

Obesity and Residents of Public Housing

During the past 20 years there has been a dramatic increase in obesity in the United States. While obesity is a serious health concern for many Americans, the prevalence of this condition among residents of public housing exceeds that of the general population. Contributing factors to the high incidence of obesity among residents of public housing include lack of convenient places to get healthy meals, unsafe neighborhoods for outdoor activities, few supermarkets at which to buy healthy foods, and poor facilities for exercise. This issue focuses on obesity interventions of Public Housing Primary Care health centers and provides obesity resources.

Childhood Obesity and Public Housing Residents: A Community Health Center Approach

By Marian Larkin MD, Alan Shapiro MD, Jo Applebaum MPH, and Sandra Goldsmith MS, RD
South Bronx Health Center for Children and Families, Bronx, New York

Childhood obesity is a serious epidemic that is receiving much needed attention in the medical community and the media. Complications of obesity such as type 2 diabetes, hypertension, and high cholesterol, typically adult conditions, are increasing among children at an alarming rate. Low-income, inner-city minority children, including those living in public housing, have been the hardest hit by this epidemic.

The South Bronx Health Center for Children and Families (SBHCCF) is located in a public housing dense section of the Bronx and serves an impoverished, predominantly minority (Latino and African American) community with a dis-

proportionately high rate of obesity. A recent chart review revealed 54 percent of children ages 6 - 19 years were either overweight or obese. In 2001, SBHCCF created Starting Right, a multi-disciplinary pediatric obesity program integrated into primary care.

An algorithm was developed to ensure that all pediatric patients are screened for overweight and obesity, proper lab tests are ordered, and appropriate referrals made for nutrition counseling and subspecialty care. Interventions have been developed

for specific age groups that include both interactive health education curricula and physical activity.

Outcome studies have shown improvement in key anthropometric indices, as well as in knowledge, attitude and behavior. To further understand and better respond to the needs of the community, SBHCCF conducted focus groups to explore adolescent and parent attitudes about weight, factors influencing health behaviors, and the role of providers in promoting behavior change. We analyzed factors impacting children's weight, nutrition, and physical activity according to spheres of influence: personal, family, healthcare provider, school, and environment. Numerous motivators and barriers to change emerged.

"They say French fries are not good for you. French fries are her life."

Both parents and adolescents expressed the desire to make change. Adolescents are motivated by improving their self-esteem, but find change difficult without "a push." Parents and youth cited the negative emotional impact of being overweight, making change harder. Youth have some nutrition knowledge, but it does not have a major impact on behavior and often conflicts with food preferences.

Parents are motivated to feel better and improve their family's health, especially when faced with a family member's obesity-related illness. Parents also have basic nutrition knowledge, but need more hands-on education about how to put knowledge into practice.

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Lack of time, money, and parental supervision are important barriers to healthy family eating and activity habits. Parents work long hours, children have long school days, and many families cannot afford healthy foods on a limited budget.

“You feel guilty. I work late. So I’ll pacify them. I’ll get you this and you’ll be happy. He calls me, ‘what are you gonna bring me?’ And I’m like, okay, because it’s a guilt factor.”

Despite efforts to offer healthier foods at home, parents report that some children refuse to eat them. Parents give into children’s requests for unhealthy foods to make up for not being home enough; saying no to unhealthy foods is viewed by children as punishment. Further, parents are reluctant to address weight issues for fear of hurting their children’s feelings.

Healthcare providers are perceived as an important source of information and a strong influence on health behavior. Parents and youth want concrete, realistic suggestions about how to eat healthier, exercise more, and lose weight. Parents also want support and follow-up from providers. Health risks of obesity are perceived by some as overstated, and may not be an effective motivator to change.

In the neighborhood, healthy, quality, affordable foods are scarce, whereas unhealthy food is ubiquitous and low-cost. While resources are limited in the community, parents are often unaware of what does exist.

“One thing I notice about the community is that they make it very easy to eat unhealthy.”

