

Health in Housing Information for the USA

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**Form to collect information about health in housing in those countries which form the
InterAmerican Network of Housing Health Centers (HIH)**

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1 Introduction

Generally indicate the policies of the country with respect to social housing, housing-related health problems and the function of HIH and the topic of your interest as an area of work.

The issue of health in housing is somewhat complex in the United States of America. At first glance, the system that administers it appears overgrown and unwieldy. However, the web of collaborations between governmental and non-governmental organizations, across various disciplines, is essential to effectively address this issue. It is important to recognize the variety of contexts through which health in housing affects our citizens.

Legal and Governmental Context:

The system of governance in the United States is organized in a hierarchy of vertical relations with the Federal level situated at the top. Next below this resides the usual power of the State, but in the case of the US this power and authority is divided among the 50 States. The States are in turn subdivided into Counties that are composed of Municipal (city, town, village) corporations. In theory, responsibilities and powers of each level are distinct yet complimentary. There are intentional *functional linkages* up from local (city, county) to state and federal levels, and vice versa. The degree to which these functional linkages work effectively varies by area of policy; some are efficient, some less so:

- Federal government often provides enabling legislation, plus funding support
- State governments implement policy, develop some of their own policy, and delegate to localities
- Local Counties generally implement the health and welfare policies of their States; they act as the agents of the State in the absence of direct State intervention
- Local Municipalities (City/Town/Village) provide ordinances (local laws), specifically building codes and land-use regulations.

The purpose for the divisions presented above is to place responsibilities in the hands of those most competent. In addition, the 14th Amendment of the U.S. Constitution provides a very important “Equal Protection Clause” :

Amendment XIV. Section. 1. All persons born or naturalized in the United States and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

When applied to the issue of Health in Housing, this Amendment ensures that health and housing laws cover everyone. It strives for the reallocation of Federal government resources such that poor states have access to the same housing and health services as wealthier states

The role of the State, then, is to distribute these resources and provide a means by which the Federal mandate becomes a reality. The State is to look after the health of its citizens by controlling the use and disposal of hazardous substances and abating public health hazards. The role of the County is to act for the State in the absence of the State. It brings the State to a local setting in the form of County departments of welfare or social services, such as a County Medical Center (hospital) or County Home and Infirmary (which provides health *and* housing in one entity). Thus, local health protection is mandated by the State but administered by and through the County. The cost of such services is defrayed in part by Federal revenue-sharing funds, in part by State revenues re-distributed to localities, and in part by local County taxes. On behalf of the State, each County enforces a public health code, largely regulating standards of water quality, air quality, treatment of sewage and discharge of post-treated effluent, and standards of sanitation which render publicly- and privately-owned buildings habitable (or condemn them to be demolished as a threat to public health and safety).

The Municipality provides land use control through local laws and ordinances (codes). Over time, these Local building codes have evolved into uniform national Building Codes, which most States have

adopted. They strive to provide the appropriate parameters for safe and secure structures designed for human occupancy and use¹.

Finally, having explained briefly the US theory of government, it is important to note an issue that can be observed in US health and housing *practices*. At each level of government described above, there is functional separation of policy areas one from another, within the same “horizontal” layer of government. Put more simply, at the Federal level the Department of Health and Human Services is a separate agency from the Federal Department of Housing and Urban Development. This same functional separation is mirrored at the State and Local government levels. While HIH researchers see a direct connection between health and housing, the US structure of government compartmentalizes these concerns, often leading to jurisdictional disputes between agencies, and a less than cooperative work arrangement.

Taxation

In order to explain the HIH system in the USA, it is important to note that a so-called “progressive” tax system exists in the US. Individuals, families, and the vast majority of business corporations pay a certain percentage of their income to local, county, state and federal governments in the form of taxes. In theory, the more they make, the more they pay in taxes (up to a limit). The money collected is then used to fund the various programs supported by different government entities; among them are housing and health-related agencies (for more information, tax data are compiled by the Internal Revenue Service of the Treasury Department). Note that in addition to tax revenues, federal, state, and local governments in the US also raise revenues through the imposition of Fees.

It is not possible in a short essay to explain the complexities of the US tax system as they affect either health or housing. Suffice it to say that States are under no obligation to fund aspects of public policy in the same way or to the same extent as other states. For precisely this reason, rural regions of a state may suffer differentially from poverty, poor health, and inadequate housing while richer urban areas in the same state fare much better.

