Healthy Housing, Healthy Communities, Healthy Lives
PANEL 1:
What Attributes of Housing Affect Health: What Do We Know and Not Know?
There have been substantial improvements in housing quality over the last 40 years

Quality of housing for children in low income households

Poor quality housing continues to pose a health risk, including through hidden hazards

### Chronic disease
*(asthma, hypertension, poor mental health)*

- Structural defects causing damp and mold
- Presence of mites, rodents and roaches
- Exposure to lead, nitrogen dioxide and other toxins
- Poor ventilation
- Carpets with toxic chemicals, dust and mites

### Injuries
*(falls, burns, mortality)*

- Absence of smoke detectors
- Stairs without rails and slippery flooring causing falls
- Exposed heating system causing burns
- Low sill heights
- Unprotected windows (without bars)

Rising NYC rent burdens may be detrimental to health

Rent-Burdened Households by Income Group, New York City
Source: NYU Furman Center (2013)
What do we know about what makes a home healthy?

2. How can we rehabilitate existing homes to make them healthier?

3. What tradeoffs exist between the objective of building healthy housing and building affordable housing? How can we navigate these tensions?
PANEL 2: What Attributes of Neighborhood/Community Affect Health: Who Cares and Why?
Health outcomes are worse in low-income communities
Many neighborhood attributes are associated with good health outcomes

<table>
<thead>
<tr>
<th>Access to fresh food</th>
<th>Children are <strong>25-33% less likely to be overweight or obese</strong> if living near a supermarket with a range of fresh fruit.</th>
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<td>Impact of violence</td>
<td>Injuries and homicide are <strong>two of the five leading causes of death among children</strong> over one year old and are both closely associated with the characteristics of a child’s home and neighborhood.</td>
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<td>Walkability and physical activity</td>
<td>Residents in high-walkable neighborhoods are <strong>2.4 times more likely to meet physical activity recommendations.</strong></td>
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Moving to high-opportunity neighborhoods does improve some health outcomes

Health impacts of the Moving to Opportunity program

What do we know about how neighborhood and community shape health?

With this knowledge, how should policy makers allocate resources across neighborhoods?

Who are the appropriate partners to make a neighborhood health-promoting?
PANEL 3: Building Bridges: Connecting Public and Subsidized Housing Residents to Resources in the Surrounding Communities
Residents in NYC’s public housing are more likely to have chronic diseases such as diabetes.

Self reported diabetes prevalence

Sources: The Health of Older Adults in New York City Public Housing, NYCHA
Neighborhoods with more subsidized housing show higher levels of asthma hospitalizations.
Community health workers are one approach to improving health that is showing promise.

<table>
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<tr>
<th>Outcome</th>
<th>Impact</th>
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<tr>
<td>Increased immunization rates</td>
<td>22% increase</td>
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<tr>
<td>Increased rates of breast feeding</td>
<td>24% increase</td>
</tr>
<tr>
<td>Improved cure rates for pulmonary tuberculosis</td>
<td>22% increase</td>
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</tbody>
</table>

How can we deliver critical services to residents of subsidized housing with chronic health problems?

How can we link the broader set of families and children living in assisted housing to surrounding resources and services to help them stay healthy?

What is the potential for community health workers or captains to assist individual tenants and develop broader health-promoting initiatives?
PANEL 4: Building Community, Connecting Services to Property Management: Testing a New Paradigm for Mixed-Income Housing
Estimated Number of Units Created or Preserved in NYC Using Select Mixed-Income Housing Programs, 2004-2014

Mixed-Income Housing Program

Source: HPD, ESD, IBO, Office of Council Member Brad Lander, NYU Furman Center
Living in mixed-income housing may provide some health benefits, based on the limited evidence

“Two-thirds of the relocated public housing residents we spoke to reflected on the high levels of emotional stress they experienced in their former housing development, due largely to safety concerns, and the major reduction in stress and increased “peace of mind” they felt in the new mixed-income development.”

--Robert Chaskin & Mark Joseph
NYC Mixed-Income Developments

- LIHTC 4%
- Inclusionary Housing Program

Sources: HPD, DCP, & NYU Furman Center, Analysis & Mapping by Office of Council Member Brad Lander
In thinking about health and housing, what are the challenges and opportunities posed by mixed-income housing?

To date, the field has separated the property management function from those providing services and support to low-income households. How is this working and are there other approaches?

What approaches might work best in New York City?
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