Obesity and its co-morbid conditions pose a serious threat to adults and children living in public housing and should be addressed by the health centers that serve them. Results from our study revealed many factors influencing nutrition and physical activity behaviors. Implications for clinical practice include: offering skills-based nutrition education; taking a family-centered approach with intensive support and intervention; emphasizing the immediate benefits of behavior change (improving self-esteem, feeling better); and advocating for improved access to healthy food and physical activity in schools and underserved neighborhoods.

This study was approved by the Institutional Review Board of Montefiore Medical Center. For more information on this community health center approach, contact Dr. Marian Larkin at mlarkin@montefiore.org. ■

Obesity Awareness Programs: Whittier Street Health Center

By Walter Phinney, Whittier Street Health Center, Boston, Massachusetts

Whittier Street Health Center (WSHC) is located in an urban neighborhood of Boston. Over 80 percent of WSHC’s patients and clients live in public housing. Whittier has developed a number of programs and initiatives to address the issue of obesity in its patient population.

Race Around Roxbury

Whittier designed this after-school program to encourage kids ages 6 - 17 to eat well, exercise regularly and have fun. Meeting 4 nights weekly from 3:30 - 6:00 pm, participants have healthy snacks then head off to a variety of activities, such as Martial Arts training.

One evening a week is an educational component facilitated by either a Registered Dietician or an art-based project facilitated by an Art Therapist. Kids compete for prizes for the best attendance and most activities. All kids also receive free sneakers and mp3 players. WSHC has seen a 6 percent reduction in Body Mass Index (BMI) for youth participating in the program.

Healthy Weight Clinics

For children ages 2 - 17 who are at greater than the 85th percentile for BMI in their age group, Whittier has a multi-disciplinary weekly clinic with a Case Manager, Nurse, Pediatrician, and Nutritionist. Over 700 of WSHC’s pediatric patients qualify for the Healthy Weight Clinic with BMIs over the 85th percentile.

For adults with a BMI greater than 35, Whittier offers a monthly multi-disciplinary team for those considering bariatric surgery. The team consists of a physician, a psychologist, a nutritionist, and a case manager.

Be Fit Be Well

A program in conjunction with Brigham and Women’s Hospital, introduces patients to utilizing technology in meeting their weight management goals. The program focuses on setting self-management goals and behavioral changes and participants use technology to track successes. There is also regular telephone contact for support and encouragement.

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San Diego Housing Commission: Partnering with Three Public Housing Primary Care Health Centers

By Oscar Laffaye, San Diego Housing Commission, Alejandrina Areizaga, La Maestra Family Health Clinic, Tom Stubbend, Family Health Centers of San Diego

One of the most important and distinguishing features of the Public Housing Primary Care program is the partnership between the housing authority and the health center. One such successful partnership is that between the San Diego Housing Commission, the public housing agency for the city of San Diego, and Family Health Centers of San Diego, La Maestra Family Clinic, and San Ysidro Health Center.

Through the services provided by the health centers and Mobile Medical Units, residents receive free primary health care, mental health, dental care, and prescriptions. As a result of this partnership, residents also have access to other health-related information such as preventive care, HIV/AIDS, nutrition, and parenting. The availability of these health care resources have helped residents focus on other area of their lives, such as career development.

Oscar Laffaye, Assistant Director of Housing Programs of the San Diego Housing Commission explains “The reason and rationale behind working with the three health centers is simple. Two of the most basic needs any family has are housing and health care. As a Public Housing Authority, the Housing Commission was already covering one of these needs. The importance of partnering with the health centers is, our clients have the freedom of mind to fully concentrate on their jobs, careers, education, or any other activity that can help them move toward self-sufficiency.”

The following is an overview of the Housing Commission’s health center partners and the services provided by each:

Family Health Centers of San Diego

The program provides primary health care and dental services through the Mobile Medical Unit (MMU). The MMU

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Roxbury Weigh-In

Conducted twice a year, this 12-week program is an educational program on weight management. Each week there are guest speakers, cooking demonstrations, and the introduction of exercises. Healthy meals are served and the program is facilitated in a local gym.

Those completing the 10 weeks are provided with a free month’s membership to the gym and a discounted membership after the first free month.

