

THE IMPACT OF POOR HOUSING CONDITIONS ON THE HEALTH OF ASTHMATIC NEW YORKERS



A REPORT BY THE COALITION FOR ASTHMA-FREE HOMES

American Lung Association of the City of New York
Fifth Avenue Committee
Make the Road New York
New York Immigration Coalition
Northern Manhattan Improvement Corporation
Urban Justice Center
WE ACT for Environmental Justice, Inc.

Summary

There is an undeniable relationship between poor housing conditions and asthma. Strong evidence suggests that cockroaches are the leading asthma trigger found in the homes of asthmatic New Yorkers. Other serious asthma triggers such as mold and rodents also thrive in the same deteriorated conditions that cause cockroach infestations. A housing code enforcement system that does not recognize the link between asthma and housing conditions leaves asthmatic New Yorkers stuck in homes where they are unable to breathe. Intro 750, The Asthma Free Housing Act, would greatly improve the City's code enforcement system to reduce indoor allergens in asthmatic tenants' homes.

The Coalition for Asthma Free Homes

In 2007, community and advocacy organizations formed the Coalition for Asthma Free Homes (CAFH) in order to advocate for solutions to reduce indoor asthma triggers in New York City. CAFH's steering committee consists of the American Lung Association in New York, Fifth Avenue Committee, Make the Road New York, New York Immigration Coalition, Northern Manhattan Improvement Corporation, Urban Justice Center, and We Act for Environmental Justice.

Asthma in New York City

Asthma is a chronic disease characterized by recurrent attacks of breathlessness and wheezing. During an asthma attack, the lining of the bronchial tubes swell, causing the airways to narrow and reducing the flow of air into and out of the lungs.¹ A person suffering from asthma can experience sleeplessness, daytime fatigue, reduced activity levels which might result in school and work absenteeism. Asthma is the leading Chronic Disease affecting U.S. children.² The National Health Interview Survey, the tool developed to help identify asthma prevalence across the nation, revealed that in 2006, 34 million people had lifetime asthma.³ Of those living with asthma, 28.9 percent were children under 18 years and 71 percent were adults.⁴

New York City has one of the highest asthma rates in the country. Asthma hospitalizations in the city are higher than anywhere else in the nation.⁵ In 2003, approximately 17 percent of children in New York City, 320,000 children, were diagnosed with asthma. According to the New York City Department of Health and Mental Hygiene (DHMH), asthma is the leading cause of school absences and the most common cause of hospitalization in the city.⁶

Asthma Disproportionately Impacts the Poor and Minorities

Elizabeth Mendoza lives in Sunset Park Brooklyn. Her home was infested with roaches, mice, and mold. Her daughter and niece suffer from chronic asthma. When her doctor told her that the two young girls were allergic to roaches and mice she went to ask her landlord for repairs. A further inspection revealed lead

¹ World Health Organization, *Chronic Respiratory Diseases*, <http://www.who.int/respiratory/asthma/en/> (accessed March 18, 2009)

² Mayris P. Webber, DrPH; Kelly E. Carpiello, MA; Tosan Oruwariye, MD, MPH; Yungtai Lo, PhD; William B. Burton, PhD & David K. Appel, MD, *Burden of Asthma in Inner-city elementary Schoolchildren: Do School-Based Health Centers Make a Difference?*, 126 Arch. Pediatr. Adolesc. Med. Vol 157 (Feb., 2003)

³ This is determined through the question "Has your doctor or other health professional ever told you that you had asthma?"

⁴ Centers for Disease Control and Prevention, *2006 Asthma Data*, 2007, <http://www.cdc.gov/asthma/nhis/06/data.htm> (accessed March 19, 2009).

⁵ Schwarz AG, McVeigh KH, Matte T, Goodman A, Kass D & Kerker B., *Childhood Asthma in New York City*, NYC Vital Signs (2008)

⁶ Id.

paint on the window frames. Despite these immediate threats to her family's health, her landlord did not complete repairs. She then decided to take the landlord to court. Despite her efforts at following the correct procedure, Ms. Mendoza and her family lived with lead paint and a multitude of asthma triggers for four more months before any repairs were made. Two years later the mice and roach problem persists.

