

SOCIAL DETERMINANTS OF HEALTH FOR PUBLIC HOUSING RESIDENTS: COMMUNITY VIOLENCE

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.



# COMMUNITY VIOLENCE

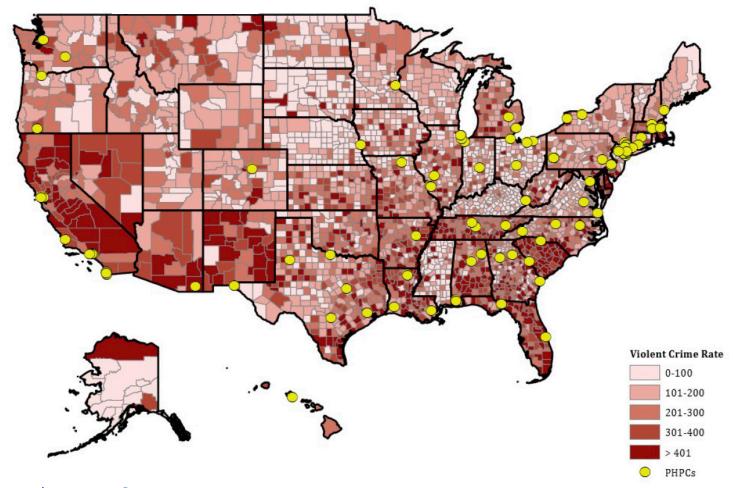
**In 2019,** 108 Public Housing Primary Care Health Centers provided comprehensive medical and behavioral health services to 856,191 patients living in or immediately accessible to public housing.<sup>5</sup> The majority of those patients lived in poverty (77.57%), were uninsured (20.43%), or were enrolled in some type of public health insurance (53.76% on Medicaid <sup>6</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.

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<sup>1</sup>. 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> 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 disorders<sup>2</sup>.

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 located<sup>3</sup>. Violent crime refers to murder, rape, robbery, and assault. Rates of violent crime are higher in areas where PHPC Health Centers are located compared to the national average. There is an average of 505 violent crimes per 100,000 population in PHPC Health Center counties compared to the national average of 386 per 100,000<sup>4</sup>.

# 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, tobacco use, physical inactivity, and obesity<sup>8</sup>. Children with a history of physical abuse have a 54% increased odds of having depressive disorder, a 78% increased odds of sexually transmitted illness or risky sexual behavior, and a 32% increased odds of obesity<sup>9</sup>. 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 increases<sup>10</sup>.

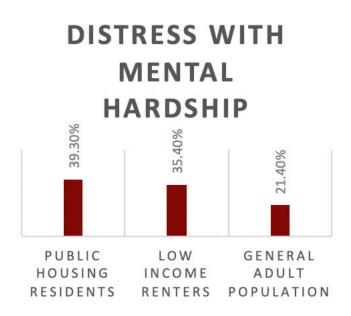
Persons experiencing intimate partner violence (IPV) are at risk for homelessness and housing instability<sup>11</sup>. A study by Pavao, et al. found that women fleeing IPV were 4 times more likely to experience homelessness<sup>12</sup>.

People who have experienced trauma from violence are<sup>11</sup>

- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to contract a sexually transmitted disease
- 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

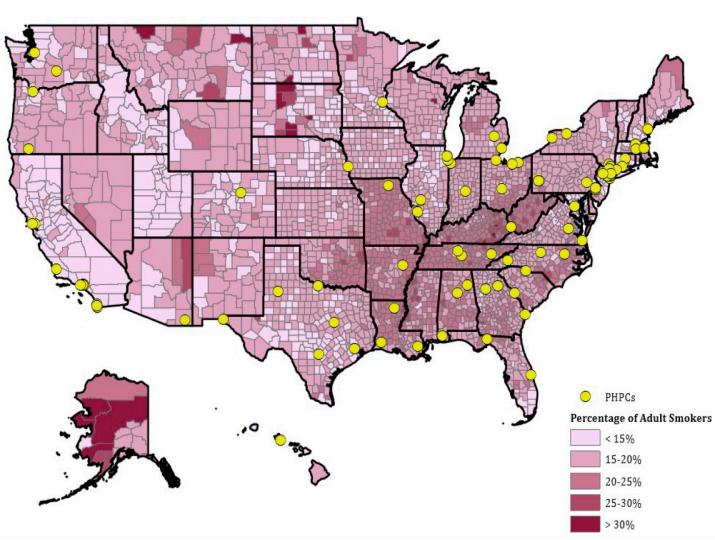
According to a study by HUD, individuals that receive housing assistance are more likely to report feelings of anxiety, depression, and hopelessness, and those feelings are more likely to interfere with daily activities compared to the general population<sup>13</sup>.





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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 population<sup>14</sup>.



## **Adult Smokers by County**

### 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 policy<sup>15</sup>. 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 maltreatment<sup>16</sup>. The SEEK program identifies risk factors, offers counseling, and refers patients to additional services<sup>17</sup>.

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 children<sup>18</sup>.

## 

## Follow These Steps to Address Intimate Partner Violence in your Health Center<sup>19:</sup>



#### **Build Partnerships**

Build partnerships between health centers and local domestic violence and sexual assault programs.



#### Prepare Your Practice

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.



#### Adopt the Universal Education of Evidence-Based Intervention

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.



#### Train Your Providers

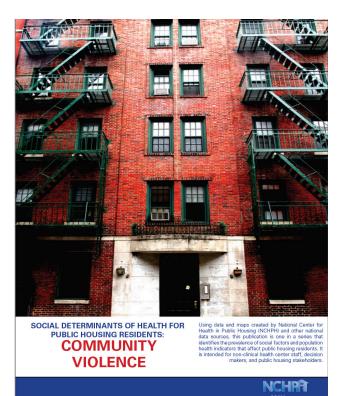
Train providers and all staff on the impact of domestic violence/sexual assault programs.



#### Evaluate Your Progress

Evaluate and sustain your progress as part of continuous quality improvement.

Visit the IPV Health Partners Toolkit for step-by-step guidance and provider resources.



## **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.* 

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.



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