Center for American Progress

Creating Safe and Healthy Living Environments for Low-Income Families

By Tracey Ross, Chelsea Parsons, and Rebecca Vallas   July 2016

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Introduction and summary

"Too many children in America have enough obstacles to overcome. Kids that see their opportunities in life limited by the color of their skin, or by the ZIP code where they grow up. They shouldn't also have to come home and worry about the water they drink or the air that they breathe."

— Secretary Julián Castro, June 13, 2016[1]

A strong home is central to all of our daily lives. People in the United States spend about 70 percent of their time inside a residence.[2] As the Federal Healthy Homes Work Group explained, "A home has a unique place in our everyday lives. Homes are where we start and end our day, where our children live and play, where friends and family gather to celebrate, and where we seek refuge and safety."[3] Understanding how fundamental homes are to everything we do, it is troubling that more than 30 million housing units in the United States have significant physical or health hazards, such as dilapidated structures, poor heating, damaged plumbing, gas leaks, or lead. Some estimates suggest that the direct and indirect health care costs associated with housing-related illness or injuries are in the billions of dollars.[4] The condition of housing is even more important for children, the elderly, and people with disabilities who need housing structures that support their particular needs.

The condition and quality of a home is often influenced by the neighborhood in which it is located, underscoring how one's health and life expectancy is determined more by ZIP code than genetic code. According to a recent report by Barbara Sard, vice president for housing policy at the Center for Budget and Policy Priorities, living in neighborhoods of "concentrated disadvantage"—which are characterized by high rates of racial segregation, unemployment, single-parent families, and exposure to neighborhood violence—can impair children's cognitive development and school performance.[5] Residents of poor neighborhoods also tend

to experience health problems—including depression, asthma, diabetes, and heart disease—at higher-than-average rates.[6] This is particularly troubling given that African American, American Indian and Alaskan Native, and Latino children are six to nine times more likely than white children to live in high-poverty communities.[7]

The country's affordable housing crisis is partially to blame for families and individuals tolerating substandard housing conditions and unhealthy neighborhoods. Half of all renters spend more than 30 percent of their income on housing—the threshold commonly deemed affordable—while 26 percent spend more than half their income on housing.[8] While housing assistance programs such as public housing and the Housing Choice Voucher program, commonly referred to as Section 8, provide critical support to families struggling to meet housing costs, only one in four households eligible for rental assistance actually receives it due to limited federal funding.[9] Furthermore, millions of Americans face evictions each year. As work by Harvard University sociologist Matthew Desmond has highlighted, eviction is not just a condition of poverty but a cause of it, trapping families in poverty, preventing them from accessing and maintaining safe housing or communities, and corresponding with higher rates of depression and suicide.[10]

This report provides an overview of the conditions of the nation's housing stock, barriers to accessing housing for people with disabilities, the effects that neighborhood safety has on families, and recommendations for improving these conditions. Given how central homes and communities are to people's lives, federal and local leaders must work to ensure low-income families have access to living environments that are conducive to their success.

Safety and health hazards in homes

Millions of American households don't meet the most basic definition of a healthy and safe home: dry, well ventilated, pest-free, hazard-free, well-maintained, and able to protect residents from extreme heat or cold. Nearly six million households live with moderate to severe home health and safety hazards, which place them at-risk for illnesses and injuries including asthma, lead poisoning, falls, and respiratory illnesses.[11] Estimates suggest that 6 million housing units have moderate to severe physical infrastructure problems, 6.8 million housing units have elevated levels of radon, and 17 million homes have high exposure to indoor allergens.[12] And while the country was outraged about the lead water crisis in Flint, Michigan, roughly 23 million housing units in the United States have one or more lead-based paint hazards.[13]

If a house or apartment was built before 1978, it is likely the structure contains lead paint. Lead-based paint, even under layers of newer, lead-free paint, can break down because of age, poor maintenance, or household repairs, and can become a health hazard.[14] Lead dust in the home is caused by chipping, peeling, flaking, or deteriorating lead-based paint and can exist in even the cleanest of homes. Each year, lead poisoning—which can cause lifelong learning and behavior problems—affects an estimated 535,000 children younger than age 6.[15] In fact, children who are lead poisoned are seven times more likely to drop out of school and six times more likely to become involved in the juvenile justice system.[16]

