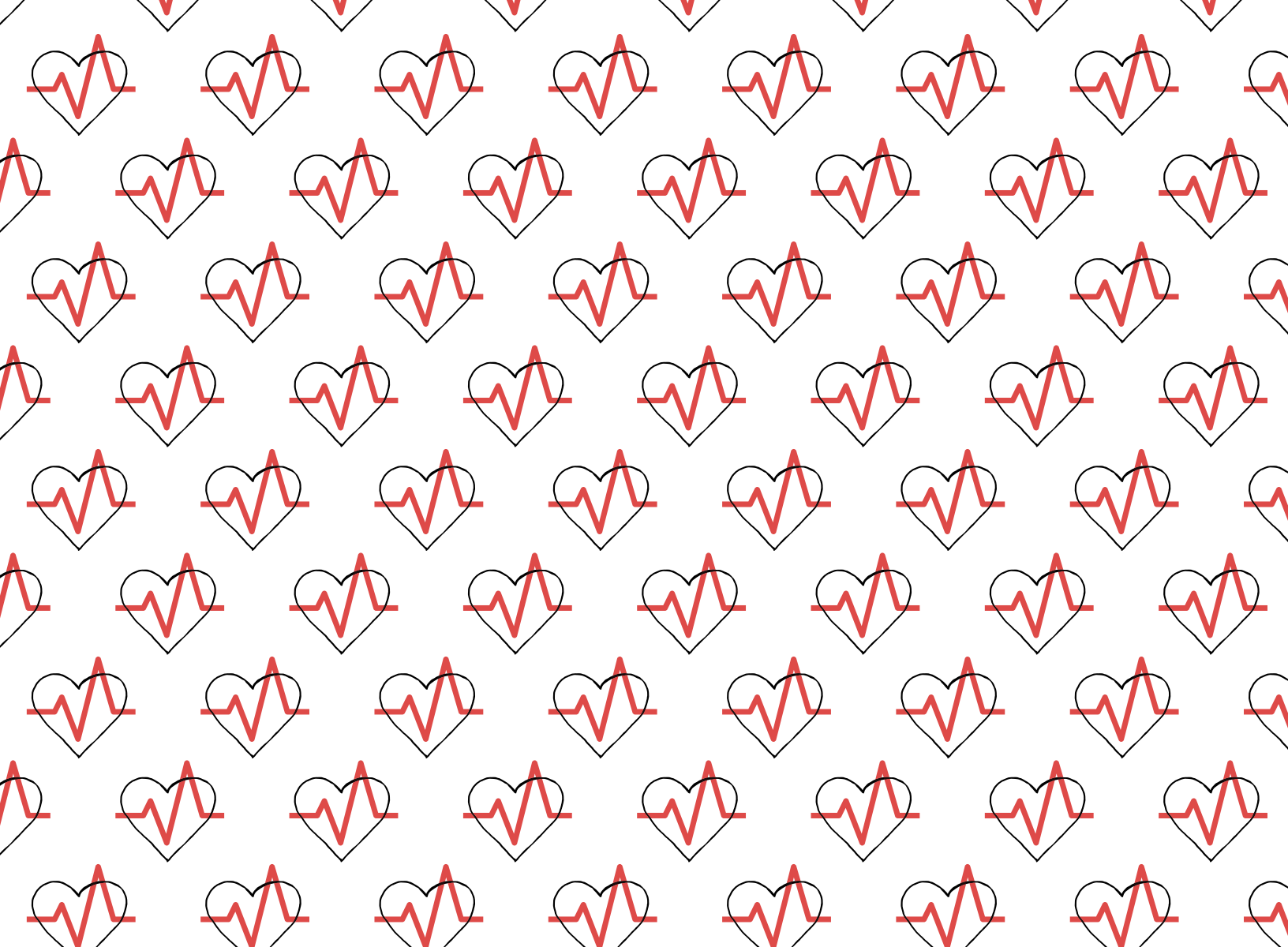
CHPC NEW YORK CITY

NYC'S HOUSING PLAN

A NEW LENS FOR

RX FOR HOUSING: HOUSING IS HEALTHCARE



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ABOUT CHPC

Citizens Housing & Planning Council (CHPC) is a non-profit research and education organization focused on housing policy and planning in New York City. Since our founding in 1937, CHPC's mission has been to develop and advance practical public policies to support the housing stock of the city by better understanding New York's most pressing housing and neighborhood needs.

For more than 80 years, CHPC's research and education work has helped shape public policy to improve the city's housing stock and quality of life in New York City's neighborhoods. A team of expert research staff is led by a diverse board of practitioners in the fields of urban planning, architecture, zoning and land use law, housing finance and development, and community development.

Our work brings clarity to New York City's housing issues by presenting research in relatable and engaging ways. Our agenda is practical and always begins with questions, not answers. It is the data, our analysis, and its relevance to the real world that drive our conclusions.

CITIZENS HOUSING & PLANNING COUNCIL

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RX FOR HOUSING:
HOUSING IS HEALTHCARE
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NYC'S HOUSING PLAN

A NEW LENS FOR

A NEW LENS FOR NYC'S HOUSING PLAN

New York has an extraordinary housing production goal, unparalleled among U.S. cities. Working in partnership with the housing industry, the City has committed to creating and preserving 300,000 affordable apartments by 2026. New York has become a highly efficient factory for generating affordable housing, with each successive housing plan promising an ever-increasing number of units.

Yet housing policy can have a far greater reach beyond developing a certain number of affordable housing units. Housing policy is about social justice, health, economic development, financial opportunity, stability and mobility, neighborhood revitalization, and many other key aspects of social, economic, and urban policy. An exclusive preoccupation with counting the number of affordable housing units can make us lose sight of the core values underpinning our intervention, making it difficult to articulate to communities why the government is building housing in their neighborhoods. Advocates and low-income communities find themselves asking: What is the purpose of this plan? Who is benefiting and how?

When unit-counting is first and foremost, resource allocation and policy priorities are shaped to meet a quantitative goal, rather than to align policy with our values as a city and meet the greatest community needs. Despite the dire conditions of New York City's public housing stock, NYCHA residents have largely been excluded from recent housing plans due to the "unit-counting" lens. Although basement apartment conversions are currently an inefficient and costly way to create new units, streamlining a pathway to conversions would advance financial stability for low-income homeowners and expand affordable housing options for underserved renters.

New York City's current housing plan both benefits and suffers from benefits and suffers from its preoccupation with counting units. Unit-counting is

an effective metric for driving the gears of government towards a singular, clear, quantifiable goal, but loses the broader purpose of housing policy. The range of voices involved in crafting the housing plan has been restricted, and its limited focus has led to growing frustration and sentiment among communities that their needs are not being met.

The next housing plan provides an opportunity for communities and policymakers to widen the discussion, articulate new metrics, and develop a shared vision of housing policy for New York City.

A New Lens for NYC's Housing Plan is an initiative by Citizens Housing and Planning Council (CHPC) to explore this opportunity. CHPC is leading a strategic visioning process to reframe New York City's next housing plan to look beyond a unit goal. Through research, interviews with housing policymakers and practitioners, stakeholder convenings, public events, and publications, CHPC is bringing new voices into the discussion around New York City's housing policy and building excitement around new lenses that housing policy could use. CHPC's multi-pronged engagement series will equip the next generation of policymakers in New York City with a menu of new ideas, approaches, policies and metrics to engage with and build from.

CHPC's A New Lens for NYC's Housing Plan report series aims to demonstrate how the next New York City housing plan could leverage the power of housing policy to advance a wide range of public policy goals, with each publication adopting a different "new lens." First, data and analysis are used to articulate the needs that housing policy through the new lens could serve and the problems that it could help us solve, establishing clearly defined policy goals. The reports then lay out strategies and objectives for policy reform to advance those goals, illuminating what a housing plan through each new lens could look like.

CHPC hopes that by demonstrating the process of identifying needs, establishing goals, and developing strategies to advance them, the New Lens report series will help catalyze discussion around how the next housing plan could help us develop and advance a shared vision for the future. ■

A New Lens for NYC's Housing Plan

A FEMINIST HOUSING PLAN

Housing policy is rarely discussed as a way to address gender inequality or provide an economic safety net for women. How would we measure our success if the next housing plan was explicitly feminist?

RX FOR HOUSING: HOUSING IS HEALTHCARE

Our health and our housing are connected, especially for households living in poverty. What if the goal of the next housing plan was to improve the health of New Yorkers?

HOUSING PLAN FOR RACIAL EQUITY

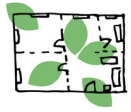
Though the legacy of discriminatory housing policies has persisted for decades, NYC has yet to see a housing policy agenda directly aimed to combat racial inequality.

HOUSING PLAN FOR A CITY OF IMMIGRANTS

The next housing plan could advance opportunity for millions of New Yorkers and align the city's housing policy with its past, present, and future as a city of immigrants.

LGBTQ+ HOUSING POLICY

NYC's housing policies must support the LGBTQ+ New Yorkers that have found community in our city for decades.



A GREEN HOUSING PLAN

A NYC housing plan defined by a bold commitment to green principles would help turn the tide of climate change.

VISIT WWW.CHPCNY.ORG TO LEARN MORE.

HOUSING IS HEALTHCARE

City government's top priority must be the health and well-being of its residents.

Today, New Yorkers enjoy a higher life expectancy than ever before, several years higher than the national average.[1] However, improvements in health outcomes have not been enjoyed equally by all New Yorkers. Decades of health inequities that severely impact New York's poorest communities and communities of color persist. In New York City and throughout the country, a person's zip code determines their health. Preventable illnesses remain widespread, in large part due to poor housing conditions. Meanwhile, COVID-19 has emerged, turning the city into the epicenter of a global pandemic. Now more than ever, New York City must vigorously protect the health of residents today, and promote the health of New Yorkers for decades to come: the urgency of the pandemic as well as longstanding health disparities demand it.

THE HISTORY OF HOUSING POLICY FOR PUBLIC HEALTH IN NEW YORK CITY

Public health concerns were the original driver of government intervention in New York City's housing stock. The city's need for housing policy can be traced back to a document published in 1866, "Council of Hygiene and Public Health," the first report on the housing conditions of poor and working-class New Yorkers.[2] Written more than 150 years ago, the report established the interconnectedness of housing and health and the need for active government involvement in ensuring housing was safe and well-maintained for the sake of our public health. The report focused on the city's most common housing typology: tenements. Tenements were known for housing recent immigrants and the urban poor, and had a reputation for unsafe and unsanitary conditions. Light and air requirements were nonexistent, and "amenities" such as running water, gas, private toilets, and fire escapes were not legally required. Poor housing conditions and overcrowding led to outbreaks of diseases such as cholera, typhoid, and tuberculosis. The 1866 report highlighted these staggering conditions. It noted that 60% of tenement dwellers resided in substandard housing conditions and declared that housing conditions had "become a subject of sanitary inquiry and public concern."[3]

To tackle the spread of infectious diseases and improve the health of residents, state lawmakers passed a series of Tenement Laws in 1867, 1879, and 1901. The first Tenement Law, passed in 1867, required a "window or ventilator" in each sleeping room, a fire escape and a connection to the sewer system for all new tenement buildings, and outlawed cesspools.[4] The Tenement Act of 1879 built on that foundation by requiring a window opening onto a street, yard, or airshaft in every room, as well as one toilet for every two families.[5] However, despite the passage of the 1867 and 1879 laws, existing buildings were not required to enact the vast majority of new housing standards.

