The National Center for Health in Public Housing
Enhancing Health Care Delivery for Residents of Public Housing

ADDRESSING VIOLENCE IN PUBLIC HOUSING COMMUNITIES

Case Examples of Violence Prevention and Intervention Strategies from Public Housing Primary Care Grantees

National Center for Health in Public Housing
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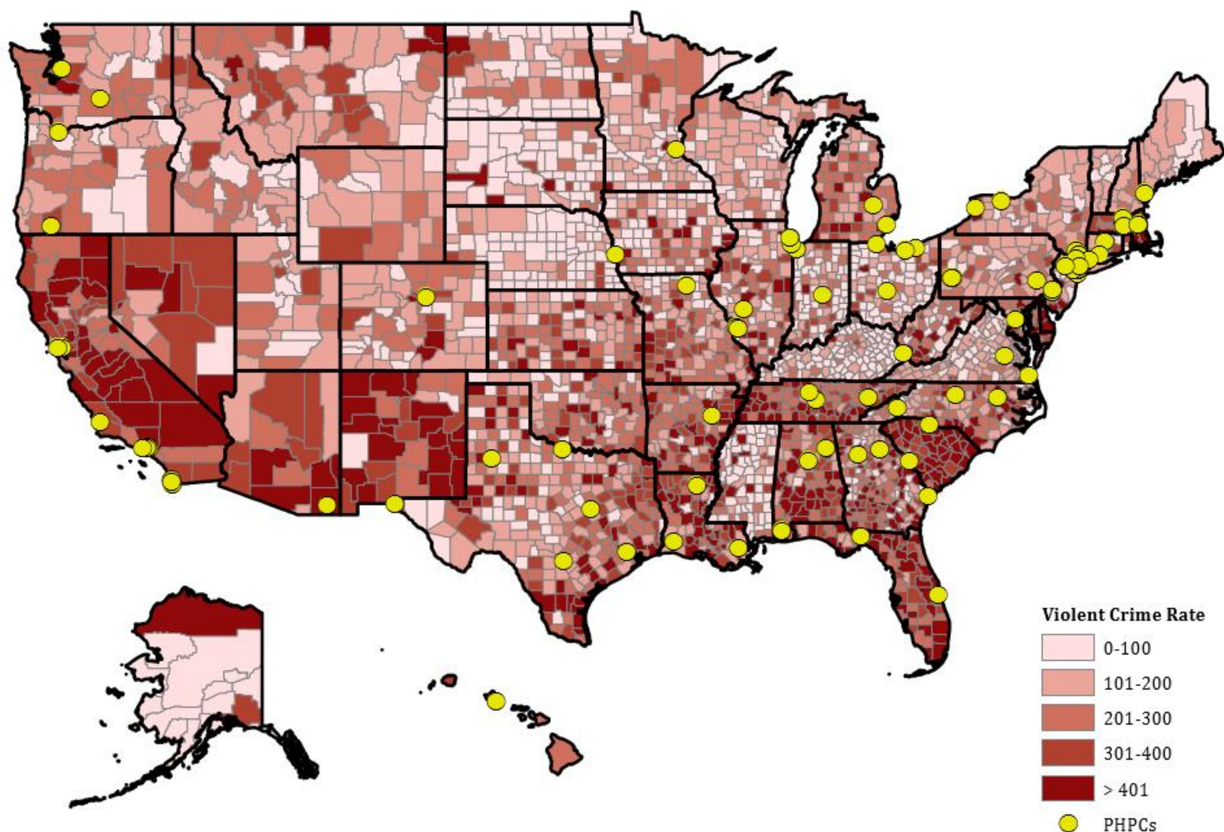
Introduction

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 housing assistance from the U.S. Department of Housing and Urban Development (HUD) are more likely to have chronic health conditions , such as asthma, diabetes, and obesity, and are higher utilizers of health care than the rest of the U.S. population, even more so than other low-income renters[1]. They are more likely to report being in fair or poor health, overweight or obese, have a disability, or diabetes compared to the general adult population[2].