Many homes contain other hazards, such as mold, dust mites, or rodents, that trigger and exacerbate serious health problems—particularly asthma, which is a chronic inflammatory lung condition that affects the airways and a person's ability to breathe. In fact, 40 percent of asthma episodes are caused by preventable triggers in the home.[17] On average, 1 out of every 10 school-aged children has asthma, resulting in 2 million emergency room visits, 500,000 hospitalizations, 14 million missed school days, and more than $56 billion in economic costs each year. Moreover, there is a racial disparity in asthma incidence: 13 percent of African-American children have asthma compared to 8 percent of white children.[18]

Recently, the U.S. Department of Housing and Urban Development, or HUD, announced a series of bold steps to protect children from lead in HUD-assisted housing. This includes developing improved protocols for identifying and controlling lead hazards, such as adopting the Centers for Disease Control and Prevention's more rigorous guidelines for measuring blood lead levels; evaluating and improving current lead-prevention policies; strengthening HUD's inspection process and enforcing rules against properties in violation; and partnering with philanthropic and government leaders to ensure residents have access to resources to protect them from lead.[19] However, increased funding to HUD programs and Public Housing Authorities, or PHAs, is necessary—particularly if there is an increase in the number of lead hazards detected, thereby increasing the need to relocate residents. HUD also announced $46.5 million in Lead Hazard Reduction Demonstration grants to 15 local and state government agencies to address lead and other home health and safety hazards.[20]

In addition, homes serve as the first line of defense for families against extreme weather, but millions are not equipped or well-maintained enough to serve this purpose. For example, heat waves pose a major health risk to vulnerable groups, such as children and elderly people, and are one of the leading weather-related killers in the United States, resulting in hundreds of fatalities every year.[21] Having a working air-conditioner reduces the risk of death from extreme heat by 80 percent.[22] However, one in five low-income households do not have air conditioners, and many cannot afford the electricity to run them, making lower-income people more vulnerable to extreme heat than other household. Low-income households typically spend 14 percent of their total income on energy costs compared with 3.5 percent for other households.[23] Improving energy-efficiency provides financial relief to low-income families, and there are a number of relatively inexpensive interventions, such as weather sealing improvements, that may help keep inhabitants' energy costs down.[24] This is why it is critical to increase funding to programs such as the Low Income Home Energy Assistance Program, or LIHEAP, which helps families with energy costs, and the Weatherization Assistance Program, or WAP, which provides funding for home energy upgrades. Unfortunately, both programs have faced cuts.[25]

By comprehensively addressing the condition of homes—from basic repairs and energy issues to major health hazards—families, particularly children, will be put on a greater path toward success.

Environmental justice

At the beginning of the 20th century, zoning ordinances emerged as a way to separate land uses in order to protect people from health hazards. Over time, however, city planning and zoning ordinances focused less on public health and more on creating idyllic communities, protecting property rights, and excluding marginalized groups, such as immigrants and people of color. Furthermore, new highways and waste facilities were constructed in marginalized communities, where they cut through businesses or homes and exposed residents to excessive pollution. Such practices continue to this day. Communities of color have higher exposure to air pollution, live near the highest polluting facilities in the country, and disproportionately suffer the effects of using and drinking contaminated water. Environmental justice is a response to such discrepancies and strives to ensure all people have environmental protections, regardless of their background.[26]

The water contamination in Flint, Michigan, is a prime example of the failures of infrastructure and environmental quality that have threatened low-income communities and communities of color for generations. According to the Flint Water Advisory Task Force, an independent body appointed by Gov. Rick Snyder (R-MI) to investigate the presence of lead in the city's water system, concluded:

> *The facts of the Flint water crisis lead us to the inescapable conclusion that this is a case of environmental injustice. Flint residents, who are majority Black or African American and among the most impoverished of any metropolitan area in the United States, did not enjoy the same degree of protection from environmental and health hazards as that provided to other communities. Moreover, by virtue of their being subject to emergency management, Flint residents were not provided equal access to, and meaningful involvement in, the government decision-making process.[27]*

Recently, in the wake of Flint's water crisis, Democratic members of the U.S. Senate introduced the Drinking Water Safety and Infrastructure Act to improve water infrastructure throughout the nation.[28] Congress must ensure that communities have the resources to strengthen infrastructure, improve testing and monitoring of lead, and enhance regulatory oversight to protect the environment.

