

Healthy Homes and Public Health Law

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What is a Healthy Home?

A healthy home is a home designed, constructed, maintained, or rehabilitated in a manner that supports the health of residents.



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Why Do We Care About Healthy Homes?



Young children spend **nearly 80%-90%** of their time inside.

Housing affects health both directly and indirectly:

- Physical, chemical, biological exposures
- Psychological



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Known/suspected Health Effects Associated with Housing Conditions

- Respiratory Infections
- Asthma
- Injuries and burns
- Reactions to extreme cold and extreme heat
- Irritations, allergy, rashes
- Poisonings, asphyxiation
- Neurotoxic exposures
- Cancer
- Death

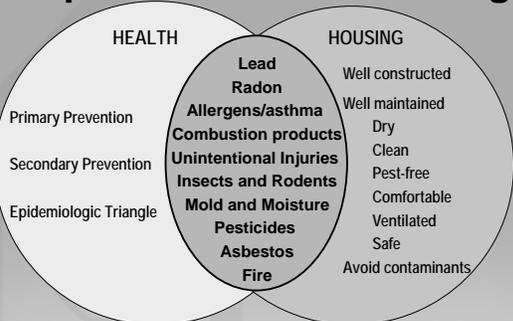


Who is Disproportionately Affected?



- There are six million substandard housing units in the United States
- Asthma rates are 40-50% higher among minority children living in U.S. cities.
- Children from low-income communities are eight times more likely to suffer from lead poisoning compared to moderate and upper income children.
- Children from communities of color are five times more likely to suffer from lead poisoning than their white counterparts.

Components of this Training



Holistic Approach

Integrated approach that considers:

- People living in the home
- The structure
- Potential health hazards



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Purpose of National Healthy Homes Training Center

- Bring together public health and housing practitioners to promote practical and cost-effective methods for making homes healthier.
- Serve as a forum for exchanging information on new research and best practices.

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Until effective standards for the domestic environment are devised, it is likely that children will continue to be employed as biological indicators of substandard housing. ^[34]

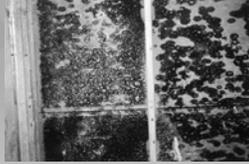


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Relevant Housing Code Provisions

- Mold and excessive moisture
- Non-absorbent surfaces
- Unvented heaters
- Weathertightness
- No deteriorated paint



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Scenarios to Consider



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Scenario #1 Proactive Enforcement of Housing Code to Prevent Lead Poisoning

- Complaint filed with local health department (LHD) regarding 25 apartment buildings.
- 24 of 25 buildings have deteriorated lead-based paint hazards and lead in soil hazards.
- Exceed levels at 40 CFR 745.
- LHD issues cleanup orders.



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Scenario #1 – Lead Hazards

- *Substances that are a potential health or safety hazard because of their chemical composition (including but not limited to bleach, gasoline, herbicides, paint and pesticides) shall be stored, used and disposed of in a manner that does not pose a significant health or safety hazard.*
- *Every foundation, roof, floor, exterior and interior wall, ceiling, stair and porch, and their appurtenances, shall be maintained in safe and sound condition capable of supporting reasonably-expected weights. Every stair or step shall have uniform risers and uniform treads.*
- *Every foundation, roof, exterior wall, door, skylight and window shall be reasonably weather- and water-tight, capable of preventing dampness. These building components must be kept in sound condition and good repair.*

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Scenario #1 – Lead Hazards

- *LHD concerned that residents in other units will be exposed to lead hazards.*
 - *Had access only to common area and one or two units.*
 - *Lead hazards likely present in most units.*
 - *Lacks resources and mandate to inspect all units*
- *Federal law requires disclosure by landlord to tenants at next lease signing.*
- *LHD acknowledges buildings are typical for multi-family affordable housing.*

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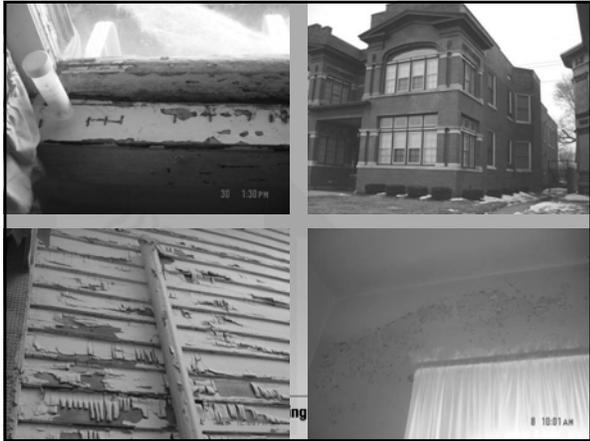
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Scenario #1 – Lead Hazards

