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## *Proyecto Casas Saludables* Evaluation Report

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## EXECUTIVE SUMMARY

The *Proyecto Casas Saludables Evaluation Report* documents the existence of unhealthy housing conditions in City Heights and the attempts of community residents to remedy them. Significant project findings include:

- ❖ Racial and housing segregation disproportionately exposes people of color to unhealthy housing conditions.
- ❖ Large numbers of housing units are in substandard conditions and in need of repairs.
- ❖ Relationship between tenants and housing authorities such as code enforcement is tenuous.
- ❖ Tenants are often unaware of reporting and enforcement systems in place to file complaints.
- ❖ Landlords are resistant to making repairs in units with substandard conditions.
- ❖ Tenants often face retribution from landlords when they report housing conditions.
- ❖ Limited resources on health and safety exist in culturally and linguistically appropriate languages for community use.
- ❖ Legal claims are an option to address substandard housing.
- ❖ Economic effects are compounded by language, cultural and social barriers that limit their access to the programs and services.

Specific findings about the health and housing conditions that families face in City Heights include:

### Demographic Information

- ❖ City Heights is a low income community; almost half (45 percent) earn between \$1,000 to \$1,500 monthly.
- ❖ Most respondents are Latino residents (87.8 percent) who have lived in the area an average of 8 years and who rent and live in multi-unit complexes (such as apartments).
- ❖ In 90 percent of the cases, there are children under 17 years of age living in the homes, with an average of 2.71 children per household.

## Asthma Prevalence

Consistent with previous research findings, City Heights continues to have high asthma rates.

- ❖ 5.7 percent of respondents (adults) have asthma.
- ❖ 31 percent of respondents have children with asthma. 15 percent of parents whose children have asthma have worked with a school nurse.

## Landlord/Tenant Issues

- ❖ Over 90 percent of those who responded yes to feeling anxious or fearful when reporting housing repairs to landlords are less likely to have had their homes tested for lead than those who replied no.
- ❖ Close to 50 percent of respondents who said they did not feel fearful are more likely to have their children's blood tested for lead.

## Asthma & Home Environment

Participants confronted many problems with asthma triggers (carpeting, mold, lead, pests) that affected their health, specifically in asthma.

- ❖ 40 percent of individuals who reported living in a carpeted home reported having asthma.
- ❖ There was a higher report (39 cases) of participants with asthma who reported having their carpets cleaned more than twice a year.

## Health Problems Associated with Mold

Mold is a major health hazard in substandard housing.

- ❖ 64 percent of all participants reported signs of mold in the home. 44 percent of those participants have at least one person in the home with asthma.
- ❖ Over half (57.9 percent) reported signs of moisture or dampness in the home. Asthma incidents were higher in homes where moisture or dampness was found (29 cases of asthma).
- ❖ Well over half (58.6 percent) reported visible mold in their homes. Asthma incidents were higher in homes where visible mold was present (32 cases of asthma).

## Health Problem Associated with Pests

- ❖ An overwhelming majority of participants (79.1 percent) reported having cockroaches in their homes. Of the participants who reported exposure to cockroaches in the home, 48 percent had asthma.

## Health Insurance

In spite of the very significant health risks associated with housing conditions in Mid City, most respondents do not have medical insurance.

- ❖ 58 percent of respondents do not have health insurance. 27 percent have Medi-Cal. Only 1 percent reported having Healthy Families. Only 6 percent have employer-sponsored insurance.

## INTRODUCTION

The National Latino Research Center at Cal State San Marcos was contracted by Mid-City Community Advocacy Network (Mid City CAN) to evaluate *Proyecto Casas Saludables*, a three-year project, funded by The California Endowment, designed to effect positive improvements in the housing standards of Mid City's immigrant and refugee families and thereby improve health outcomes, particularly asthma.

Asthma, an inflammatory lung disease, is one of the most common chronic childhood diseases affecting 1 in 6 children in California.

- ❖ In 2004 approximately 21 million adults and 9 million children lived with asthma in the United States.
- ❖ Approximately 3.7 million adults and 1.7 million children in California have been diagnosed with asthma at some point in their lives.
- ❖ An estimated 314,000 people of all ages have been diagnosed with asthma at some point in their lives in San Diego County.

Common symptoms include recurrent wheezing and coughing, difficulty breathing, and tightness of the chest. Asthma attacks can range in severity from inconvenient to life threatening. Although there is no known cure for asthma, it can be managed by following a medical plan and reducing exposure to environmental triggers.

While scientists continue to explore what causes asthma, it is clear that some environmental factors like tobacco smoke, ozone, and air pollution play a role in the onset of asthma in otherwise healthy people.

Additionally, we know that a number of indoor environmental factors cause irritation to the lungs and can lead to asthma, allergies, and other health threatening conditions.

*Proyecto Casas Saludables* implemented strategies to reduce exposure to these harmful environmental factors in homes. Triggers in the home include mold, cockroaches and rodents, dust mites, pets, gas stoves and space heaters, tobacco smoke, and pollen.

## Asthma Indoor Triggers Include<sup>i</sup>:

### **MOLD**

Mold spores and bacteria have been associated with increased prevalence of respiratory symptoms and decreased lung function among asthmatic children.

### **COCKROACHES AND RODENTS**

Cockroach and rodent allergens in kitchens and bedrooms have been linked to increased prevalence and severity of asthma symptoms.

### **DUST MITES**

Dust mites have been consistently associated with allergic sensitization and increased prevalence and severity of asthma symptoms.

### **PETS**

Pet allergens can collect in dust on smooth floors, upholstered furniture, and on carpets and rugs. Some studies have reported significant associations between pets and asthma symptoms.