Housing barriers for people with disabilities

About 57 million Americans—or one in five—live with a disability. For many people with disabilities and their families, securing affordable, accessible housing can pose a tremendous challenge. While roughly 41 percent of public housing units contain at least one disabled person, evidence suggests that units designated for people with disabilities are relatively sparse, and many of these units are likely to be restricted to residents age 62 and older, making them unavailable to younger people with disabilities.[29] Similarly, HUD estimates that about 156,000 of the units—or 11 percent—in its multifamily housing portfolio are accessible to people with disabilities, but only 73,000 are actually designated for them. Because 26 percent of HUD's multifamily housing developments are restricted to the elderly, once again, young people with disabilities are at a disadvantage.[30]

Due to this lacking availability, a mere 3 percent of households in public housing with a disabled member actually have a unit with accessibility features and only 30 percent of those that requested accessibility modifications actually received them.[31] Meanwhile, about one in three households using Section 8 vouchers are headed by a nonelderly person with a disability.[32] But long waiting lists prevent many of these families from actually moving in to an accessible unit.[33]

According to the 2010 Census, 41 percent of households with at least one person with a disability—or 14.4 million households—are cost-burdened, meaning that they spend more than one-third of their income on housing.[34] One report estimated that between 35 and 40 percent of households with "worst-case" housing needs—where over half of income is spent on rent—are households containing a person with a disability.[35] Furthermore, about 12.3 million people age 6 and older—or 4.4 percent—need assistance with at least one activity of daily living such as "getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, or toileting."[36] For example, in 2005, HUD and the Urban Institute conducted a study of disabled and nondisabled rental applicants in Chicago. They found that at least one-third of the units advertised were not

accessible for people in wheelchairs to even visit, let alone live. Meanwhile, almost one in six housing providers denied requests to make wheelchair-accessible alterations to the unit, and 19 percent of those with on-site parking refused to provide a designated handicapped space for the applicant.[37] The variability of necessary modifications speaks to the wide range of costs and many such alterations are not covered by insurance.[38]

People with disabilities not only can face physical barriers to securing affordable, accessible housing, but they also are especially likely to face housing discrimination. Indeed, disability- or accessibility-related complaints make up the majority of discrimination complaints that HUD's Fair Housing Enforcement Office receives.[39] In fact, researchers have found that individuals with disabilities are more likely to face negative treatment in the housing market than any other group.[40] In the same study conducted by HUD and the Urban Institute, one out of four calls conducted by deaf rental applicants using the teletypewriter, or TTY, system to inquire about units was refused service. Those who were served received significantly less information and opportunities for follow-up than the comparable hearing applicants.[41]

Given the fact that a significant portion of the population is disabled, and disability is both a cause and consequence of poverty, it is necessary to ensure the nation's housing stock is accessible—both in terms of the search for housing and the accommodations themselves.

Aging in place

According to the AARP, "Older adults make up the fastest growing segment of the U.S. population, and as they retire and live longer on fixed incomes, the demand for quality, affordable, accessible housing in close proximity to services and other amenities will only increase."[42] In fact, it is estimated that more than 5 million older Americans need services and supports to remain in their homes, and nearly 90 percent of elders age 65 and older would like to stay in their homes as long as possible.[43] Aging in place allows seniors to remain in their established social and community networks, which is also associated with better health outcomes.[44] Further, relocation can be financially burdensome to low-income older adults.[45]

Currently, seniors renting single-family homes are allowed to make "reasonable modifications" for accessibility, but they must do so at their own expense because the Fair Housing Act does not apply to buildings with fewer than four units.[46] However, states can use community-based waiver programs to offer home-based services to seniors. Still, individuals must be at risk for nursing home placements in order to be eligible, and there are lengthy waiting lists.[47] Fortunately, there are a number of steps local governments can take to support easier home modifications for seniors, including expediting permitting and review policies for upgrades, such as adding ramps to entryways; certifying contractors that specialize in aging-in-place modifications; and allocating resources from housing trust funds or other revenue streams to subsidize the cost of home modifications for lower-income residents.[48]