Luisa Mejia lives in Bushwick, Brooklyn. Her son, her daughter, her granddaughter, and Ms. Mejia all have severe asthma. Ms. Mejia was recently hospitalized for several days in Woodhull Hospital for an asthma attack. The deplorable housing conditions in her building exacerbate her and her families' asthma. There is a lot of mold in her bathroom. The landlord refuses to fix the leak that causes the mold. Instead, he sends workers to merely paint over the mold. After a few weeks the mold comes back again. There is also a major roach and mice infestation in the building. During the past two years, Ms. Mejia has sued her landlord several times in Housing Court in order to try to get repairs made in her apartment. However, her landlord still has not corrected the mold and vermin violations that trigger her families' asthma.

The stories of Luisa Mejia and Elizabeth Mendoza are all too familiar to thousands of asthmatic New Yorkers. In New York City, low-income people of color have the highest incidence of asthma. About 22 percent of children in low-income neighborhoods have asthma, compared to 14 percent in high-income neighborhoods.⁷ Asthma hospitalizations also vary according to the income level of the neighborhood. In 2003, 4.8 out of every 100 children with asthma from low-income neighborhoods were hospitalized, compared to 2.3 out of 100 children from high-income neighborhoods.⁸ The outcomes are similar for adults. 15 percent of low-income adults are diagnosed with asthma as compared to only 10.8 percent of high-income adults.⁹

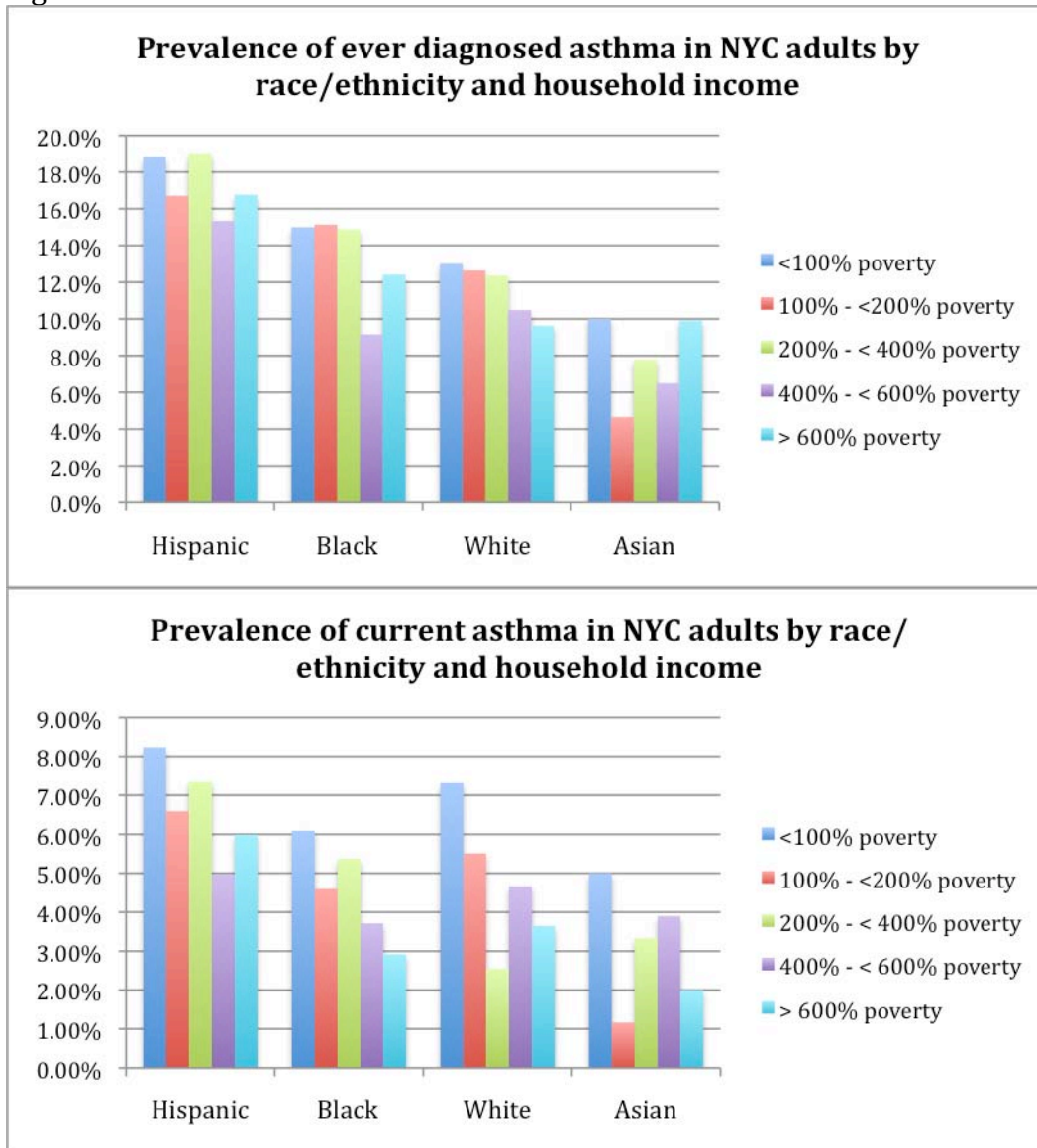
⁷ Id.