For more information on WSHC’s Obesity Awareness Programs, contact Walter Phinney at Walter.Phinney@nshc.org. ■

makes weekly and bi-weekly visits to designated public housing sites and works in conjunction with Outreach Workers and Dual Diagnosis Counselors in service provision.



Outreach Workers promote program services to residents and offer health education and assistance in completing forms/paperwork as needed, while the Dual Diagnosis Counselor provides mental health and substance abuse counseling and referrals to residents in their homes.

La Maestra Family Clinic

Many of La Maestra’s staff live in housing owned or subsidized by the Housing Commission. The staff work in various service units and have received job training as medical assistants and community health workers through La Maestra’s economic development unit. Over 367 residents of public housing have been trained and placed into jobs through La Maestra. Each year their Community Health Workers program conducts health fairs at various housing sites to conduct outreach and provide health education and screening, such as oral health screenings and blood pressure screenings. Also, La Maestra has partnered with the Housing Commission’s Family Self-Sufficiency program, which encourages residents to receive job training and financial literacy.

San Ysidro Health Center

San Ysidro’s Healthy Connection Program is a mobile health care unit that offers primary and preventative care services to the residents of 10 public housing developments, nearly 4,000 residents. A medical team routinely visits each development to conduct outreach, educational activities and screenings.

For more information about the Public Housing Primary Care Program, please visit www.healthinpublichousing.org. ■

Rx for Fitness: A Physical Activity and Nutrition Program

By Lisa Breslin, Hudson River Healthcare, Peekskill, New York

Hudson River HealthCare (HRHCare) provides innovative programs and comprehensive health care services to medically underserved populations throughout southeastern New York State since 1975. HRHCare includes 13 primary care sites serving over 44,000 people through 191,000 visits annually throughout a nine county region.

A study conducted by the Children's Hospital of Philadelphia, showed that HRHCare's patients, children ages 2 - 11, had a 32.7 percent prevalence of overweight – second highest of 30 participating community health centers and over twice the national expected prevalence (13.1 percent) in children.^[1] These are also the very children at risk of developing type 2 diabetes.

In response, HRHCare launched *Rx for Fitness*, a dynamic, innovative physical activity and nutrition program for HRHCare pediatric patients, ages 6 to 11, and their caregivers. Pediatricians and pediatric nurse practitioners would refer patients to the program by using a prescription form.

The overall program goal for *Rx for Fitness* was to reduce overweight, obesity and incidence of type 2 diabetes, and to increase health and well-being, in children through lifelong healthy eating and physical activity. The program targeted 1,200 predominantly low-income, racially and ethnically diverse pediatric patients served by HRHCare's Peekskill site in Westchester County. These clients were 21 percent African American, 42 percent Hispanic and 58 percent lived below 100 percent of the federal poverty level (FPL). HRHCare pediatric patients and caregivers participating in the program totaled 150.

While boys and girls are almost equally at risk of becoming overweight, certain populations are at significantly higher risk. African American and Hispanic children are almost twice as likely to be overweight as white children; further, children from families with incomes below 130 percent FPL are twice as likely to be overweight as those living above 130 percent FPL.^[1] Given this, HRHCare focused particularly on low-income, minority pediatric patients.

Through engaging, multicultural activities, *Rx for Fitness* promoted the benefits of replacing a sedentary lifestyle with an active one, and guides children and their caregivers on how to improve eating, food purchasing, and physical activity patterns and habits.

Incentives were meant to support program objectives and provide encouragement to continue healthy practices in

their daily lives. These incentives were in-kind donations by HRHCare, which include pedometers, stickers, caps, t-shirts, water bottles, jump ropes and key chains. The *Rx for Fitness* program had three components:

Physical Activity

The innovative curriculum stressed exercise through music, dance and creative expression, using a multicultural mix of appealing and meaningful music that encouraged children to participate in physical activity and dance. A reduction in television viewing was part of the theme of increasing physical activity.

