediatric outpatient program used in health centers, has been shown to reduce rates of reported child maltreatment¹⁵. The SEEK program identifies risk factors, offers counseling, and refers patients to additional services¹⁶.

Clinicians can also be trained to recognize the signs and symptoms associated with experiencing violence, such as injuries; unexplained chronic pain; gastrointestinal symptoms; genitourinary symptoms; repeated unintended pregnancies or sexually transmitted disease; symptoms of depression, anxiety, and sleep disorders; alcohol or other substance abuse; and behavioral problems in children¹⁷.

Follow these steps to address intimate partner violence in your health center¹⁸:

- 1. Build partnerships between health centers and local domestic violence and sexual assault programs.
- 2. Prepare your practice by implementing new or updated domestic violence/sexual assault policy to identify and respond to survivors in partnership with community based domestic violence/sexual assault programs, and promote prevention.
- 3. Adopt the evidence-based intervention to educate all patients about the connection between intimate partner violence and their health and engage them in strategies to promote wellness and safety.
- 4. Train providers and all staff on the impact of domestic violence/sexual assault programs.
- 5. Evaluate and sustain your progress as part of continuous quality improvement.



Sources:

- 1. U.S. Department of Housing and Urban Development. (2017) A Health Picture of HUD-Assisted Adults, 2006-2012. Washington: U.S. Department of Housing and Urban Development. Retrieved from https://www.huduser.gov/portal/sites/default/files/pdf/Health-Picture-of-HUD.pdf
- 2. García-Moreno, C., Riecher-Rössler, A. (2013) Violence Against Women and Mental Health. Basel: Karger.
- 3. Federal Bureau of Investigation. (2017) Uniform Crime Reporting 2012-2014. Retrieved from https://ucr.fbi.gov/4. Ibid.
- 5. Health Resources and Services Administration. (2016) 2016 National Health Center Data: National Public Housing Primary Care Grantee Program Data. Retrieved from https://bphc.hrsa.gov/uds/datacenter.aspx?fd=ph.

 6. Ihid
- 7. Sampson, R.J., Morenoff, J.D., Gannon-Rowley, T. (2002) Assessing "neighborhood effects." *Annu Rev Sociol*, 28:443 –478.
- 8. Norman, R.E., Byambaa, M., De, R., et al. (2012) The long-term health consequences of child physical abuse, emotional abuse, and neglect. *PLoS Med*, 9(11):e1001349; Felitti, V.J., Anda, R.F., Nordenberg, D., et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *Am J Prev Med*, 14(4):245–258.
- 9. Sumner, S.A., Mercy, J.A., Dahlberg, L.L., et al. (2015) Violence in the United States: Status, Challenges, and Opportunities. *JAMA*, 314(5):478-488.
- 10. Substance Abuse and Mental Health Services Administration. (2017) Adverse Childhood Experiences. Washington:
- U.S. Department of Health and Human Services. Retrieved from https://www.samhsa.gov/capt/practicing-effective-prevention-behavioral-health/adverse-childhood-experiences
- 11. National Center for Mental Health Promotion and Youth Violence Prevention. (2012) Childhood Trauma and Its Effect on Healthy Development. Retrieved from http://www.promoteprevent.org/resources?f[0]
- <u>=sm_vid_Resource_Type%3AResource&f[1]=sm_vid_Content_Related%3AMental%20and%20Behavioral%20Health_</u>
- 1.12. U.S. Department of Housing and Urban Development. (2017) A Health Picture of HUD-Assisted Adults, 2006-2012. Washington: U.S. Department of Housing and Urban Development.Retrieved from https://www.huduser.gov/portal/sites/pdf/Health-Picture-of-HUD.pdf
- 13. *Ibid.*
- 14. Sumner, S.A., Mercy, J.A., Dahlberg, L.L., et al. (2015) Violence in the United States: Status, Challenges, and Opportunities. *JAMA*, 314(5):478-488.
- 15.Boston Public Health Commission. (2017) Violence Prevention. Retrieved from http://bphc.org/whatwedo/violence-prevention.aspx
- 16. Ibid
- 17. World Health Organization. (2013) Responding to Intimate Partner Violence and Sexual Violence Against Women. Geneva: World Health Organization.
- 18.IPV Health Partners. (2018) Prevent, Assess, and Respond: A Domestic Violence Toolkit for Health Centers & Domestic Violence Programs. Retrieved from http://ipvhealthpartners.org/

About the National Center for Health in Public Housing

The mission of National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally -funded Public Housing Primary Care (PHPC) health centers and other health center grantees caring for public housing residents by providing training, technical assistance and research. The PHPC program is built on a foundation of collaboration between Health Centers, Public Housing Agencies, and residents.

For more information visit www.nchph.org/interactivemaps

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