⁸ Id.

⁹ Id.

According to the most recent 2007 Community Health Survey, the disparate impact of asthma on the poor and minorities is not improving. Low-income Hispanics reported the highest rates of asthma in 2007. (Fig. 1)

Figure 1



Source: DHMH, Community Health Survey 2007

The Impact of Housing Conditions on Asthma

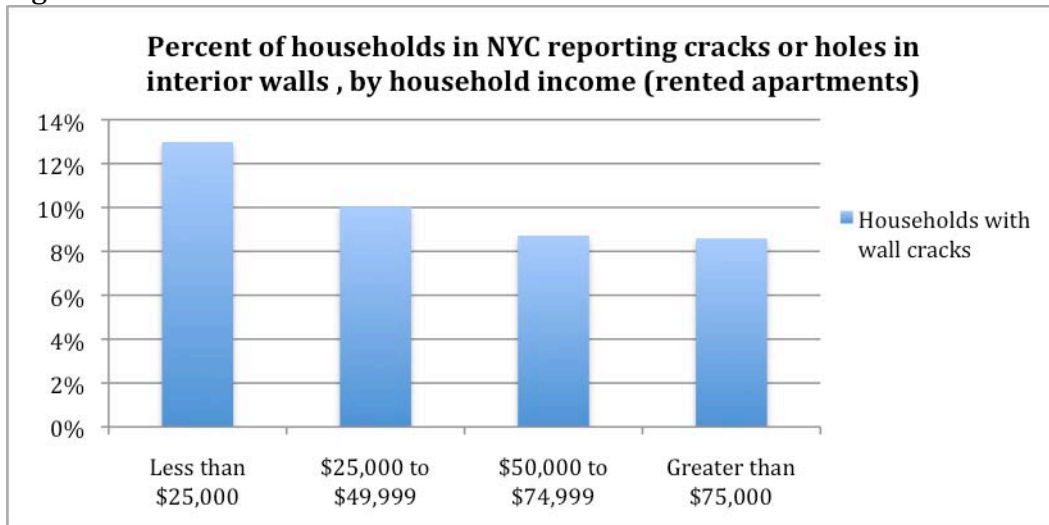
While there is lack of scientific consensus regarding the cause of asthma, it is clear that close to 80 percent of asthma in children is “allergic asthma” -asthma that is activated or triggered by exposure to allergens.¹⁰ There is strong evidence suggesting that the following allergens exacerbate asthma: Environmental Tobacco

¹⁰ Aliyah Baruchin, *Tracking an Urban Plague*, The New York Times (August 29, 2007)

Smoke, Outdoor Air Pollution, Cat Dander, Dust Mites, Cockroaches, Rodents, and Mold.¹¹ Most of these triggers are conditions present in homes. Studies have also established that there is a clear relationship between bad housing conditions and asthma prevalence. A study of public housing residents found that the rate of doctor-diagnosed asthma was 25 percent in children residing in deteriorated housing compared with only 8 percent in other housing.¹²

Deteriorated housing conditions are often characterized by the presence of cracks and holes in the interior walls of apartments. In New York City, these conditions are worst amongst low-income tenants. (Fig. 2)

Figure 2



Source: US Census Bureau, New York City House and Vacancy Survey 2008.