Food and Nutrition

In addition to education on nutrition and healthy food choices, weekly sessions engaged children and their parents in preparation of healthy foods. Using inexpensive foods easily found in local stores, program staff provided instruction on purchasing and preparation of healthy, appealing, quick meals and snacks that can be prepared at home. The children and their caregivers made and ate the snacks during instructional sessions.

Parent(s)/Guardian(s)

Program staff worked with caregivers to promote healthy food choices in the home, and to encourage healthy behaviors related to food and physical activity. Program expectation for caregivers was that they attended each session with their child(ren). While children were engaged in one program, parents met in a separate area to be involved in an adult presentation on the same theme. In this way, whole families could leave the program with tools to improve nutrition and activity patterns at home.

[1] *Promoting Healthy Weight Families, Issue Brief, National Business Group on Health. August 2004. Group's tool kit, Reducing Child and Adolescent Obesity, funded by Maternal and Child Health Bureau of HRSA of Dept. of Health and Human Services (HHS).*

For more information about *Rx for Fitness* contact Lisa Breslin at lbreslin@hrhcare.org. ■

Great Brook Valley Health Center Obesity Prevention Programs

By Sue Schlotterbeck, Great Brook Valley Health Center, Worcester, Massachusetts

At Great Brook Valley Health Center (GBVHC) in Worcester, Massachusetts, nutritionists work closely with primary care providers, families, and youth, providing self-management support to prevent and treat obesity. Self management support includes nutrition education, encouraging physical activity, setting personal goals and addressing barriers to meet these goals.

GBVHC collaborates with local agencies to provide integrated care to prevent and treat obesity among youth. In 2004 - 2005 GBVHC received an American Academy of Pediatrics CATCH Planning grant to conduct eight focus groups with youth and parents at two after school and childcare sites within our public housing development. The youth stated that eating healthier food would make them feel better and be healthier, however, the availability of junk foods or unhealthy foods at schools, at fast food restaurants, snacks at home, meals at home, and the influence of advertising made these types of foods hard to resist. Parents agreed with this, and expressed a desire to offer healthier food, but found that lack of time, the ease and convenience of fast/junk food and lack of knowledge regarding healthier menus were barriers.

The youth were enthusiastic about physical activity but felt that there were few options, particularly in the public housing neighborhood. The parents reported that their children played sports, however, the costs associated with joining local sports teams, the preference for TV, and existing overweight problems were all mentioned as deterrents. Lack of safety was also cited as a big problem. The information from these focus groups assisted in planning interventions to meet the needs of the communities we serve.

In 2007, GBVHC collaborated with the local childcare center located in our public housing development to provide nutrition education and encourage physical activity. This program was funded through a grant from the MA Department of Education and was offered on a weekly basis for 36 weeks. Eighty-nine youth living in public housing participated in this program.

Parents completed an evaluation at the end of the program and 73 percent responded that their children ate more vegetables and fruits, and/or drank more water after completing the program. Our nutritionists used the Media Smart Youth

curriculum, which is available for free at <http://www.nichd.nih.gov/msy/>.

In 2008 GBVHC received a grant from the University of Massachusetts Determination of Need Funds to work with youth to prevent and treat obesity. The program involves nutrition counseling and self-management support by encouraging youth and families to reach their personal goals. This grant allowed GBVHC to strengthen its relationship with the local YMCA which, in turn, provides free memberships to all the youth ages 13-18 who receive care at GBVHC. The program also includes free admission for youth ages 8 - 14 to join the "Girls on the Go" or "Boys on the Go" Program. These 6 week programs include 30 minutes of interactive learning on nutrition and 60 minutes of coach led group exercises (including water activities, rock climbing, virtual gym, etc.). Free YMCA weekly passes are given to families to encourage them to visit the YMCA and experience their updated facilities and programs.

For more information about GBVHC Obesity programs, please contact Sue Scholetterbeck at sue_schlotterbeck@greatbrook.org. ■

We Can! - An Education Program to Help Children and Families Maintain a Healthy Weight

By the National Institutes of Health, National Heart, Lung and Blood Institute, Bethesda, Maryland

We Can! is a turn-key science based national education program to help organizations address the important issue of childhood overweight. *We Can!* focuses on three important behaviors to help children 8-13 maintain a healthy weight: improved food choices, increase physical activity, and reduced screen time.