To remedy this, the Tenement House Act of 1901 classified tenements built after 1901 as "New Law" tenements, and those built prior as "Old Law" tenements. Old law tenements were required to adhere to new lighting and ventilation standards, as well as to provide one toilet per two families.[6] New law tenement buildings required minimum room sizes, updated ventilation standards, and a toilet in each new apartment.[7] The legislation also led to the creation of the New York City Tenement Department, which served as a precursor to HPD & DOB.[8]

Through early tenement laws, legislators actively embraced housing policy's ability to improve and protect the health of New Yorkers.

Seventeen years after the passage of the Tenement House Act of 1901, the improved housing standards included in New York's tenement laws served as a key protection mechanism against the deadly 1918 Spanish flu pandemic.

During the 1918 pandemic, New York City's Board of Health mandated residents to keep their windows open at all times to maximize their exposure to fresh air at home, which was only possible due to the improved ventilation standards enacted by the tenement laws.[9]

To ensure residents had safe indoor temperatures despite windows having to be open at all times, heating systems were required to provide enough heat to keep residents warm with a window open during winter.[10] Regulators understood that housing policy was critical to protect New Yorkers in the face of a pandemic and were nimble in adjusting housing standards to serve public health.

These early tenement laws and housing standards served as the birth of housing policy in New York City. They radically reshaped the lived experience and health of New Yorkers, and protected residents from the pandemics and deadly diseases prevalent more than a century ago. New Yorkers today have windows, access to sunlight, fresh air, a toilet, and, often, a very large and sometimes noisy radiator in their homes because early policymakers fought to enact laws to keep us healthy and safe at home.

HOUSING AND HEALTH POLICY ARE INEXTRICABLY LINKED. THIS RX FOR HOUSING PLAN DIRECTLY EMBRACES THIS RELATIONSHIP.

Today, housing policy still plays a role in addressing illnesses such as asthma, lead poisoning, and others. However, as medicine has progressed, housing policy has increasingly shifted away from a focus on health. As medical technology has advanced and become more specialized, we have become focused on improving health outcomes primarily through biomedical breakthroughs. As a result, the role of modern housing policy has largely shifted away from a focus on infectious diseases and overall health. Instead of using housing policy to address underlying social and environmental factors that can prevent the spread of illnesses and promote health and wellness, we increasingly rely on health care systems to provide care and engineer cures.

By not fully leveraging health-based housing policy, the City is missing an opportunity to address ongoing health disparities.

Currently, the overriding determinant of health for New Yorkers is their zip code. Given the severity of segregation in our city, race and place are deeply intertwined. In examining health outcomes, the city's racial health disparities are evident: communities of color suffer worse health outcomes than White communities. Low life expectancy, asthma and asthma hospitalizations, diabetes, maternal and infant mortality, and COVID-19 mortality are among the health outcomes that communities of color experience at worse rates. Health care providers are critical to reducing these disparities, but housing policy is crucial as well.

The concentration of illness in communities of color and persistence of racial health disparities are reflective of social conditions reproduced by structural racism. Historical practices of exclusion through redlining, discrimination, and disinvestment have placed New Yorkers of color into communities with poor housing conditions and fewer resources. While health care systems can play a role in addressing such disparities, they alone cannot address the social and environmental factors that created them. Biomedical breakthroughs cannot rectify the discriminatory policies of the past and present. To overcome racial health disparities and improve the health of all New Yorkers, we need health-based housing policy that acknowledges the health inequities in our city, dramatically improves housing conditions, and infuses resources into vulnerable communities.

Housing and health policy are inextricably linked. This Rx for Housing Plan directly embraces that relationship. Cities across the country have already begun approaching housing policy through a healthcare lens. Boston has fully adopted a Health in All Policies agenda through a wide array of health and housing policies and programs. One such program is Healthy Start in Housing, which protects the health of at-risk pregnant people by aiding them in securing stable housing through prioritizing their housing placement.[11] In Los Angeles, Housing for Health prioritizes housing individuals experiencing homelessness who have complex medical needs.[12] The City of Nashville adopted the use of a scoring and selection process that prioritizes public investments that maximize public health outcomes.[13]

A HEALTH CENTERED HOUSING PLAN WILL ENABLE NEW YORKERS TO BUILD HEALTHY LIVES.

By enacting the Rx for Housing plan, New York City can harness the power of housing policy to improve, support, and protect the health of New Yorkers.

This housing plan aims to reduce the number of children that develop asthma and are poisoned by lead paint due to poor housing conditions. It aims to reduce the number of New Yorkers experiencing homelessness, and the physical and mental health problems that result from it, and treats homelessness as a public health emergency that cannot be accepted as the norm. In doing so, this plan will enable New York City to take steps in addressing longstanding health disparities and disrupt the standard of zip code and race as being key predictors of health. Through health-based housing policy, this Rx for Housing plan will ensure that all New Yorkers can live healthy lives.

RX FOR HOUSING:

A HOUSING PLAN FOR THE HEALTH OF NEW YORKERS

GOALS

1. End the homelessness crisis.
2. Meet the housing needs of seniors & people with disabilities.
3. Address the immediate health crisis of COVID-19.
4. Eradicate lead paint from all homes.
5. Develop better housing conditions to reduce asthma rates.
6. Improve indoor air quality.

END THE HOMELESSNESS CRISIS. 1

Homelessness has reached record highs in recent years. In 2017, more people experienced homelessness in New York City than at any time since the Great Depression.

In October 2020, over 57,000 New Yorkers slept in homeless shelters each night.[14]

Meanwhile, thousands of low-income households are at ongoing risk of becoming homeless due to the widening gap between incomes and housing costs, domestic violence, discrimination, and many other factors. As the result of structural racism, New Yorkers experiencing homelessness are disproportionately Latinx and African-American. Ending homelessness is not only a moral emergency and a prerequisite for racial equity, but also a public health imperative.

Homelessness diminishes access to preventative healthcare, aggravates preexisting health conditions, and makes medical issues more difficult to manage.

Homelessness makes the daily aspects of maintaining a healthy lifestyle, such as paying for prescriptions and healthy food, far more difficult. In the long term, homelessness increases the risk for chronic and severe health conditions and substance abuse problems.[15] Children without stable housing are more likely to endure health problems and severe stressors that can lead to developmental delays.[16] The combined public health impacts of homelessness cause increased mortality rates and lower life expectancy.

The health impacts of the homelessness crisis are exacerbated by its disproportionate effects on already vulnerable communities including seniors, communities of color, survivors of domestic violence, individuals with mental illness, and LGBTQ+ people.

To protect the health and safety of all New Yorkers, and especially the most vulnerable among us, we must make ending homelessness a top priority.

HOMELESSNESS IN NEW YORK CITY

51% of New Yorkers

have either personally experienced homelessness or know someone who has.[17]

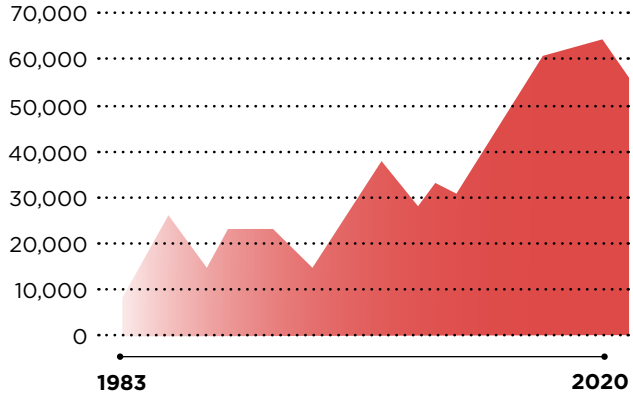
New York City Shelter Systems & Populations Served

City Agency	Populations Served
Department of Homeless Services (DHS)	• Single Adults • Adult Families • Families with Children
Human Resources Administration (HRA)	• Domestic Violence Survivors • Homeless New Yorkers living with HIV/AIDS
Department of Youth and Community Development (DYCD)	• Homeless youth between 16 - 24 years old
Department of Housing and Preservation (HPD)	• Tenants displaced due to a Vacate Order

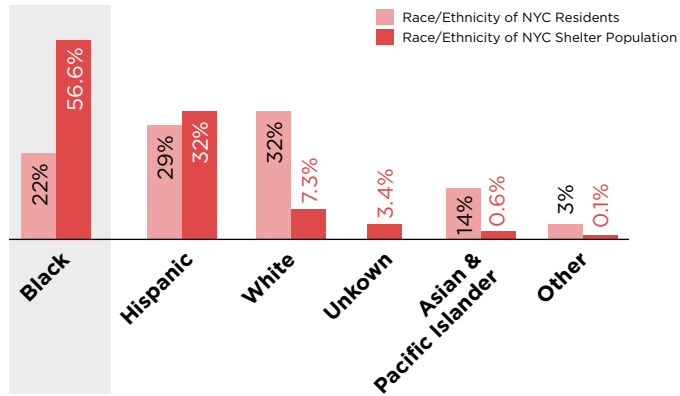
57,341 People

Sleeping in New York City's DHS Shelter System (October 2020)[18]

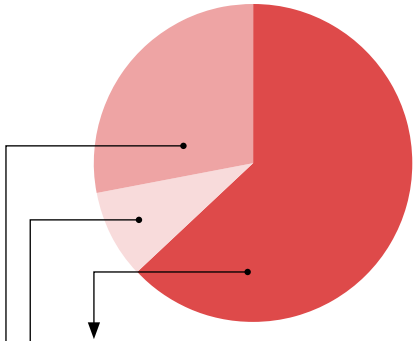
New York City's DHS Homeless Shelter Population (1983 – 2020)[19]



Homelessness by Race/Ethnicity[20]



Household Composition of DHS Shelter Population[21]



63% Individuals in Families with Children

28% Individuals in Adult Families

9% Single Adults

SINGLE ADULTS

The single adult population in the DHS shelter system has **steadily increased since 2012**, reaching all-time highs.[22]

8% of single adults (over 1,500) experiencing homelessness are seniors.[23]

The leading causes of families entering shelter are:[24]

- **domestic violence** 41%
- **eviction** 27%
- **overcrowding** 16%
- **other** 8%
- **unlivable situation** 3%
- **ACS-related** 3%

FAMILIES WITH CHILDREN

There are **~22,600 homeless children** under 18 in the NYC shelter system. ~10,100 are 6 years old or younger.[25]

~1,300 babies annually are born in or enter shelter within their first year of life.[26]

The average length of stay in shelter for families with children is **over 443 days.**[27]

Shelter stays for children typically span across **two school years.**[28]

Children experiencing homelessness are more likely to be **behind a grade level.**[29]

POLICY RECOMMENDATIONS

1.1 Streamline access to housing and social safety net benefits. New York City must reform cumbersome processes and regulations that slow down and deter New Yorkers from accessing housing and other benefits.