Role of the Private Sector in Health and Housing Issues

While the government provides direct health care for the poor, indigent and elderly through the public health system, it is also involved in another capacity: by law the government regulates and sets standards for health care providers in the private sector. (As noted above, this is an outgrowth of the XIVth amendment to the US Constitution.)

The primary ways in which US governments regulate care include:

- establishment of standards of professional education, training, and competence of medical personnel via examination and licensing of all doctors, nurses, and related technicians
- establishment of standards for operation of hospitals, licensing of same, and conduct of regular compliance inspections
- establishment and enforcement of standards of public health, including testing of public water supplies, vaccination of populations against communicable diseases, etc.
- federal emergency aid, disaster preparedness, etc. in event of floods, fires, earthquakes, and other natural disasters
- state and local government regulation of disposal of sewage, sewage treatment, solid waste (garbage) disposal, incineration, air pollution, disposal of hazardous (toxic) materials, etc.
- tax-supported public health insurance of medical/hospital costs, so that individual private physicians and hospitals have no excuse to deny access to care to the poor and needy (although at the date of this writing, this system is experiencing tremendous pressure, and is in danger of collapse).
- **Private Health Care** suppliers, such as Health Management Organizations (HMOs) provide a group of doctors who are privately paid by their customers. The role of government is to certify and license these private physicians and other health care givers. Furthermore, entities including the Food and Drug Administration regulate the administering of substances, i.e. medications, and make recommendations for daily nutritional intake.

The role of the Government with respect to housing is to provide public housing for the poor and indigent and those who would not be able to procure housing without government subsidies. For example, the

unemployed are often rejected for mortgage loans because banks see them as too risky to invest in. Thus the government steps in to fill the gap and meet their needs.

- **Private Housing** suppliers include agents such as home builders (often called “contractors’), and real estate agents and brokers. The majority of people in the US rely on the private housing market to procure their housing. In this context, the government asserts itself in the form of codes, zoning, county health codes, licensing of real estate brokers and others.

Ultimately, federal funds and guidelines related to social housing, health coverage, etc. provide a means from which state and local governments and agencies determine how housing and health issues are addressed at their respective levels.

Indicate the adopted strategy for collection of the present information and very generally indicate the methodology of information analysis.

Forthwith is a collection of health and housing policy resources at Federal through Local levels. Given the unique characteristics of individual state and local policies, it is impossible to present every single policy in practice and its corresponding agency in the USA. Thus the following collection is only a sample taken from various governmental and non-governmental agency websites, journal articles, the U.S. Census and the Statistical Abstract of the USA.

2 National Politics of the Development of Housing

“The Federal Housing Administration (FHA), a wholly owned government corporation, was established under the National Housing Act of 1934 to improve housing standards and conditions; to provide an adequate home financing system through insurance of mortgages; and to stabilize the mortgage market. FHA was consolidated into the newly established Department of Housing and Urban Development (HUD) in 1965.” (<http://www.hud.gov/fha/fhaabout.html>)

Housing in urban and rural areas

HUD’s mission is to ensure “decent, safe, and sanitary home and suitable living environment for every American.” (<http://www.hud.gov/fha/fhaabout.html>) HUD is accomplishing this through providing grants (Federal Block Grant program) and educational programs in urban and rural areas throughout the nation, and adhering to codes such as Code of Federal Regulations Title 24 Sec. 5.703 Physical condition standards for HUD housing that is decent, safe, sanitary and in good repair (DSS/GR) (http://www.hudclips.org/sub_nonhud/cgi/hudclips.cgi).

The FHA also offers mortgage insurance for healthcare facilities, namely hospitals, group practice facilities, nursing homes and assisted living facilities which serve as community anchors that provide jobs and health care services to underserved populations.

Mention the housing dispositions and purposes so as to illustrate the legal tools for the development of HIH.

In developed, industrialized nations, i.e. the USA, housing is the most expensive commodity that a household procures (Price, 2000). The U.S. Federal Government subsidizes the construction of housing for the poor and indigent. Specific guidelines and regulations determine the design and materials used in the construction and maintenance of these buildings. At one time, the Federal Government created a system by which it funded 80% of construction costs for public housing and the Local Government paid 20% (Housing Act of 1937). Today, recognizing the deductibility of interest on home mortgages by the Internal Revenue Service, one could argue that ALL housing is subsidized in one sense or another – either directly or indirectly. Given that housing policy and construction money are decided by local entities within Federal guidelines, occupancy of public housing is also issued by the local entity (municipality) based on its own set of criteria within Federal guidelines.

