

Moving to Healthier Neighborhoods: Options for Local Advocacy

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Research has shown that children living in high-poverty, racially isolated neighborhoods face significant health risks.² In response, advocates have often focused on improving the housing and neighborhood conditions that contribute to these heightened health risks.³ This Policy Brief will cover a complementary strategy to assist families make voluntary moves to healthier housing and neighborhoods.

In our two prior Policy Briefs in this series, we have proposed a new, targeted Housing Choice Voucher Program, similar to the Housing Opportunities for Persons with AIDS (HOPWA) program, for families with children who are living in distressed neighborhoods that exacerbate an existing health condition.⁴ We have also recommended regulatory changes in the Department of Housing and Urban Development's (HUD) Section 8 Housing Quality Standards and Section 8 Management Assessment Program (SEMAP) that would make it easier for families to use their voucher in healthier neighborhoods.⁵

This paper takes the next logical step by exploring options available under existing law that advocates may consider on the local level to help families make health-related moves. These options include using the Public Housing Agency (PHA) "reasonable accommodations" policy, changing local public housing transfer rules, utilizing existing housing relocation rules, and adding local preferences to the Housing Choice Voucher Program admissions policy. Advocates

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² See Dolores Acevedo-Garcia, Theresa L. Osypuk, Nancy McArdle & David R. Williams, *Toward a Policy Relevant Analysis of Geographic and Racial/Ethnic Disparities in Child Health*, 27 HEALTH AFFAIRS 321, 323 (2008); David R. Williams, Michelle Sternthal & Rosalind J. Wright, *Social Determinants: Taking the Social Context of Asthma Seriously*, 123 PEDIATRICS S174, S181 (2009).

³ See, for example, the work of the National Safe and Healthy Housing Coalition, www.nchh.org/Policy/National-Safe-and-Healthy-Housing-Coalition.aspx.

⁴ Kami Kruckenberg & Phil Tegeler, *Prescription for a New Neighborhood? Housing Vouchers as a Public Health Intervention*, POVERTY & RACE RESEARCH ACTION COUNCIL (2010), available at http://www.prrac.org/pdf/prescription_for_a_new_neighborhood.pdf.

⁵ Kami Kruckenberg, *Two Simple Changes to Improve Health Outcomes in the Section 8 Voucher Program*, POVERTY & RACE RESEARCH ACTION COUNCIL (2011), available at <http://www.prrac.org/pdf/HQS-SEMAPhealthpolicybriefApril2011.pdf>.

can use this guide to find resources and documents for healthy housing standards, identification of priority at-risk population standards, and models for local policy reforms.⁶

DEFINING THE PROBLEM

One of the initial issues facing advocates is defining exactly what “unhealthy housing” is and who is most affected by it. A clear, concise definition of the problem and the people affected by it is necessary to combat the problem. This section provides resources for defining unhealthy housing and your target population.

Unhealthy Units

There are many factors to look for when identifying unhealthy housing units. The Centers for Disease Control and Prevention (CDC) and the Department of Housing and Urban Development (HUD) have published a detailed report that discusses what constitutes unhealthy housing.⁷ *The Healthy Housing Reference Manual*, published by the U.S. Department of Health and Human Services (HHS), discusses potential housing conditions that can lead to health problems.⁸ Risks include presence of mice, cockroaches, fleas, flies, termites, fire ants, and mosquitoes.⁹ (These rodents and pests present numerous health problems, such as the transmission of *E.Coli*, Lyme disease, dysentery, and tapeworms.)¹⁰ Risks may also include biological air pollutants such as cockroaches, dust mites, and mold which can cause asthma, allergies, and lung damage.¹¹ Chemical pollutants like carbon monoxide can cause short and long term health problems.¹² Toxic materials, such as asbestos, lead, and arsenic often cause cancer and other health problems.¹³ Risks may also be psychological in nature.¹⁴

Reference to the *Healthy Housing Reference Manual*, the *Healthy Housing Inspection Manual*, written by the CDC and HUD, can also help determine factors that lead to unhealthy housing.¹⁵ The *Inspection Manual* incorporates an extensive checklist that addresses unit and building health.¹⁶ Using the information contained in these two manuals, we have developed a simple form (attached as Appendix A) for advocates to use to make an initial assessment of a unit’s health profile.

⁶ See Appendix A.

⁷ CTRS. FOR DISEASE CONTROL & PREVENTION & U.S. DEP’T OF HOUS. & URBAN DEV., *Healthy Housing Reference Manual* (2006), available at http://www.healthyhometraining.org/Credential/Healthy_Housing_Reference_Manual.pdf.

⁸ *Id.* at 27-29.