Too often, obtaining and maintaining social safety net benefits such as public assistance, rental subsidy vouchers, and affordable housing involve long processes, extensive paperwork, in-person interviews, and lots of valuable time. These procedures can prevent low-income New Yorkers from accessing the public benefits they need, and cause New Yorkers experiencing homelessness to remain in temporary shelters for longer than necessary. New Yorkers who need assistance should not have to repeatedly verify basic facts about their identity and their eligibility for benefits to multiple government agencies.

The COVID-19 pandemic has highlighted many areas of the system to access public benefits that are unnecessary or overly onerous. Agencies have automated or suspended some steps of the process, particularly those that take place in person. New York should embrace these outcomes and use them as part of a learning process to guide regulatory reform. We must streamline access to the social safety net by shedding aspects of current procedures that are duplicative, unnecessary, or do not serve our goals. Such reforms will allow New Yorkers to access the benefits they need in quicker and less burdensome ways.

1.2 Create a new chain of command for DHS & HPD. The Department of Homeless Services (DHS) is fundamentally a housing agency, and it must be treated as such. DHS spends billions of dollars each year providing shelter for New Yorkers experiencing homelessness. The Department of Housing Preservation & Development (HPD) is responsible for the creation of the largest affordable housing pipeline in the country, but ending homelessness is not part of its core mission. The separation of these two critical housing agencies creates conflicting priorities and procedures. All of the housing agencies, including DHS, must be overseen in a single chain of command in City Hall. Combining them under the same leadership umbrella, under the same Deputy Mayor, will enable the City to better coordinate strategies and investments that can provide housing for the record number of homeless New Yorkers. This shared chain of command will ensure the mayoral administration holds itself accountable for an integrated housing approach that includes homeless New Yorkers.

A CLOSER LOOK

COVID-19's Impact on Shelter and Housing Social Safety Net Processes

In response to the COVID-19 pandemic, to maximize public safety and operational efficiency, New York City implemented several changes to the application process for benefit programs and the shelter intake process. Some of the changes were at the discretion of the City, while others were achieved through state and federal waivers.

Shelter Intake Process

- During the pandemic, DHS changed the process for shelter intake for single men. Street outreach teams were allowed to place single adult men directly into shelter via iPads. This change provided single men living on the street easier access to shelter, allowing them to bypass a physical visit to the 30th Street men's intake facility.
- For families applying to enter shelter for the first time, children are no longer required to accompany the head of household to the Prevention Assistance and Temporary Housing Office (PATH) or Adult Family Intake Center (AFIC). Instead, intake staff and the head of household call the children to verify household composition.
- Follow-up appointments to the intake process are now done remotely.

Rental Arrears Assistance

One Shot Deals, available through the NYC Human Resources Administration (HRA), provide emergency assistance grants to New Yorkers with rental arrears. Traditionally, in order to apply for the grant, New Yorkers were required to both apply and complete follow-up eligibility interviews in person. Homebound New Yorkers were the exception to this rule, as they could request home visits to conduct an application interview. Overall, the process was time-intensive and added to the stress of facing eviction. During the pandemic, the process became far less cumbersome, as New Yorkers now have the option to apply for One Shot Deals through the ACCESS HRA website or app, and can now complete eligibility interviews over the telephone, rather than in person.[30]

Section 8

Section 8 provides critical rental assistance to low-income New Yorkers. Extensive paperwork during the application and recertification process, in-person briefings and interviews, and voucher extension paperwork make obtaining and maintaining Section 8 benefits time-consuming. Administrative changes in light of COVID-19 have reshaped this arduous process. All briefings and conferences are now conducted over the phone; voucher extensions are automatically granted; supporting documentation for some accommodation requests are no longer required; and, self-certification of income is now acceptable if pay stubs or employer letters are unavailable.[31]

Rental and homeowner assistance programs for seniors and disabled New Yorkers

The Disability Rent Increase Exemption (DRIE), Senior Citizen Rent Exemption (SCRIE), Disabled Homeowners Exemption (DHE), & Senior Citizens Homeowners' Exemption (SCHE), provide rental assistance and property tax breaks to seniors and New Yorkers with disabilties. Previously, initial and renewal applications could only be completed in-person or by mail. In light of the pandemic, tenants and homeowners now have the option to enroll in or renew benefits online.

1.3 Increase the value of CityFHEPS maximum allowable rents to the fair market value.

CityFHEPS provides rental assistance to families and individuals at risk of or experiencing homelessness. The voucher provides New Yorkers with rental assistance for apartments that fall at or below a maximum allowable rent limit.[32] Advocates across New York City have highlighted that CityFHEPS maximum allowable rents are far too low and leave New Yorkers with scarce housing options.[33] Given the very limited pool of vacant units that fall below the allowable CityFHEPS Maximum Rent, the program does not live up to its potential as an effective tool in reducing homelessness. Too often, voucher holders are frustrated to be left with a voucher that cannot actually assist them in obtaining housing.

CityFHEPS Maximum Allowable Rents and HUD Fair Market Rent by Household Size[34]

Houshold Size	City FHEPS Maximum Rent	HUD Fair Market Rent
1	$1,265	$1,760 Studio
2	$1,323	$1,801 One-Bedroom
3 or 4	$1,580	$2,053 Two-Bedroom
5 or 6	$2,040	$2,598 Three-Bedroom

To address the homelessness crisis, we must make the subsidies that lift New Yorkers out of homelessness effective and easy to use.

Expanding CityFHEPS maximum allowable rents to the HUD Fair Market Rents will widen the pool of available homes to New Yorkers at risk of or experiencing homelessness.

RUNAWAY HOMELESS YOUTH & UNDOCUMENTED NEW YORKERS ARE EXCLUDED FROM CITYFHEPS

To be eligible for a CityFHEPS voucher, recipients must have a history of stays in DHS shelter.[35] Yet prior stays in Department of Youth and Community Development (DYCD) shelters do not satisfy eligibility requirements. As a result, runaway homeless youth in DYCD shelters are unable to access rental assistance through CityFHEPS. In addition, CityFHEPS requires recipients to be eligible for and receiving HRA cash assistance, which is tied to U.S. citizenship, also leaving undocumented New Yorkers ineligible for the voucher.

1.4 Prioritize long-term housing placements in shelter contracts & performance metrics.

In New York City, single adults and families often experience multiple, reoccurring episodes of homelessness.

During fiscal year 2019, 50% of families and 40% of single adults entering the homeless system had previously stayed in a shelter.[36]

New York City must ensure that individuals and families leaving shelter are not placed into precarious and ultimately short-term housing arrangements that cannot prevent future episodes of homelessness.

A key metric used to determine the success of shelter providers is the number of residents that have been placed into permanent housing. This metric highlights the speed at which people are being housed, but fails to capture whether or not their new housing arrangements provide long-term stability. Rather than measuring the raw number of placements, shelter contracts should measure success by how many people remain housed after a given period of time. Such changes can help to more accurately capture whether we are placing single adults and families into stable, long-term housing.

1.5 Commit to a NY/NY4 agreement for more supportive housing.

Supportive housing has long been the gold standard for creating homes for disabled, chronically ill New Yorkers who are experiencing homelessness. The City must coordinate with the State and collaborate on a NY/NY4 agreement, similar to what existed in the past. Such an agreement will enable the City and State to allocate resources and determine priorities collaboratively.

Currently, four out of five New Yorkers eligible for supportive housing are still in the shelter system or on the street due to the lack of supportive housing units.[37]

Without supportive housing, it is incredibly difficult for these New Yorkers to overcome homelessness, maintain stable housing, receive the support they need, and improve their health and well-being. A NY/NY4 agreement would enable the City to invest in solutions for homelessness and improve the health of disabled and chronically homeless New Yorkers.

1.6 Build specialized shelters for LGBTQ+ New Yorkers.

LGBTQ+ individuals are more likely to experience poverty, homelessness, and discrimination. Intersections between race, sexual orientation, and gender identity compound these challenges. Barriers faced by LGBTQ+ individuals make it harder for households to secure and maintain stable housing and undermine their ability to thrive in New York City.

As a result, LGBTQ+ adults experience homelessness and housing instability at significantly higher rates than their cisgender, heterosexual counterparts. These disparities are especially large for LGBTQ+ youth, transgender, and gender nonconforming individuals.[38]

30% of transgender adults report having been homeless at some point in their lives.[39]

Rates of homelessness are even higher among transgender women of color. LGBTQ+ youth also face a homelessness crisis.

Studies estimate that LGBTQ+ youth make up 7% of the youth population overall but account for up to 40% of homeless youth.[40]

70% of homeless LGBTQ+ youth report being kicked out of their homes or having to run away from home to avoid abuse, after coming out to their families, or having their sexual orientation or gender identity discovered.[41]

While LGBTQ+ individuals are at higher risk of experiencing homelessness, they also face unique challenges and risks in emergency shelters. From violence and harassment, to being misgendered, to being denied services due to discrimination, LGBTQ+ New Yorkers experiencing homelessness have routinely expressed concerns about their safety in shelter. In one survey of LGBTQ+ New Yorkers, 90% of respondents who had resided in a homeless shelter reported feeling unsafe during their stay.[42] Nationwide research has produced similar results, finding LGBTQ+ individuals to be at increased risk of harassment and violence in comparison to their cisgender, heterosexual peers.[43]

While New York City benefits from a wealth of nonprofit organizations that provide shelter and services for homeless LGBTQ+ adults and youth, they do not have the capacity to take on this crisis alone. We must allocate municipal resources to the creation of specialized shelters for LGBTQ+ residents, to increase desperately needed shelter capacity, and to create safe spaces for LGBTQ+ New Yorkers to temporarily reside, access necessary services, and overcome homelessness. The City should harness the expertise of the LGBTQ+ community to shape these programs.

1.7 No babies born in shelter.

For many families, bringing home their newborn represents a joyous moment.

The opportunity to bring a newborn home is robbed from the parents of the 1,350 babies born annually in NYC's homeless shelters.[44]

For these infants, being born into homelessness immediately puts them at greater risk of longer stays in the hospital and low birth weights.[45] The potential health ramifications extend beyond birth outcomes and have long-lasting impacts on children's health. Babies born into shelter and the 2,000 newborns under 2 years old in shelter are more likely to face respiratory illness, emotional problems, and developmental issues, and are less likely to have preventative medical appointments.[46] Early childhood years are critical to establishing long-term health and well-being. Being born into shelter can fundamentally shape the health outcomes of the youngest New Yorkers.

Similarly, the time during pregnancy is crucial to the health outcomes of expecting parents. For pregnant New Yorkers, unstable housing increases the risk of health complications and pre-term birth. In addition, the stress of having a newborn while facing homelessness leaves parents more likely to experience depression and financial instability.[47] The pain endured by these families and their infants is wholly unacceptable.

New York City must commit resources to stabilizing the housing situation of families, so no infants enter shelter and no babies are born in shelter. The first step that the City can take is to prioritize pregnant mothers in homeless set-asides, in new construction and preservation projects, and in NYCHA developments. In 2015, a federal mandate led to a sharp reduction in veteran homelessness. City agencies banded together to make sure every possible tool was used to house veterans in a coordinated, prioritized, and fast-tracked system. A similar initiative for infants in shelter could not only support those families and their babies, but also help discover new ways to fast-track our processes, which can then be incorporated systemwide.