- *Neighborhood organization demands action by city council and state legislature to require landlords to:*
 - *Proactively test property for lead hazards;*
 - *and*
 - *Conduct repairs in lead-safe manner.*
- *Organization objects to waiting on federal rules.*

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Scenario #1 – Lead Hazards - Questions

1. *How would the health department assess its legal authorities to act without a complaint?*
2. *How would the state legislature respond to the request?*
3. *Would the health department be willing and able to support the state legislation?*
4. *Will the disclosure approach required by federal law effectively protect the tenants?*
5. *Is there a method to protect children from lead poisoning without a new law?*

Scenario #2 Damp Indoor Spaces and Asthma

- State Asthma Plan funded by CDC
- Institute of Medicine of the National Academies - 2004 Report
 - *Sufficient Evidence of an Association with Exposure to Damp Indoor Environments:* Upper respiratory (nasal and throat) tract symptoms; Wheeze; Cough; Asthma symptoms in sensitized asthmatic persons
 - *Sufficient Evidence of an Association With the Presence of Mold or Other Agents in Damp Indoor Environment:* Upper respiratory (nasal and throat) tract symptoms; Wheeze; Asthma symptoms in sensitized asthmatic persons; Cough; Hypersensitivity pneumonitis in persons susceptible to mold or bacteria in damp indoor environments.
- Damp indoor environments:
 - Attracts cockroaches and rodents which contribute to asthma attacks
 - Causes paint, included lead-based paint to deteriorate and create lead hazards.



Scenario #2 – Asthma

State Asthma Plan Committee calls for:

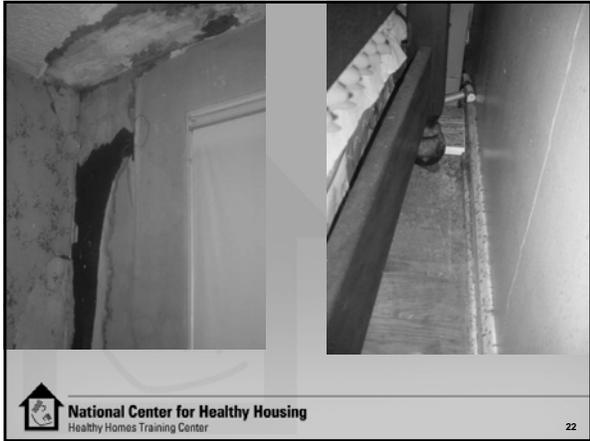
1. Rigorous enforcement of housing codes that state that "every foundation, roof, exterior wall, door, skylight and window shall be reasonably weather- and water-tight, capable of preventing dampness. These building components must be kept in sound condition and good repair.
2. State legislation that requires property owners to test for and eliminate dampness in homes.
3. Provide local health departments and building code inspectors with the resources to enforce the new state laws.



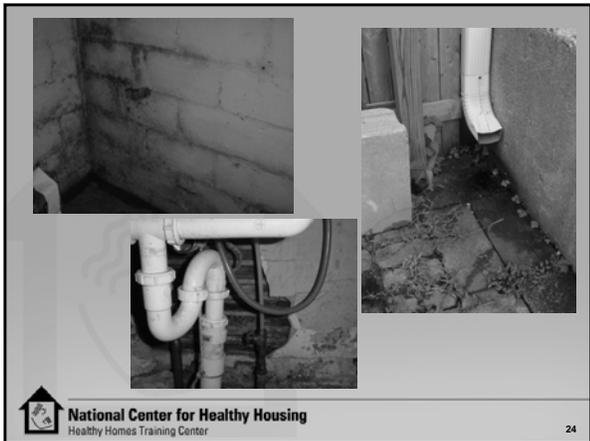
Scenario #2 – Asthma – Questions

1. What are the barriers to rigorous enforcement of the housing code?
2. Should the codes and laws distinguish between rental and owner-occupied housing?
3. What challenges are there in defining "dampness"?
4. Is this primarily a local or a state issue?
5. What if some in the medical community, especially those more confident in the effectiveness of medicines, have mixed feelings whether the changes will actually result in fewer asthma symptoms.









**Discussion of Scenarios
After Next Two
Presentations**



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