

Asthma and Social Justice

How to Get Remediation Done

Johnna S. Murphy, BA, Megan T. Sandel, MD, MPH

Given the compelling evidence that conditions within the home can worsen asthma symptoms, creating access to housing inspections and other legal services in the healthcare setting can be an effective way of addressing asthma risks related to the home. The systematic review¹ published in this supplement to the *American Journal of Preventive Medicine* found that multicomponent, home-based interventions with an environmental focus might be effective in improving overall quality of life for children with asthma. Health issues relating to housing conditions require a multidisciplinary approach, and we suggest that this approach stretch beyond the scope of traditional medicine. Partnerships among the healthcare, legal, public health, and housing community can effectively reduce asthma-related hazards within the home.

This commentary will discuss how enforcing housing codes can help alleviate asthma symptoms and reduce disparities. Given the difficulty and hesitance of renters to navigate the legal community, we call for collaborations between healthcare communities and legal, housing, and public health services. Finally, we highlight two successful models that effectively reduce housing-related hazards and improve asthma symptoms: the Medical Legal Partnership model and the Breathe Easy at Home program in Boston, both of which are programs designed to improve access and communication between medical homes for children with asthma and agencies able to enforce housing codes.

Asthma Disparities and the Environment

Children living in poverty experience higher rates of asthma across all ethnic groups, and black children experience higher rates of asthma than white children.^{2,3} Children of low-income and racial minorities with asthma also have more severe disease than their white, higher-income peers. Although we do not yet entirely understand the causes of this disparity, environmental factors

are thought to play an important role. Children living in low-income, substandard housing are exposed to more asthma triggers such as cockroaches,⁴ rodents, and mold.⁵ Rising utility prices force families into a decision of whether to “heat or eat,” leading to exacerbation of asthma-related health problems.⁶ Many of these housing-related health concerns represent unlawful violation of tenant rights. Therefore, enforcement of environmental and housing-related laws can serve as both a preventive and a therapeutic approach for people with asthma, and create social justice by ending disparities.

Using Housing Codes for Social Justice

State and local housing codes are designed to ensure a safe and sanitary home for residents by governing the construction and condition of residential properties. Although these codes vary between states and municipalities, landlords must follow the provision of both state and local housing codes. If these codes are ignored, they carry legal penalties.

Many of these laws, when abided by, can reduce triggers that may be causing asthma symptoms. For example, sanitary codes require that residential owners maintain proper kitchen facilities, a supply of hot water, and adequate heating and lighting. These are all important steps in reducing mold and rodents. Enforcement of such laws is the responsibility of public agencies that perform inspection services and housing courts.

The legal nature of many of the previously mentioned housing problems suggests that the law can be useful and often necessary to secure healthy housing for children with asthma. Tenants have the right to complain to state and local code-enforcement agencies when landlords do not address violations. However, low-income tenants living in substandard housing are not always aware of their right to a safe and healthy home. Defending one's right to an adequate home often requires financial resources, legal information, time, and energy, which are often scarce among the poor. Therefore, increasing access to legal services is necessary to ensure healthy housing for people with asthma. The frequent communication and trust within the healthcare community, combined with the medical nature of housing problems, makes medical settings the ideal bridge to such aid. The following models have been successful in establishing effective communi-

From the Department of General Pediatrics, Boston Medical Center (Murphy); and the National Center for Medical-Legal Partnership, Boston University School of Medicine (Sandel), Boston, Massachusetts

Address correspondence to: Johnna S. Murphy, BA, Department of General Pediatrics, Vose Hall, 3rd Floor, 88 East Newton Street, Boston MA 02118. E-mail: johnna.murphy@bmc.org

0749-3797/\$17.00

doi: 10.1016/j.amepre.2011.05.006

cation and advocacy among families, healthcare teams, and legal professionals in order to reduce housing-related health hazards.

The Medical–Legal Partnership Model

The medical–legal partnership (MLP) model brings legal services into the healthcare setting to address legal needs. Housing is an important and adverse social condition with legal remedy. In some housing cases, legal advice or representation might be needed to advocate for residents. While many landlords meet their legal obligations to maintain their rental property, others avoid their responsibilities until they are threatened with legal action. Lawyers can both advise their clients to act within the guidelines of the law and, when necessary, place demands on landlords and management companies to deal with unfavorable housing conditions.

A primary objective of MLP is to provide patients with free legal assistance to address environmental hazards that, if corrected, would improve the health of the child with asthma. The partnership between clinical and legal staff established through MLP facilitates the identification and correction of potential legal barriers to individual and family health. Attorneys and paralegals train healthcare providers to recognize the connections between unmet legal needs and health and to develop screening questions for patients. If needed, patients are referred to an on-site MLP lawyer who works to enforce the patient's rights and meet the basic needs of the individual or family. Using legal form letters for clinicians to ask landlords to change conditions is an example of how MLP can address housing conditions.

The Breathe Easy at Home Program in Boston

The Breathe Easy at Home (BEAH) program is a collaboration among several agencies within the city of Boston including the Inspectional Services Department Housing Inspection Division, Boston Medical Center, Boston Public Health Commission, and local community health centers. This program allows healthcare professionals to refer patients with asthma for housing inspections if they suspect that substandard housing conditions may be triggering a child's asthma at home. The program was developed to ensure that inspections, where warranted, are performed quickly and that any follow-up inspections are performed to make sure substandard conditions are resolved. By utilizing a shared website, healthcare professionals can track children through the inspection, viola-

tion preparation, re-inspections, and housing court systems. It also improves communication among the medical, public health, and housing communities in hopes of reducing substandard conditions and making children healthier. In a pilot evaluation study, families who participated in BEAH reported a decrease in asthma severity and a general overall improvement in health.

Linking healthcare and the law provides a way for asthma patients to access both justice and better health. However, low-income renters are often not accustomed to accessing the legal system to secure housing health. They are accustomed to utilizing the healthcare system more frequently; this makes the healthcare community the ideal gatekeeper for legal issues that might affect asthma. Collaboration between a healthcare provider and legal services may be very effective in documenting and addressing the health effects of substandard housing and the actions for the landlord to comply with code and improve asthma for vulnerable populations.

Publication of this article was supported by the Centers for Disease Control and Prevention through a Cooperative Agreement with the Association for Prevention Teaching and Research award # 07-NCHM-03.

No financial disclosures were reported by the authors of this paper.

References

1. Crocker DD, Kinyota S, Dumitru GG, et al. Effectiveness of home-based, multi-trigger, multicomponent interventions with an environmental focus for reducing asthma morbidity: a Community Guide systematic review. *Am J Prev Med* 2011;41(2S1): S5–S32.
2. Weitzman M, Gortmaker S, Sobol A. Racial, social, and environmental risks for childhood asthma. *Am J Dis Chil* 1990; 144:1189–94.
3. Schwartz J, Gold D, Dockery DW, et al. Predictors of asthma and persistent wheeze in a national sample of children in the US: association with social class, perinatal events and race. *Am Rev Respir Dis* 1990;142:555–62.
4. Rosenstreich DL, Eggleston P, Kattan M, et al. The role of cockroach allergy and exposure to cockroach allergen in causing morbidity in inner-city children with asthma. *N Engl J Med* 1997;336:1356–63.
5. Morgan WJ, Crain EF, Gruchalla RS, et al. Results of a home-based environmental intervention among urban children with asthma. *N Engl J Med* 2004;351:1068–80.
6. Frank DA, Neault NB, Skalicky A. Heat or eat: the low income home energy assistance program and nutritional and health risks among children less than 3 years of age. *Pediatrics* 2006; 118:1293–302.