If the City wants to ensure that no babies are born in shelter, we must stabilize families before they become homeless.

The City can do this by leveraging existing programs that already serve pregnant New Yorkers (such as the Family First Home Visiting Program, the Newborn Home Visiting Program, and the Nurse-Family Partnership). These programs could screen the housing stability of pregnant New Yorkers while conducting home visits and providing prenatal education. At-risk pregnant New Yorkers could be connected with housing support staff to help them avoid shelter.

1.8 Increase affordable housing options for domestic violence survivors.

Domestic violence is the leading cause of family homelessness in New York City. Domestic violence accounts for the entrance of 41% of families with children into DHS shelters (4,500 families comprised of approximately 12,500 individuals) each year.[48] There are an additional 3,870 families residing in the domestic violence shelter system overseen by NYC HRA.[49]

Domestic violence can make it more difficult to maintain stable housing due to a variety of factors, including:

- **Eviction histories** that can prevent victims from accessing future housing.
- **Financial abuse** resulting in limited financial resources, bad credit, and lack of work history.
- **Geographic constraints** due to safety and confidentiality needs.

Access to safe and affordable housing can be a matter of life or death for survivors of domestic violence. Increasing housing options for survivors can help keep vulnerable New Yorkers healthy and safe, and prevent more families from experiencing the trauma of homelessness on top of the trauma of abuse.

1.9 Develop affordable housing for homeless New Yorkers in partnership with hospitals.

Across the nation, a growing number of hospitals are investing in the development of affordable housing for homeless individuals and families. Denver Health Medical Center has partnered with the Denver Housing Authority and Colorado Coalition for the Homeless to develop affordable housing for seniors.[50] In Baltimore, Bon Secours hospital has developed over 800 units of affordable housing, 500 of which are dedicated to senior citizens and people with disabilities.[51] Here in New York City, Health + Hospitals has partnered with HPD to make land on its campuses available, enabling the creation of 1,602 units to date.

Underpinning these investments is a fundamental understanding that housing is healthcare. Hospitals see the difference that stable housing can make on health outcomes.

Homeless patients are more likely than stably housed patients to have longer inpatient stays, higher utilization rates, and more frequent ER visits, and are less likely to have access to primary care.[52]

Hospitals may be unable to discharge homeless patients with ongoing care needs who lack access to continuing care facilities such as nursing homes due to insurance gaps or immigration status.[53] These circumstances deprive patients of access to appropriate care facilities and incur extra expenses for hospitals that are, in effect, providing housing. For hospitals to improve health outcomes and lower costs, developing housing for homeless patients is not only more ethical, but also more cost-effective.

Given the alignment of interest in reducing homelessness, New York City should maximize cross-sector partnerships with hospitals. Non-profit hospitals receive tax-exempt status, in return for spending funds on the communities they serve through Community Benefits Agreements.[54] Working in conjunction with hospitals to support the development of housing can help tackle the homelessness crisis. ■

A CLOSER LOOK: HEALTH & HOUSING PARTNERSHIPS

Health & housing partnerships can extend to the entire healthcare system. Hospitals, managed care organizations, and primary care and behavioral health clinics are all increasingly interested in investing in housing as a social determinant of health. Each can serve as great partners in a housing plan dedicated to health.

Health and Housing Partnerships

Entity	Strategies & Programs
Hospitals	• **Community Benefits Agreements** ◦ Capital financing for new construction and renovation ◦ Rent subsidies to highest need patients ◦ Use hospital-owned land for affordable housing development
Primary Care and Behavioral Health Clinics	• **Community health programs based on neighborhood health need** • **Home-based support services**
Managed Care Organizations	• **Investing in LIHTC** • **Capital financing for new construction and renovation** • **Rental subsidies**

These strategies and programs require new commitments and approaches for all stakeholders, including hospital administrators, health insurance companies, community-based providers, and the City.

Successful collaboration requires all partners to fully commit to working in tandem with one another. Housing agencies must contribute capital, program infrastructure, and expertise that add to the strengths and resources of their healthcare partners, enabling cross-sector initiatives that are more than the sum of their parts.

- **Expand warm handoff housing navigators program:** Hospitals and health clinics can be ill-equipped to aid homeless New Yorkers in navigating public benefits to access housing. The City's year-long pilot program, OneCity Health Housing Navigation, addressed this need by placing on-site housing navigators from local CBOs into NYC Health + Hospitals healthcare facilities. The City should measure the results of this program and explore opportunities to continue and expand it.

- **Hospital housing set-asides:** The City can leverage the expertise of healthcare professionals in sheltering homeless and housing insecure New Yorkers. Healthcare partners investing in housing can literally provide an Rx for housing by informing the prioritization and placement of patients into housing.

MEET THE HOUSING NEEDS OF SENIORS & PEOPLE WITH DISABILITIES. 2

SENIORS

New York's 1.1 million seniors comprise the fastest growing segment of the city's population.[55] The number of New Yorkers who are at least 65 years old is projected to increase by 24% between 2018 and 2040.[56] Seniors are more likely to be low-income, rent-burdened, or living on a fixed income than younger New Yorkers. These factors make the senior population especially vulnerable to housing instability and homelessness.

Six out of ten senior renters spend more than 30% of their income on rent.[57]

Housing vulnerability is particularly acute among seniors of color, who experience significantly higher poverty rates than White seniors. 28% of Latinx seniors, 22% of Asian seniors, and 18% of Black seniors in New York City are living in poverty, compared to 11% of White seniors.[58]

The housing needs of seniors will continue to expand as the senior population grows. The City's Senior Citizen Rent Increase Exemption (SCRIE) program helps low-income seniors stay in rent-stablized units by compensating landlords in the amount of rent increases, effectively freezing the amount of rent paid by tenants.[59] Despite the availability of SCRIE, 65% of older residents who live alone in rent-stabilized units pay over half of their income to rent.[60] There are more than 1,700 homeless seniors in NYC DHS shelters on any given night.[61] The combined annual costs of providing shelter and healthcare for senior New Yorkers experiencing homelessness are projected to triple between 2011 and 2030, rising from approximately $150 million to $461 million.[62] Meeting the housing needs of seniors is necessary to improve quality of life for older New Yorkers, and to reduce public expenses associated with the impacts of unmet housing needs.

PEOPLE WITH DISABILITIES

30 years after the passage of the Americans with Disabilities Act, there is still much work to do to ensure that New Yorkers with disabilities have accessible housing in our city. Residents with disabilities make up 11% of the city's population, or nearly 930,000 New Yorkers.[63] Obtaining affordable housing in New York City can be a difficult task for anyone, but accessible affordable housing is even harder to find, despite the legal protections in place. As a result, disabled New Yorkers have far fewer housing options.

Discrimination, lack of accessibility in the workplace, and unmet transportation needs are a few of the challenges faced by individuals with disabilities in the labor force. Disabled New Yorkers have more than twice the unemployment rate, are twice as likely to live in poverty, and earn 20% less than New Yorkers without a disability.[64] Given barriers to employment and lower wages, only 41% of people with disabilities in New York City participate in the labor force, compared to 79% of those without disabilities.[65] For disabled New Yorkers who are unable to

work, public benefits are not enough to be able to afford housing. The average rent in New York City far exceeds the typical amount of monthly payments from Social Security Disability Insurance (SSDI).

Ensuring that all New Yorkers have access to housing that meets their physical and financial needs will advance equity for disabled New Yorkers.

POLICY RECOMMENDATIONS

2.1 Expand access to funding for home modifications. For seniors and disabled New Yorkers, architectural barriers can make housing inaccessible or unsafe. Among older New Yorkers, falls occurring at home led to over 30,000 emergency room visits, 17,000 hospitalization, and 289 deaths in a single year alone.[66] For New Yorkers with a disability, barriers in the home can impede independence in daily life by making necessary tasks more difficult to carry out.

The City can reduce architectural barriers in housing by expanding home modification programs. In many cases, 'light touch' modifications that are relatively inexpensive can have a significant impact on quality of life. Resources for low-income households to execute such changes can increase their safety and quality of life, while creating a more accessible housing stock that will better serve future generations.

One program that should be expanded is Project Open House, which funds the removal of architectural barriers from the homes of New Yorkers with disabilities. Projects include kitchen and bathroom modification, doorway widening, and installation of grab bars, accessible railings, and ramps. In 2018, only 63 applications for the program were received, 22 applicants qualified based on income, and 19 projects were approved and funded.[67] New York must increase the utilization and impact of Project Open House, including by expanding eligible participants and conducting community outreach.

By expanding programs that fund and facilitate 'light touch' home modifications, the City can promote accessibility of the housing stock, improve quality of life for disabled New Yorkers, and promote the health and safety of seniors by reducing the risk of injury in the home.

2.2 Reduce heat-related fatalities. Climate change is here, and New York City is increasingly facing dangerously hot temperatures as a result. Every year in New York City, extreme heat leads to an average of 450 emergency room visits and 100 heat- or heat-related deaths.[68]

In the U.S., heat kills more people each year than all other natural disasters combined.[69]

Extreme heat is especially dangerous for seniors. Seniors of color are disproportionately impacted by heat fatalities and heat-related fatalities (heat events that worsen chronic illnesses, leading to death).[70] These fatalities overwhelmingly occur at home as the result of a lack of air conditioning, in some cases due to high energy costs.[71] Seniors in high risk-communities often rely on cooling centers, but COVID-19 has shown that these may not always be an option. As we encounter and prepare for a changing climate, we must view air conditioning and healthy indoor temperature not as a luxury or a privilege, but as paramount to protecting the lives of seniors.

A 2020 report by the Urban Design Forum proposed a slate of recommendations centered on design, policy, finance, and community resiliency that can be used against the threat of extreme heat. The report recommends may insightful policy ideas including strategic landscape design, neighborhood heat vulnerability designations, and creative partnerships to fund cooling centers.[72]

2.3 Expand DRIE & SCRIE. Eligibility for the Disability Rent Increase Exemption (DRIE) and Senior Citizen Rent Increase Exemption (SCRIE) programs should be modified to cap the rents of participating households at 30% of income. In order to qualify for either program, households must spend at least one-third of their income on rent. Some households do not join the programs until they are already paying far more than one-third of their income towards rent, limiting the subsidy's impact and ensuring that participants remain severely rent-burdened.

In addition to a rent cap, SCRIE and DRIE could be expanded beyond current household eligibility requirements. Currently, households can only qualify for SCRIE if the leaseholder is a senior. DRIE requires a disabled member of the household to be at least 18 years old. These limitations prevent the programs from fully realizing their goal of providing housing stability for senior and disabled New Yorkers. ■

ADDRESS THE IMMEDIATE HEALTH CRISIS OF COVID-19 3

As of May 2021, the ongoing COVID-19 pandemic has caused over 929,000 cases, 106,000 hospitalizations, and the death of 32,000 residents in New York City.

Since the onset of COVID-19, CHPC has been grappling with the housing policy issues that the pandemic has laid bare and the role of housing policy in advancing New York City's recovery towards a safer, healthier, and more equitable future. The research and recommendations in this chapter are reprinted from essays released by CHPC in spring 2020, at the height of the COVID-19 pandemic in New York City, to demonstrate how an Rx for Housing plan could aid response and recovery.