### **GAS STOVES AND SPACE HEATERS**

Indoors, nitrogen dioxide (NO<sub>2</sub>), which can be emitted from unvented, improperly operating gas-fired stoves and space heaters, has been shown to increase allergic sensitization and susceptibility to asthma attacks.

### **TOBACCO SMOKE**

Environmental tobacco smoke, or secondhand or passive smoke, is produced when individuals use tobacco products inside the home or too close to open doors and windows. Tobacco smoke has consistently been shown to increase both allergic sensitization and subsequent asthma attacks.

### **POLLEN**

Studies have shown that pollens from trees, grass, buckwheat, and flowers can increase the prevalence of asthma symptoms in children with asthma. Pollens enter the home through windows, doors, and possibly through ventilation systems with inadequate particle filtration.

## Impact of socioeconomic status

Socioeconomic status is a strong predictor of exposure to allergens in the home.<sup>ii</sup> It is well documented that homes in high poverty areas are more likely than homes in low poverty areas to have indoor allergen exposure such as deteriorating housing conditions, cockroach, dust mite, and pet allergens.<sup>iii</sup>

Over the past decade the prevalence of respiratory diseases among children living in impoverished areas has continued to rise. Research has shown that early childhood exposure to indoor allergens is a significant risk factor for the development of asthma.<sup>iv</sup> A significant association has been found between the levels of cockroach allergens in inner city homes and the degree of housing disrepair, independent of household income.<sup>v</sup> Such results shed light on the *substandard housing* conditions many populations face living in high poverty areas.

As described by the California Health and Safety Code (H&SC), Section 17920.3, a substandard building is any building or portion thereof in which certain conditions exist to the extent that it endangers the health and safety of its occupants or the public. The conditions include: inadequate sanitation, structural hazards, substandard plumbing, wiring, and/or mechanical equipment, faulty weather protection, lack of, or inadequate fire-resistive construction or fire-extinguishing systems, and inadequate maintenance.<sup>vi</sup>

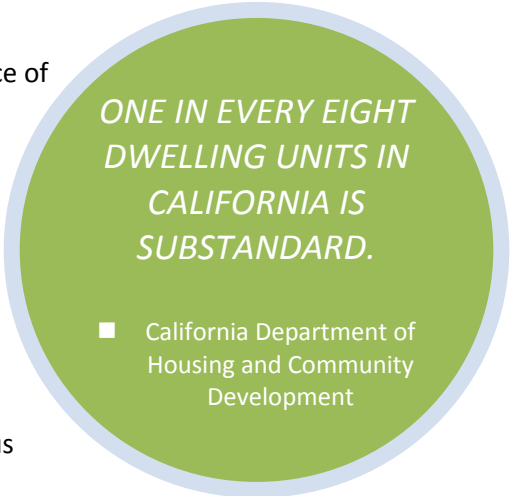
Despite existence of health laws and codes regulating maintenance of housing conditions, deteriorating housing prevails in low income communities throughout the nation which are characterized by serious structural hazards such as fallen ceilings, constant leaks in walls, lead paint, and problems with heating and electrical systems. These structural problems often lead to additional problems with rampant mold and infestations of cockroaches, rodents, and other pests.

Essentially, regardless of where one lives it is socioeconomic status that can predict whether one will be exposed to asthma triggers.

According to the Institute of Medicine, approximately 80% of asthma cases are allergic asthma types.<sup>vii</sup> Consequently, asthma rates are higher in individuals who are sensitized to allergens.<sup>viii</sup> Furthermore, research suggests that the effects of socioeconomic status on asthma are stronger than the effects of heredity for allergic diseases.<sup>ix</sup>

## About race and racial disparities

Although race is an artificial construction to categorize people, it remains an important concept because of the social, political, and economic issues that arise from it. Race is an important risk factor for asthma. It is now well established that among U.S. residents of similar socio-economic status, there is greater asthma morbidity and mortality among Latino Americans and African Americans than among Caucasian Americans. Latinos and African Americans suffer substantially higher fatality rates, hospital admissions,



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Housing and Community  
Development



and emergency room visits due to asthma. Nationwide, African American children are 5 times more likely to die from asthma than white children.

The hospitalization rate for asthma in California is more than 3 times higher for African American children than for white children. In California, Latino children are hospitalized for asthma at a rate that is 10 percent greater than for white children.<sup>x</sup>

Latino children currently account for the largest minority group of children in the nation and have higher rates of asthma than non-Latino children.<sup>xi</sup> Additionally, Latino children are at least three times more likely to live in counties where air pollutant concentrations exceed cancer risk levels.<sup>xii</sup> Although the prevalence rates of asthma are higher in African-American populations, the functional morbidity due to asthma (e.g. missed days of school) is higher in Latino children attending primary care clinics.<sup>xiii</sup>

Data on asthma-related clinical characteristics is being collected by the Genetics of Asthma in Latino Americans (GALA) Study, studying ethnic specific genetic risk factors for asthma and asthma severity among Latino and African American asthmatics. According to the study, there are striking differences in reported rates of asthma morbidity and mortality among specific Latino American ethnic groups. Specifically, Puerto Rican asthmatics have a higher risk of emergency visits and previous hospitalization of asthma than Mexicans. In addition, Puerto Rican asthmatics have lower responsiveness to asthma medications than their Mexican counterparts. This is in stark contrast to the near geographic uniformity of asthma morbidity and mortality rates among African Americans and Caucasians in the U.S.

The differences in asthma prevalence and severity among Latino Americans on the two coasts may reflect differences in the genetic contributions of ancestral Native American, Spanish and African populations to the Latino population on the east coast (predominantly Puerto Rican) and west coast (predominantly Mexican). Further research is needed to identify genetic factors associated with asthma and impacts across Latino subgroups.<sup>xiv</sup>

Hence, it is evident that socioeconomic and racial disparities coalesce to over-burden low income people of color currently living in unhealthy housing conditions. Furthermore, prevalence and severity continues to disproportionately affect minorities in the United States.