These poor housing conditions create the perfect environment for the proliferation of cockroaches. A study found that out of three different types of allergens (cockroaches, dust mites and cat dander) cockroaches were the most significantly related to asthma hospitalizations. In this study, the hospitalization rate for children who were allergic to cockroaches and were exposed to them was 3.4 times higher than the rest of the children¹³ that participated in this study.

Another study from 2005, involving children from different cities across the country, measured the relationship between cockroach infestations, asthma symptoms, and missed school days. This study found that children from the Bronx had both the highest sensitivity to cockroaches, and also the highest exposure

¹¹ Patterson at 3

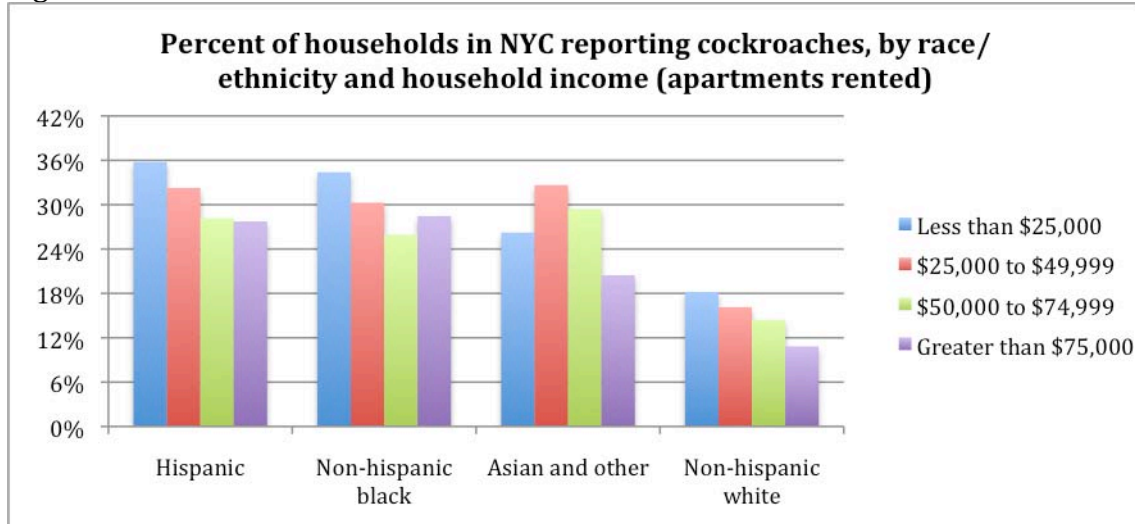
¹² Howell E, Harris LE, Popkin SJ., *The health status of Hope VI public housing residents*, 273–285 J Health Care Poor Underserved. 16 2005.

¹³ The remainder group of children were: children without allergy to cockroach and a low exposure to the allergen, children without allergy to cockroach and high exposure levels, children with allergy to cockroach and low exposure levels.

levels to this allergen. The study also showed that children who were sensitized and exposed to the allergen had significantly more asthma symptoms and missed more school days.¹⁴

The following graph shows a broad disparity in cockroach presence as related to the race, ethnicity, and incomes of New Yorkers.

Figure 2.



Source: US Census Bureau, New York City House and Vacancy Survey 2008.

While the problem of cockroach infestations is widespread, the problem is more severe in low-income neighborhoods in upper Manhattan, Brooklyn and the Bronx. (Appendix A)

Current City Code Fails to Protect Asthmatic Tenants

Asthmatic tenants are currently unable to get their landlords to properly repair deplorable housing conditions that trigger their asthma. A 2006 survey of low-income tenants in Brooklyn revealed that one third of the tenants were living with asthma, 57 percent complained of cockroach infestations, 41 percent had mouse infestations, and 27 percent complained of mold. Among the survey respondents who pursued complaints in housing court, less than 25 percent were able to get their housing problems fixed within six months of their complaint. 61 percent of those who pursued complaints had no repairs ever made to their apartment.¹⁵