RX FOR HOUSING: COVID-19
ORIGINALLY PUBLISHED IN MAY 2020

COVID-19 has highlighted the myriad ways in which our health and our housing are connected, making the need for a health-centric housing policy clearer than ever. New York City's housing crisis has revealed itself in no uncertain terms to be a public health crisis. For nearly a year before there was a widely available vaccine for COVID-19, the ability to shelter in place was our best prevention tool. Meanwhile, both housing quality and housing affordability can help fight the battle against the economic and health impacts of this crisis. Housing is part of the essential infrastructure of care for this pandemic.

HOUSING IS AN RX FOR HOMELESSNESS.

Not all New Yorkers have been able to stay home during this crisis. New Yorkers experiencing homelessness are at heightened risk of contracting and transmitting the virus. Lack of stable housing also impedes access to preventative healthcare and makes it more difficult to maintain a healthy life, such as by limiting the ability to pay for prescriptions and healthy food. Homelessness exacerbates preexisting health conditions and increases vulnerability to infectious disease.

At least 70,000 New Yorkers were homeless in the days leading up to New York City's stay-at-home order.[73]

This estimate includes 58,000 individuals staying in DHS shelters, and 10,000 or more New Yorkers residing on the street or in shelters operated by HPD, shelters for survivors of domestic violence, and other congregate settings.

HOUSING IS AN RX FOR RACIAL EQUITY.

The COVID-19 pandemic has highlighted the deeply entrenched social inequities that put certain communities at greater risk for both an economic and health crisis.

While this disaster has rolled through the entire city, causing thousands of deaths and widespread economic turmoil, its impact has been greatest upon low-income communities of color.

These New Yorkers were already vulnerable to income volatility and health conditions, and this pandemic has compounded years of harmful planning and housing policies into a deadly and tragic crisis. The unaddressed impacts of redlining, residential segregation, municipal disinvestment in communities of color, discriminatory lending practices, and the placement of environmental health hazards in communities of color, along with continued discriminatory practices today, have left low-income communities of color with worse health outcomes and increased their vulnerability to COVID-19.

HOUSING IS AN RX FOR NYCHA RESIDENTS.

New Yorkers living in public housing have had to shelter-in-place in buildings that frequently go without heat or hot water.

At the peak of the pandemic, 6,000 residents were without heat, hot water, or both.[74]

3,000 NYCHA residents had no water at all, making it impossible for them to wash their hands, an essential task to stopping the spread of the virus. Nearly 50 NYCHA developments have gas outages, preventing residents from cooking at home or forcing them to use unsafe cooking methods. Hundreds of thousands of New Yorkers who live in public housing are in dire need of federal support to ensure their housing is healthy and habitable. As long as New Yorkers are required to stay at home more than normal, NYCHA residents will bear heightened exposure to lead and mold, amplifying their risk of other health complications.

HOUSING IS AN RX FOR
SENIORS.

Seniors have the highest risk for death from COVID-19. NYCHA provides a critical safety net for this growing population of vulnerable New Yorkers.

Nearly 40% of households living in NYCHA are senior-headed.[75]

Seniors living in public housing are exposed to additional risks during a global pandemic, including isolation, reduced access to services, and stress from living in a building with crumbling infrastructure. The same is true for seniors across the city. Seniors need safe and healthy homes to stay well.

HOUSING IS AN RX FOR
DOMESTIC VIOLENCE SURVIVORS.

While the ability to remain at home is a privilege for most, it is not the safest option for everyone. Domestic violence survivors have been faced with two life-threatening choices during this pandemic: to stay home with their abuser, or to leave and risk exposure to COVID-19 somewhere else. Even if seeking and staying in emergency shelter were a safe option for all survivors, it would still not address the long-term, post-crisis challenge of keeping survivors and their children violence-free and in stable housing.

HOUSING IS AN RX FOR
MENTAL HEALTH.

Housing stability is also a predictor of mental health. For New Yorkers who have been unable to pay the rent due to lost wages, there will be a massive swell of volatility as eviction moratoriums are lifted and households are faced with months of overdue bills. The percentage of New Yorkers in tenuous housing circumstances has dramatically increased, bearing consequences for their mental and physical health, as well as for the health of the city overall. Keeping these New Yorkers in their homes might be our best chance at recovering from both an economic and public health crisis.

HOUSING IS AN RX FOR
PUBLIC HEALTH.

The design of our housing affects our ability to remain healthy and stop the spread of germs. Getting from the sidewalk outside your apartment building back into your apartment is a journey full of doorknobs, elevators, buttons, handrails, and shared spaces. We will need to rethink how our stay-at-home lives require more space to work, exercise, and raise children, and ensure that shared spaces protect us from germs. Traditional building design and the zoning and regulatory environments that shape the functions of our homes will need to adjust to reflect the realities of infectious disease.

HOUSING IS AN RX FOR NEIGHBORHOODS.

Housing policy can be leveraged to help meet housing demand, stimulate economic development, and support communities whose unmet needs have made them more vulnerable during this crisis. Through housing policy, we can ensure that more New Yorkers have access to stable housing during future health crises that necessitate sheltering-in-place. We can improve quality of life and reduce commute times for our essential workers, who have kept our city running throughout this pandemic. Housing policy can encourage equitable access to healthcare facilities citywide, and reduce disparities in health outcomes across neighborhoods.

Housing is part of the essential infrastructure of care for this pandemic. To help New York City move towards recovery, we must create housing policies that provide an immediate safety net for economically vulnerable households, allowing them to stay in their homes. We will need to move with more urgency than before to improve the living conditions of residents in public housing and preserve this essential stock of affordable housing. New York must deploy new, innovative ways to connect households experiencing homelessness or domestic abuse to stable, affordable housing.

Our housing policy should protect and improve the health of all New Yorkers.

POLICY RECOMMENDATIONS

3.1 Create health-centered mixed-use developments in neighborhoods lacking healthcare facilities.

New York can advance numerous public policy goals by partnering with hospitals and anchor healthcare institutions to create integrated, large-scale, mixed-use developments centered around healthcare facilities and mixed-income housing. The city will benefit from additional housing supply, economic development, and decentralized healthcare delivery. Vulnerable New Yorkers will be able to live closer to the facilities and services that meet their healthcare needs, essential workers will be freed from their long commutes, and more neighborhoods will have the opportunity to become hubs of the healthcare and housing they need. The City should implement regulatory tools to prioritize and incentivize this type of development, and work with hospitals to leverage underutilized land and community benefits expenditures towards affordable housing creation.

3.2 Elevate the role of property management in keeping tenants safe. With 70% of the city's rental apartments located in multifamily buildings, property management has an elevated role in ensuring the health and safety of New Yorkers. The housing industry, policymakers, and public health officials need to collaborate in new ways to prepare for and mitigate the impacts of future public health crises. Property managers and policymakers should work together to develop and disseminate best practices in building sanitation, communal space management, and other aspects of their work that can help New Yorkers stay safe and healthy during a pandemic.

3.3 Evaluate design best practices for healthy housing. COVID-19 has reminded us that the design of our housing affects our ability to remain healthy and prevent the spread of germs. Touchless technology for building entry and elevators could prove essential to combatting future pandemics that spread via contact with surfaces. Wellness spaces (exercise rooms, outdoor yards, & terraces) are not currently required by our building and construction codes, yet COVID-19 has demonstrated their value in preserving mental and physical health. Just as indoor plumbing and rooms with windows were once considered optional amenities, our housing design and regulatory frameworks must adapt once again to reflect these new perspectives. We must harness the expertise of architects and regulatory experts to design housing that better prepares us for future pandemics.

3.4 Prioritize affordable housing resources for essential workers. New York's randomized lottery system is one fair way to allocate scarce affordable housing, but it is not the only way. It's time to try something new. The current lottery process is administered with a focus on regulatory compliance, rather than on broader policy goals. We should implement process reforms to better align outcomes with our goals.

One option is to implement a lottery preference for essential workers, to help them secure affordable housing in the neighborhood of their choice.[76] Our city's nurses, childcare staff, bus drivers, mail carriers, grocery store clerks, food delivery workers, and many other essential workers are the lifeblood of New York, and have continued to keep the city running throughout this crisis. These unsung heroes are 60% women, 75% people of color, 50% immigrants, and 19% non-citizens, who are often overworked and underpaid.[77] To keep New York the thriving city that we all know and love, we must ensure that our essential workers have access to stable, affordable housing. ■

ERADICATE LEAD PAINT FROM ALL HOMES

4

Lead is a toxic metal that can cause learning and behavioral problems and delay physical growth and mental development.

The most commonly identified source of childhood lead poisoning in New York City and nationwide is lead-based paint in older, deteriorated housing.

70% of lead poisoning cases in New York are caused by sources in the home.[78]

Chipping, flaking, and peeling paint, along with paint that has been disturbed during remodeling, can create lead dust and contaminate the area in or around a home. Children can be exposed to lead by eating paint chips, chewing on objects painted with lead, or swallowing dust or soil that contains lead.

In New York City, 67,493 children tested positive for lead poisoning between 2010 and 2019.[79]

Lead exposure in children creates serious risk of irreversible developmental effects, such as brain and nervous system damage that can cause learning and behavioral problems. It is possible to eradicate childhood lead poisoning and the risks it carries through the elimination of home-based factors, yet doing so requires adequate policy interventions and resources for enforcement.

Any housing built prior to 1960 in New York City may have a risk of lead paint hazards. In 2016, Reuters created a national map of lead poisoning in children under six years old. This research indicated that New York City is one of the ten highest-risk areas in the country for lead poisoning in young children.[80]

While New York City remains high-risk, we have made substantial strides in reducing children's exposure to lead poisoning. In 1993, New York State mandated that medical providers screen all children for blood lead levels at ages one and two, and assess lead exposure risk annually in all children between six months and six years of age. In 2004, New York City enacted Local Law 1, with the goal of removing all home-based lead paint exposure, or risk of exposure, from New York City buildings by 2010. Although there has been an 89% decrease since 2005 in the number of children under 18 years old with elevated blood lead levels in New York City, we have yet to meet the goal of Local Law 1.[81]

PUBLIC VS. PRIVATE HOUSING

Lead exposure in children is frequently discussed as an issue primarily affecting public housing. Inspections have confirmed the presence of lead paint somewhere on the

premises in at least half of NYCHA's 326 developments, as well as inside individual apartments in at least 92 developments.[82] However, current available data suggests that the overwhelming majority of children being poisoned by lead in New York City reside in private housing.

In 2019, there were 3,739 new cases of elevated blood lead levels in children under 18 years old. 3,635 of these cases were in private housing and 104 cases were in NYCHA developments.[83]

The rate of children in private housing with elevated blood lead levels (11 per 1,000 tested) is much greater than that of children in NYCHA housing (4.6 per 1,000 tested).[84] The rate and number of children in NYCHA housing with elevated blood lead levels is the subject of ongoing investigative reporting, oversight by the federally appointed monitor for NYCHA, and pending litigation brought by the Southern District of New York. The City must take ample precautions to protect children in public housing from lead exposure. However, the problem of lead poisoning is clearly not isolated to NYCHA alone, and current data suggests that it is a greater threat to children in private housing.