A significant social determinant of health for public housing residents is community violence. Health Centers located in or immediately accessible to public housing developments are more likely to be in areas with higher rates of violent crime, defined as murder, rape, robbery, and assault[3]. In fact, there is an average of 508 violent crimes per 100,000 in counties where Public Housing Primary Care (PHPC) Health Centers are located compared to just 386 per 100,000 nationally[4]. More than half of all PHPCs are in counties with highest violent crime rates.[5]

Figure 1. Rates of Violent Crime by County



Public housing developments are typically located in poorer, socially isolated areas of urban cores[6]. Violence is higher in communities where there are limited economic opportunities, high concentrations of poor and

unemployed people, and limited health and social services available to residents[7]. Structural disadvantage and racism can also contribute to the perpetration of multiple forms of violence[8].

The Effect of Violence on Mental and Physical health

Directly experiencing or witnessing violence of any type -physical, sexual, or psychological is associated with increased risks of behavioral disorders such as depression, post-traumatic stress disorder, personality and conduct disorders, anxiety, sleep and eating disorders, substance abuse, and suicide and suicide attempts[9]. Violence is also associated with the development of major noncommunicable diseases, such as cardiovascular disease, cancer, chronic lung disease, and diabetes as well as obesity[10].

Effects of Violence on Children

Children are very sensitive to the effects of violence. Witnessing violence or being a victim of violence can lead to violence perpetration later in life. As the number of adverse childhood experiences increases, the risk for maladaptive behaviors and chronic disease in adulthood such as depression; alcoholism; drug abuse; suicide attempts and/or completions; heart and liver disease; unintended pregnancy; high stress; uncontrollable anger; and family, financial, and job problems also increases[11]. A meta-analysis by Norman et al. indicates that children who were physically abused are 54% more likely to suffer from depressive disorders and are 92% more likely to have a substance use disorder[12]. Children experiencing emotional abuse or neglect can have even higher rates of psychological comorbidities (>300% increased odds of depressive disorders from emotional abuse and >200% increased odds from neglect, relative to children without abuse exposure)[13]. Young children exposed to five or more significant adverse experiences in the first three years of childhood are 76% more likely to have delays in their language, emotional or brain development[14].

Violence Prevention and Intervention Strategies

Efforts to prevent and respond to violence require an understanding of the ways violence can manifest at the individual level, across communities, and intergenerationally. Research suggests that it is the accumulation of multiple adverse experiences that is associated with the greatest likelihood of violence involvement[15]. The most effective violence prevention strategies include parent and family-focused programs, early childhood education, school-based programs, therapeutic or counseling interventions, and public policy. Safe, stable, and nurturing family relationships and high levels of support and cohesion within communities can offer protection from adverse health outcomes[16].

Primary care clinics also have implemented programs to prevent violence, such as the Safe Environment for Every Kid (SEEK) model, a pediatric outpatient program[17]. The SEEK program consists of identification of risk factors, offering brief counseling, and referring patients for services. A randomized clinical trial in which participants were followed for more than 3.5 years found that children whose families were in the SEEK intervention had a significantly lower rate of official child protective services reports of child maltreatment (13.3%) than did those in the control group (19.2%)[18]. Intervention families also experienced improved health benefits such as lower rates of delayed immunizations[19]. In addition to the identification of risk factors for violence involvement, clinicians can be trained to recognize the signs and symptoms that may be 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 youth.

Case Study Purpose and Methodology

The purpose of this report is to provide Health Centers located in or immediately accessible to public housing with best practices and examples of violence prevention and intervention programs that can be implemented in their communities. NCHPH identified a list of 56 PHPCs located in areas of high crime and invited them to participate in the study. Four Health Centers responded and agreed to participate. NCHPH conducted background research on violence and crime statistics from the Federal Bureau of Investigation Uniform Crime Reporting Program in each of the locations[20], interviewed Health Center staff, and analyzed the interviews to identify overlapping themes, lessons learned, and successful strategies used to address and prevent violence.