One of the main reasons why deplorable housing conditions in asthmatic tenants' homes are not being fixed is because asthma triggers are seldom classified as serious housing violations, Class C violations, which present an immediate threat to the health of tenants. Currently, the Department of Housing Preservation and

¹⁴Ansley Roche, *Roaches to Blame for Asthma in Inner Cities*, <http://www.healthylivingnyc.com/article/124>, (accessed March 18 2009)

¹⁵ La Unión de la Comunidad Latina, *Health and Housing Report*, 5 (May, 2006)

Development (HPD) classifies mice and cockroach infestations as Class B or Class A violations. HPD will only classify mold hazards as Class C violations if there is more than 25 square feet of mold present in a tenant's apartment. Because the majority of mice, cockroach, and mold violations are considered Class B or Class A violations, landlords have longer periods of time to repair the violations and suffer far less severe penalties than if HPD classifies these conditions as constituting Class C violations.

Another reason why landlords do not properly remediate cockroaches, mice infestations, and mold is because there are no regulations that require landlords to address the underlying causes of these deplorable housing conditions. In addition, HPD does not allow for advocacy from medical professionals on behalf of asthmatic tenants experiencing harmful housing conditions. According to Peter Meacher MD, Medical Director of the South Bronx Health Center for Children and Families, doctors are already writing prescriptions and letters to landlords asking them to address issues that are making patients sick. "In over three quarters of cases where patients have asthma, they also tell me that they have serious housing issues, so doctors in our clinic often will write prescriptions for repairs" says Dr. Meacher.¹⁶ Landlords, therefore, are not moved to respond to doctors' requests for repairs any differently than requests from tenants.

The Right Framework, But Not Enough

Existing mold remediation guidelines and best practices in pest management are the right framework to improve the housing conditions of asthmatics. However, more needs to be done to address asthma triggers found in the homes of asthmatic New Yorkers. In the Public Advocate's 2006 report, *Unhealthy Exposure: Mold In New York City Homes*, she emphasizes that, while DHMH has issued guidelines for the proper remediation of mold (*Guidelines on Assessment and Remediation of Fungi in Indoor Environments*) which are widely recognized as state of the art, they do not have the status of regulations and are thus unenforceable. Because there are no set regulations for proper mold remediation, landlords are currently allowed to remove mold violations by merely painting over mold or cleaning it with bleach.

On the pest management front, the system known as Indoor Pest Management (IPM) has been widely used by DHMH for years as a comprehensive solution to health issues for over a one thousand apartments each year. In December, 2008 , DHMH issued new regulations on IPM use which sets the framework for IPM, but does not require using IPM for privately owned housing in New York City. Current regulations also allow landlords to combat pest infestations by merely spraying harmful toxins in people's homes once a month rather than repairing the fundamental causes of pest infestations, such as leaking pipes or holes in walls and floors. New York City has recognized that IPM is the best way to resolve infestation problems, but has failed to require private owned to use IPM. In addition, the New York City Housing Authority has moved towards using IPM in its housing units as

¹⁶ Id. at 12

well. It is apparent from the study of IPM and the use of pesticides that the State of New York must adopt regulations to limit the use of toxic pesticides that do not limit the number of vermin. Instead, using IPM can limit infestation over a prolonged period of time. The State must regulate the use of pesticides to reduce their use in the home, create a statewide comprehensive IPM system, and protect families with asthma and other susceptible illnesses.

The Asthma Free Housing Act

The Coalition for Asthma Free Homes offers a solution: Intro 750, The Asthma Free Housing Act. Intro 750 seeks to improve our existing code enforcement system in order to reduce indoor allergen hazards that can trigger asthma in dwellings where “susceptible persons” reside -- i.e., persons who have disclosed that they have medically diagnosed asthma, COPD (emphysema), or lung cancer. In this Act, apartments with susceptible persons in residence would have to be maintained free of specified indoor allergen hazards: mold and pest infestations.

Under Intro 750, landlords would be required to inspect dwellings where susceptible persons live for mold and pest infestations and correct them promptly and safely.

The City, primarily in response to complaints, would inspect for indoor allergen hazards in dwellings of susceptible persons and underlying building defects likely to cause indoor allergen hazards. The City would be mandated to promptly correct these violations when a landlord doesn't (similar to lead paint hazards).