⁹ *Id.* at 4-1 – 4-17.

¹⁰ *Id.*

¹¹ *Id.* at 5-1.

¹² *Id.* at 5-6 – 5-13.

¹³ *Id.* at 5-13 – 5-19.

¹⁴ *Id.* at 2-3.

¹⁵ CTRS. FOR DISEASE CONTROL & PREVENTION & U.S. DEP’T OF HOUS. & URBAN DEV., *Healthy Housing Inspection Manual*, at 2, (2008), available at http://www.cdc.gov/nceh/publications/books/inspectionmanual/Healthy_Housing_Inspection_Manual.pdf.

¹⁶ See *id.* at 4-58.

Unhealthy Neighborhoods

To date, the federal definition of unhealthy housing has focused on conditions specific to the housing unit itself. However, as documented by a large and growing body of research, unit health is not the only aspect of housing that affects child health; neighborhoods also have a huge impact because their safety and health can lead to other personal health problems.¹⁷ If a neighborhood does not have safe spaces, including streets and playgrounds, children may not feel comfortable being outside or their parents may not allow them outside because of safety concerns, which limits physical activity and can lead to obesity.¹⁸ Neighborhood air quality also has a large impact on health – poor air quality can lead to asthma and other medical problems.¹⁹ Studies show that children in low income, urban areas have a higher chance of living in neighborhoods with poor air quality, and thus having more health problems.²⁰ Also, lower thresholds of neighborhood safety and health can lead to developmental delays and mental health problems such as anxiety and depression.²¹ Significant benefits can accrue to children who are able to move to healthier neighborhoods. The Moving to Opportunity (MTO) program demonstrated that girls’ mental health can be improved by moving to lower poverty neighborhoods.²² Additionally, helping at-risk children move to a healthier neighborhood may allow them to participate in more physical activity and lower their risk of obesity.²³ Thus, it is vital that advocates look beyond unit health to assess neighborhood conditions. Neighborhood health encompasses a variety of factors, including criminal activity, youth victimization rates, safe spaces for children to play, and adequate community resources like child care facilities, and grocery stores.²⁴ Advocates will be able to gather statistics capturing some of this information, but personal accounts are also valuable. The model form attached as Appendix A utilizes both of these approaches.

Families at Risk

Children who already have health problems stemming from unhealthy unit and/or neighborhood conditions present the most compelling case for a change in housing. For example, in children with asthma, studies have found “evidence that exposure to cockroach allergen has an important role in causing morbidity due to asthma among inner-city children. These results suggest that reducing exposure to cockroach allergen should be an important component of plans for the

¹⁷ Dustin T. Duncan, Renee M. Johnson, Beth E. Molnar & Deborah Azrael, *Association between neighborhood safety and overweight status among urban adolescents*, 9 BMC PUBLIC HEALTH (2009), at 1, 2.

¹⁸ *See id.* at 2.

¹⁹ THE AMERICAN LUNG ASSOCIATION, *Urban Air Pollution and Health Inequities: A Workshop Report*, 109 ENVIRONMENTAL HEALTH PERSPECTIVES 357, 358 (2001).

²⁰ *See id.*

²¹ *See* “Community violence and young children: making space for hope,” *Early Childhood Matters* (November 2012), available at <http://bernardvanleer.org/Community-violence-and-young-children-making-space-for-hope>. *See also* Carol S. Aneshensel, *The Neighborhood Context of Adolescent Mental Health*, 37 JOURNAL OF HEALTH AND SOCIAL BEHAVIOR 293, 293 (1996).

²² Lisa Sanbonmatsu et al., *Moving to Opportunity for Fair Housing Demonstration Program – Final Impacts Evaluation* (U.S. DEP’T OF HOUS. & URBAN DEV., 2011), at 133, available at http://www.huduser.org/publications/pdf/MTOFHD_fullreport_v2.pdf.

²³ *See* Duncan, *supra* note 17, at 2.

²⁴ Dolores Acevedo-Garcia, *Using Rental Assistance to Improve Children’s Access to High-Opportunity Neighborhoods*, NEXT GENERATION HOUSING POLICY: CONVENING ON RENTAL HOUSING POLICY PANEL 1: RENTAL HOUSING AND LOW INCOME HOUSEHOLDS (2010).

management of asthma.”²⁵ Thus, by staying in a place where they are exposed to these allergens, a child’s rate of illness remains high (measured by health care needed, symptoms, daily activities, and impact on their caregiver).²⁶

This type of evidence, along with assessments by local pediatricians, can help to define a group of families to target for assistance. For example, one approach could focus on young children who are most at risk for lead poisoning and asthma.²⁷

POSSIBLE APPROACHES FOR ADVOCATES

There are several approaches advocates can use to assist clients to move to healthier neighborhoods. First, advocates can use their PHA’s reasonable accommodation policy to push for a neighborhood change for children who already suffer with asthma or severe allergies. Second, when families are moving because of forced relocation, they may be entitled to a neighborhood location that provides the possibility of healthier housing. Third, advocates can press for new preferences in the Housing Choice Voucher program to promote healthy moves for children with housing or neighborhood related health conditions. Fourth, advocates can work within the preferences system by submitting documentation for particular clients. Fifth, advocates can help families make housing transfer requests that allow them to move to healthier housing. Sixth, housing counseling programs can be improved to provide information relevant to health.