In addition, there are many housing policies to help seniors age in place, including zero- and low-interest home modification loans, property tax deferrals that allow homeowners to postpone payment until property sale or death, and re-zoning areas to accommodate more compact residential development near transit stops and ensuring more walkable areas.[49]

Neighborhood violence

Crime and violence are often discussed as law enforcement matters, but these are also public health issues critical to ensuring that families truly are living in safe and healthy environments. Overall, neighborhoods with higher crime rates tend to have high rates of poverty, as areas with lower crimes rates are less affordable. In other words, more affluent people are able to purchase safety and better life outcomes by having access to housing in safer communities.

Living in a neighborhood that experiences high levels of violence can have a devastating impact on an individual's long-term mental health and wellness. A growing body of research has demonstrated that individuals who live in neighborhoods plagued by high rates of violence increasingly suffer from trauma-related illnesses, such as post-traumatic stress disorder, or PTSD.[50] One study of residents of high-crime neighborhoods in Atlanta found that one in three residents interviewed exhibited symptoms consistent with PTSD, including nightmares, difficulty sleeping, trouble with concentration, and persistent fear or anxiety.[51] A researcher in Philadelphia estimates that the rate of PTSD among residents of poor urban communities may be as high as 40 percent.[52]

Exposure to neighborhood violence poses a particular concern for children. One 2015 study found that more than one in four American children are exposed to some kind of violence involving a weapon—including firearms, knives, rocks, or sticks—and this exposure was more common among youth who live in low income households and youth of color.[53] A series of studies led by New York University sociologist Patrick Sharkey demonstrated that exposure to neighborhood violence impairs children's cognitive ability.[54] One study found that within just one week of a homicide, preschoolers living nearby were "less able to control their impulses and pay attention, and they scored lower on pre-academic vocabulary and math tests."[55] In addition, parents displayed elevated levels of stress, which can also negatively affect children's behavior and school performance.

Some efforts to deconcentrate poverty with the goal of reducing crime have centered around public housing developments. In the early 2000s, the Chicago and Atlanta housing authorities worked to address their distressed, high-crime public housing developments by demolishing their worst developments, relocating residents, and building mixed-income communities in their place. While it is often difficult for residents to return to their communities after public housing has been demolished, these particular instances provide insights about deconcentrating poverty. According to the Urban Institute, violent crime decreased more than 60 percent in the Chicago neighborhoods between 2000 and 2008 and 13 percent in Atlanta between 2002 and 2009.[56] Public housing has often been scapegoated as the cause of crime, but studies suggest that "neighborhood conditions are driving the high rates of homicide occurring in public housing areas rather than the unique physical and social environments of public housing developments."[57] While there are benefits and drawbacks to interventions that focus on these properties, there is no panacea for addressing violent crime, and comprehensive interventions are necessary.

In addition to efforts to deconcentrate poverty and create mixed income neighborhoods, state and local leaders need to invest in community-based programs that address many of the underlying causes of violence.[58] A recent report by the Law Center to Prevent Gun Violence and the PICO National Network—entitled, *"Healing Communities in Crisis: Lifesaving Solutions to the Urban Gun Violence Epidemic"*—outlines how a combination of community-based intervention programs and policy reforms is key to reducing urban gun violence. Community-based models include partnerships between law enforcement, community members, and service providers who work with the most at-risk individuals. For example, through gun violence intervention, or GVI, these leaders conduct a series of meetings with at-risk individuals to make the case on behalf of the community that violence must cease or will result in increased law enforcement presence. According to the report, "this creates a powerful 'focused deterrence' effect that has been shown to rapidly reduce violent behavior."[59]

Another proven strategy is hospital-based violence-intervention programs that engage young people and help reduce violent crime. Victims of violent crime – particularly gang violence – are much more likely to trust medical professionals than law enforcement officials, making emergency rooms an important place to intervene. At the University of Maryland School of Medicine's trauma center, the Violence Intervention Program is available for patients who have had repeat hospitalizations due to violent crime.[60] The program assigns patients a social

worker who creates a service plan that could include substance abuse treatment, job training, and conflict-resolution training. A study of this program—conducted between January 1999 and October 2001—found that individuals who did not participate were six times more likely to be hospitalized as a result of a violent assault and three times more likely to be arrested for violent crimes.[61] These programs show that identifying and working with the small segment of a community that is primarily responsible for violent crime is an effective strategy for preventing further incidents.

