

Healthy and Safe Housing: A Foundation for Healthy Futures

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The link between housing and health is well known and well established. Efforts to improve public health through housing improvements go back to the origins of the public health movement (Lopez 2009). When the Acting Surgeon General, Steven K. Galson, issued a “Call to Action to Promote Healthy Housing” in June 2009, he recalled this historic linkage with a quote from Florence Nightingale who said, “The connection between the health and dwelling of the population is the most important one that exists.” But he also went an important step forward by calling for a “comprehensive, coordinated approach to improving health and safety in homes.”

This approach, which has been gathering momentum in recent years, recognizes that many hazards coexist in homes, especially older houses, from lead; to mold and dust, pesticides, harmful chemicals, radon, and dangerous structures; to inadequate plumbing, ventilation, and heating. For efficiency’s sake certainly, but more importantly for the opportunity to create a healthy and safe home environment, it makes better sense to holistically tackle these in an integrated fashion.

HOUSING MATTERS

The 1937 Housing Act established a federal priority for safe, decent, and sanitary housing. Yet more than 70 years later, nearly 13 million low-income people pay more than half of their monthly income for rent, live in severely substandard housing, or both (HUD 2010).

According to the National Center for Healthy Housing (NCHH), one out of three metro area homes has at least one health and safety hazard (NCHH 2009). The problem is not

Housing is a basic human right, enshrined by the United Nations as the right not just to basic shelter but to “adequate housing,” in terms of legal security of tenure; availability of services, materials, facilities, and infrastructure; affordability; habitability; accessibility; and location and cultural adequacy.

– Article 25 of the United Nations’
Universal Declaration of Human Rights

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confined to urban housing; substandard conditions exist in rural settings, rental housing, and owner-occupied homes. The evidence is overwhelming that poor quality housing and neighborhoods yield poor health outcomes, health disparities, and come at a significant cost to society. Each year lead poisoning, asthma, cancer, and neurobehavioral disorders alone cost our nation \$54.9 billion in health care (Landrigan et al. 2002).

Nationally, lead poisoning still affects more than 240,000 children (HHS 2009). Some communities send as many as one-third of their children to school with a history of lead poisoning – a crushing expense for the special education system. Unintentional injuries are a leading cause of emergency room visits, hospital admissions, and mortality for children in the United States, and the majority of injuries among children occur in the home. Cashing in at \$18 billion dollars a year, asthma continues to be the most prevalent chronic childhood illness in the United States (AAFA 2010). Asthma rates increased by 74 percent between 1980 and 1996 (EPA 2010).

UNEQUAL HOUSING, UNEQUAL HEALTH

People of color are twice as likely as their white counterparts to live in moderately or severely deficient homes (HUD 2005). Common types of problems include lack of complete plumbing; inadequate heat; and problems such as water leakage, open cracks and/or holes, broken plaster, and signs of mice. Morbidity and mortality rates from housing-related injuries and illnesses are disproportionately higher among these groups. For example, African-American children are twice as likely to die from residential injuries as white children (Nagajara et al. 2005). Older Americans are also susceptible to the effects of unhealthy housing. Unintentional falls are the leading cause of injury deaths and are the most common cause of nonfatal injuries and hospital trauma admissions among seniors (CDC 2007). Low-income seniors are twice as likely to have multiple falls as high-income seniors (Wallace et al. 2007).

THE SILO EFFECT

The field of healthy housing is multidisciplinary. It requires a shift, or rather, a reconnecting, of the housing and public

health fields that were once linked but became increasingly separate during the latter part of the 21st century. Indeed, one of the key barriers to creating healthier housing is that our institutions have largely been set up to deal with categorical problems with categorical funding – discouraging cross-disciplinary solutions. Additionally, the government regulates food, water, waste disposal, environment, drugs, safety, and seatbelts, seemingly everything but housing. A comprehensive, coordinated approach to healthy homes will result in the greatest public health impact (HHS 2009). Directing resources toward a single disease or condition rather than working to improve the overall housing environment is inefficient and does not holistically address residents' health and safety risks.

AN ACTION AGENDA FOR SAFE AND HEALTHY HOUSING

With funding from The Kresge Foundation, Home Depot Foundation, and the Robert Wood Johnson Foundation Commission for a Healthier America, the NCHH convened national nonprofits representing the disciplines of public health, affordable housing, energy efficiency, the environment, tenant rights, and others for the first National Healthy Housing Policy Summit. Participants created a *National Healthy Housing Action Plan* and later formed the National Safe and Healthy Housing Coalition to collectively pursue the plan. The 90-plus member organization is actively pursuing federal public policy changes to improve the supply of healthy and safe affordable housing nationwide.

Government interest and action around healthy housing has grown rapidly over the last several years. Since the Surgeon General's Call to Action, several agencies have banded together to create a high-level federal interagency working group on healthy housing. The U.S. Department of Housing and Urban Development (HUD) unveiled its Healthy Homes Strategic Plan, declaring the necessity to "work across communities and the nation to ensure our homes are sited, designed, built, renovated, and maintained in ways that support the health of residents" (HHS 2009).