We must focus on eradicating lead-related risks from the entire housing stock.

ENFORCEMENT

One major challenge to fully eradicating lead paint poisoning in children has stemmed from disparities in how the City and the federal government have each defined lead poisoning, and the different blood lead levels that have been established as triggers for environmental investigation of the home. Prior to 2012, the federal government recommended a home environmental investigation for any child with a blood lead level of 10 mcg/dL or greater. In 2012, the standard was lowered to 5 mcg/dL or greater. However, not until 2018 did New York City require an environmental investigation for all children under 18 years old with a blood lead level of 5 mcg/dL. As a result, the City failed for years to require home environmental interventions at the blood lead level recommended by the federal government.

Until recently, another challenge allowing for the persistence of lead paint in New York City has been the lack of enforcement mechanisms in Local Law 1. Under the law, landlords are responsible for meeting the annual standards for inspecting and remediating lead-based hazards. Yet Local Law 1 did not implement a system for enforcement against non-compliant landlords, or proactive measures to ensure landlord compliance. This shouldered tenants with the burden of coming forward and reporting their landlords for a housing maintenance code violation in order to receive a City home inspection, which, until 2018, was only otherwise triggered if a child tested positive for elevated blood lead levels. By relying on tenant-driven complaints and children getting poisoned, Local Law 1 allowed for a reactive strategy rather than using data and community risk levels to determine where inspections should occur. This approach yielded a misallocation

of resources and led to Manhattan receiving a higher inspection rate than Brooklyn, even though far more children in Brooklyn had been exposed to lead paint.[85]

In 2019, the City launched Lead Free NYC to strengthen lead laws, help solve enforcement issues with Local Law 1, and implement new strategies to proactively identify and address lead hazards in homes. However, due to the flaws in the prior system, there are still many neighborhoods where a child's risk of lead poisoning is high, based on the age of the housing stock and the rate of positive tests. According to the most recently available (2015) neighborhood-level data from DOHMH, the neighborhoods with the highest rates were concentrated in Brooklyn, with rates as high as 11.5% in Williamsburg, 5.6% in Clinton Hill, and 5.7% in Brighton Beach. This is consistent with the general citywide trend, as 40% of all cases were in Brooklyn.[86]

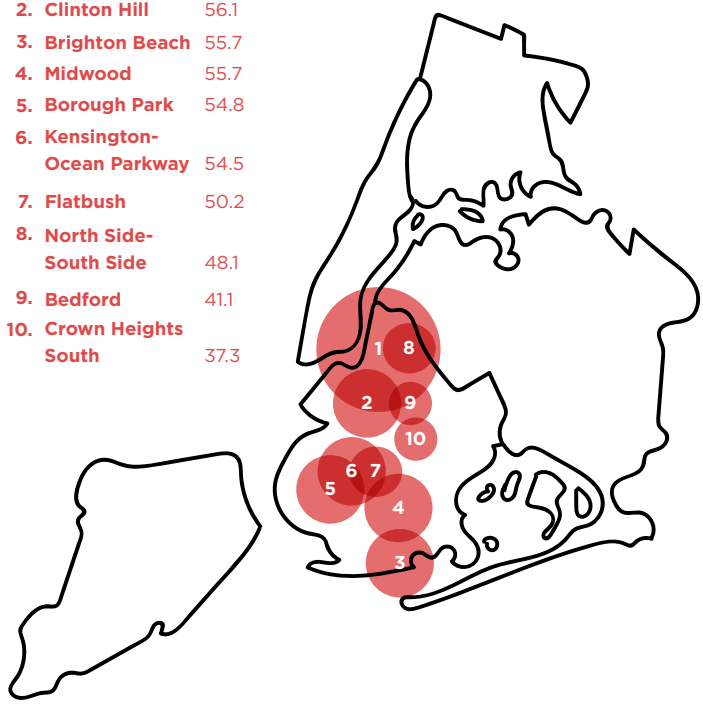
The legacy of lead hazards in New York City is complex. The City has made progress in recent years and has served as a national leader on lead paint interventions. However, there is still much work to do.

Neighborhoods with the highest rates of elevated blood lead levels are incredibly diverse and home to different racial, ethnic, and immigrant communities. Culturally competent outreach to inform communities about the dangers of lead paint, and the programs and resources available to protect them from lead paint, is critical.

Children Under 6 Years Old With Elevated Blood Lead Levels by Neighborhood [87]

In New York City, the top 10 highest Neighborhood Tabulation Areas with children under 6 years old that have elevated blood lead levels >= 5 Qg/dL (per 1,000 tested) are located in Brooklyn (2015).

	Neighborhood	Rate BLL>=5 µg/dL (per 1,000 tested)
1.	Williamsburg	114.8
2.	Clinton Hill	56.1
3.	Brighton Beach	55.7
4.	Midwood	55.7
5.	Borough Park	54.8
6.	Kensington-Ocean Parkway	54.5
7.	Flatbush	50.2
8.	North Side-South Side	48.1
9.	Bedford	41.1
10.	Crown Heights South	37.3



POLICY RECOMMENDATIONS

4.1 Ensure HPD has the resources and capacity necessary to enforce lead laws.

New York City's recently passed lead laws have strengthened the City's ability to protect New Yorkers from being poisoned by lead. The laws close enforcement gaps, enable the City to audit property owners for compliance, and require property owners to test renter-occupied units by 2024. While these proactive enforcement mechanisms are an important step forward, HPD must be equipped with the resources and capacity to ensure property owners are complying with the new laws. Prior enforcement and compliance challenges with Local Law 1 have shown that enacting new lead laws alone, without expanding resources and capacity for enforcement, leaves New Yorkers still at risk of lead poisoning. If we want to eradicate lead paint from all homes in New York City, we must give HPD the tools to follow through on this mandate.

4.2 Increase the number of buildings proactively inspected through the Building Lead Index and make the list public.

Through Lead Free NYC, New York created the Building Lead Index (BLI), which identifies a minimum of 200 buildings that pose a risk of hazardous lead exposure. These buildings are identified using violation history, building age, and location in neighborhoods with higher rates of lead poisoning. The creation of the Building Lead Index marks a meaningful step towards the proactive inspection and auditing of homes for lead paint hazards. It is likely to improve compliance among landlords and improve the health of tenants. However, the small scope of the program limits its impact, given that 2.2 million units citywide were built prior to 1960. To increase the rate of proactive lead paint remediation, we must expand the Building Lead Index beyond the minimum of 200 buildings.[88]

New York should also consider making the Building Lead Index public, to further encourage proactive abatement and remediation and to let New Yorkers know if they are at risk of lead paint poisoning. Other cities including Rochester, NY and Providence, RI have publicly available lists of buildings with lead-based paint hazards, which allow families to make more informed decisions about where they live.

4.3 Expand assistance for landlords to remediate lead paint hazards. The cost of lead paint remediation may be prohibitive for small landlords. The City's Lead Hazard Reduction and Healthy Homes - Primary Prevention Program (PPP) provides federally funded grants for the reduction of lead paint hazards. The program offers technical assistance and forgivable loans, averaging $8,000 to $10,000 per apartment. In exchange, owners must agree to rent out any new vacancies to low- and very low-income tenants for five years following the lead treatment work, giving priority to families with young children. New York should allocate additional funding and resources to this program and initiate active landlord outreach and engagement to increase participation, especially in high-risk neighborhoods.

4.4 Provide residents with tools to detect lead-based paint hazards in their own homes. In addition to increasing proactive home inspections and landlord assistance, we must expand access to resources that allow tenants to test their homes for lead-based paint hazards themselves. Currently, to receive a government inspection of their apartment for lead-based paint, New Yorkers have to submit a request through 311. Yet there are low-burden ways to self-inspect for lead-based paint hazards which could increase detection in high-risk areas.

There are two EPA-recognized products for lead paint testing at home: D-Lead and 3M LeadCheck. These tools cost less than $4 each when purchased in bulk, or $10 for an individual testing pen. Both are 95% effective at detecting lead paint. The City should make these tests free and widely available to residents. New York City already offers a program through the Department of Environmental Protection that allows residents to send in a sample of water to be tested for lead. We know lead paint hazards extend beyond drinking water, so we should also offer free rapid-testing kits for tenants to use at home. By mailing these kits to all residents of buildings in high-risk neighborhoods, the City can create early intervention points that will allow tenants to take further action by requesting an inspection from the City. The City could also make tests widely available through partnerships with community organizations, similar to the NYC Condom Availability Program, and allow residents to request a free testing kit through 311.

4.5 Prioritize protection of expecting mothers and infants. The City recently enacted legislation that requires DOHMH to identify potential sources of lead for any pregnant person who tests positive for elevated blood lead levels. While the legislation is an important step forward, the City must do more to proactively protect pregnant people before their babies are born.[89] The City could refer all expecting parents who live in neighborhoods with the highest risk for lead-based paint to DOHMH or an external provider to conduct a lead paint inspection and remediation prior to birth. For babies born in H&H hospitals, new parents could be sent home with a home lead testing kit. These measures would proactively enforce New York's lead laws and ensure that no future infants are poisoned. ■

DEVELOP BETTER HOUSING CONDITIONS TO REDUCE ASTHMA RATES

5

Since 2010, asthma rates across New York City have steadily increased. In 2017, over 31,000 children in New York City had asthma.[90]

Asthma is a leading cause of emergency room visits and hospitalizations for children.[91]

In 2016 alone, asthma accounted for 42,712 ER visits and 6,753 hospitalizations.[92] In the same year, adult New Yorkers experienced 66,229, ER visits and 7,525 hospitalizations due to asthma.

In New York City, asthma and poverty are directly related. For children in the city's poorest neighborhoods, asthma is a leading cause of missed school days, leading to academic delays and setbacks.[93] Inequalities in housing conditions based on household income, race, and ethnicity contribute to the disparities in how asthma affects different communities.[94] Asthma is most prevalent in low-income neighborhoods of color. The Bronx has the highest rate of asthma among all five boroughs, accounting for 25% of cases citywide in 2017, as well as 35% of asthma ER visits and hospitalizations in 2016, despite making up only 17% of the city's population.[95]

Certain pollutants in the environment can trigger an asthma attack or make asthma symptoms worse. Common triggers include environmental factors both inside and outside the home.