Within this system is a formula for Quality Control that ensures that products used in housing correspond to specific health requirements. For example, plumbing and septic installations must be certified as having met the regulations stipulated by the Local governments within the Federal guidelinesⁱⁱ. Housing Inspectors examine public housing units to verify that minimum standards are maintainedⁱⁱⁱ. The use of materials such as lead paint and asbestos has been virtually eliminated. Placement of housing, through licensing and zoning ordinances, is another means of controlling the risk to occupant health.

3 Social and Cultural Factors Related to Housing

Factors for the differential development of the regions

There are several factors to consider when looking at the social and cultural makeup of regions within the USA:

- Rural versus Urban settings
- North v. South
- East v. West
- Climate: prone to storms, drastic seasons, heat/cold, precipitation, wind
- Geography: distance from water table, soil character (permeability, rocks)
- Demography/Race/Wealth

Describe the factors of housing related to ecological and culturally differentiated zones.

Keeping the above characteristics in mind, one can understand the existence of site/need-specific housing in ecological and culturally differentiated zones. Building materials, for example, depend on what is appropriate given a person's economic standing, climate, geography, etc. Items such as storm windows, are found predominantly in the North, where the climate requires them. Wall thickness may be determined by climate, age of the building, materials used, etc, as well as the existence of dirt versus concrete floors in a basement *if* there is a basement. Shapes of houses – roof styles, upward or outward expansion, amount of lawn area if any – are also predetermined by the abovementioned factors. As mentioned earlier, these local housing/building codes in recent decades have converged, as increasing numbers of U.S. state governments have adopted standardized, nationally-recognized uniform health and life safety codes.

Areas of recent assent (emphasis), how it is in urban and rural areas, and mention the causes of this assent.

The area of emphasis in U.S. Housing has been an effort in increasing affordability of housing and house ownership. This has been executed primarily through a variety of HUD programs. Admittedly, there has not been much work in Housing as a result of the political climate in the U.S. Twelve years of conservative Republican presidents (Reagan and Bush) followed by eight years of a Republican-controlled Congress have resulted in very little progress in the area of Housing as funding has become a source of contention.

Healthcare has become an issue of major policy debate in the U.S. In the last 15 years, persistent concern has been expressed over the rising cost of healthcare. Indeed, as recently as five years ago, healthcare represented 12% of U.S. GDP (Price 2000). This high cost has resulted in a movement toward "managed care" under which private health insurance companies have increased control of medical procedures in an attempt to contain costs. The net result has been twofold:

- a. There has been an emergence and increased importance of Health Management Organizations (HMOs) which function as large medical group practices embracing multiple medical specialties. Doctors are induced to join HMOs because payment is guaranteed.
- b. Local communities have witnessed unprecedented, widescale mergers and consolidation of hospitals and medical centers in an attempt to gain efficiency through economies of scale.

As the debate over healthcare policy continues, predictions of future policies in this area are difficult to make. President Clinton's Democratic administration has pushed the cause of universal healthcare coverage but, similar to the case of housing mentioned above, the public policy in this area has been thwarted by a Republican-controlled Congress and budget.

4 Factors of Health Related to Housing

Factors of health related to housing in the various differentially developed regions

Extremes pose health hazards, whereas the mean is less challenged and less at risk.

- The issue of isolation, for example, poses difficulty in providing sufficient health and housing services. The thirteen states of Appalachia and other impoverished areas struggle to supply provisions such as basic indoor plumbing and health clinics. Consequently, the Appalachian Regional Commission was established by Congress in 1965 to support economic and social development in “Appalachia, a 200,000-square-mile region that follows the spine of the Appalachian Mountains from southern New York to northern Mississippi.” (<http://www.arc.gov/>).

In the rural states of North Dakota, Wyoming and Nevada, a pilot program is being conducted featuring a smart-card “Health Passport” – a credit card-like plate with a microchip that stores a patient’s medical information and allows selective access to certain people, i.e. full access to the card owner and primary-care provider with limited access to administrative employees (secretary). (civic.com journal, 2000)

- At the other extreme, the issue of density in large urban areas, like New York City, poses risks such as the easy spread of disease, rodents and other pests, etc. This is where regulation through zoning ordinances combined with the presence of such agencies as the County health department and the Centers for Disease Control have been important mechanisms for the virtual elimination of many disease vectors in and around housing.