Research Questions

- What are the types of violence that are most pervasive in your public housing community?
- Have residents exhibited an increase in mental health illnesses or symptoms due to violence within the community?
- What violence intervention and prevention programs are delivered at the site? What have been the outcomes of those programs?
- Who are the partners and players involved?
- Are there any successful strategies or initiatives that have been particularly effective among vulnerable groups, such as children, families, or the elderly?
- Have there been any efforts to enhance mental health services delivery in response to increased violence within the community?
- What are the expectations of community violence intervention and prevention programs by residents, housing authorities, health centers, and/or decision makers in the community?

A within-case analysis was conducted to highlight themes and identify lessons learned within each case, as well as a cross-case analysis to highlight themes seen across all cases, to generalize the key successful elements of each of the violence intervention and prevention programs. To accomplish the analysis, each of the interviews was transcribed and coded for themes. Those codes were then validated by a panel of subject-matter experts and revised as necessary to ensure accuracy and consistency of the interpretations.

Case Study Findings

NCHPH interviewed Health Center staff from three PHPCs: Genesee Health Systems in Flint, Michigan; Opportunities Industrialization Center (OIC) Health Center in Rocky Mount, North Carolina; and Whittier Street Health Center in Boston, Massachusetts.

Genesee Health System[21]

Genesee Health Systems operates in the Flint area in Genesee County, MI. There are approximately 1,000 patients living in or near public housing and more than 3,500 patients living at or below the federal poverty level[22]. Most patients are on Medicaid and around 5,000 patients have mental health or substance abuse disorders[23].

Table 1. Health Center and City Demographics, Genesee Health Systems in Flint, Michigan			
Genesee Health System[24]		Flint, Michigan[25]	
Patients in Public Housing:	1,092	Population	96,448
Patients in Poverty:	3,570	Poverty	42%
Uninsured:	318	Unemployment	24%
Medicaid:	3,191	Crime rate (per 100,000 pop)	765
Medicare:	534		
Dual Eligible:	470	Asian	0.4%
		Hawaiian/ Pacific Islander	0%
Asian	10	African American	54%
Hawaiian/ Pacific Islander	25	American Indian/ Alaskan Native	0.6%
African American	1,290	White	40%
American Indian/Alaskan Native	29	Hispanic	4%
White	2,503		
Hispanic	465		
Alcohol, Tobacco, or Substance Abuse Disorders:	2,100		
Depression or Anxiety:	3,169		

The Flint, MI area has been hit particularly hard by the opioid epidemic. Overall, there was a 30% increase in drug-overdose deaths statewide between 2013 and 2015, and Flint was one of the top 10 cities in Michigan to report high numbers of opioid-related deaths [26]. Residents in Flint also struggle with high poverty and unemployment rates[27].

Recently, there were 12 opioid overdoses in one Flint neighborhood over a two-week period. To respond to the crisis, the Health Center deployed a mobile unit to distribute Narcan kits at a local church, homeless shelter, and dollar store. Unfortunately, two of the overdoses resulted in death, however mortality could have been much higher had the Health Center not quickly reacted to the needs in the community. High rates of substance abuse, coupled with a sizeable homeless population, and an abundance of abandoned housing, has created a difficult environment in the city. One of the results has been an increase in drug-related violence.