### **Additional considerations**

Residents living in substandard housing face many challenges in their efforts to remedy existing conditions. Many renters do not have access to repairing their deteriorating housing conditions (i.e., cracks, water damage, leaky pipes) because such repairs are controlled by landlords, managing agencies, and in the case of public housing by city or county agencies.

The challenges are exacerbated for residents who are non-English speakers and/or immigrants who lack a general understanding of legal and legislative processes.

# SOCIO-ECONOMIC PROFILE OF CITY HEIGHTS

## San Diego County

San Diego County is the sixth most populated county in the United States and the second most populated in California with an estimated 2.8 million residents. Between 1990 and 2000 the County's population increased by more than 11 percent, further increasing the diversity of the region (2000 U.S. Census). It is located in the Southwest corner of the state and is bordered by the Pacific Ocean to the west, Imperial County to the east, the U.S.-Mexico border to the south, and Orange and Riverside counties to the north.

Figure 1: Map of San Diego County



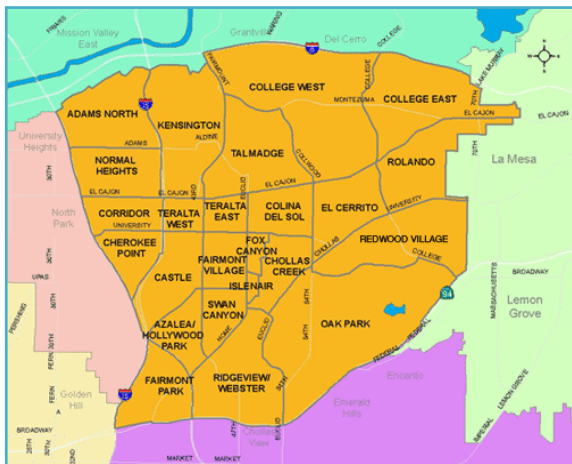
According to the 2000 US Census, 55 percent of the county's residents are White while over one-quarter (27 percent) are Latino. The remaining 18 percent are Asian (9%), Black (5%), American Indian or Alaskan Native (1%), Hawaiian or Pacific Islander (0.4%), or two or more ethnicities (3%).

## City Heights

The area of Mid City is the most densely populated and ethnically diverse community in San Diego County. It is home to the largest aggregation of refugees and immigrants who represent more than 40

languages and dialects. The neighborhood of City Heights, where most of these groups reside, is afflicted by many conditions that negatively impact health such as high rates of poverty, unemployment, lack of affordable housing and available social and health resources. The effects on these groups are compounded by language, cultural and social barriers that limit their access to the political process, thereby impeding their ability to affect improvements to overall family health outcomes.

Figure 2: Map of Mid City



Mid City contains 168,125 people residing in the communities of City Heights, Normal Heights, Kensington, College, Rolando, Darnall, Webster and

Oak Park. Mid City's demographic balance has shifted dramatically over the last 14 years. Whites have declined from 50 to 30 percent of the total population while Latinos have increased from 22 to 39 percent. Mid City's changing complexion has also shifted the age of its residents. Youth ages 0-19 comprise 37 percent of residents in City Heights, up from 29 percent in 1990.

## SUMMARY OF PROYECTO CASAS SALUDABLES

Mid-City Community Advocacy Network (Mid-City CAN) is a collaborative of more than 150 residents, agencies, businesses and institutions promoting a safe, productive, and healthy community through collaborative efforts of families, youth, schools, religious and cultural organizations, businesses, and public and private agencies. The organization serves as a clearinghouse of ideas, communication, coordination, advocacy, and networking serving the Mid-City area in the City of San Diego.

In December 2002, as a sub-grantee of The California Endowment's Community Action to Fight Asthma (CAFA) initiative and in collaboration with the San Diego Regional Asthma Coalition (SDRAC), Mid-City Community Advocacy Network (Mid-City CAN) began addressing environmental issues in Mid-City. In an effort to design an intervention that would be responsive to the community, the SDRAC, Mid-City CAN, and the National Latino Research Center (NLRC) designed a door-to-door community survey to seek input and assess the perceptions, concerns and priorities of Mid-City residents.<sup>xv</sup>

The community survey was conducted among 412 Mid-City residents to assess community perceptions and concerns about indoor and outdoor air quality. This survey was specifically interested in traditionally underserved populations, with an emphasis on low income groups, new immigrants, and those who may experience barriers to access due to language or lack of information.

The 2002 survey identified several important trends related to housing issues. For example, nearly 60 percent of survey respondents lived in multi-unit housing, 36 percent lived in single family homes, and 4 percent lived in dwellings designated as "other" (i.e., mobile homes). A comparison with Census 2000 data revealed that 48 percent of Mid-City's housing units were single family, 51 percent were multiple-family, and 1 percent was mobile homes. Nonetheless, a closer look at the distribution of units in the City Heights neighborhood indicated that over 60 percent of the units are multiple-family and in some of City Height's Census tracts, over 80 percent are multiple units.

### Mid-City Community Survey 2003 Important Findings

- High asthma burden in Mid-City.
- Problems with pest control, trash, and illegal dumping.
- Lack of knowledge about local asthma programs and environmental health.
- Interest in community involvement to make Mid-City a healthy and safe place to live.

Additionally, the survey identified a high asthma burden in Mid-City. Despite the lack of reliable surveillance data for the region, the survey results are consistent with other sources of data (hospitalization, ER visits, and 911 calls) that indicate a high asthma burden in Mid-City neighborhoods. Of the 412 community residents surveyed, 20 percent reported that having at least one household member with asthma.