Factors of health related to housing in socially and ecologically different zones

Given the size of the U.S. and the variety of socially and ecologically different zones, even within a single state, the following offers just a handful of factors considered in health and housing. Flooding and other natural disasters often result in ecologically-specific stipulations for insurance purposes. Septic systems and other housing infrastructures have requirements for certain soil types and distance from the water table, road, etc. Health concerns related to pests, i.e. insects, lizards, snakes, rodents, which are found in certain climates and ecological zones, influence housing in the form of certain housing items, such as window screens, to minimize the risk to an occupant’s health.

Factors of health related to housing in areas of recent ascent

- Condition of affordable housing, i.e. the existence of dangerous substances such as lead-based paint and asbestos in older homes
- Condition and availability of infrastructure – roads, fresh water, sewage and waste treatment, electricity, etc.
- Overcrowding and the spread of disease

Include the principle causes of the ascent

With respect to healthcare, the concern over increasing costs and the debate over universal coverage stem from a variety of issues. Perhaps the most striking causes include the high costs of medication that elderly people often incur, as well as the lack of coverage for so many of the nation’s children. For example, “more than 11.5 million children in the U.S. have no health insurance, mostly because their families can’t afford it. But, for about 4.7 million of these children — more than 40 percent — comprehensive coverage is available for free *already* through the Medicaid program. And, coverage for many children who aren’t eligible for Medicaid may soon be available for free or at low cost through Medicaid expansions or new state child health insurance programs financed by the new federal child health block grant.” (<http://www.cbpp.org/shsh/>)

With respect to housing, the lack of affordable housing has been the focus of many housing projects. The condition and location of existing housing is an additional area of concern.

In each region, zone, and area, include the information on basic sanitation, social aspects, which affect the population, violence, drug addiction, etc.

Zoning and building codes have a strong impact on an area's population. Fire codes require a certain number of exits in a structure. There are also requirements of height and windows with respect to living quarters in a basement and regulations on the number of occupants allowed in a place in order to prevent overcrowding and the health issues related to that. Handicap accessibility is another factor to consider. Proximity to industrial zones, dumps/landfills, and other sites that produce unpleasant smells, are unsightly, etc. raises issues of environmental justice with respect to location of certain groups and how it affects rates of depression, substance abuse, levels of cancer, and other social and health concerns.

When Industrial pollution exceeds the State's capacity the Federal government steps in to help. In 1980, the U.S. Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) established the Hazardous Substance Response Trust Fund, better known as the Superfund. The purpose of this program is to provide Federal oversight and resources in the identification and remediation of contaminated sites that pose health risks to humans and the environment. In the 1970s, the residential neighborhood of Love Canal in Niagara Falls, NY attracted attention when it was discovered that the residents were literally living on top of a chemical waste disposal site. This was responsible for "disturbing findings of cell aberrations and implications of increased risks of cancer, birth defects, and spontaneous abortion" (NY Department of Health, 1978 as cited in Page 1997). With the help of Superfund, this and many other sites have been remediated.

5 The Population and Housing

By region, zone, and area that have been defined:

-Compile the information on the size and structure of the population

The U.S. Census gathers a variety of information from the federal level all the way to a specific census tract (the area of a couple city blocks) and publishes it for the public's perusal. It can be accessed in hard copy (book form) or online at the following website: <http://www.census.gov/>

-Compile the information on the number of housing developments and their categories

The U.S. Census (<http://www.census.gov/>) provides information on numbers of occupants living in public housing, apartments, houses, whether the occupant is renting or owns, etc. There is also data available concerning access to indoor/sanitary plumbing and the number of persons per room. However, the Census does not gather data on the quality and condition of housing, rather that is determined by housing code inspectors in accordance to local ordinances.

6 Politics and Development Programs

By region, zone, and area that have been defined:

-Compile and mention the local arrangements of housing

In the U.S., local arrangements of housing often reflect such factors as ethnic clusters, socio-economic stature, occupation, education, etc. The type of housing, from apartments to houses rented, owned, subsidized, as well as lot size all reflect these. The U.S. Census provides data on this.

-Compile the information on development programs

HUD is a valuable resource for information on development programs throughout the nation, from the idea and funding stage up through completion. Individual States and communities also provide information specific to projects in their area. The National Town Meeting for a Sustainable America website provides a list of best practices and exemplary communities and projects (<http://www.sustainableusa.org/>).