Legislative proposals have been introduced in both the House and Senate. Senator Jack Reed (D-RI) and Congressman Robert Brady's (D-NJ) Healthy and Safe Housing Act is a promising piece of legislation that supports the creation of an independent interagency Council on Healthy Housing in the Executive Branch. The Centers for Disease Control and Prevention, the U.S. Environmental Protection Agency, and HUD support a variety of initiatives aimed at creating healthy housing.

HOW PHILANTHROPY CAN GET INVOLVED

Support from foundations and the government plays a critical role in advancing healthy housing research, policy, and practice. In February 2010 The Kresge Foundation convened members of the philanthropic community and the Federal Interagency Healthy Housing Work Group to gauge their interest in healthy housing and to coordinate investments and align funding with needs in the field. Several ideas emerged.

1. **Support the development of national standards.** Housing and building codes are local, varied, and sporadically enforced. Setting and branding a recognizable national standard is an important step. Both scientific and practical expertise will be needed to achieve a feasible, evidence-based standard.
2. **Create cross-disciplinary demonstrations, policies, and programs.** The multidisciplinary nature of the issue often results in no single agency or organization taking responsibility. Funders can play a convening role in building communities of practice and bringing relevant groups together to foster cooperation and to support horizontal and cooperative thinking.
3. **Invest in primary prevention policy advocacy.** Funders can provide support for advocacy efforts such as the reform of our nation's chemical policy (Toxic Substances Control Act Reform Bill).
4. **Support community-based advocacy efforts.** Housing is inherently local and grassroots organizations are uniquely positioned to increase both the supply of and demand for healthy and safe housing.
5. **Encourage the integration of healthy homes into other relevant disciplines, such as education reform, health care reform, and youth development.** The integration of health and safety into all programs that touch low-income homes (such as weatherization, home visiting programs, affordable housing programs) is the best method for mainstreaming healthy homes.
6. **Increase awareness and building political will.** Outreach is a key factor to the success of the healthy housing agenda, and funders can support awareness activities. Forming partnerships among funders, private sector members, and public institutions would further increase innovation and communication among important players in the healthy housing field.

Healthy communities are an integral part of all aspects of public health, and neighborhoods are only as healthy as the homes and families who live in them. This central theme must guide our efforts to ensure that all children are given access to a safe and healthy home.

For more information about the National Safe and Healthy Housing Coalition, contact Rebecca Morley at rmorley@nchh.org. To join the Safe and Healthy Housing Funders Roundtable, contact David Fukuzawa at ddfukuzawa@kresge.org.

VIEWS FROM THE FIELD is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or fmitchell@gih.org.

SOURCES

Asthma and Allergy Foundation of America (AAFA), “Asthma Facts and Figures,” <<http://www.aafa.org/display.cfm?id=8&sub=42>>, 2010.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, “Web-Based Injury Statistics Query and Reporting System (on-line),” <www.cdc.gov/ncipc/wisqars>, cited January 15, 2007.

Landrigan, P.J., C.B. Schecter, J.M. Lipton, et al., “Environmental Pollutants and Disease in American Children; Estimates of Morbidity, Mortality, and Costs for Lead Poisoning, Asthma, Cancer, and Developmental Disabilities,” *Environmental Health Perspectives* 110:721-728, 2002.

Nagajara, Jyothi, John Menkedick, Kieran J. Phelan, et al., “Deaths from Residential Injuries in U.S. Children and Adolescents, 1985-1997,” *Pediatrics* 116:454-461, August 2005.

National Center for Healthy Housing (NCHH), “State of Healthy Housing, 2009,” <<http://www.nchh.org/Policy/State-of-Healthy-Housing.aspx>>, 2009.

Lopez, Russ, “Public Health, the APHA, and Urban Renewal,” *American Journal of Public Health* 99(9):1603, September 2009.

U.S. Environmental Protection Agency (EPA), “Human Disease and Condition, 2010,” <<http://cfpub.epa.gov/eroe/index.cfm?fuseaction=list.listBySubTopic&ch=49&s=381>>, 2010.

U.S. Department of Health and Human Services (HHS), “The Surgeon General’s Call to Action to Promote Healthy Homes, 2009,” <<http://www.hhs.gov/news/press/2009pres/06/20090609a.html>>, 2009.

U.S. Department of Housing and Urban Development (HUD), *American Housing Survey* (Washington, DC: 2005).

U.S. Department of Housing and Urban Development (HUD), *Worst Case Housing Needs 2007: A Report to Congress* (Washington, DC: 2010).

Wallace, Steven P., L. Crisel Molina, and Mona Jhawar, *Falls, Disability and Food Insecurity Present Challenges to Healthy Aging* (Los Angeles, CA: University of California, Los Angeles Center for Health Policy Research, May 2007).