Through involvement in the CAFA network, Latino and Somali residents increased their understanding of outdoor asthma “triggers” and the impact they have on the high rates of childhood asthma here in Mid-City. Through the efforts of CAFA, Mid-City CAN and SDRAC worked together to address issues related to pests (rats and cockroaches) and trash issues which all play a role as asthma triggers. Through this effort, Mid-City CAN and the city of San Diego’s Environmental Services worked with residents collecting more than 40 tons of waste in Mid-City’s neighborhoods.

Hence, in 2005, in an effort to further explore and remedy conditions leading to the high asthma rates in Mid-City, Mid-City CAN received a grant from The California Endowment to implement a three year healthy housing initiative known as *Proyecto Casas Saludables* to reduce childhood exposure to lead, mold, toxins and pests that are “triggers” to asthma.

### **Project Objectives**

*Proyecto Casas Saludables* weaves together three strategies: 1) leadership development, 2) community education, and 3) policy change, to effect positive improvements in the health and housing standards of Mid City’s families, many of whom are immigrant, non-English speakers and undocumented.

### **Community Grassroots Leadership**

In 2003, coinciding with implementation of the Community Action to Fight Asthma project in Mid-City, Mid-City CAN received a grant from the Waitt Family Foundation to initiate a community leadership building initiative called *Latinos y Latinas en Acción* (LLEA). The mission of LLEA is to lead, support and channel the various efforts the Latino community undertakes to improve the quality of life of our families and community and influence the civic and political process that affect Mid-City.

Since its founding, over 500 adults and youth have participated in a variety of trainings and programs designed to increase civic involvement to address local issues ranging from immigrant rights, environmental health, fair housing, to education. LLEA has successfully increased Latino leadership in local decision-making processes such as the City Heights Redevelopment Area Project Committee (PAC), having its first member elected to the committee in the fall of 2006. The PAC oversees the allocation of tax increment funds that pay for redevelopment efforts within the City Heights Redevelopment Project Area.

Through a variety of trainings, members learn the skills needed to advocate for different issues that affect the life of the community. The trainings include leadership development, community organizing and advocacy, personal growth, and the impact racism and oppression have on the daily lives of the members.

## Community Outreach and Education

In 2006, *Proyecto Casas Saludables* sponsored its first Housing Conference where over 120 local residents learned about their rights as renters and were able to attend a variety of healthy home related workshops.

Since the start of the project, 140 homes have been inspected in City Heights, with residents referred to housing counselors, legal counsel, or to programs that assist with lead removal. Currently, the Mid-City CAN Housing Momentum Team is taking the results of the initiative and identifying ways to improve city and county policies to address the high rates of cockroaches and mold in rental housing.

## Systems Change

Mid-City CAN established a *Housing Momentum Team* (HMT) as a coalition of housing and health advocates to support the policy change efforts in Mid City identified by *Proyecto Casas Saludables*. The HMT is exploring a series of community identified solutions to address health and housing conditions. Community solutions identified include:

- ❖ Advocate for a culturally and linguistically competent housing counselor to work with community residents.
- ❖ Work with government authorities such as legislators, city attorney, and city code enforcement to address structural housing issues.
- ❖ Work with government authorities such as legislators, city attorney, and city code enforcement to address pest infestation issues.
- ❖ Advocate for pro-active code enforcement (possibly replicate models from National City and Los Angeles County).
- ❖ Promote education/training capacity on environmental health for code enforcement and government authorities.
- ❖ Expand culturally and linguistically appropriate tenant rights resources in the community.
- ❖ Advocate for protection of vulnerable populations impacted by substandard housing conditions and deteriorating health.

The project received attention of city officials and 10 small claims court cases, nine of which were resolved in favor of the residents. Overall, *Proyecto Casas Saludables* supported the community's efforts to improve health by improving the conditions of low-income substandard housing. While this is an ongoing effort, this pilot project created a strong foundation bringing together key stakeholders to devise strategies to continue improving housing and health conditions in City Heights.

## METHODOLOGY

*Proyecto Casas Saludables* implemented a variety of outreach, educational, and advocacy strategies to address high rates of asthma in City Heights. Through design and implementation of data collection tools and strategies, the NLRC was able to help Mid-City CAN gather meaningful information to help inform the relationship between housing and health and to better understand the role of government in protecting community health.

This multifaceted project incorporated:

- Home evaluations conducted by promotoras to determine health hazards and tenants' issues.
- Follow-up and referral systems to address residents' legal and medical needs.
- The Housing Momentum Team, a partnership with health and housing agencies to identify strategies to advocate for policy change.

The NLRC collected qualitative (focus groups) and quantitative (survey) data. The survey gathered participants' demographic information (age, ethnicity, gender) and general information regarding environmental hazards in the home.

The survey was approximately 40 minutes in length and consisted of 32 questions (mostly discrete choices). Survey participation focused on persons over 18 years of age who had school aged children living in the household. Participation was also strictly voluntary. The survey was completed by bilingual promotoras as part of the overall environmental home assessment. Mid-City CAN coordinated and supervised the data collection process.

The home assessments were conducted during the week and on weekends at various hours of the day. It is also important to note that there was a recognized "over sampling" of specific groups as well as an over sampling in neighborhoods where these groups live. Finally, since the survey was collected as part of the overall home assessment, many of the interviews were conducted at homes along the more accessible and walk-able streets. Informal networks of communication helped the promotoras and project director identify participants.

The survey was administered by Mid-City CAN community health workers (promotoras) contracted to assist with the implementation of the intervention. Mid-City CAN trained promotoras in every aspect of the project implementation.