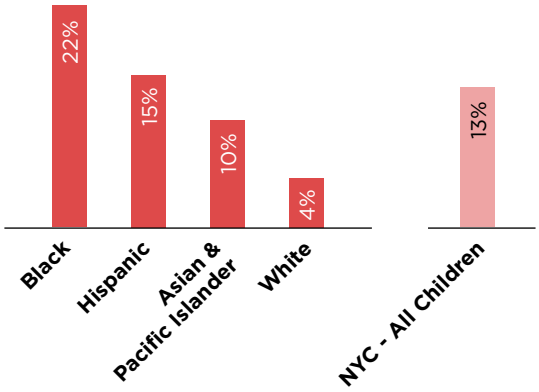
Neighborhood-based asthma triggers:
Pollen, tobacco smoke and particulates, ozone and diesel exhaust

Housing-based asthma triggers:
Mold, dust mites, pets, tobacco smoke and cockroaches

According to New York City's Department of Health & Mental Hygiene, the higher prevalence of asthma in low-income communities of color is directly related to a lack of healthy housing.[96] Because of this relationship, Black children are five times more likely, and Latinx children are three times more likely, to be diagnosed with asthma than White children.[97]

Residents in public housing have higher asthma rates than any other housing type in New York City, even after adjusting for demographic and economic factors at the community level.[98]

Prevalence of Asthma Among Children Under 13 Years Old by Race/Ethnicity[99]



Federal and state disinvestment from public housing and insufficient municipal intervention have left NYCHA residents out of our housing policy agenda for too long. Budget shortfalls have delayed NYCHA's ability to address pest and mold issues that can serve as asthma triggers. NYCHA does not have enough exterminators to solve its growing pest problems, and the authority has yet to fully adopt its Integrated Pest Management initiative across all developments.[100]

Overall, asthma reduction policies have focused on home-based, rather than neighborhood-based triggers because research has established that pollution exposure alone does not explain the differences in asthma rates across New York City neighborhoods.[101] Home-based interventions have traditionally focused on mold, as mold exposure was long thought to be the main cause of asthma. Yet pest problems are also an asthma trigger and, according to the National Survey of Lead and Allergens in Housing, low-income households are also significantly more likely to face cockroach and rodent allergens in their homes.[102] The increased vulnerability to pest and mold exposure in low-income communities contributes to their greater likelihood of experiencing asthma.[103]

In New York, striking disparities in the asthma rates of adjacent neighborhoods further implicate the role of housing-based triggers stemming from poor housing conditions, as well as lack of access to quality health care.

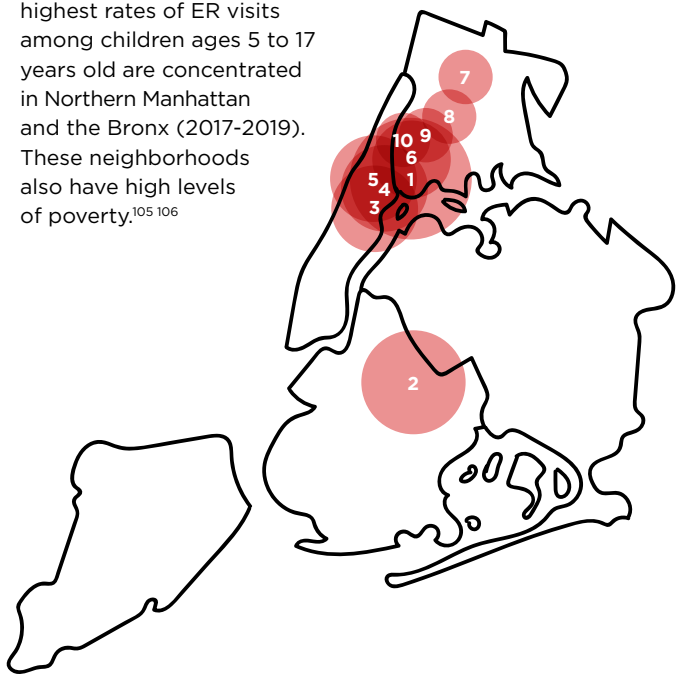
The Upper East Side has recorded some of the highest levels of air pollution in the city, yet children in neighboring East Harlem are 8x more likely to visit the emergency room for asthma-related issues (477 per 100,000 vs. 56 per 100,000).[104]

Interconnectedness of Poverty and Asthma in New York City:

	Borough	Neighborhoood	Poverty Rate	ER visits per 10,000 Children
1.	Bronx	Mott Haven - Port Morris	44%	565.8
2.	Brooklyn	Brownsville	43%	522.1
3.	Manhattan	East Harlem South	30%	477.0
4.	Manhattan	East Harlem North	37%	469.3
5.	Manhattan	Central Harlem North	27%	441.4
6.	Bronx	Melrose South – Mott Haven North	40%	425.4
7.	Bronx	Norwood	33%	422.9
8.	Bronx	East Tremont	40%	404.9
9.	Bronx	Claremont-Bathgate	46%	399.5
10.	Bronx	West Concourse	35%	386.7

Poverty Rates in Neighborhoods with the Highest Rates of Asthma ER Visits for Children

In New York City, nine of the top ten Neighborhood Tabulation Areas with the highest rates of ER visits among children ages 5 to 17 years old are concentrated in Northern Manhattan and the Bronx (2017-2019). These neighborhoods also have high levels of poverty.[105 106]



New York has important intervention programs in place to serve children with persistent asthma and those who have visited the ER or been hospitalized as the result of an asthma attack. The City's Neighborhood Action Centers in East Harlem, Tremont, and Brownsville do great work to support families with children who suffer from asthma. However, we must strengthen our efforts to prevent more young New Yorkers from developing asthma, in part by improving housing conditions in the highest-risk neighborhoods.

New York recently enacted Local Law 55, the Asthma Free NYC Act (summarized on p.85–86), elevating the role of City agencies and landlords in reducing asthma rates. To ensure that this important step forward has the greatest impact possible, we must proactively enforce Local Law 55 to protect residents from housing conditions that increase vulnerability to asthma.

A CLOSER LOOK: ASTHMA POLICY LANDSCAPE

Asthma Free NYC Act- Local Law 55 of 2018[107]

Local Law 55 requires landlords of all multifamily buildings, and buildings of any size occupied by a tenant with asthma, to fulfill the following steps to keep homes pest- and mold-free:

- Inspect units annually for indoor allergen hazards such as mice, cockroaches, rats and mold.
- Respond to complaints about indoor allergen hazards, including those received from tenants and HPD.
- Clean and rid apartments of pests and mold before a new tenant moves in.
- Provide tenants with the "What Tenants and Landlords Should Know about Indoor Allergens and Local Law 55 Fact Sheet" and a notice with each lease that clearly states the property owner's legal responsibility to keep the building free of indoor allergens.
- Remediate pest infestations using Integrated Pest Management (IPM).
- Remediate mold issues.

Local Law 55 requires HPD to:

- Conduct inspections in a timely manner for mold and pest complaints.
- Ask whether mold, mice, roaches, or rats are present in the apartment during every inspection, and issue violations as appropriate.
- Reinspect all Class B violations that have not been certified as corrected.
- Notify both owners and tenants about violations related to mold, mice, roaches, or rats.

Enforcement of Local Law 55:

- If a tenant complains to the City about mold or pests, HPD will conduct a home inspection. If mold, mice, rats, or roaches are observed, a violation is issued.
- If the landlord fails to remediate mold issues, HPD may step in to do the repairs and bill the landlord for the work.
- If the landlord refuses entry, HPD can bring the landlord to housing court.

POLICY RECOMMENDATIONS

5.1 Improve pest management protocols and practices at NYCHA. New York City can drastically reduce asthma rates for public housing residents through the comprehensive adoption of Integrated Pest Management (IPM) at NYCHA developments. IPM focuses on preventative, long-lasting pest remediation by improving building conditions and removing the underlying cause of infestation. Compared to traditional, chemical-intensive methods of extermination, IPM has proven to be more effective and less costly.

Currently, NYCHA only uses IPM at a select few developments, while continuing to use traditional extermination methods at the majority of its buildings. Public housing authorities nationwide that have implemented IPM have experienced reductions in work orders for cockroaches and rodents, as well as cost savings. An NYC DOHMH and Columbia University study conducted on a sample of NYCHA buildings found that IPM intervention significantly reduced the presence of pests and mold allergens.[108]

In order for a full adoption of IPM across NYCHA's entire portfolio to be successful, NYCHA will need additional exterminator staffing capacity and intensive IPM training, combined with significant government funding to address its deferred capital needs. As of the latest available data, NYCHA employs only 108 pest exterminators.[109] At this staffing level, each exterminator would have to provide coverage for approximately 1,600 apartments. As the

average extermination of one unit takes 90 to 100 minutes, this is not feasible.[110] To reduce asthma rates and improve the health of public housing residents, NYCHA must increase its extermination capacity.

5.2 Incorporate asthma data into HPD's proactive code enforcement Initiatives. HPD is responsible for keeping New York City's housing healthy and safe. The agency should incorporate real time health data to make sure its code enforcement resources have the maximum impact on the health of New Yorkers. To address and improve the health of New Yorkers, HPD must have access to data that shows where poor health outcomes are the result of poor housing conditions. With health data, HPD's proactive code enforcement initiatives can hone in on properties where residents experience high rates of asthma. Data on asthma-related ER visits and hospitalizations can inform a proactive and equitable code enforcement strategy that helps keep New Yorkers breathing easy.

5.3 Target buildings with high asthma rates for HPD's preservation finance programs. HPD spends hundreds of millions of dollars each year to upgrade buildings and preserve affordability. Prioritizing this funding for buildings and neighborhoods that are asthma hotspots can ensure that these resources improve the health outcomes, as well as the housing, of low-income New Yorkers.

5.4 Prioritize high-risk New Yorkers with asthma residing in poor housing conditions for affordable units. New York City can implement a direct Rx for Housing by placing New Yorkers with chronic asthma who reside in poor housing conditions into HPD's affordable units. Currently, New York City utilizes a randomized lottery process to allocate affordable housing units. However, the City could reshape this process to align with the goal of reducing asthma rates. NYCHA gives priority to applicants on its public housing waitlist who currently reside in substandard housing conditions. HPD could expand on that approach by factoring housing conditions and the resulting health consequences into the allocation of apartments, using a housing lottery preference or a direct set-aside.

5.5 Offer free home inspections in conjunction with asthma-related healthcare. Each year, approximately 50,000 children in New York City end up in the ER or are hospitalized due to asthma. About 40% of these children live in the Bronx, although the Bronx accounts for only 17% of the city's population.[111] It is crucial to help families with children who are suffering from asthma, particularly those in low-income and communities of color, identify potential asthma triggers in their homes.

One way to better support these families is to assist health care providers in offering them an optional referral to DOHMH after an ER visit or hospitalization has occurred.

Families would be referred by their healthcare provider to DOHMH, which, in coordination with HPD, could follow up to offer families a free home inspection for asthma triggers and hazards. New York has a similar process in place for when a child tests positive for lead poisoning, which triggers an inspection of the child's household by DOHMH and HPD. This process provides an incentive for landlords to remediate the source of lead paint poisoning. Implementing a similar, streamlined approach for child asthma hospitalizations will ensure a higher rate of compliance with Local Law 55, help families identify asthma triggers in their home, and protect children's health.

5.6 Expand Healthy Homes program in neighborhoods with high asthma rates. New York City should proactively improve housing conditions in neighborhoods with high rates of asthma. One option is to expand the NYC Healthy Neighborhoods Program (HNP) administered by DOHMH, which can prevent New Yorkers from developing asthma and improve quality of life for those with asthma by reducing home-based triggers. HNP provides participating households with a free home environmental inspection to help identify asthma triggers in their homes. Afterwards, HNP staff work with property owners to remediate any issues. Landlords then have 21 days to complete the remediation; if they fail to do so, a violation is issued.