7 Institutions that Work on Housing, Health, and Development

By defined regions, zones, and areas, compile the information about the institutions that work on the development of housing, health, or central development

Federal:

- U.S. Department of Health and Human Services Agencies (<http://www.os.dhhs.gov/>):
 - Office of the Secretary
 - Administration for Children and Families
 - Administration on Aging
 - Agency for Healthcare Research and Quality
 - Agency for Toxic Substances and Disease Registry
 - Centers for Disease Control and Prevention – Among CDC programs, there is recognition of health issues specific to “high-risk” populations, such as Appalachia where coronary heart disease is prevalent. There are prevention program efforts that focus on pinpointed areas such as Harlem, the Southwest, Appalachia, etc. CDC’s National Prevention Research Network is a collaboration with academic and community groups to increase the effectiveness of disease control and prevention in the USA.
 - Food and Drug Administration
 - Health Care Financing Administration (Medicare and Medicaid)
 - Health Resources and Services Administration
 - Indian Health Service – Responsible for providing federal health services to American Indians and Alaska Natives. Currently, IHS provides health services to approximately 1.5 million American Indians and Alaska Natives who belong to more than 557 federally recognized tribes in 34 states (www.ihs.gov). Recently, however, the tribes have begun to take over the hospitals that were once run by IHS (NPR report).
 - National Institutes of Health - Comprised of 25 separate Institutes and Centers with a budget of more than \$15.6 billion in 1999. Distribution of money through grants and contracts – NIH grantees are located in every State in the country (NIH Brochure).
 - Program Support Center
 - Substance Abuse and Mental Health Services Administration
- US Military and Department of Veterans Affairs (<http://www.va.gov/>) Veteran’s Administration Hospitals: In October 1996, Congress passed Public Law 104-262, the *Veterans’ Health Care Eligibility Reform Act of 1996*. This legislation paved the way for the creation of a Uniform Benefits Package - a standard enhanced health benefits plan available to all enrolled veterans. The Law also simplified the process by which veterans can receive services.

Public Law 104-262 was enacted to simplify the rules for providing health care to veterans and to introduce improvements in the quality and timeliness of the care you receive. Like other standard health care plans, the Uniform Benefits Package emphasizes preventive and primary care, offering a full range of outpatient and inpatient services.

- Social Security Administration (<http://www.ssa.gov/>) There are five major categories of benefits paid for through U.S. Social Security taxes: retirement, disability, family benefits, survivors and Medicare.
- US Surgeon General – Administers the U.S. Public Health Service Commissioned Corps (a division of HHS); educates the public about prevalent health issues; articulates health policy analysis and advice (Virtual Office of the Surgeon General: <http://www.surgeongeneral.gov/>).
- The Bureau of Indian Affairs’ mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American

Indians, Indian tribes and Alaska Natives (<http://www.doi.gov/bia/mission.html>). The BIA achieves this through programs related to health, education
Native American Women's Health Education Resource Center
(<gopher://gopher.igc.apc.org/11/orgs/nawherc>)

State:

- The State Department of Health promotes the Federal mandate for health services through activities such as the certification of facilities, the number of beds in hospitals, the number of technology units available (i.e. MRI) and other aspects to control public costs.

County:

- As mentioned in the introduction, the role of the County is to act for the State in the absence of the State; it brings the State to a local setting in the form of County Social Services, such as the County Medical Center and the County Home and Infirmary (which provides health *and* housing in one entity)

Municipality:

- The Municipality provides land use control through local laws and ordinances (codes). See Endnote iii for the example of the City of Los Angeles Housing Department.

Private:

For-Profit:

- **HMOs**
Kaleida Health – In 1998, Children's Hospital merged with Buffalo General Hospital, DeGraff Memorial Hospital, Millard Fillmore Gates and Suburban Hospitals and affiliates to establish Kaleida Health. "Ranking as the 39th largest system of its kind in the United States, Kaleida Health of Western New York has more than 13,000 employees, 1,830 on the medical staff, 1,828 licensed acute-care beds, 557 long-term care beds and 127 behavioral treatment beds. The system is a center for world-renowned research and boasts as members of its staff pioneer specialists in a number of clinical fields...Kaleida Health is 'customer minded' and will exceed the customer's expectations by enhancing overall quality" (<http://www.mfhs.edu/>). This reference to the patient as a "customer" is a prime example of the private, for-profit principle that guides many health care providers in the USA.