NLRC staff, Dr. Arcela Nuñez-Alvarez and Ana Ardón, conducted the focus groups. Questions asked information about participants' engagement in *Proyecto Casas Saludables* to gather data about participants' experiences in healthy housing trainings; identification of households deemed unhealthy; types of health and safety hazards identified; creation of the Housing Momentum Team; strategic partnerships developed around healthy housing; consensus forged between residents, allies and

landlords around housing improvements; increased advocacy being conducted around healthy housing by residents and collaborative members; and relationship with city code enforcement. Informed consent was obtained. Participants were instructed that participation was voluntary and confidential and that they were free to not answer any question and to stop at any time.

### Setting

*Proyecto Casas Saludables* specifically targeted the neighborhoods within the area of City Heights. Since 1975 this area has been home to refugees and immigrants who are attracted by its central location, easy freeway access, comparatively lower housing costs, and enclaves of refugees already settled here.

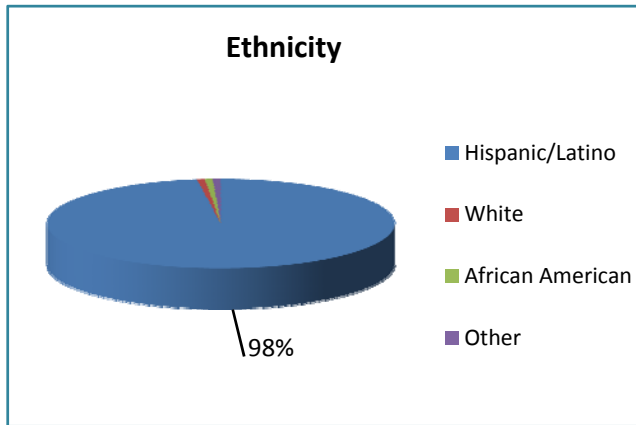
The data collected yielded measurable baseline data to develop strategies and make programmatic changes to improve services in the local community.

## SURVEY FINDINGS

This section of the report presents the survey findings 1) participant demographics, 2) children’s health, 3) tenant/landlord relations, 4) indoor air quality conditions in homes.

### Demographic Information

**Figure 3: Ethnicity of Participants**

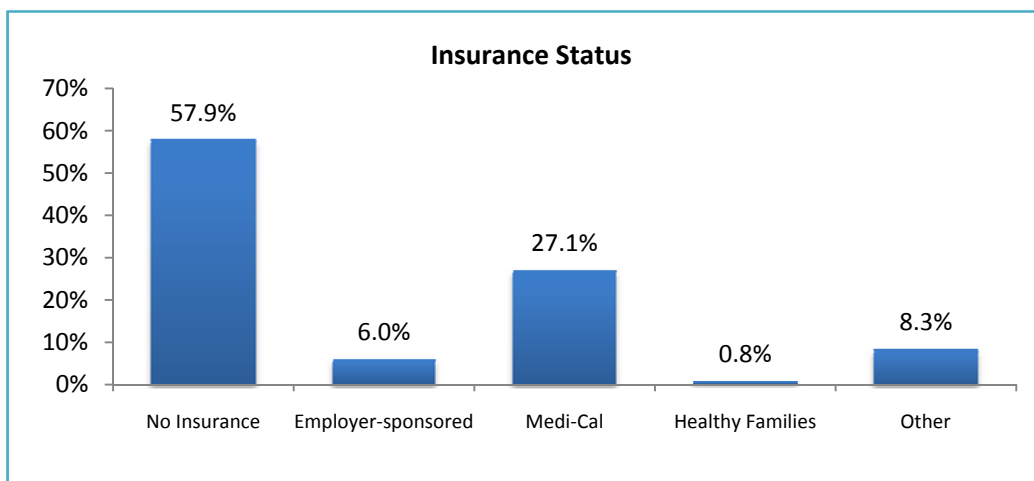


**Ethnicity:** Approximately 98 percent of respondents identified themselves as Latino/Hispanic while the remaining 2 percent were White, African or African American, Asian or Asian American, or other. This reflects the project’s target population. According to the Census 2000, City Heights is 52.9 percent Latino/Hispanic, 12.6 percent white, 13.4 percent African-American, and 16.7 percent Asian.

**Gender:** The majority of survey participants were female (94 percent).

**Health insurance:** The majority of participants (58 percent) do not have insurance and 27 percent have Medi-Cal coverage. Only 6 percent have insurance through their employer.

**Figure 4: Medical Insurance Status**



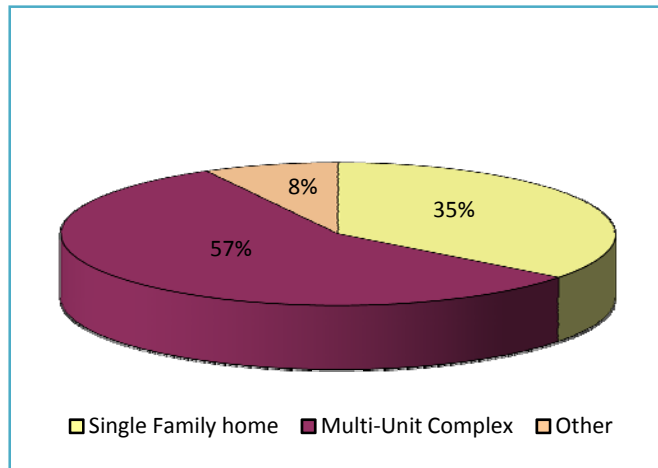


**Household Characteristics:** The majority of residents have lived in City Heights for an average of eight years. They live predominantly in multi-unit housing and 45 percent earn an average household income of \$1,000 to \$1,500 per month.

Families with children report negative health factors in their homes. Despite cleaning routines such as dusting and vacuuming to reduce indoor triggers of asthma, children live in households where triggers such as mold and mildew are visible.

91 percent of households surveyed reported having children under the age of 17 living in the home.