An evaluation of HNP by the NYS Department of Health and the National Center for Healthy Housing found that the program demonstrated statistically significant reductions in a variety of environmental health hazards. Findings showed that asthma triggers such as pest infestations, plumbing leaks, mold/mildew issues, and roofing/structural leaks were reduced through HNP.

In an expansion of the program, rather than waiting for referrals from health care providers, the City could proactively send DOHMH inspectors and community providers into high-risk neighborhoods to conduct free home environmental inspections, and/or offer services to other households in buildings where a tenant has been referred to the program. These changes would strengthen resources for home-based asthma prevention in high-risk neighborhoods, improve housing conditions, and help bring down asthma rates. The program expansion would also serve as an enforcement mechanism for landlord compliance with Local Law 55. Rather than placing the onus on New Yorkers in at-risk neighborhoods to report landlord non-compliance, or waiting for a resident to develop persistent asthma, this new approach would proactively protect residents. ■

IMPROVE INDOOR AIR QUALITY 6

Poor indoor air quality (IAQ) is detrimental to our health. While the presence of lead paint dust and asthma triggers contributes to poor air quality indoors, IAQ goes beyond those factors to encompass all of the pollutants, emissions, germs, and viruses that fill the air in our homes. Indoor spaces are particularly susceptible to higher concentrations of airborne contaminants, including those that originate outdoors.[112] The U.S. Environmental Protection Agency found that airborne contaminants indoors can be concentrated at levels two to five times higher, and pose greater risks to human health, than those outdoors. Reducing airborne contaminants inside our homes is a key strategy for promoting the health of New Yorkers.

This year, New York City emerged as the epicenter of a respiratory pandemic, a crisis which also forced New Yorkers to spend more time inside their homes than ever before. Solutions for improving IAQ are needed now more than ever. Identifying and improving buildings with poor IAQ can help reduce the spread of COVID-19, and efforts to improve IAQ will benefit New York City by spurring investment in our housing stock and strengthening our protection against future airborne pandemics.

Even absent a pandemic, IAQ is paramount to public health. Dangerous volatile organic compounds (VOCs) emitted from paints, surface cleaners, laundry products, and building materials linger in the air inside our homes. High exposure to VOCs, which worsen IAQ, has been linked to increased rates of asthma and allergies, as well as the potential for long-term organ damage and nervous systems issues.[113] While VOCs are the most common home contaminants, there are many other pollutants of indoor air that can negatively impact our health.

Despite the importance of IAQ, the average New Yorker is not well-informed about the presence or health implications of airborne pollutants. Residents may also be unaware of the health impacts of construction and repair decisions around building ventilation and building materials such as flooring, cabinets, stoves, countertops, and paint. All of these aspects of our housing directly impact the air we breathe and ultimately shape our health.

Especially as we combat the impacts of COVID-19, improving IAQ must be a key policy goal.

We must protect the health of New Yorkers in the face of COVID-19 and future pandemics, and ensure that New Yorkers do not suffer negative health impacts from the very air we breathe at home.

POLICY RECOMMENDATIONS

6.1 Require property managers to monitor air quality in residential buildings. As a necessary first step towards improving IAQ, New York should equip property managers with tools and resources to monitor, collect, and periodically submit data on IAQ in their buildings. Property managers could provide information on the levels of carbon dioxide, carbon monoxide, and other harmful pollutants, as well as temperature and humidity levels, in their buildings. The data collected would provide a much greater understanding of IAQ in our housing stock, both at the citywide and neighborhood levels, and how to improve IAQ. It would also equip property managers with useful information to ensure that systems in their buildings are functioning properly and that IAQ in their buildings is optimal. Collecting this data is a major first step towards a serious commitment to improving IAQ in New York City.

6.2 Strengthen air filter requirements to increase ventilation in homes. The majority of our exposure to outdoor air pollution actually occurs indoors. The concentration of airborne pollutants that originate outside can be two to five times higher indoors than outdoors.[114] Given that Americans spend 90% of their lives indoors, we are exposed on a daily basis to an array of contaminants such as VOCs and carbon dioxide that can be detrimental to our health.[115] To reduce this exposure, the City must focus efforts on improving IAQ and pollution levels indoors.

One strategy for improving IAQ and reducing indoor pollution is to strengthen requirements for mechanical ventilation. Heating, Ventilation, and Air Conditioning (HVAC) systems play a key role in filtering air and preventing dangerous pollutants from entering, or circulating around the interior of buildings. Our regulatory framework should ensure that HVAC systems in New York City buildings provide the best IAQ possible.

MERV-13 filters are a great tool for protecting IAQ, as they filter out harmful bacteria and viruses. Buildings in New York City are not currently required to utilize MERV-13 filters, yet some property managers have been quickly upgrading to them in light of COVID-19. Although MERV-13 filters require greater energy usage and higher costs, New York City should require their adoption in buildings with capable HVAC systems to achieve the best IAQ possible. ■

A HOUSING PLAN FOR THE HEALTH OF NEW YORKERS

1 END THE HOMELESSNESS CRISIS

1.1 Streamline access to housing and social safety net benefits.

1.2 Create a new chain of command for DHS & HPD.

1.3 Increase the value of CityFHEPS maximum allowable rents to the fair market value.

1.4 Prioritize long-term housing placements in shelter contracts & performance metrics.

1.5 Commit to a NY/NY4 agreement for more supportive housing.

1.6 Build specialized shelters for LGBTQ+ New Yorkers.

1.7 No babies born in shelter.

1.8 Increase affordable housing options for domestic violence survivors.

1.9 Develop affordable housing for homeless New Yorkers in partnership with hospitals.

2 MEET THE HOUSING NEEDS OF SENIORS & PEOPLE WITH DISABILITIES

2.1 Expand access to funding for home modifications.

2.2 Reduce heat-related fatalities.

2.3 Expand DRIE & SCRIE.

ADDRESS THE IMMEDIATE HEALTH CRISIS OF COVID-19

3

- 3.1 Create health-centered mixed-use developments in neighborhoods lacking healthcare facilities.
- 3.2 Elevate the role of property management in keeping tenants safe.
- 3.3 Evaluate design best practices for healthy housing.
- 3.4 Prioritize affordable housing resources for essential workers.

ERADICATE LEAD PAINT FROM ALL HOMES

4

- 4.1 Ensure HPD has the resources and capacity necessary to enforce lead laws.
- 4.2 Increase the number of buildings proactively inspected through the Building Lead Index and make the list public.
- 4.3 Expand assistance for landlords to remediate lead paint hazards.
- 4.4 Provide residents with tools to detect lead paint-based hazards in their own homes.
- 4.5 Prioritize protection of expecting mothers and infants.

DEVELOP BETTER HOUSING CONDITIONS TO REDUCE ASTHMA RATES

5

- 5.1 Improve pest management protocols and practices at NYCHA.
- 5.2 Incorporate asthma data into HPD's proactive code enforcement initiatives.
- 5.3 Target buildings with high asthma rates for HPD's preservation finance programs.
- 5.4 Prioritize high-risk New Yorkers with asthma residing in poor housing conditions for affordable units.
- 5.5 Offer free home inspections in conjunction with asthma-related healthcare.
- 5.6 Expand Healthy Homes program in neighborhoods with high asthma rates.

IMPROVE INDOOR AIR QUALITY

6

- 6.1 Require property managers to monitor air quality in residential buildings.
- 6.2 Strengthen air filter requirements to increase ventilation in homes.

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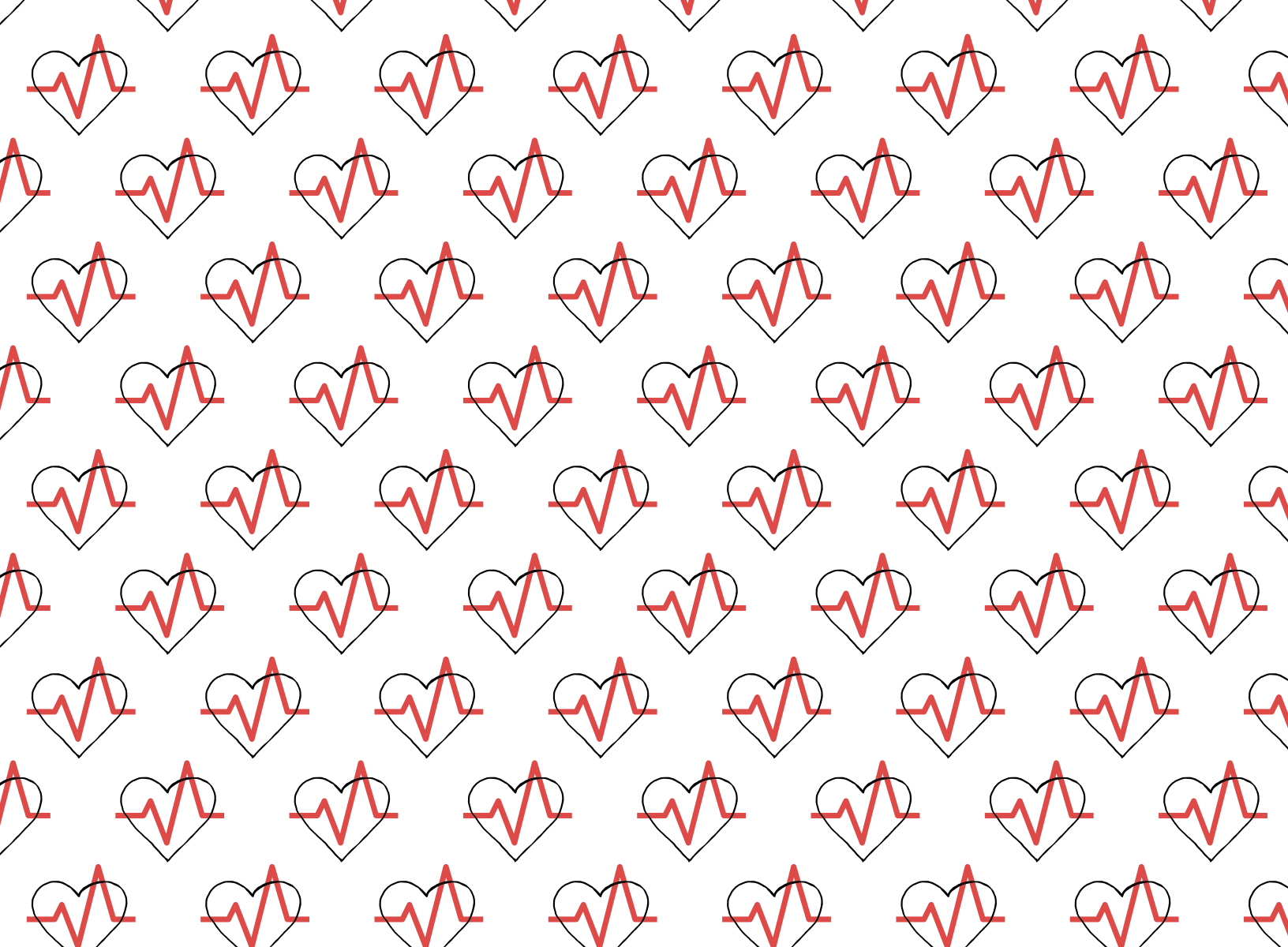

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