Not-for-Profit:

- The Legal Information Institute of Cornell Law School is a resource for various Uniform Codes concerning healthcare and other issues. (<http://www.law.cornell.edu/statutes.html>)
- The *Start Healthy, Stay Healthy* campaign is a national outreach effort conducted by the Center on Budget and Policy Priorities to identify children from low-income working families who may be eligible for free or low-cost health insurance programs. The campaign also promotes coordination between newly enacted state child health insurance programs and Medicaid to ensure that children are not in danger of being left without coverage (<http://www.cbpp.org/shsh/>).
- The National Fair Housing Advocate is a project of the Tennessee Fair Housing Council designed to lobby for non-discriminatory housing practices and provide a forum for fair housing principles (<http://www.fairhousing.com/index.htm>).

8 Advances and Achievements

Mention according to the defined regions, zones, and areas, the advances and achievements of the past five years.

In the past few years there has been a succession of redevelopment/revitalization projects in various cities and towns across the nation. Philadelphia, Chattanooga, Cleveland offer examples of cities that experienced economic hardship and have been able to revitalize to improve the health and housing situation in their areas. Chattanooga, Tennessee was once labeled the most polluted city in the United States and today it is a city well on its way toward its goal of sustainability (<http://www.sustainableusa.org/proceedings/>).

Educational efforts with respect to health are offered at a variety of levels from the County's School Nurse program in public schools to community outreach programs provided by universities such as Columbia University's Health Education Program (<http://www.alice.columbia.edu/>).

The Centers for Disease Control website is a good resource for information on disease prevention, suppression and eradication (<http://www.cdc.gov/>). In addition to information specific to the U.S., this site also provides information on other countries.^{iv}

With respect to household hunger a recent report by the US Department of Agriculture's food security measurement project "suggests that the strongest economy in a generation and the continued strength of the nation's nutrition assistance programs have helped most American households achieve or maintain food security." (<http://www.fns.usda.gov/oane/MENU/Published/FSP/FILES/fsecsum.htm>)

HUD, Department of Energy and other government agencies provide information on new building regulations and codes.

9 Analysis of the HIH Situation of the Country

By the defined regions, zones, and areas, produce an analysis of the country's problematic HIH situation

Poverty is perhaps one of the most difficult realities to combat and its effect on the HIH situation in the USA is tremendous. Appalachia, Indian Reservations, areas struggling economically, such as Detroit, MI, parts of the South, the abandoned industrialized northeast, and areas (large and small) within every other zone in the country, as well as zones stricken by natural disasters, all exhibit certain problematic HIH characteristics. However, there are a number of governmental and non-governmental agencies that focus primarily on improving this situation. As challenged areas witness an improvement in their economic and educational circumstances their HIH situation improves as well. Upon the election of the next President and Congress, the HIH situation in the U.S. will inevitably change.

10 Conclusions and Recommendations

ⁱ The Uniform Health and Life Safety Code for buildings that is most widely adopted in the U.S. has too large a number of categories to summarize easily. Thus, the following offers a sample of the building code topics published in the [1996 BOCA National Building Code](#)

- Chapter 3 – “Use or Occupancy” controls the classification of all buildings and structures as to use group.
- Chapter 10 – “Means of Egress” controls the design, construction and arrangement of building elements required to provide a reasonably safe means of egress from all structures.
- Chapter 11 – “Accessibility” controls the design and construction of facilities for accessibility to physically disabled persons.
- Chapter 12 – “Interior Environment” governs the means of light, ventilation, sound transmission control and ratproofing required in all buildings.
- Chapter 34 – “Existing Structures” controls the alteration, repair, addition and change of occupancy of existing structures

Additionally, the “Final Report of HUD Review of Model Building Codes (Final Report)” identifies the variances between the design and construction requirements of the Fair Housing Act and the following four model building codes (<http://www.hud.gov/fhe/modelcodes/>):

International Building Code (IBC)

Uniform Building Code (UBC)

Standard Building Code (SBC)

BOCA National Building Code (BNBC) (<http://www.bocai.org/>)

ⁱⁱ In addition to the Model Building Codes provided above in Endnote i., these codes and standards are also developed and upheld by agencies such as the Department of Energy Office of Building Technology, State and Community Programs (BTS) (http://www.eren.doe.gov/buildings/codes_standards/)

ⁱⁱⁱ For example, to ensure that all residential rental living space with two (2) or more units on parcels within the City of Los Angeles are safe and habitable, the City has developed the Systematic Code Enforcement Program. This program, through systematic inspections, guarantees that those who reside in rental units in Los Angeles have a safe, livable space which meets the City and State codes for habitability” (<http://www.cityofla.org/LAHD/indexsum.htm>).

^{iv} CDC article on Disease Eradication and Health Systems Development
<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/su48a8.htm>