**Figure 5: Household Type**



**Figure 6: Household and Housing Characteristics**

Do you dust/vacuum/clean around the house?	Yes = 88%
Do you see mold and mildew and/or signs of dampness around the house?	Yes = 52%
Does anyone in your family smoke in the house?	No = 80%
Do you have pets?	No = 60%
Has your home ever been tested for lead?	No = 80%

**Figure 7: About Children Living in Households**

Has your child ever had allergy testing?	No = 76%
Are any of your children enrolled in local schools?	Yes = 72%
Has your child had a blood test for lead?	No = 45%

## Landlord/Tenants Issues

The survey asked participants if they rent, whether they have asked the property owner to make needed repairs, whether repairs were made on a timely manner, whether they feel anxious or fearful about reporting problems, if they have been evicted or threatened with eviction when they have requested improvements, if they have contacted legal services for assistance, and whether their rent has been raised or if landlord threatened to raise the rent because of the request for improvements. Two key findings are as follows:



31 percent of families have children with asthma.

Over 90 percent of those who responded yes to feeling anxious or fearful to reporting substandard conditions are less likely to have had their homes tested for lead than those who replied no (77 percent).

Close to 50 percent of respondents who said they did not feel fearful are more likely to have their children's blood tested for lead than those individuals who replied yes (37 percent).

## Asthma and Home Environment

Residents in City Heights face serious housing problems and are experiencing health consequences. Rampant mold and pest infestations are aggravating respiratory conditions such as asthma.

Participants confronted many problems with asthma triggers (carpeting, mold, lead, pests) that affected their health, specifically in asthma. Asthma incidents are reported on an individual basis. For example, there may be a participant who reported four different individuals who had asthma in the household. Such a case would count as 4 individuals with asthma. Therefore, on a case by case report there may be two households with asthma present in the home with a total of six individual with asthma.

## Carpets and Rugs

The survey asked participants a series of questions regarding carpeting in the home, area rugs, cleaning practices and frequency of cleaning to assess the presence of dust and dust mites in the home. The survey found the following:

- ❖ The incidence of asthma is smaller in carpet-free household. Only 23 percent of the individuals who reported living in a carpet-free home also reported having asthma.
- ❖ 40 percent of individuals who reported living in a carpeted home reported having asthma.
- ❖ Most participants reported that their carpets are not cleaned twice a year. There was a higher report of individuals with asthma among participants who reported having their carpets cleaned more than twice a year compared to those who report having their carpets cleaned less than twice a year.

- ❖ Having area rugs did not impact the frequency of asthma suffering individuals. However, having them cleaned at least twice a year did impact asthma rates. That is, of the cases that reported cleaning their rugs at least twice a year 59 percent also have asthma.



Families are exposed to many asthma triggers in substandard housing.

### Pillows and window coverings

- ❖ 113 cases reported no use of HEPA allergy bags compared to 18 cases who reported using them. Of the cases who reported not using the HEPA bags, 31 of them had asthma, 8 of them had at least 2 individuals with asthma in the home, 2 of them had at least 3 individuals with asthma in the home, and one case has 4 individuals with asthma in the home. Only six cases reported using the HEPA bags and having someone in the home with asthma.
- ❖ 48 cases reported not having decorative pillows or stuffed animals but also reported 23 incidents of asthma. As predicted, those cases that reported having decorative pillows or stuffed animals had a higher proportion of asthma incidents. There were 40 individuals with asthma; four cases with at least 2 individuals with asthma in the home, two cases with at least 3 individuals with asthma in the home, and 1 case with four asthma suffering individuals in the home.
- ❖ 82 percent of cases reported washing the window coverings at least four times a year. There were more cases of individuals with asthma who responded yes to washing their window coverings at least four times a year.

### Mold and Mildew

Mold is a major health hazard prevalent in substandard housing. The survey asked participants to report on moisture, dampness, visible mold, musty odors, and ventilation.

- ❖ 64 percent of all participants reported signs of mold in the home. 44 percent of those participants have at least one person in the home with asthma, 4 of the cases have at least 2 individuals with asthma, and one home reported having 4 individuals with asthma in the home.
- ❖ 63 percent of participants reported problems with moisture or dampness in their homes. Asthma incidents were higher in homes where moisture or dampness was found (29 asthma cases).

- ❖ 62.5 percent of participants reported visible mold anywhere in the home. Asthma incidents were higher in homes where visible mold was present (32 asthma cases).
- ❖ 60 percent of participants reported musty odors anywhere in their homes. Asthma incidents were twice as high in homes with a musty odor present (40 asthma cases).

### Cockroaches

An overwhelming majority (79.1 percent) reported having cockroaches in their homes. Of the participants who reported exposure to cockroaches in the home, 48 percent had asthma.

- ❖ Over 84 percent of participants reported ever having cockroaches in any area of their homes. Of the participants who reported exposure to cockroaches in the home (ever), 48 percent had asthma. Moreover, in five households at least 2 people had asthma, in two homes at least 3 people had asthma, and one household reported having 4 individuals with asthma. In contrast, of those participants who did not report ever having cockroaches only ten had asthma.
- ❖ 81 percent of participants reported currently having cockroaches in any area of their homes. The data are quite clear in the case of cockroaches. Of the participants who reported the current presence of cockroaches in the home, 47 percent also had asthma. In 7 households at least 2 people had asthma, in one home at least 3 people had asthma, and one household reported having 4 individuals with asthma. In contrast, of those participants who did not report the presence of cockroaches 11 individuals had asthma.



Cockroach infestation was found in close to 80 percent of the homes.

### Indoor Air Quality

Survey asked participants questions regarding smoking practices, use of air cleaners, ventilation systems, and use of air filters.