Landlords would be obligated to inquire whether a susceptible person resides in a dwelling and, if so, conduct an inspection on an annual basis, or more often if necessary, for indoor allergen hazards. They would be required to look for mold and pest infestations, and underlying conditions that may cause these conditions, such as water leaks and pest entryways (holes and cracks), and promptly correct any hazards. Landlords would give written notice to tenants of the landlord's obligation to inspect and repair indoor allergen hazards and the tenant's obligation to provide access.

When HPD inspects, it would inquire whether a susceptible person resides in an apartment. If so, the inspector would make a thorough inspection for indoor allergen hazards and evidence of underlying defects. HPD would issue a class C immediately hazardous violation for indoor allergen hazards in dwelling units with identified susceptible persons. In addition, even in apartments without susceptible persons, visible mold would be a B hazardous violation, and a C violation if in excess of 10 square feet in any one room or 50 square feet in total; similar provisions would apply to common areas of multiple dwellings. Landlords would also be required to correct indoor allergen hazards and underlying defects upon turnover of vacant apartments.

After HPD would serve a violation, landlords would have 21 days to make repairs using safe work practices. DHMH and HPD would determine what these safe work practices would be. If a landlord would require more time to make the repairs,

HPD would be able to extend their compliance time limit for up to 60 days in certain circumstances. However, when, , a landlord fails to comply with a notice of violation, HPD would be responsible for correcting the violation.

The DHMH and HPD would create a system to allow health professionals -- upon consent of their patients with asthma -- to request the DHMH to investigate possible indoor allergen hazards. This would include both referrals to HPD for investigation, and DHMH investigations of other indoor allergens, such as hidden mold that might fall outside the scope of HPD investigations. Where DHMH finds such hazards, it would order correction within 21 days. If the landlord does not correct the violation in a timely manner, then the DHMH would refer to the apartment to HPD to have the violation promptly corrected

Removal of indoor allergen hazards would be done according to rules to be established by HPD with the approval of DHMH. These measures would include training requirements and occupant protection measures. DHMH would inspect for unsafe remediation of mold hazards.

DHMH would also develop a pamphlet in English and other appropriate languages (as specified in the Mayor's Executive Order 120) about the appropriate procedures for correcting indoor allergen hazards. The pamphlet would be made available to the general public, and distributed to tenants when HPD or DHMH cites a violation.

HPD and DHMH would collect appropriate data to gauge the law's implementation by the City and the usefulness of this approach and annually report to the Council about their findings.

Conclusion


The City Council should pass the Asthma Free Housing Act in order to drastically improve the lives of asthmatic New Yorkers. A code enforcement system that does not recognize the link between asthma and housing conditions leaves asthmatic New Yorkers stuck in homes where they are unable to breathe. On April, 2008, The Asthma Free Homes Act was introduced as a much needed alternative to improve the housing conditions of asthmatic tenants. This bill would greatly improve the City's code enforcement system to reduce indoor allergens in asthmatic tenants' homes.