Domestic violence and homelessness

According to the CDC, 35.6 percent—or 42.4 million—of women in the United States and 28.5 percent—or 32.3 million—of men have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lives.[62] Survivors must be able to leave their housing—and break their lease—in order to have the freedom to escape an unsafe situation. For example, in the District of Columbia, survivors can break their lease if they have received a court protection order or documentation from a professional—such as counselor, law enforcement official, or the D.C. housing authority—and give their landlord notice that they are terminating their lease as a result of the domestic violence.[63]

The need to leave domestic violence quickly is one of the key drivers of homelessness among women. According to one estimate, 92 percent of homeless women have been victims of sexual or physical violence during their lifetime, and 63 percent have experienced violence at the hand of an intimate partner as adults.[64] One study found that women who endured domestic violence in the past year were almost four times more likely to be housing unstable—meaning that they have late rent or mortgage payments, move frequently, and/or do not have their own housing—than their counterparts who reported no violence.[65] During the 2015 National Census of Domestic Violence Services, a one-day survey found that more than 12,000 requests for services from victims—including emergency shelter, housing, transportation, child care, and legal representation—could not be provided because programs did not have the resources to provide these services.[66] This gap in services underscores the need to increase funding for transitional housing under the Violence Against Women Act, and funding for shelters under the Family Violence Prevention and Services Act.

Domestic violence and homelessness con't.

In addition, organizations providing services to domestic violence survivors must offer holistic and comprehensive housing assistance.[67] For example, Home Free—a Housing First program for survivors in Portland, Oregon—makes contact with an individual or family, and places them in a motel until permanent and confidential housing can be found.[68] The organization helps clients access protection orders, provides immediate financial assistance, and ensures clients' new units have safety features such as well-lit entrances.[69] The agency also educates landlords on survivors' legal protections and safety concerns.[70] Home Free has seen considerable success with its approach, with 97 percent of households finding safe housing and 86 percent remaining stably housed one year after graduating from the program.[71]

Many communities also provide trainings to community members, professionals, and advocates, ranging from classes for young adults on healthy relationships and dangerous behavior to trainings for nondomestic violence professionals—such as police officers and attorneys—on recognizing the dynamics of intimate partner violence.[72]

Recommendations to create safe and healthy living environments for struggling families

Every American deserves to live in a place that is clean, healthy, and safe. There are a number of programs and initiatives that address aspects of this goal—from lead abatement programs to violence prevention. However, a comprehensive, national commitment is necessary to ensure that everyone lives in an environment conducive to their success. The next administration and Congress can lead the charge on this as part of their governing agenda in 2017. The following are proposals that policymakers should consider as part of such an agenda.

Increase funding for efforts to fight lead poisoning

While Secretary Castro's recent announcement on actions to address lead hazards in HUD-assisted housing is critical, Congress must ensure there is adequate funding to take up this fight. Previously, Congress voted to cut the budget for HUD's Office of Lead Hazard Control and Healthy Homes by one-third.[73] Funding the office at $230 million, as called for by President Bill Clinton's Task Force on Environmental Health Risks and Safety Risks to Children, would help protect children from this threat.[74]

In addition, due to severe funding cuts, the CDC's Childhood Lead Poisoning Prevention program, which monitors when and where children are poisoned, is only operating in 29 states and the District of Columbia. This information is critical for HUD as well as state and local health and housing agencies to target funding and enforcement where it is needed most. Restoring funding to $35 million and enabling surveillance to occur nationally would help more communities to take action against lead poisoning.[75] This is a wise investment as studies show that every dollar invested in lead hazard control saves $17 to $221 in returned health benefits, cognitive ability, lifetime earnings, tax revenue, reduced spending on special education, and reduced crime—that is equal to a net savings of $181 to 269 billion.[76]

