

San Francisco public housing type a strong predictor of kids' use of emergency rooms

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San Francisco children living in non-redeveloped public housing are 39 percent more likely to repeatedly visit emergency rooms, according to new research from UC San Francisco and UC Berkeley.

"The average emergency department (ED) visit costs two to five times more than an office visit, and many [children](#) visit EDs for potentially preventable reasons," said Nancy Adler, PhD, senior author of the research, and vice chair of the department of psychiatry and director of the Center for Health and Community at UCSF. "There is a clear need to better understand the range of social and economic factors that lead to these high visit rates, and understand the link between housing and health."

The paper, San Francisco Children Living In Redeveloped Public Housing Used Acute Services Less Than Children in Older Public Housing, will be published in the December issue of the journal *Health Affairs*.

The researchers looked at the number of children under age 18 with public insurance who sought emergency care from any of three large San Francisco medical systems including San Francisco General Hospital, UCSF Medical Center and Sutter Health, and linked that information to whether they lived in non-redeveloped [public housing](#), redeveloped HOPE VI public housing, or nonpublic housing the same neighborhood as public housing.

HOPE VI is an initiative by the United States Department of Housing and Urban Development to revitalize the worst public housing projects in the United States into mixed-income developments.

From 1998 to 2006, the San Francisco Housing Authority revitalized five obsolete public housing sites with 1,149 units of new public and affordable housing with 2,607 bedrooms. Eight more sites are planned under the City's HOPE SF Program.

"Low-income children living in redeveloped HOPE IV public housing were less likely to have repeat visits to the emergency room than their peers living in older public housing," said Adler. "This suggests that investing in physical infrastructure may not only provide better housing but also foster better health among children and reduce spending on acute care services."

The researchers were not able to identify which aspects of housing played a role in the children seeking emergency care.

"It could be that renovated environments have fewer toxins and allergens like lead and mold, or fewer injury-inducing hazards, or that there are more social services," said lead author Ellen Kersten, a PhD candidate in the UC Berkeley Department of Environmental Science, Policy and Management. "We are currently doing more in-depth analysis of the diagnosis codes assigned to children at the time of their hospital visits to understand if and how children's health conditions differ by housing type."

Provided by University of California, San Francisco

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