



**Comments on the National Prevention and Health Promotion Strategy  
Draft Vision, Goals, Strategic Directions, and Recommendations  
January 12, 2011**

**Background**

The National Safe and Healthy Housing Coalition (the Coalition) is a broad, voluntary, non-dues coalition of organizations working to improve housing conditions nationwide, especially for low-income families, through education and outreach to key national stakeholders and federal public decision-makers. The Coalition was formed in 2009 to bring together the leaders of prominent nonprofits and agencies in housing, public health, property management, environment, energy efficiency, home ownership, and community development to develop and implement a *National Healthy Housing Action Plan* that emanated from the first-ever National Healthy Housing Summit, held in Washington, D.C. on May 7, 2009. It is guided by a 17-member Steering Committee that is chaired by the National Center for Healthy Housing. The members of the Coalition noted at the end of this document respectfully submit these comments.

The National Safe and Healthy Housing Coalition commends the National Prevention and Health Promotion Council for emphasizing the built environment in the draft strategic directions and recommendations of the National Prevention and Health Promotion Strategy. There is growing recognition that “place” is a critical determinant of health and should be a priority in terms of public health intervention.<sup>i</sup> Additionally, disparities in access to safe and healthy homes may be linked to many health disparities among low-income populations, minority populations, and populations with disabilities,<sup>ii</sup> making healthy housing a key strategy for reducing health disparities in the United States. The Coalition identified eleven ways to strengthen the draft strategic directions and recommendations to enhance their current focus on the need for safe and healthy housing and communities.

**Recommendations for Strengthening the Healthy Physical, Social and Economic Environment  
Strategic Direction**

Programs implemented under the Healthy Physical and Social Environment Strategic Direction should focus on high-impact, comprehensive strategies for preventing housing-related health problems. Unhealthy housing adds billions to health care costs. Housing conditions, including mold, dust mites, and cockroaches are associated with asthma, and each year 2 million persons make emergency room visits for asthma. Toxic substances such as lead, formaldehyde, and pesticides contribute to cancer risks, impair children’s development, and cause other health problems. Each year, over 13 million non-fatal home injuries occur in the United States; nearly 3,000 people die in house fires. Radon is the second leading cause of lung cancer in the country. The National Prevention and Health Promotion Council has an opportunity to address these preventable negative health outcomes through the National Prevention Strategy. We recommend prioritizing the following activities:

1. **Secure Medicaid and Medicare reimbursement for asthma education for self management in the clinic and home, as well as reducing environmental triggers in the home.** The following resources, prepared by the Asthma Regional Council of New England and the University of Massachusetts - Lowell, are grounded in analysis of the research literature and provide valuable and accessible information on best practices for asthma reimbursement:



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- i. *Investing in Best Practices for Asthma: A Business Case* reviews the science on cost-effectiveness of interventions for asthma that address education for self-management and reducing environmental triggers and concludes that these interventions improve health outcomes and reduce the use of high-cost services (Available at: <http://asthmaregionalcouncil.org/uploads/Asthma%20Management/Investing%20in%20Best%20Practices%20fo%20Asthma-A%20Business%20Case%20%20August%202010%20Update.pdf>)
  - ii. *Insurance Coverage for Asthma: A Value and Quality Checklist for Purchasers of Insurance (2010)* is a guide for payers and purchasers describing services and supplies that should be covered for people with asthma (Available at: [http://asthmaregionalcouncil.org/uploads/Asthma%20Management/Insurance\\_Check\\_Sheet\\_Employers\\_2010.pdf](http://asthmaregionalcouncil.org/uploads/Asthma%20Management/Insurance_Check_Sheet_Employers_2010.pdf)).
2. **Use established and proven tools for incorporating health into community design and planning efforts.** The Healthy Development Measurement Tool is an existing tool that explicitly connects public health to urban development and planning. The tool contains three main elements, including: (1) over 100 indicators that can be used to evaluate baseline conditions at neighborhood, planning area, and city levels and assist in ongoing monitoring; (2) a “Healthy Development” checklist to assess the impact of proposed land use development on community health; and (3) model policies and design strategies policy-makers, urban planners, and developers can use to create healthy communities (<http://www.thehdmtool.org/>). Additionally, Health Impact Assessments can be used to assess unanticipated costs and risks to development proposals and can help to ensure that the health of communities is prioritized in decision making (<http://www.cdc.gov/healthyplaces/hia.htm>).
3. **Identify healthy housing as a priority activity under the Community Transformation Grants Program** as a key way to decrease health disparities and develop policy, environmental, programmatic, and infrastructure changes to support healthy communities.
4. **Expand on the existing capacity of Centers for Disease Control and Prevention-funded lead poisoning, asthma, and injury programs** to develop and support comprehensive healthy housing programs at local and state levels.
5. **Integrate health into housing codes** to ensure that appropriate standards and enforcement mechanisms exist to prevent health hazards in the home environment.
6. **Ensure that public and private agencies conducting in-home visits (such as nurses and community health workers) are cross-trained** to provide healthy homes visual assessments and referrals for their clients.