Incorporate a focus on health in place-based initiatives

Through initiatives like Promise Zones, the Obama administration has taken a number of innovative steps to support local leaders in revitalizing high poverty areas through strategies focused on job creation, increased economic activity, improved educational opportunity, and reducing violent crime. While this initiative incentivizes local leaders to work together more strategically by awarding them priority access to federal funding, it does not include a central focus on health and safety beyond reducing violent crime. Because selected zones are on the forefront of demonstrating best practices for revitalizing communities, the administration should encourage these communities to address health and safety as well. For example, the U.S. Department of Housing and Urban Development, or HUD, could make funding from the Office of Lead Hazard Control and Healthy Homes available for zones that take on lead abatement strategies as central to their work.

Provide adequate funding for the federal housing voucher program

Section 8 vouchers play a critical role in helping low-income families access and afford quality, safe housing. However, only one out of four households eligible for rental assistance actually receives it.[77] Many organizations have called for considerable expansions of the program, ranging from $22 billion to $23.5 billion.[78] In order to ensure vouchers help de-concentrate poverty and address violent crime, additional actions are needed to ensure families access high opportunity neighborhoods. A recent Center for American Progress report, "An Opportunity Agenda for Renters," offers a number of recommendations for strengthening the program: HUD should consider the success rate of voucher holders in moving to higher-opportunity neighborhoods when assessing Public Housing Authorities; provide PHAs with additional funding when they assist families in moving to high-opportunity areas; and fund mobility counseling for households interested in moving to a higher opportunity neighborhood.[79]

Preserve affordable rental housing

"An Opportunity Agenda for Renters," also calls on Congress to adequately fund all housing preservation resources, including the Public Housing Capital Fund, which provides funding for upgrades and repairs, and the HOME Investment

Partnership program, which gives states and localities flexible funds with which to create and preserve affordable housing.[80] Currently, due to Congress underfunding these programs, the backlog of needed repairs in the nation's public housing totals more than $26 billion dollars.[81]

Ensure adequate, affordable, and accessible housing for Americans with disabilities

Another CAP issue brief, "A Fair Shot for Workers with Disabilities," outlines how funding for public housing and the Section 8 housing voucher program can be increased to meet the needs of low-income people with disabilities. The brief also calls on policymakers to leverage federal and state funding sources to support housing units for low-income people with disabilities, such as through the Section 811 Supportive Housing for Persons with Disabilities program. Such steps would enable more people with disabilities to access safe housing that would enable them to live independently.[82]

Invest in community-based violence reduction programs

There are a number of strong, innovative community-based programs that combine the unique strengths of a particular community's grassroots leaders and an evidence-based public health approach to preventing violence. These programs can take a number of different forms—including hospital-based intervention, group violence intervention that involves a close partnership with law enforcement, and the Cure Violence model, which employs "violence interrupters" to engage with those most at risk for becoming perpetrators or victims of violence.[83] These programs require a relatively modest financial investment, but can have a significant impact on reducing violent crime and improving the relationship between members of the community and local leadership.[84] The federal government should also increase the federal grant funding available to support these programs.

Conclusion

For decades, owning a home in an idyllic community has been the cornerstone of the American dream. Increasingly, however, that dream is more of a fantasy. Affordable housing is out of reach for many, and certain housing and communities can actually block families from achieving their dreams. From health hazards to dilapidated structures to neighborhood crime, millions of families across the country live in environments that are harmful to their health. In order to ensure that individuals and families live in environments conducive to their success, the next administration and Congress must adopt an agenda that ensures that every household and community is a safe and healthy place to reside.

About the authors

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Rebecca Vallas is the Managing Director for the Poverty to Prosperity Program at the Center for American Progress. Before joining American Progress, Vallas served as the deputy director of government affairs at the National Organization of Social Security Claimants' Representatives, or NOSSCR, where her work was devoted to preserving and strengthening Social Security Disability Insurance and Supplemental Security Income for workers with disabilities. Prior to that, Vallas worked directly with low-income individuals and communities for several years as a legal aid attorney and policy advocate at Community Legal Services in Philadelphia.

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