1. Reasonable Accommodation

PHAs are required to offer residents with identified disabilities reasonable accommodations, or alterations in rules and procedures to provide equal access to housing.²⁸ The Fair Housing Act makes it unlawful for any person or entity to refuse a reasonable accommodation to someone with a disability.²⁹ A reasonable accommodation is a change in “rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling.”³⁰ Under this standard, a PHA may be permitted to alter a general policy for moving or transferring units for someone with a disability if the current unit or building cannot meet their needs. This should include a reasonable accommodation in the form of a transfer for a child with asthma.³¹

²⁵ David L. Rosenstreich et al., *The Role of Cockroach Allergy and Exposure to Cockroach Allergen in Causing Morbidity among Inner-City Children with Asthma*, 336 THE NEW ENGLAND JOURNAL OF MEDICINE 1356, 1362 (1997).

²⁶ See *id.* at 1357.

²⁷ See *Learn about Lead*, ENVTL. PROT. AGENCY, <http://www.epa.gov/lead/pubs/learn-about-lead.html#effects> (last visited June 20, 2012); NAT’L CTR. FOR HEALTHY HOUS., *The Relationship between Housing and Health: Children at Risk Workshop* (2003), at 17; *Childhood Asthma*, ASTHMA & ALLERGY FOUND. OF AM., <http://www.aafa.org/display.cfm?id=8&sub=16&cont=44> (last visited June 20, 2012).

²⁸ See 42 U.S.C. § 3604(f)(3)(B).

²⁹ *Id.* A disabled person is defined as “individuals with a physical or mental impairment that substantially limits one or more major life activities.” See also U.S. DEP’T OF JUSTICE & U.S. DEP’T OF HOUS. & URBAN DEV., *Reasonable Accommodations under the Fair Housing Act* 3-4 (2004), available at <http://www.hud.gov/offices/fheo/library/hud DOJstatement.pdf>.

³⁰ *Id.*

³¹ The definition of disability encompasses people with asthma or allergies because those conditions “substantially limit” an individual’s ability to breathe and do normal physical activity. See *Americans with Disabilities Act*, ASTHMA AND ALLERGY FOUNDATION OF AMERICA, <http://www.aafa.org/display.cfm?id=9&sub=19&cont=255> (last visited July 12, 2012).

Advocates should check if their PHA already employs such a practice. The Boston Housing Authority, for example, has employed such a practice that allows families to request reasonable accommodation for children with asthma.³² They have a special form for families with asthmatic children, permitting them to move as a reasonable accommodation.³³

If your PHA does not have a general reasonable accommodations policy for children with specified disabilities (such as asthma), the family can make an individual request for a reasonable accommodation. The family should obtain support from a pediatrician or other health provider.³⁴

2. *Housing Relocation Statutes*

If residents are being forced to relocate as a result of some government action, families may be able to use housing relocation rules to move to a healthier community. For example, a community using Community Development Block Grant (CDBG) funds (or other federal funds) in a manner that forces residents to relocate³⁵ triggers the protections of the Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally-Assisted Programs Act.³⁶ The Act requires that people be moved to a “comparable replacement dwelling,” which includes one that is “decent, sanitary, and safe” and that is “[i]n an area not subject to unreasonable adverse environmental conditions.”³⁷ Also, if the family being relocated is a minority family, the Act requires that if families are shown units in minority-concentrated areas, they must also be shown units in non-minority concentrated areas.³⁸ Advocates can use this rule to demand that families are shown units in healthier neighborhoods.

3. *Changing Preferences in the PHA Plan and the Section 8 Administrative Plan*

Changes to the PHA plan can also make it easier for families to make health-related moves. Most PHAs must submit one-year and five-year plans to HUD.³⁹ These plans indicate the kinds of housing assistance the PHA offers (Public Housing, Section 8, etc), the mission and goals for the PHA, and its plan to achieve these goals.⁴⁰

³² See BOSTON HOUSING AUTHORITY, *Request for More Information to Physician or Qualified Medical Provider Regarding Reasonable Accommodation for Asthma* (2003), available at http://www.bostonhousing.org/pdfs/OCC2008-01-11Asthma_Transfer_Form.pdf.