Flint was also hit with a historic clean-water crisis in 2014, causing a state of emergency[28]. Officials found lead levels between 104 parts per billion (ppb) to 297 ppb in the City's water supply and independent researchers from Virginia Tech found lead levels between 200 ppb- 13,200 ppb[29]. The maximum allowable contaminant level set by the Environmental Protection Agency (EPA) for lead is zero because of its harmful effects on health[30]. Water that contains lead levels over 5,000 ppb is considered hazardous waste[31]. According to the Centers for Disease Control and Prevention (CDC), there is no safe level of lead in blood[32]. Children with elevated blood-lead levels have an increased risk of neurological disorders, developmental delays, problems with hearing and speech, and behavioral problems including juvenile delinquency and criminal behavior[33]. The water crisis, however tragic, united the Flint community to address the injustices in its impoverished neighborhoods[34].

Engaging the Community

Over the course of 2013-2015, Genesee Health System established a partnership with the Public Housing Commission to build a Health Center site directly in an 800-unit public housing development in Flint. Health Center leadership assumed that the proximity and the improved access to primary care services would be viewed positively in the community. However, they found that it took almost a year to gain trust and acceptance from residents.

One of the strategies they used to build a rapport in the community was through fun, family-oriented activities and fairs, giveaways, food, and other games and raffles. They also worked thoroughly to ensure a safe environment at the Health Center. There is a security guard on site and an armed Genesee County Sherriff patrols all of the Health Center site locations. The presence of law enforcement provides an added sense of safety to both patients and staff at the health center. According to the Director of Operations, knowing the officer is there helps individuals from acting aggressively and decreases the risk of a violent situation. In addition, all Health Center staff receive crisis intervention training to learn de-escalation techniques. Providing training to everyone, rather than a select few, allows the Health Center staff to attend to the needs of the patients immediately in the event of an acute crisis. The Director of Business Operations also recommends having a separate room available to move individuals when a conflict erupts. A separate space can create a calming effect but can also prevent a potentially violent episode from spreading to the common waiting areas at the Health Center and affecting other patients, families, and staff.

Violence Prevention and Intervention Programs

The Health Center uses a holistic approach to deliver mental health, substance abuse, and primary care services. There are several programs that have helped prevent and address crime and violence, including addressing the substance abuse problems in the area.

- The Health Center has established a **Sobriety Facility**, an acute detox center in the emergency department of the local hospital that has embedded mental health professionals and crisis services. The facility provides Individuals a safe place to get sober and receive the behavioral health services they need. The Director of Operations explained that the existence of the facility has curbed incidences of domestic violence because typically those violent eruptions occur when alcohol and drugs are involved.
- **Drug Courts, Mental Health Courts, and Veterans Courts** have all been put in place to address the underlying issues of violence in the community. A Genesee staff member is embedded in the Drug Court and Mental Health Court. Every day, police reports are screened and cross-referenced with a patient list from the Health Center. Individuals that have been arrested that also suffer from mental health illnesses are put into an expedited hearing process. The arresting officer or Sherriff, prison staff, prosecuting attorney, and judge are all notified and discuss the case in a closed- door pre-court meeting so that personal details can remain confidential. An expedited hearing is set with immediate bail if the individual agrees to get treatment at the Health Center and/or is enrolled in a court-mandated program to complete mental health or substance abuse services. Charges are dropped and wiped from their record if they complete their treatment programs. There are two positive outcomes of the Drug and Mental Health Court system: the first is it allows individuals to get out of jail quicker and the second is that individuals can access appropriate services faster than through navigating the normal criminal justice system. The major challenge of maintaining confidentiality has been addressed by obtaining permissions for personal releases of information prior to court dates and by discussing the case in closed door meetings with essential personnel. A study conducted by Michigan State

University has shown that the Courts reduced rates of recidivism and resulted in savings across many agencies. The average individual entering the Drug and Mental Health Court system had two or more stays in jail, a psychiatric ward, or substance abuse inpatient treatment center in the previous year. However, 80% of those individuals did not have a single arrest in any of those systems for up to 36 months following their time at Drug or Mental Health Court. The savings and benefits are meaningful to Sheriffs that contend with overcrowded jails, as well as individuals with mental health and substance abuse problems.