### Additional Recommendations for Strengthening the Draft Strategic Directions and Recommendations

1. **Expand the language of the draft goal statements to emphasize the role of social determinants in preventing individuals and families from being healthy.** Nearly 6 million families in the United States live in housing with severe structural deficiencies, including broken



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heating and plumbing, leaking roofs, infestations, and crumbling foundations<sup>iii</sup> out of financial necessity, and nearly 8 million people in the United States live in neighborhoods in which at least 40% of the residents live below the federal poverty threshold.<sup>iv</sup> We recommend that the Council consider broadening the goal statements to acknowledge the structural barriers that reduce choices for our highest risk families.

2. **Include a recommendation under the Tobacco-Free Living Strategic Direction to explore and encourage smoke free housing policies that balance the need to protect residents from environmental tobacco smoke and the need to protect vulnerable tenants who smoke from eviction.** Approximately 25% of children and 7% of nonsmoking adults in the United States live with a smoker.<sup>v</sup> A 2006 Surgeon General's report on involuntary exposure to tobacco smoke determined that second hand smoke "is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults."<sup>vi</sup> We recommend the Council promote responsible policies and programs to create smoke free housing that simultaneously protect smokers from displacement from their existing housing. Strategies include ready access to smoking cessation programs, targeted relocation, and counseling/mediation.
3. **Acknowledge and address neighborhood safety as a barrier to active lifestyles and healthy homes.** Providing increased access to and opportunities for physical activity is critical to promoting active lifestyles. However, the Active Lifestyles Strategic Direction must also develop programs and policies to improve neighborhood safety and reduce barriers among residents to using the new transportation networks and spaces proposed in the draft recommendations. Crime, a sad reality of life in some neighborhoods, keeps too many residents indoors and keeps their windows closed.
4. **Ensure that the Injury-Free Living Strategic Direction includes home injury prevention for children.** Over half of the unintentional injury deaths among children 15 years or younger occur at home.<sup>vii</sup> These injuries include falls, residential fires, burns and scalds, poisonings, and carbon monoxide exposure. While the draft strategic directions and recommendations clearly acknowledge the need to address unintentional injuries, the recommendations focus primarily on falls among the elderly and injuries outside of the home. We recommend strengthening its focus by adding attention to children and including prevention of burns, scalds, strangulation, drowning and other accidental residential injuries as well as falls. These intervention strategies have the potential for a major impact. For example, the mere presence of a working smoke alarm in a home reduces the risk of death from fires by 50 percent.<sup>viii</sup>
5. **Broaden the focus of the Mental and Emotional Wellbeing Strategic Direction to acknowledge the role of the built environment in mental and emotional wellbeing.** We encourage the Council to consider broadening the focus of this strategic direction to incorporate built environment elements related to mental health. There is a growing research base linking elements of the built environment, including noise, limited access to green space, and housing quality to negative mental health outcomes.

We are available to support the Council as it moves forward in the development of the National Prevention and Health Promotion Strategy, and thank the Council for considering these comments. Please contact Ruth Lindberg at [rlindberg@nchh.org](mailto:rlindberg@nchh.org) or 202-580-7208 if we can be of assistance.

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[www.nchh.org/Policy/National-Safe-and-Healthy-Housing-Coalition.aspx](http://www.nchh.org/Policy/National-Safe-and-Healthy-Housing-Coalition.aspx)



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Asthma Regional Council of New England  
Bureau of Healthy Homes, Baltimore City Health Department  
CommonHealth ACTION  
Health Resources in Action  
Omaha Healthy Kids Alliance  
National Center for Healthy Housing  
Sustainable Resources Center

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<sup>i</sup> U.S. Department of Health and Human Services (2009). The Surgeon General's Call to Action to Promote Healthy Homes. U.S. Department of Health and Human Services, Office of the Surgeon General.

<sup>ii</sup> Ibid

<sup>iii</sup> National Center for Healthy Housing. State of Healthy Housing (<http://www.nchh.org/Policy/State-of-Healthy-Housing.aspx>).

<sup>iv</sup> Berube A and Katz B (2005). Katrina's Window: Confronting Concentrated Poverty Across America. The Brookings Institution, Washington D.C.

<sup>v</sup> U.S. Department of Health and Human Services (2007). Secondhand Smoke Exposure in the Home – Fact Sheet. <http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet4.html>.

<sup>vi</sup> U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, Office of the Surgeon General.

<sup>vii</sup> Nagaraja J, Menkedick J, Phelan K, Ashley P, Zhang X, Lanphear B (2005). Deaths from residential injuries in US children and adolescents, 1985-1997. *Pediatrics* 116 (2): 454-461.

<sup>viii</sup> Ahrens M (1997). The US Experience With Smoke Detectors and Other Fire Detectors. Quincy, MA: National Fire Protection Association.