We Can! offers tested resources, curricula, and materials that can complement activities to address childhood overweight. Materials include a community tool kit, nutrition and physical activity tip sheets, promotional video, flash animation, program brochure, poster, slide presentations, drop-in news articles, print PSAs, and sample press releases.

Visit the *We Can!* web site at <http://wecan.nhlbi.nih.gov>. ■

Four New Public Housing Primary Care Health Centers

By Monique Cuffee-Archibold, Health in Public Housing Program, North American Management

The Brevard Health Alliance, Inc., Palm Bay, FL

The Brevard Health Alliance (BHA) operates from clinics in the cities of Cocoa, Palm Bay and Melbourne, Florida and a mobile health unit that provides on-site primary care to transitional housing facilities, homeless centers and in-patient treatment facilities throughout central and southern Brevard County. The new PHPC health center site, Monroe Center Clinic, is located in the middle of Monroe Center, a 500-unit public housing development.

The BHA's goal for establishing the new Monroe Center Clinic was to primarily serve a specific census tract in the city of Cocoa, Florida. This census tract is characterized by the highest crime rate, poverty rate and homelessness rate in Brevard County. In this census tract, 41.7 percent of the individuals live in public housing. The average household income of these residents is \$13,061 and the unemployment rate is 32 percent.

This population also experiences significant health disparities. The AADR (Age Adjusted Death Rate) for coronary heart disease for this population is twice the rate for the state of Florida and the AADR for HIV/AIDS is more than four times the rate for the state. The AADR for pneumonia and influenza is almost three times the rate for the state and the rate of substance abuse is more than five times the rate for the state.

Charter Oak Health Center, Inc., Hartford, CT

Charter Oak Health Center, Inc. (COHC) was founded in 1978 by residents of a public housing complex that included Charter Oak Terrace, a federally funded low income project and Rice Heights, a state funded moderate income project.

The founding of the health center is a story of residents who persevered against all odds to get access to health care. The physical condition of Charter Oak Terrace had deteriorated in the decades since it was built and by the mid-1970's many of the community residents suffered from multiple and complex medical problems, as well as from mental health, social and economic problems. The complex was rodent-infested and when residents approached the City of Hartford they were told to "clean up their trash". The residents demonstrated it was the conditions of the trash receptacles and the buildings that were causing the problems. Once convinced, the city agreed to let the residents move forward to develop a health center.

The major health problems and health disparities that disproportionately affect the residents of public housing

in Hartford include incidents of diabetes, obesity, asthma, substance abuse, cardiovascular disease, STDs, HIV/AIDS, dental disease and behavioral health problems. On a daily basis the medically underserved population in public housing endure inadequate transportation, religious, cultural and linguistic barriers, and unemployment. Public housing residents have multiple risk factors for chronic disease and many lack medical insurance. A large percentage of residents over the age of majority speak a language other than English.

Hypertension is common among residents of public housing. The COHC outreach staff visits public housing on a regular basis to reinforce for residents the availability of health services at their two sites and make sure that all residents understand that access is available to all without regard to a person's ability to pay for services. COHC is aware that the uninsured are less likely to receive medical screenings, are diagnosed at later stages of a disease when one is present, tend to receive less therapeutic care (drugs and surgery), and are more likely to die from a disease.

Southern Illinois HealthCare Foundation, Sauget, IL

Southern Illinois Healthcare Foundation (SIHF), a 24 year old health center serving East St. Louis, IL and surrounding low income communities has grown into a regional health care safety net system with over 75,000 patients (two thirds of whom are below poverty) and 30 locations.

While conducting a needs assessments several years ago, it was noted that residents of public housing reported additional stresses, fears and needs because they were living in the "projects" within a city where 35 percent of the population is at or below poverty. SIHF's strategic plan identified this as a special population to address. It set out to respond to these needs and expand to another nearby community's public housing population where no primary care services are available on a sliding fee basis.