³³ See *id.*

³⁴ A sample letter requesting reasonable accommodation is attached as Appendix C.

³⁵ See 49 C.F.R. § 24.1.

³⁶ 49 C.F.R. § 24.

³⁷ 49 C.F.R. § 24.2(a)(6)(i). The term “decent, sanitary, and safe” means that the dwelling must meet local occupancy codes and has specific requirements under the Act, including structural requirements, air quality requirements, wiring restrictions, bathroom requirements, and entry/exit requirements. 49 C.F.R. § 24(a)(8). Some of these standards are similar to the Physical Condition Standards for public housing in general, see 24 C.F.R. § 5.703, but if residents are being forced to move, using these relocation rules may be a tool for advocates to ensure that residents are moving to healthier environments.

³⁸ 24 C.F.R. § 236.1001; 24 C.F.R. § 42.350(a).

³⁹ DEP’T OF HOUS. & URBAN DEV., *Public Housing Agency [PHA] Plan: Desk Guide 1* (2001), available at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_8904.pdf.

⁴⁰ *Id.*

The PHA plan will also list any preferences for admission into the Section 8 voucher program (through the “Section 8 Administrative Plan”).⁴¹ PHAs are given substantial leeway to determine what preferences they would like to set.⁴² These often include residency preferences, working family preferences, veterans preferences, homeless preferences, and disabilities preferences.⁴³ Many PHAs also have continued former federally-mandated preferences, which were targeted at the lowest-income populations, such as involuntary displacement, substandard housing, rent overburden, and homelessness.⁴⁴ PHAs may use any legal (nondiscriminatory) preference that helps them achieve their goals in aiding the community.⁴⁵ The PHA can also point to community feedback to explain why preferences are included in their plan.⁴⁶ For a PHA to use any preferences, they must be included in the PHA plan.⁴⁷

Advocates have multiple opportunities during the PHA planning process to have new preferences added or enforced.⁴⁸ Initially, advocates can try to bring healthy housing to the PHA’s attention during initial community research, and can propose new preferences at any time during the process, ideally on behalf of a local resident, group of residents, or a community based health organization. Advocates can reach out to members of the Resident Advisory Board to present evidence about the community’s need for a health housing preference in the PHA plan. Advocates can also try to work through the Consolidated Plan process to make sure that healthy housing is a goal there.⁴⁹ Advocates should make their voices heard at the required public hearing. There, advocates can work with residents to present testimony on the issue of healthy housing. It may be valuable, but not required, to bring in expert support – including representatives of the state or local health departments, pediatricians, and public health researchers from a local university. Doing all of these things enables advocates to create a network of resources and voices to change the PHA plan to benefit healthy housing.

PHAs have a great deal of autonomy in ranking preferences in the Section 8 Administrative Plan, for admission into Section 8 housing programs. Some PHAs have multiple preferences that have different “point” amounts based on their assessment of the preference’s severity.⁵⁰ For example, in Boston, there is a “priority” for people who are victims of domestic violence, which adds an

⁴¹ *Id.* at 33.

⁴² *See* 42 U.S.C. §§ 1437d(c)(5)(A); 1437f(o)(6)(A).

⁴³ NATIONAL HOUSING LAW PROJECT, *HUD Housing Programs: Tenants’ Rights* 2/25-28 (3rd ed. 2004).

⁴⁴ *Id.* at 32.

⁴⁵ 24 C.F.R. § 960.206.

⁴⁶ *See* 42 U.S.C. §§ 1437d(c)(5)(A); 1437f(o)(6)(A)(ii).

⁴⁷ *See* 42 U.S.C. § 1437f(d)(1)(A).

⁴⁸ The PHA plan process begins with researching the community needs. DEP’T OF HOUS. & URBAN DEV., *supra* note 39, at 16-17. The PHA plan must be consistent with the information in the jurisdictions Consolidated Plan, 24 C.F.R. § 903.23(a)(3) and the accompanying “Analysis of Impediments to Fair Housing.” The PHA is required to seek input from the community in a public hearing and can then make changes based on the hearing. They also hear the recommendations from the Resident Advisory Board (RAB) at this time. DEP’T OF HOUS. & URBAN DEV., *supra* note 39, at 19. After the plan is formed, it is submitted to HUD, where it is checked for completeness, consistency with current data HUD, and compliance with federal law. Individuals can petition HUD if they feel PHA plans do not adequately represent the community. If HUD finds this to be accurate, it may not approve the plan. Once approved, the PHA must enforce its plan, and complaints can be lodged if the PHA is not following through. *See generally*, NATIONAL LOW INCOME HOUSING COALITION, *2012 Advocate’s Guide to Housing & Community Development Policy* 201 (Amy Clark eds., 2012).