- The Genesee Health Center is part of a state innovation model called **Great Lakes Connect**, which provides referrals to other services, such as transportation, food, clean water, and child care. The Health Center has found that addressing those social determinants of health can improve their patients' access to care and reduce avoidable hospitalizations and emergency room visits.
- Through an **Access Increases in Mental Health and Substance Abuse Services (AIMS) grant**, the Health Center employs a psychiatric nurse practitioner and has two medication assisted treatment programs. Employing social workers and peers to provide case management and coordination services has filled a large gap in the community for the homeless and public housing populations. Staff are trained with motivational therapy, problem-solving therapy, and other certification and trainings. The Director of Operations believes that as they enhance the skills of the staff, they see a direct correlation of improvement in overall health of the patients, including mental health and substance abuse.

One of the challenges the Health Center faces is funding for staff to manage violence prevention and intervention programs once they are initiated, and to cover the loss of billable hours when staff are receiving training. The Director of Operations admits that some of the costs are realized with the delivery of better services, but it is always a concern. In addition, it takes time and effort to build trusting relationships with partners and the community.

Key Strategies

1. Train all staff on basic de-escalation techniques and crisis intervention.
2. Provide case management and coordination services.
3. Provide good customer service, maintain good communication, and set appropriate expectations.
4. Have a private space available, away from the public, to contain potentially violent situations.
5. Address the social determinants of health through collaboration with public and private community organizations.

Opportunities Industrialization Center (OIC)[35]

Opportunities Industrialization Center (OIC) is the largest safety-net provider in Rocky Mount, NC and operates in Edgecombe and Nash Counties. The Health Center serves less than 500 patients living in or near public housing, however most of the patients served are living at or below poverty[36]. Almost 5,000 patients are on some type of public health insurance and close to 3,500 patients have mental health or substance abuse disorders[37].

Table 2. Health Center and City Demographics, Opportunities Industrialization Center in Rocky Mount, NC			
Opportunities Industrialization Center (OIC)[38]		Rocky Mount, North Carolina[39]	
Patients in/near Public Housing	490	Population	54,523
Patients in Poverty	5,603	Poverty	25%
Uninsured	2,146	Unemployment	13%
Medicaid	3,490	Crime rate (per 100,000 pop)	552
Medicare	1,452		
Dual Eligible	897		
Asian	21	Asian	1.3%
Hawaiian/ Pacific Islander	9	Hawaiian/ Pacific Islander	0.1%
African American	6,398	African American	63%
American Indian/Alaskan Native	35	American Indian/ Alaskan Native	0.5%
White	1,129	White	31%
Hispanic	465	Hispanic	4%
Alcohol, Tobacco, or Substance Abuse Disorders	728		
Depression or Anxiety	2,765		

The City of Rocky Mount has a combination of domestic violence, gangs, high poverty and unemployment rates that contribute to crime and violence in the community[40].

Violence Prevention Programs

OIC has just recently begun to develop violence intervention and prevention programs. Currently the community is focused on trying to quantify the local resources used by the criminal justice system on people who are mentally ill. The Program Development Manager at OIC is also a Jim Bernstein Fellow at the Foundation for Health Leadership and Innovation. As part of her fellowship project, she is implementing programs of self-sufficiency that increase access to healthcare for the homeless and those in non-permanent housing. One of the issues of great concern is addressing the mental health care needs of underserved populations. The purpose of her fellowship project is to identify mechanisms that could divert people with known mental health illnesses from the criminal justice system and overutilization of secondary and tertiary health services.