- ❖ Over 84 percent of participants reported that no one in their family smokes in the house. Asthma rates were high in the non-smoking households (54 cases) than in the smoking households (10 cases).
- ❖ The majority of respondents said they do not use air cleaners in their homes (97 percent).

## Cleaning Products

Survey asked participants use of various household cleaning products and awareness of correlation between toxic chemicals and health impacts.

- ❖ Bleach was used more often than any other cleaning product in the assessed homes. The higher incidents of asthma were found in households that use bleach (59 cases of asthma) and Windex (64 cases of asthma).
- ❖ There were significantly more people who used bleach compared with ammonia, vinegar, or Lysol to clean their homes.

In spite of the very significant health risks associated with housing conditions and existence of environmental triggers in homes, the majority of residents lack medical insurance and general information about the connection between health and housing problems.

## ANALYSIS OF FOCUS GROUPS

In the summer of 2007, the National Latino Research Center (NLRC) conducted three focus group sessions with community residents from City Heights who participated in Proyecto Casas Saludables and who also provided services as promotoras. Dr. Arcela Núñez-Álvarez and Ana Ardón facilitated the focus groups. Two focus groups were conducted with community residents whose homes were evaluated during the three years of the project. One focus group was conducted with promotoras who carried out home evaluations and provided referral services to the community to address immediate needs.

### Focus Groups with Community Residents

Focus group sessions were conducted at the Mid City CAN offices in City Heights, formerly located at 5150 University Avenue, San Diego, California. Each focus group was conducted in Spanish and consisted of about 10 to 15 community residents who participated in the home evaluation and follow-up process. Most of the participants were women, except for the participation of two men who accompanied their relatives to the focus group session. During the focus group sessions, the researchers utilized a set of questions that were developed from the responses collected through the home assessment survey. The responses that emerged from these focus group sessions refer to the experiences of community residents who participated in the home assessment and who received additional assistance from promotoras.



Promotoras conducted 140 home evaluations and implemented a follow-up process.

### Project Awareness

Participants became aware of the project in three ways: 1) through their membership with Latinos y Latinas en Acción, 2) through their interactions with promotoras, and 3) through community networks in the local community.

- ❖ **Membership in Latinos y Latinas en Acción.** Several participants learned about the project through Latinos y Latinas en Acción (LLEA) given that many of the promotoras who conducted the home assessments were also members of LLEA. LLEA was closely involved in the beginning stages of the project. Participants shared that LLEA held many community meetings and workshops about healthy housing in an effort to inform and raise awareness about the issue. As part of the workshops, LLEA provided information about Casas Saludables as a new healthy housing project and the services it would provide.

One of the participants said, “All of us members agreed to bring this project to LLEA. From that decision, we began conducting workshops where we invited the community to participate and we explained the benefits of participating in the project as promotoras and as participants.”

- ❖ **Interactions with Promotoras.** Other participants learned about the project through their interactions with promotoras. As part of their outreach efforts, promotoras visited each home in the area to identify people interested in having their home evaluated for mold and pests. One participant said, “[I learned about the project] through the promotora Virginia Ángeles. She invited us to fill out the application to participate in the project. [We participated because] the place where we lived was much damaged.”
- ❖ **Community Networks.** Others said they had learned about the project through people they know in the community and through the local schools, such as Rosa Parks Elementary School, located in the heart of City Heights. One participant said, “Virginia, Rosie, y Jackie [promotoras] told me about the project. I already knew them from the work they had done in Rosa Parks [Elementary School] with parent involvement.”

### Environmental Health Concerns

In general, all participants experienced similar problems in the status of their homes. Most respondents expressed concerns with chipped paint that contained lead, old carpets, water leaks that created problems with mold and cockroaches, and trash near their homes that attracted rodents and other pests. Due to the conditions of their homes, and after their homes were evaluated by the promotoras, participants had a very good understanding of the link between the conditions of their home and the impact on the health of children and adults. For example, one participant felt that the services the project provided helped her to better understand the relationship between her health and housing situation. She said,

*Everything [that we received] is something important for our health that we knew we needed to learn more about. I have three children with asthma and I did not know what provoked the asthma attacks. Once I entered the program [Casas Saludables] I learned more about asthma triggers.*

In general, participants faced many substandard housing conditions that landlords were not addressing. One participant expressed her concerns about asthma triggers in terms of the lack of interest from landlords to make changes,

*The landlord does not care about our problems. He only comes to pick up our rent payment and everything else is not important. Sometimes they do try to fix the problems, but it is not done properly.*



Water leaks from pipes and faucets were a major structural problem in most homes.

Given that there is a lack of assistance from landlords, many participants relied on their own abilities to repair the problems in their homes. Participants were forced to make repairs on their own, repairs usually under the care of owners. They installed new carpets, covered holes, and fixed water problems in order to alleviate their health conditions. Whenever conditions were too expensive or difficult to fix, residents continued to live in those conditions.

**Old carpets had not been changed over ten years.** One participant said, *“It’s very rare that the landlord wants to change the carpet every two or three years. They never do it. Some carpets were already old when we moved in and that was already five years ago.”*

**Cockroach infestation.** Pests were a very significant problem that participants attributed to substandard housing. Participants complained that their homes were infested with cockroaches due to older apartment complexes, holes in the walls, old carpets, and unattended water leaks.