⁴⁹ For more information on working with the Consolidated Plan process, *see* Ed Gramlich, Center for Community Change, *HUD’s Consolidated Plan: An Action Guide for Involving Low Income Communities* 45 (1998), available at <http://cdbgcommunitypower.org/wp-content/uploads/2012/02/HUDsConsolidatedPlan.pdf>.

⁵⁰ BOSTON HOUSING AUTHORITY, *Leased Housing Division Administrative Plan for Section 8 Programs* (2009), at 34-35.

extra 75 points to that applicant's file.⁵¹ Appendix B to this Policy Brief sets out a similar "Child Health Admission Preference" for possible inclusion in a local PHA's Section 8 Administrative Plan.

4. Individual documentation needed to support a claim to a local or ranking preference

Once a PHA has adopted a local or ranking preference, it will usually be necessary for an applicant to claim the preference by providing supporting documentation. The level of proof needed by an applicant to document an admission preference varies with the preference. For example, the Domestic Violence preference most Housing Authorities use is based on recounting of the incidents.⁵² Substandard housing often requires certification by a government agent or the landlord.⁵³ The disability requirement for reasonable accommodations often requires medical certification.⁵⁴

An admission preference for children at risk from unhealthy housing or neighborhood conditions will likely require at least one of three types of factual support.⁵⁵ First, the unit and building health could be assessed. It is likely that a notice or a health or housing code violation issued by a municipal agency could serve the purpose, or lacking that, a home inspection by certified home inspector. Second, neighborhood health risks can be verified. This could be done in different ways, including personal observation, photographs or statistical information, such as may be available from a state or local health department or census data. The model form attached uses a combination of these for verification. Finally, if the preference is limited to children with specific medical conditions, then medical verification will be necessary. The model form attached uses a medical verification similar to that used for documenting reasonable accommodations for disabilities. Also attached is a model policy of a child health transfer that defines the problem and sets out the verification requirements.⁵⁶

5. Transfer requests

Housing Transfer Requests are another way to address the needs of families living in unhealthy housing. Some families currently in the Section 8 program live in unhealthy housing, as are some families living in public housing. In the Section 8 program, PHAs can establish rules limiting moves (i.e. no more than one move per year) under regulations.⁵⁷ Families may also not break their initial lease with an owner except in extenuating circumstances or as provided in their lease.⁵⁸ This may limit a family's ability to move during their initial lease term, even if the housing or neighborhood is unhealthy. A family may, however, make a complaint about the unit if they feel it does not meet the Housing Quality Standards (HQS), and if they do, the PHA

⁵¹ *Id.* at 20. Note that Congress and HUD urged PHAs to adopt admission preferences for victims of domestic violence. See H.R. 4194, 105th Cong. § 514(e) (2nd Sess. 1998); 24 C.F.R. § 5.655(c)(4).

⁵² See, e.g. BOSTON HOUSING AUTHORITY, *Certificate of Domestic Violence/Dating Violence/ or Stalking*, available at <http://www.bostonhousing.org/pdfs/OCC2009PriorityDomestic.pdf>.

⁵³ See, e.g., *Information on Admissions Process*, FRANKLIN COUNTY HOUSING AUTHORITY, <http://www.fcha.net/AdmissionProc.aspx> (last visited July 12, 2012).

⁵⁴ See U.S. DEP'T OF JUSTICE & U.S. DEP'T OF HOUS. & URBAN DEV, *supra* note 29, at 13-14.

⁵⁵ See Appendix A.

⁵⁶ See Appendix B.

⁵⁷ See 24 CFR 982.314(c)(2).

⁵⁸ See 24 C.F.R. § 982.314.

should schedule an inspection of the unit.⁵⁹ If the unit does not meet the HQS, the PHA has the ability to terminate the lease and the family could look for other housing.⁶⁰

For public housing transfers, PHAs have similar flexibility in setting their transfer preferences as they do for admission preferences.⁶¹ A PHA's transfer preferences must be listed in their Plan and the Admission and Continued Occupancy Plan (ACOP).⁶² Look at your PHA's current preferences for transfers. Some of them may include items that encompass healthy housing, like family medical problems.⁶³ Other plans may prioritize transfers that further the PHA's stated housing goals, which could also be relevant to health.⁶⁴ If existing transfer provisions are inadequate, advocates can push for a new transfer provision in the PHA Plan, in the same way they would for a Section 8 Admission preference. A model transfer policy that a PHA could employ for child health transfers is attached as Appendix C.