The initial phase of her project included gathering information on the mental health needs of residents in the region. She has held a series of stakeholder focus groups to discuss the topic. Participants have included representatives from the City of Rocky Mount, local hospitals, local law enforcement, Rocky Mount Housing Authority, and other community groups. She has also fielded a survey to the stakeholders that were unable to participate in the focus groups to gain their perspective on mental health issues. The next phase will be to develop a consensus on messaging around the issue of mental illness. It is OIC's hope to change the narrative on how the community recognizes and responds to people who suffer from mental health illnesses. For

example, during one of the focus groups, there was a discussion on the dual responsibility in the community to assist those who are in need of mental health services. Stakeholders weighed in on both the responsibility of community organizations to provide quality care and mental health services to the population, as well as the responsibility of individuals in the community to recognize the signs of mental illness and refer and report those persons to needed services.

OIC has been present in the community of Rocky Mount for more than 50 years. The organization has an institutional history of partnering with other organizations that deliver services to the citizens of Rocky Mount. For example, they have a Health Education Center located within the Housing Authority. OIC uses a community development corporation model of service delivery; in addition to providing quality health care, OIC provides job training and other skills development. They have served generations of families.

Key Strategies

1. Create a public face by offering health fairs with food and entertainment.
2. Honor the resident's time by creating events that do not conflict with the timing of other community activities and try not to duplicate efforts made by other organizations.
3. Develop a consensus on messaging and the responsibilities of community organizations and individuals around the issue of mental illness.
4. Leverage relationships with other community organizations.

Whittier Street Health Center[41]

For Whittier Street Health Center, violence is a primary health concern. There are over 17,000 patients at the Health Center living in or near public housing[42]. Almost 10,000 patients are living at or below the federal poverty level and close to 10,000 are on some type of public insurance program[43]. Substance abuse and mental health disorders affect approximately 5,000 patients served at the Health Center.

Table 3. Health Center and City Demographics, Whittier Street Health Center in Boston, MA

Whittier Street Health Center[44]		Boston, Massachusetts[45]	
Patients in/near Public Housing	17,153	Population	685,094
Patients in Poverty	9,695	Poverty	21%
Uninsured	7,634	Unemployment	8%
Medicaid	8,092	Crime rate (per 100,000)	815
Medicare	1,122		
Dual Eligible	799		
Asian	164	Asian	9.5%
Hawaiian/ Pacific Islander	51	Hawaiian/ Pacific Islander	0%
African American	6,801	African American	25.3%
American Indian/Alaskan Native	51	American Indian/ Alaskan Native	0.4%
White	843	White	53%
Hispanic	8,662	Hispanic	19.4%
Alcohol, Tobacco, or Substance Abuse Disorders	1,477		
Depression or Anxiety	3,534		

Whittier is in the Lower Roxbury Area of Boston, an area that has seen high levels of violence over the past year. Located in a predominately low-income community of color, those who reside in Whittier's service area struggle with poverty, racism, a history of neglect, and feelings of community abandonment. These burdens and challenges can sometimes push some community members to violence, including violence related to gangs, domestic violence, and youth violence. The violent crime rate in the city of Boston is 815 per 100,000 population, well over the national average of 386[46].

Violence Intervention and Prevention Programs

Despite these challenges, Roxbury is home to a wealth of community assets and individuals that are making positive impacts on the community and are committed to solving the problems of violence and trauma. The Whittier Street Health Center provides services to hundreds of families who are coping with unexpected losses, which, added to a lifetime of losses, often results in acute and ongoing Post-Traumatic Stress Disorder (PTSD). These patients utilize mental health and substance abuse services, as well as primary care services. To help community members cope with violence and trauma, Whittier has implemented the following:

- Developed a **Spanish-speaking group for parents** of homicide victims based on the needs from Hispanic patients.
- Utilizes a **Whittier Trauma Team**, to visit families in the aftermath of tragic loss and to respond to specific family needs including in-home interventions, case management services, and assistance for funeral arrangements.
- Has an **Intensive Family Team** (IFT) consisting of a social worker, pediatrician and other Whittier staff, to work with families in crisis, by scheduling all their Whittier appointments, group therapy and individual therapies for family members in one afternoon per week.
- Has a fulltime **Domestic Violence Coordinator** who works to prevent trauma in families and works with families in the aftermath of family trauma.
- Implements a **Decision Arts Program**, a violence prevention program for adolescent girls who have experienced traumatic losses through family or community violence.
- Whittier's **Youth Service and Enrichment (WYSE)**, working in collaboration with its community partners, promotes prevention and education on public health, wellness, nutrition and fitness as well as access to youth development and service as peer leaders, peace campaigners, prevention specialists and community health workers.
- Utilizes a **Community Relations Peer Leadership Program** to help groups of adolescents prevent tragedies through good decision-making and helps youth understand and cope with traumatic events after they have occurred.
- Has a **Trauma Center** to support immediate and long-term needs of community residents who have experienced or witnessed violence, in partnership with the Madison Park Development Corporation and funded by the Boston Public Health Commission.

A Closer Look at a Violence Program in Depth…

Research has shown that Psychological First Aid (PFA) is effective in reducing immediate stress post-trauma, as well as short- and longer-term functioning[19]. A part of the PFA is the Post-Traumatic Stress Management (PTSM) Program, which uses cognitive-behavioral methods for acute interventions within community-based programs following local disasters. The model is designed to begin within 24 hours of the disaster, using individual and group interventions to help people orient, stabilize, and improve coping skills. Some of the interventions include the identification of resources, processing of the trauma narrative, psychoeducation about the bodily responses to trauma and their impact on emotional functioning, planning, problem solving, and self-care. Evidence-based interventions include 1) increasing sense of safety, 2) calming victims, 3) increasing self- and community efficacy, 4) promoting connectedness, and 5) increasing home[20].

The Whittier Street Health Center PTSM program is made up of a multidisciplinary team that includes staff from Senior Management, the Behavioral Health and Substance Abuse Department, Community Relations Department, and Arts Therapy Department. The team typically intervenes in face-to-face interactions with the trauma victims and their families. The Community Relations staff member identifies community resources and support, a mental health/ substance abuse Case Manager helps put the resources in place for victims and their families, one or more mental health/ substance abuse clinicians leads cognitive behavioral group and individual interventions, and a Domestic Violence Coordinator helps promote physical and psychological safety for the victims. Telephone and internet interventions are utilized with trauma victims and their families. The PTSM team is connected and communicates with the larger community health center network to work in unison for large-scale traumatic events, which require interventions across Boston neighborhoods.

Evidence from some of Whittier's patients and violence prevention programs reinforces the gravity of the violence epidemic that is impacting the youth and the community. For example, when participants of Whittier's DecisionArts Program were asked to describe how long they expected to live, not one went beyond the age of 21. The Director of Whittier Health explains that teens take on each new homicide as their own personal loss, therefore it is crucial to address losses as they occur to avoid the onset and occurrence of chronic PTSD. She believes a trauma response model is imperative for both the affected families and the community to help cope with violence and work to prevent future incidents. The violence prevention and intervention programs offered at the Health Center have fortified Whittier as a community asset.

Creating Partnerships

According to the Director, Whittier maintains a network of health, social, and human services partners that share its mission to provide health care, wellness and support services, and eliminate youth violence. The objective of the network is to have representation from public and private sectors, as well as Community-Based Organization (CBO), Non-Governmental Organizations (NGO), Community Centers (CC), Faith-Based Organizations, and Financial Institutions.

Whittier was selected as a Community Connection in the Boston Region by the Massachusetts Department of Children and Families (DCF.) They participate in a state-wide Coalition program geared towards the elimination of abuse and neglect among children and families. Subsequently, Whittier formed Lower Roxbury Coalition to

support its efforts to meet the goals of DCF. The members of the Coalition include community centers, park and recreation, hospitals, community health centers, Dimock Street DCF Area Office, community-based organizations, private and public schools, universities, workforce development agencies, employers, etc. The Coalition meets bi-monthly and engages in activities to increase resident participation and to end child maltreatment as well as access to support services. Depending on each partner's skills and assets, participation includes providing direct services to victims of violence or trauma, developing trauma response protocols, identifying community needs, and technical assistance.

