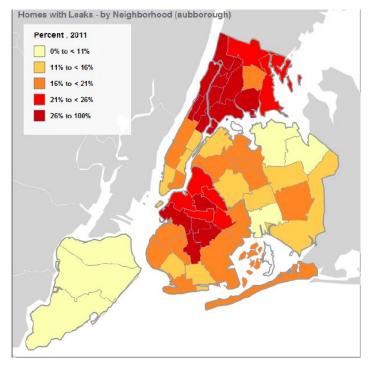
R_x for Asthma: Healthy, Affordable Housing

Asthma is an environmental disease characterized by chronic lung inflammation and episodes of airway constriction. Nationally, about 1 in 11 children have asthma, but in some low-income areas of New York City, the childhood asthma rate is 1 in 4. Indoor health hazards directly contribute to the high asthma prevalence in NYC, and the average person spends 90% of their time indoors. Indoor levels of pollutants may be 2 to 5 times higher than outdoor pollutant levels. The coalition has a prescription to address asthma and asthma disparities: healthy, affordable housing.

Poor Housing Conditions Lead to Increased Asthma Attacks

Housing deficiencies, such as wall holes or cracks, and water leaks, may predispose homes to infestations of cockroaches, rodents or mold, which are common triggers for asthma attacks and other respiratory problems.

- 3x more households in high poverty areas report three or more maintenance deficiencies compared to households classified as low poverty.^{vii}
- 28.7% of high poverty homes have water leaks; compared to only 14.7% of low poverty homes in NYC.^{vii}
- Mold growth conditions in residential housing have been cited by the Environmental Protection Agency (EPA), the NYC Department of Health and Mental Hygiene, (DOHMH), the US Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) as being a significant environmental exposure factor associated with the allergic responses that provoke asthma attacks.^{vi}
- NYC DOHMH recognizes that rodent and cockroach infestations are significant allergens, and that homes in disrepair are nearly twice as likely to have an occupant with asthma, as the disrepair tends to lead to vermin infestation.



Social Impact of Asthma

Asthma disproportionately affects communities of color and low-income neighborhoods.viii

- Children living in high poverty endure 4x more hospitalizations for asthma than children living in low poverty. vii
- For children aged 12 and younger with asthma, 18% are Black and 17% Hispanic compared to the 5% that are White.^x
- Each year, students and workers with asthma missed approximately 10.5 million school days and 14.2 million work days respectively.^x

Economic Impact of Asthma

"For many patients, a prescription for housing or food is the most powerful one that a physician could write, with health effects far exceeding those of most medications."

- New York State Department of Health estimates the annual cost of asthma in the state to be \$1.3 billion in direct medical costs and lost productivity. Hospitalizations account for \$660 million of those costs.x
- Mothers of asthmatic children are more than twice as likely as mothers of children with other disabilities to be unemployed.xi
- For a child without asthma, medical expenses average \$618 a year; for a child with asthma they average \$1,042.xii

Our Prescription: The Asthma-Free Housing Act of 2014

The Asthma-Free Housing Act of 2014, Intro 385, which would:

- Prioritize prevention measures in homes of susceptible persons those with diagnosed asthma, COPD, or lung cancer.
- Require Landlords to inspect for Indoor Allergen Hazards and correct them and their causes using approved methods.
- Require HPD to inspect for Indoor Allergen Hazards and their causes, and issue appropriate violations.
- In homes of persons susceptible, require HPD to correct violations for Indoor Allergen Hazards where Landlords fail to do so promptly.
- Create a system for physician referrals for housing inspections by the City for patients with asthma.
- Codify safe and effective work practices for remediation of mold hazards.

The Coalition for Asthma Free Housing



Columbia study explores asthma triggers, neighborhood disparities, Columbia Spectator, 2010

Questions About Your Community: Indoor Air, EPA, 2013

iv New York City Environmental & Health Data Portal, Office of the Mayor, 2013

v Asthma, CCCEH, 2014

vi New York City Department of Housing Preservation and Development, "Protocols for Mold Inspection, Mold Clean-up and Occupant and Worker Protection"

vii NYC Vital Signs, NYCDOHMH Dec. 2005 (Vol. 4 No. 3)

viii Preventing and Treating Childhood Asthma in NYC, NYC DOHMH, 2012 is Housing as Health Care — New York's Boundary-Crossing Experiment, NEJM, 2013

^{*} The Prevalence and Cost of Asthma in New York State, Office of the State Comptroller, 2014
** The Economic Costs of Childhood Disability, Future of Children, 2012

xii Out-of-pocket medication costs and use of medications and health care services among children with asthma, IAMA, 2012