Disparities and priorities among SIHF's public housing residents include mental health issues, diabetes and hypertension. These were consistently identified as issues by the residents. SIHF's PHPC program will also address the public housing disparities identified in the national literature which include low birth weight, infant mortality, asthma and obesity. Also state statistics indicated that this area has very high STD rates. These disparities will be addressed by starting two new primary care sites that will include mental health services, medical services and a close

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Clinician's Corner

By Erica McClaskey, MD and Anna Gard, FNP-BC, Association of Clinicians for the Underserved



This quarterly column will be devoted to highlighting successful clinical quality and performance improvement initiatives, providing information on current research and trends affecting the health of public housing residents, and inviting clinicians to share their experiences with The Care Model and use of the Care Model Tool kit.

Excessive and rapid weight gain in childhood puts children at risk for medical problems. Children from ethnic minorities and those living in poverty are disproportionately affected by obesity. Poor children may face limited access to healthy foods and recreational activities. Successful interventions to decrease pediatric obesity include combining nutritional education with programs that support increases in physical activity. Interventions that incorporate family-based approaches coupled with school and community-based involvement may have the best outcomes for reducing pediatric obesity.

The Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity recommends that providers:

Define a child ages 2 - 18 as obese if BMI > 95th percentile or >30

Define a child as overweight if between 85th and 95th percentile

It is also important for clinicians to provide yearly anticipatory guidance concerning healthy diet and physical

activity to all pediatric patients, regardless of weight.

A list of resources is available on our website: www.healthandpublichousing.org

Topics include:

- Physician resources
- Educational materials
- Guidelines for obesity treatment
- School-based programs
- Community interventions and parent resources
- Background resources

If you are participating in an innovative approach to pediatric obesity and would like to share your programs or resources, please contact Anna Gard, FNP-BC through the PHPC Clinicians listserv PHPC-Clinical-Workgroup@googlegroups.com or directly at anna.gard@comcast.net.

Resources:

¹The Chronic Care Model www.improvingchroniccare.org (2008)

²The Care Model tool kit and Pediatric Obesity tool kit www.healthandpublichousing.org/tools (2008)

CDC report on Obesity and Overweight www.cdc.gov/nccdphp/dnpa/obesity/index (2008) ■

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integration with community health workers from the public housing developments.

Zufall Health Center, Inc, Dover, NJ

Zufall, located in Morris County, provides low cost treatment to nearly 8,000 local working poor, unemployed, and uninsured. Approximately 76 percent of Zufall's patient population is Hispanic.

Although the main site of Zufall Health Center is located in Dover, NJ, many of their patients came from Morristown, because of a lack of services there. In response, the staff and board conducted a needs assessment of the Morristown community. The needs assessment determined that there

were many more individuals in the Morristown community without access to a local primary care provider and who were unable to travel to Dover for care. The residents of public housing, in particular, seemed to be disproportionately affected by chronic illness such as diabetes, asthma, and hypertension, as well as delaying necessary preventive care such as immunizations. They have also been unable to find physicians who accept Medicaid or offer a sliding fee schedule. Zufall is opening a new site a half a block from a public housing development.

Zufall participates in the state of NJ diabetes collaborative as well as the new Patient Safety and Prescription Medication Collaborative. ■

Save the Date

July 20 - 22, 2009
The Fairmont Hotel
Washington, D.C.

2009 National Health Care in Public Housing Conference

About the conference: The nation's leading symposium on issues and topics that strengthen the capacity of federally-funded Public Housing Primary Care and other health centers to improve the health of residents of public housing, and other underserved individuals living in the neighborhoods surrounding public housing. Conference participants will share effective practices, treatments, new technologies and policies to improve health outcomes among residents of public housing.

Tracks include: Operations and Administrations, Clinical, Resident Training and Health Education, Current Research, and Partnerships.

Who should attend: Primary care health centers providers, other health care professionals, researchers, housing authority officials, resident associations members, and all others interested in improving the health status of residents of public housing.



Online Registration Opens January 1, 2009

For more information about the conference please contact Monique Cuffee-Archibold at 703 812-8822 or mcuffee@nambco.com

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