Key Strategies

1. Respond to trauma immediately.
2. Create a multi-disciplinary treatment team.
3. Work with community partners to provide holistic care.

Lessons Learned

Diversity in the types of violence prevention and intervention programs available in public housing communities, and differences in perception of community needs among Health Center staff and residents, suggests that there could be many interpretations of how or why a particular violence intervention or prevention strategy may be successful. Based on findings from the interviews of Health Center staff, the following lessons were identified for successful violence prevention and intervention programs.

1. Engage the Community

The first, and perhaps most obvious lesson identified through the case study interviews, is the importance of thoughtful engagement with the community. Services and programs offered at Health Centers must be linked to the needs of patients, both clinical, supportive, and those that address the social determinants of health. The most direct way to identify those needs are through discussions with residents, which rely on open communication and trust. Health Centers have found that cultivating relationships with the community takes time and effort. Creating a regular presence at community events, holding family-focused activities, and being conscientious of work, school, and community calendars, are some of the strategies Health Centers have used to create successful relationships.

2. Address Trauma Immediately and Comprehensively

The next lesson is the importance of assigning a high clinical value to the impacts and effects of violence and trauma to the mental and physical health of adults and children. There is a wealth of public health research that shows an association between experiencing trauma and poor mental and physical health outcomes. As a result, it is essential that Health Centers react to the trauma needs of patients comprehensively, by utilizing a trauma response model that incorporates a multi-disciplinary team approach to providing care. In environments where community violence occurs regularly, Health Centers should consider staffing teams to care for the continuum of needs across families and communities when a violent event occurs. It is also critical to be aware of the time and resources of the patients served. Most individuals living in public housing are single women, many with children[47]. Therefore, successful attendance and adherence to therapeutic sessions and treatments should align with the availability of those patients.

3. Provide Holistic Care

Health Centers utilize a patient-centered medical home (PCMH) approach to providing care. Health Centers in this case study also have integrated behavioral and primary care services offered at their site. Understanding

the relationship between violence, mental health, and substance abuse disorders is key to delivering the appropriate suite of services to patients living in or near public housing.

4. Involve Community Partners

The lesson learned here is that public housing residents need a wide range of health and social services to address the many social determinants of health that impact their lives. Building relationships and partnerships with other community non-profit, health, housing, and social service agencies creates a collective that can draw on the diverse skill set of individual organizations to address all the needs and fill in any gaps of service. It can also increase opportunities and introduce new or leverage existing resources and funding streams. The Health Centers in this case study have all created a mechanism to communicate with community partners on a regular basis through taskforces and working groups. This helps address and bolster the violence prevention and intervention efforts in the community, but it also creates the infrastructure necessary to collaborate on other ongoing or emerging issues.

Conclusions

Health Centers located in or immediately accessible to public housing provide an array of comprehensive medical and behavioral health services to patients in the community and are an essential part of the safety net providers caring for public housing residents. Violence prevention and intervention efforts are a critical component of that care. Findings from this case study indicate that successful strategies must acknowledge and address the role of community stressors, such as trauma, poverty, mental health, and substance abuse in creating unsafe environments. Health Centers have created community-based programs that build trust, empower youth, and improve the social cohesion in the community. Nurturing and training staff for the health needs that arise due to witnessing or experiencing violence is also important for continuity of care of public housing residents. Starting a broader conversation among decision-makers on the interconnectedness between mental health, substance abuse, and violence, and working in tandem with other community partners, including those in the criminal justice system, is vital to building safe and healthy communities. Finally, measuring the impact of violence prevention and intervention programs can show the value they may have on health and well-being in addition to savings that may occur across a range of sectors.

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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

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