APPENDIX A


Percent of Households with Cockroaches by Sub-borough


Data Source: Housing & Vacancy Survey, 2008


Legend

 Sub-borough Areas

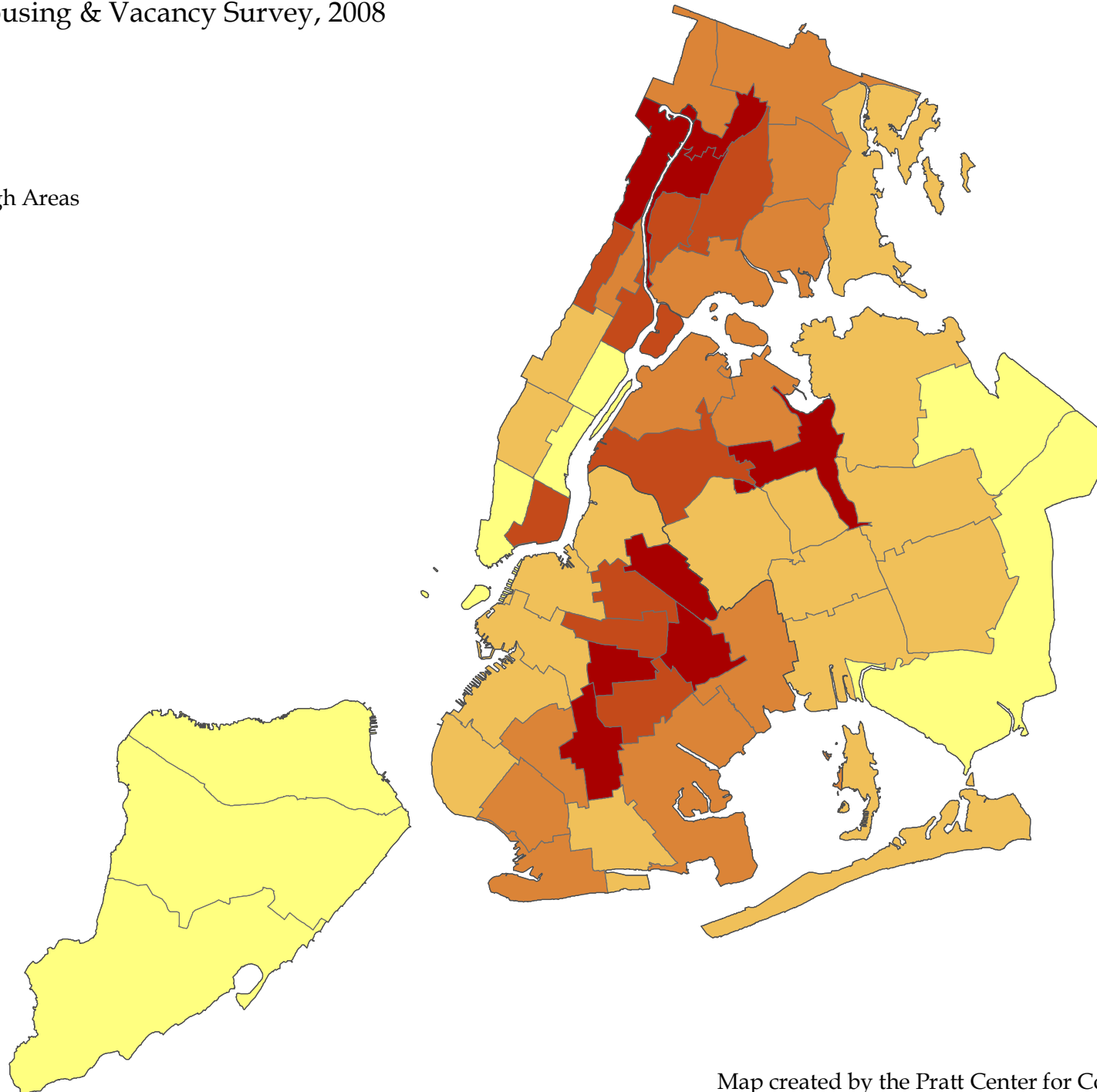
 0% - 12%

 13% - 25%

 26% - 37%

 38% - 49%

 50% - 61%



A large, light blue graphic of human lungs is centered on a dark blue background. The graphic shows the bronchial tree and the lobes of the lungs, rendered in a simplified, stylized manner.

American Lung Association of the City of New York
116 John Street, 30th Fl. New York, NY 10038
Tel: 212-889-3370

Fifth Avenue Committee
621 Degraw St. Brooklyn, NY 11217
Tel: 718-237-2017 x 118 Email: aguerra@fifthave.org

Make the Road New York
301 Grove Street Brooklyn, NY 11237
Tel: 718-418-7690 x231 Email: Jesse.Goldman@maketheroadny.org
Jesse Goldman

Northern Manhattan Improvement Corporation
76 Wadsworth Avenue New York, NY 10033
Tel: 212-822-8300

The New York Immigration Coalition
137-139 W. 25th Street, 12th Fl. New York, NY 10001
Tel: 212-627-2227 Fax: 212-627-9314

Urban Justice Center
123 William Street, 16th Fl. New York, NY 10038
Tel: 646-602-5600

WE ACT for Environmental Justice, Inc. (WE ACT)
271 West 125th Street, Suite 308 New York, NY 10027
Tel: 212-961-1000 Fax: 212-961-1015