



**SOCIAL DETERMINANTS OF HEALTH FOR  
PUBLIC HOUSING RESIDENTS:**

# ACCESS TO HEALTHY FOOD

Using data and maps created by National Center for Health in Public Housing (NCHPH) and other national data sources, this publication is one in a series that identifies the prevalence of social factors and population health indicators that affect public housing residents. It is intended for non-clinical health center staff, decision makers, and public housing stakeholders.

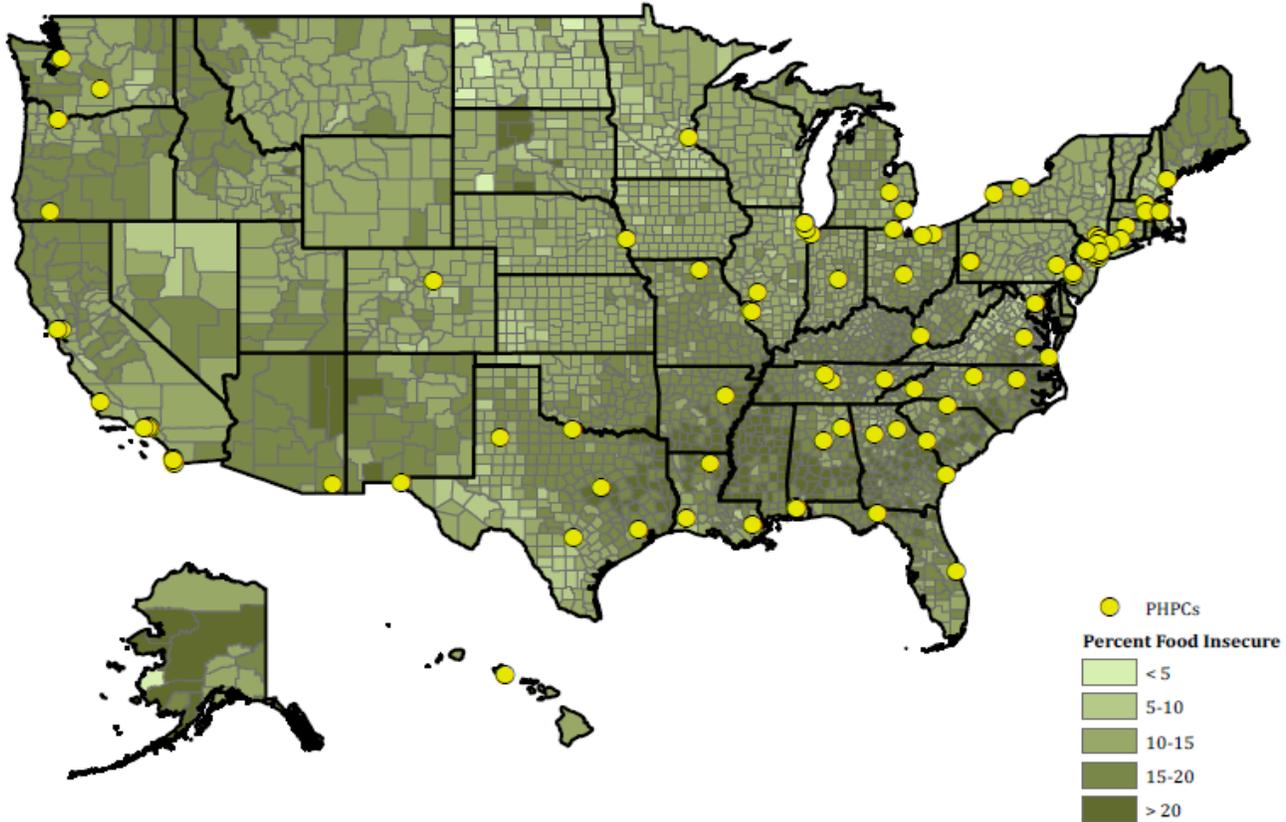
April 2020

# ACCESS TO HEALTHY FOOD

In 2018, Public Housing Primary Care Health Centers provided comprehensive medical and behavioral health services to 817,123 patients living in or immediately accessible to public housing.<sup>1</sup> The majority of those patients lived in poverty (78%), were uninsured (21%), or were enrolled in Medicaid (56%) or Medicare (9%).<sup>2</sup>

## Food Insecurity by County

Percentage of population without access to enough food for an active, healthy life for all household members



Public housing residents often have complex health issues that are impacted by where they live. 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 renters.

- 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 adults<sup>3</sup>

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. For example, community assets, such as healthy food outlets and safe places to engage in physical activity, can determine diet and exercise, and in turn, obesity and diabetes rates.

Public Housing Primary Care Health Centers (PHPCs) are uniquely positioned to address these social determinants of health because they provide health care on or near public housing development sites. The map below shows the location of 107 PHPCs across the country and the corresponding rates of

food insecurity in the county where they are located.<sup>4</sup>

Areas with insufficient access to fresh food, called food deserts, frequently include neighborhoods with public housing developments. Low-income neighborhoods often lack full-service grocery stores and farmers' markets where residents can buy a variety of high-quality fruits, vegetables, and low-fat foods.<sup>6</sup>

Approximately 15% of the population in PHPC counties are food insecure, which equates to 19.6 million individuals.<sup>7</sup> Food insecurity is defined as a disruption of eating patterns because of a lack of money or resources.

Additionally, around 5% have limited access to food, or approximately 3.9 million individuals.<sup>8</sup> Limited access to food refers to the percentage of the population who are low-income and do not live close to a grocery store.