6. *Counseling and Housing Search Assistance*

While admission to the Section 8 program will provide families with the opportunity to move to healthier housing, this may not be enough to ensure that families are actually able to move to healthier areas. Often families need a housing mobility program to help find neighborhoods that qualify as high opportunity, especially in relation to health.⁶⁵ If your community already has a housing mobility assistance program, it would be best to encourage them to add a health assessment as part of their ongoing program. It will be relatively simple for them to incorporate resources to families about healthy housing into their search advice and counseling to residents.⁶⁶ PHAs can be encouraged to include information on neighborhood quality, including aspects relevant to health, as part of the briefings providing as a matter of course to voucher clients. In addition, some local housing organizations may receive HUD funding to offer housing counseling to renters generally (or specifically to renters with vouchers) pursuant to a HUD Housing Counseling or FHIP grant. If a local PHA does not provide more intensive mobility

⁵⁹ See 24 C.F.R. § 982.405(c).

⁶⁰ See 24 C.F.R. § 982.404(a)(2).

⁶¹ See ELMIRA HOUSING AUTHORITY, *Transfer Policy*, in ADMISSIONS AND CONTINUED OCCUPANCY POLICY, at 1, available at <http://elmirahousing.org/Portals/73/8.pdf>.

⁶² DEP'T OF HOUS. & URBAN DEV., *Public Housing Occupancy Guidebook* 147 (2003), available at <http://www.hud.gov/offices/pih/programs/ph/rhiip/phguidebooknew.pdf>.

⁶³ See ELMIRA HOUSING AUTHORITY, *supra* note 73, at 2.

⁶⁴ *Id.* at 1.

⁶⁵ See Margery Austin Turner & Dolores Acevedo-Garcia, *The Benefits of Housing Mobility: A Review of the Research Evidence*, in KEEPING THE PROMISE: PRESERVING AND ENHANCING HOUSING MOBILITY IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM 9, 15 (Philip Tegeler, Mary Cunningham & Margery Austin Turner eds., 2005). Most effective housing mobility programs include some kind of counseling element, and often have pre-move counseling, housing search assistance, post-move counseling, and other essential components. See Gene Rizer, *Essential Elements of Successful Mobility Counseling Programs*, in KEEPING THE PROMISE: PRESERVING AND ENHANCING HOUSING MOBILITY IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM 79, 79 (Philip Tegeler, Mary Cunningham & Margery Austin Turner eds., 2005). These services can have a profound impact on families looking for healthy housing because it helps identify healthy neighborhoods and good maintenance practices. See *id.*; Gail Christopher, *Public Health and Housing Mobility: Fair Health through Fair Housing*, in KEEPING THE PROMISE: PRESERVING AND ENHANCING HOUSING MOBILITY IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM 123, 124-25 (Philip Tegeler, Mary Cunningham & Margery Austin Turner eds., 2005). Studies show that these housing mobility assistance programs improve health for families that move. See Dolores Acevedo-Garcia et al., *Does Housing Mobility Policy Improve Health?*, 15 HOUSING POLICY DEBATE 49, 80 (2004).

⁶⁶ For more information on trying to establish a housing mobility program, see http://www.pprac.org/full_text.php?text_id=1025&item_id=9103&newsletter_id=0&header=Current%20Projects.

counseling as a general matter, it may still be required to offer housing search assistance in individual cases under its Reasonable Accommodations Policy.

CONCLUSION

Unhealthy housing and neighborhoods have a major impact on children with existing health conditions or who are at risk of becoming unhealthy. Advocates working with families and with pediatricians and local public health officials can use the tools suggested here to help families move to healthier neighborhoods.

APPENDIX A

Child Health Housing Transfer Form – Part A
HOUSING ASSESSMENT

Note: This form is to be completed by a certified housing inspector or other licensed professional.

PART 1: APPLICANT INFORMATION

Applicant Name: _____

Unit Address: _____

PART 2: INSPECTOR INFORMATION

Name: _____ **Position Title:** _____

Place of Employment: _____

Address: _____

Telephone: _____ **Website:** _____

PART 3: INSPECTION INFORMATION

Date of Inspection: _____ **Time of Inspection:** _____

Weather on day of inspection (circle all that apply):