Around three-fourths of HUD-assisted children live in single female-headed households compared to 27% of the general population, while approximately 76% of children with HUD-assistance lived at or below the federal poverty level.<sup>9</sup>

These factors make children living in public housing particularly vulnerable.

Roughly, 56% of children living in PHPC counties are eligible for free or reduced-price lunches, although in some counties it can be as high as 92% such as in the urban area of Washington, DC and 91% in the rural town of Edgecombe, North Carolina.<sup>10</sup> A child is eligible for a free or reduced lunch if they are in a low-income household, defined as 130-185% of the federal poverty level.

Given these challenges, NCHPH conducted two learning collaboratives in 2018 with participants from PHPC Health Centers to gather best practices on addressing access to healthy foods and strategies to tackle diabetes and obesity in their communities. Approximately 15 Health Centers engaged in hour-long discussions. A brief synthesis of those discussions is below. For more information, view the full [report](#).

### ***Food Prescription Program***

The El Rio Health Center in Tucson, AZ collaborates with a community food bank and a university to provide a Food Prescription Program to patients. Residents that receive a prescription for healthy food can purchase items at a discount price in local grocery stores and farmers markets.

### ***Health Education***

The Community Healthcare Center in Wichita Falls, TX works closely with the local health department to offer a comprehensive diabetic education and cooking class. Patients that attend the class learn how to cook healthy foods, then eat those prepared meals together, followed by then exercise as a group.

### ***Park Prescription Program***

The El Rio Health Center works with the National Park Service to prescribe parks and guided activities to public housing residents. The Health Center has secured funding for transportation and admission fees for their patients.

### ***Green Veggie Bus***

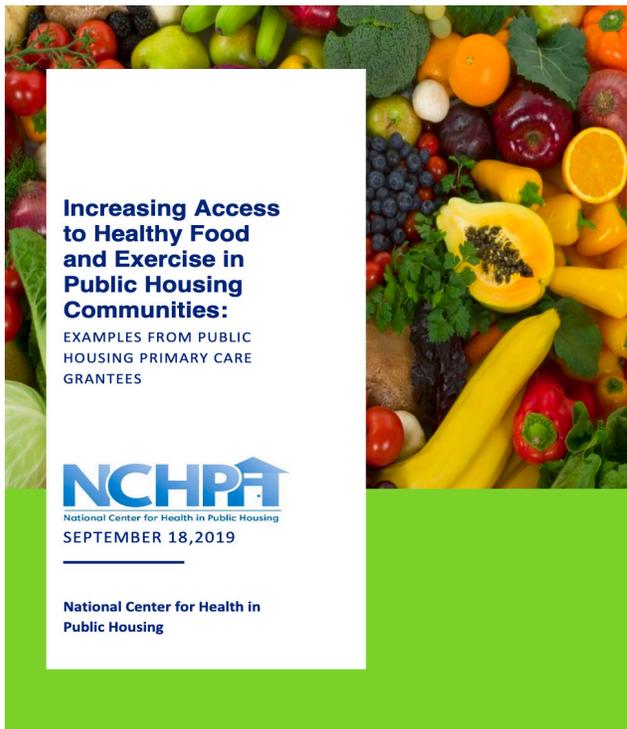
TCA Health, Inc. in Chicago, IL increases access to healthy food through a mobile van that sells vegetables once a week at the health center. The health center is located directly on the housing development site, so the van provides healthy foods predominantly to public housing residents and accepts WIC coupons as payment.

## ***How to Improve Attendance at Diabetes Education Meetings:***

- Give Patients a Call**  
A direct conversation with a patient provides an opportunity to answer questions, give gentle reminders, and troubleshoot barriers to attendance.
- Provide Transportation**  
Lack of transportation is one of the key barriers to accessing care for public housing residents.
- Flexible Scheduling**  
A direct conversation with a patient provides an opportunity to answer questions, give gentle reminders, and troubleshoot barriers to attendance.
- Provide Childcare**  
For busy parents, childcare is often an obstacle.

# SOURCES:

1. Health Resources and Services Administration. (2018) 2018 National Health Center Data: National Public Housing Primary Care Grantee Program Data. Retrieved from <https://bphc.hrsa.gov/uds/datacenter.aspx?fd=ph>.
2. Ibid.
3. 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.
4. Gundersen, C., A. Satoh, A. Dewey, M. Kato & E. Engelhard. Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2015.
5. Author's tabulations using UDS 2017 raw data and Gundersen, C., A. Satoh, A. Dewey, M. Kato & E. Engelhard. Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2015.
6. Gundersen, C., A. Satoh, A. Dewey, M. Kato & E. Engelhard. Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2015.
7. Author's tabulations using UDS 2017 raw data and Gundersen, C., A. Satoh, A. Dewey, M. Kato & E. Engelhard. Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2015.
8. Ibid.
9. U.S. Department of Housing and Urban Development. (2017) A Health Picture of HUD-Assisted Children, 2006-2012. Washington: U.S. Department of Housing and Urban Development.
10. Author's tabulations using UDS 2017 raw data and County Health Rankings and Roadmaps data.
11. National Center for Health in Public Housing. (2019). Increasing Access to Healthy Food and Exercise in Public Housing Communities: Examples from Public Housing Primary Care Grantees.



## DISCLAIMER:

### *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](http://www.nchph.org/interactivemaps).**

This project 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 \$1,824,000 with 0% 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. For more information, please visit [HRSA.gov](http://HRSA.gov).