DRY	MUGGY	HOT	RAIN	COLD	SUNNY
WET	HUMID	COLD	SNOW	ICE	OVERCAST

Signature of Housing Inspector: _____

Signature of Applicant: _____

PART 4: GENERAL HOUSING INFORMATION

Type of unit (apartment, single family, etc): _____

Year unit was built: _____

PART 5: UNIT ASSESSMENT CHECKLIST

Please check all that apply

<p>In unit, there is a presence of:</p> <ul style="list-style-type: none"><input type="checkbox"/> Mold<input type="checkbox"/> Moisture<input type="checkbox"/> Standing Water<input type="checkbox"/> Cockroaches<input type="checkbox"/> Rats/mice<input type="checkbox"/> Bedbugs<input type="checkbox"/> Other insects<input type="checkbox"/> Other vermin<input type="checkbox"/> Termite tunnels<input type="checkbox"/> Source of excessive humidity<input type="checkbox"/> Moldy/musty odor<input type="checkbox"/> Visible dust on surfaces<input type="checkbox"/> Tobacco smoke or odor<input type="checkbox"/> Lead Paint<input type="checkbox"/> Asbestos<input type="checkbox"/> Radon<input type="checkbox"/> Severely peeling paint<input type="checkbox"/> Water Stains<input type="checkbox"/> Water Damage<input type="checkbox"/> Condensation on windows <p>Bathroom:</p> <ul style="list-style-type: none"><input type="checkbox"/> Sink has discoloration or cracks<input type="checkbox"/> Plumbing drain is clogged or slow<input type="checkbox"/> Fixtures/faucets have leaks<input type="checkbox"/> No hot water<input type="checkbox"/> Water is too hot<input type="checkbox"/> Exhaust fan not present<input type="checkbox"/> Exhaust fan broken<input type="checkbox"/> Toilet is broken or cracked<input type="checkbox"/> Caulking and seals are deteriorated <p>Detectors:</p> <ul style="list-style-type: none"><input type="checkbox"/> Smoke detector is not present or does not work<input type="checkbox"/> Carbon Monoxide detector is not present or does not work	<p>Kitchen:</p> <ul style="list-style-type: none"><input type="checkbox"/> Drain is blocked or clogged<input type="checkbox"/> Plumbing has a visible leak<input type="checkbox"/> No hot water<input type="checkbox"/> No cold water<input type="checkbox"/> Range hood does not work<input type="checkbox"/> Range hood has blockages<input type="checkbox"/> The refrigerator is missing<input type="checkbox"/> The refrigerator is inoperable<input type="checkbox"/> The seal on the refrigerator is damaged <p>HVAC System:</p> <ul style="list-style-type: none"><input type="checkbox"/> Rusted or Corroded unit<input type="checkbox"/> System is not working<input type="checkbox"/> Filters need cleaning<input type="checkbox"/> Exhaust ventilation system is rusted, blocked, misaligned, etc. <p>Unit Miscellaneous:</p> <ul style="list-style-type: none"><input type="checkbox"/> There are water leaks or corrosion present near electrical systems<input type="checkbox"/> There are leaks at the water heater<input type="checkbox"/> The windows are missing, cracked, or broken<input type="checkbox"/> There is unvented space near combustion appliances<input type="checkbox"/> Heating and cooling units do not maintain proper temperature <p>Building/Community Miscellaneous:</p> <ul style="list-style-type: none"><input type="checkbox"/> There are fire ants in the children's play area<input type="checkbox"/> There is standing water on the property<input type="checkbox"/> There are water leaks throughout the building (multi-family units)<input type="checkbox"/> There is improper ventilation for fuel-fired equipment (multi-family units)<input type="checkbox"/> The fuel supply has leaks<input type="checkbox"/> The boiler/pump has leaks<input type="checkbox"/> Trash collection areas are not clean<input type="checkbox"/> Smoking areas are not clean
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Child Health Housing Transfer Form – Part B
NEIGHBORHOOD ASSESSMENT

PART 1: APPLICANT INFORMATION

Applicant Name: _____

Unit Address: _____

Applicant Signature: _____ **Date:** _____

PART 2: GENERAL NEIGHBORHOOD INFORMATION

Neighborhood Name: _____

Zip Code(s) in Neighborhood: _____

PART 3: STATISTICAL NEIGHBORHOOD ASSESSMENT (Please indicate where you found this information)

Violent Crime Rate: _____

Source: _____

Drug Crime Rate: _____

Source: _____

PART 4: ANECDOTAL NEIGHBORHOOD ASSESMENT

Do you feel like there are safe parks, playgrounds, and open spaces in your neighborhood?

MANY PLACES FEW PLACES NO PLACES

Do you let your child(ren) play outdoors or walk to school?

OFTEN SOMETIMES RARELY NEVER

Do you have access to healthy and affordable food in your neighborhood?

EASY ACCESS LIMITED ACCESS NO ACCESS

Is there ample availability of child care or after school care in your neighborhood?

VERY AVAILABLE SEMI-AVAILABLE NOT AVAILABLE

MEDICAL VERIFICATION FORM INSTRUCTIONS

Please give these instructions to the medical professional you are asking to complete this form.

Children in poverty-concentrated neighborhoods are at risk for poor health due to their housing situation. This is due to a variety of concerns, including the presence of allergens in the house, excessive moisture, lack of proper ventilation, and safety concerns which make it difficult to play outside. The [INSERT NAME OF HOUSING AUTHORITY] has established a limited admissions preference for the Section 8 Housing Choice Voucher program for families with children living in unhealthy housing or neighborhood conditions. This form will assist staff in identifying children with medical problems that may be related to unhealthy housing or neighborhood conditions.

WHO CAN FILL OUT THIS FORM: This form may be completed by any health care provider who is licensed to practice in [STATE]. A health care provider includes doctors, nurses, nurse practitioners, psychologists, and psychiatrists, among others. Please call the [HA NAME] at [PHONE NUMBER] if you are unsure if you are qualified to complete this form.

WHAT VERIFICATION MEANS: The family asking you to fill out this form feels that a child in their household suffers from a medical condition likely related to their housing condition. Please examine the child and/or the child's records to confirm this to the best of your knowledge.

KINDS OF CONDITIONS VERIFIED: Below is a non-exhaustive list of conditions that are possibly related to housing conditions. These are merely examples, and the medical professional is encouraged to use his or her best judgment and experience to identify any possible medical condition related to housing.

LISTS OF CONDITIONS:

- Allergies
- Anxiety
- Asthma
- Carbon Monoxide Poisoning
- Conduct Disorder
- Depression
- Diarrhea
- Dysentery
- Influenza
- Lead Poisoning
- Obesity
- Oppositional Defiance Disorder
- Weight Problems

Child Health Housing Transfer Form – Part C
MEDICAL VERIFICATION

PART 1: APPLICANT INFORMATION

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

PART 2: VERIFIER INFORMATION

Name: _____ Position: _____

Place of Employment: _____

Address: _____

Telephone: _____

PART 3: MEDICAL VERIFICATION

1) Does this child have a medical condition that may have been caused by housing environment or local neighborhood conditions? (Please see attached list of example conditions)

YES

NO

UNSURE

2) Please describe the symptoms of this medical condition.

3) In your opinion, would this child's health have a chance of improvement if the family was moved to a different neighborhood?

YES

NO

UNSURE

4) Please describe how different housing could help improve this child's health.

Signature of Verifier: _____ Date: _____

APPENDIX B -- Model Child Health Admission Preference

Child Health Preference

The [NAME] Housing Authority shall give [high point value] to families with children, defined as any household member under the age of 18, who have a medical condition due to unhealthy housing.

(1) Definition of Unhealthy Housing:

A housing unit or neighborhood that contains qualities that are harmful to children's mental and physical health. Such qualities include: cockroach presence, lead paint presence, water/mold damage, unsafe neighborhoods, among many others. This, by no means, is an exhaustive list.

(2) Types of Medical Conditions Accepted:

Medical conditions children may have that are attributable to unhealthy housing include asthma, allergies, obesity, and anxiety, among many others. This, by no means, is an exhaustive list.

(3) Verification Required:

- (i) A certified housing inspector or government agent must inspect the housing unit and fill out Part A of the Child Health Transfer Form.
- (ii) Tenants must fill out Part B of the Child Health Transfer Form, using appropriate sources, to indicate neighborhood health.
- (iii) A child's medical condition must be documented by a certified medical professional (either mental or physical) by completing Part C of the Child Health Transfer Form.

APPENDIX C – Model Child Health Transfer Preference

PRIORITY TRANSFERS

Child Health Transfer [This preference would likely be grouped with medical related transfers, including reasonable accommodations.]

Families may apply for a transfer if a housing unit or neighborhood contains qualities that are harmful to children’s mental and physical health.

(1) Definition of Unhealthy Housing:

Unhealthy housing includes qualities such as: cockroach presence, lead paint presence, water/mold damage, unsafe neighborhoods, among many others. This, by no means, is an exhaustive list.

(2) Types of Medical Conditions Accepted:

Medical conditions children may have that are attributable to unhealthy housing include asthma, allergies, obesity, and anxiety, among many others. This, by no means, is an exhaustive list.

(3) Verification Required:

- (iv) A certified housing inspector or government agent must inspect the housing unit and fill out Part A of the Child Health Transfer Form.
- (v) Tenants must fill out Part B of the Child Health Transfer Form, using appropriate sources, to indicate neighborhood health.
- (vi) A child’s medical condition must be documented by a certified medical professional (either mental or physical) by completing Part C of the Child Health Transfer Form.