**Chipped paint on the home’s walls.** One participant said, *“When I first rented my studio it was damaged. The paint on the walls was chipping and falling all over the furniture.”* Another participant added, *“The dust from the paint always fell on the floor. All the dust in the house caused my children to have asthma attacks.”*

**Water leaks caused moisture and mold.** One participant explained the ordeal she endured because of substandard conditions of her home. She said,

*There were so many problems in my home. There was so much moisture and mold. One of the walls in my bathroom crumbled due to the excessive mold. I was cleaning the walls and all of a sudden, I fell through the wall. We had to sleep in the living room because I could not sleep in the room without walls. Two of my children have been affected because they developed asthma.*

### Intervention and Role of Promotoras

Participants played a very important role in the home evaluation, follow-up, and referral processes. Participants expressed their satisfaction with the services the promotoras provided through Casas Saludables. In general, participants identified several important services they received to improve their housing conditions:

- ❖ Better understanding of the impact of substandard housing on asthma. One participant said, *“I realized that my carpet was very old and damaged and that was triggering my child’s asthma attacks. When the promotoras conducted the evaluation we found out that the carpet contained a lot of the moisture. Promotoras followed up on our case. They referred us to the clinic. They are still continuing the work with landlords and families.”*
- ❖ Identify the root cause of substandard housing and health problems they were facing.



- ❖ Follow-up process provided referrals to local clinics to treat their children’s asthma. Promotoras conducted follow-up visits with families that had severe problems with mold, lead, and pests.
- ❖ Develop better relations and agreements with landlords.
- ❖ Promotoras continued their work in the community.
- ❖ Promotoras helped to address structural changes to their homes such as new carpet, new paint, and ventilation.
- ❖ Promotoras provided social, personal, and legal assistance to address housing conditions. Many participants appreciated not only the information that promotoras provided, but also the level of professionalism in which the home evaluations were conducted.

### **Benefits of Casas Saludables in the Community**

Participants benefited from the services and assistance from promotoras. In general, Casas Saludables helped to raise awareness about environmental issues in the home, demand repairs to substandard housing conditions from landlords and housing officials, and help resolve the community’s immediate needs. The benefits were most evident in the following ways:

- ❖ More awareness about asthma triggers and how to control asthma attacks.
- ❖ More information about structural changes to make homes habitable.
- ❖ Created stronger community networks.
- ❖ Developed better relations with their landlords.
- ❖ More awareness about tenants’ rights to fair and healthy housing.
- ❖ Developed better housing standards in the community.
- ❖ The promotoras were community residents who ensured the community at large received culturally appropriate services.
- ❖ Opportunity for other community residents to become promotores.
- ❖ The data collected from the home evaluations has been utilized to make changes in other cases of substandard housing.

## Focus Groups with Promotoras

One focus group was conducted with community residents who worked in Casas Saludables as community health workers or promotoras. Committed to promoting community well-being, promotoras served the role of outreach workers, advocates, case managers, translators, educators, community liaisons, and community organizers.

The focus group session was conducted in the new Mid-City CAN offices in City Heights, located at 4275 El Cajon Boulevard, San Diego, California. The focus group was conducted in Spanish with three promotoras.



### Engagement in the Project

The promotoras became involved in the project through Latinos y Latinas en Acción (LLEA). Members of LLEA invited community residents to participate in housing workshops, and then became promotoras when Mid-City CAN began hiring staff to implement the project. Community residents participated in a series of trainings to learn about the impact of housing conditions in health.

Mid-City CAN conducted six specialized workshops to train promotoras to become healthy housing promotoras. Promotoras started working part time. As the project expanded, Mid-City CAN hired three full time promotoras working 40 hours a week. Two promotoras worked conducting home assessments, while one promotora oversaw the follow-up process with the families.

### Reasons to become healthy housing promotoras

- ❖ Given the magnitude of the issue and the potential benefits to improve the housing conditions in their communities, Casas Saludables was the natural avenue for promotoras to implement changes to substandard housing in their communities. Working as promotoras for Casas Saludables was another form of putting to practice their advocacy efforts. Most promotoras have well-established networks with the local community that they have developed through their community work as volunteers and advocates in local agencies and through parent involvement in local schools.
- ❖ Promotoras noticed a gap in the lack of services that people received around pest infestation and mold problems. They felt that the issue of substandard housing was larger than lead abatement, an issue that was already being addressed by other health agencies.
- ❖ In addition, promotoras believed the project would have larger impact on the community given that the program coordinator envisioned a project that incorporated services with community

empowerment. Her expertise focused on empowering the community to learn about their rights as tenants and as citizens.

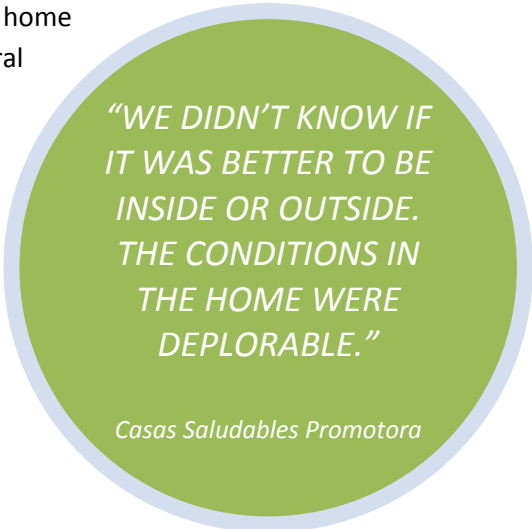
### Follow-Up Process

The follow-up process consisted of home visits to families who participated in the home evaluations and who needed immediate services due to the severity of their housing conditions. Through the home evaluation results, promotoras determined the types of services families required to address their immediate needs, typically ranging from clinic referrals to legal services. Taking into consideration that each case is unique, promotoras informed the families that home repairs and social service referrals were only a small part of a long process that could take from a few weeks to several months, depending on the severity of the housing conditions and the workload.

Although their work was critical to address the housing and health needs of the community, promotoras faced many challenges to carry out their work. Many of the home assessment cases were placed on hold due to lack of funding to support staff to continue conducting home evaluations and follow-up process. As a result, there are several cases still pending follow-up services.

### Capacity Development

Promotoras provided two levels of services: 1) specialized training to conduct the technical aspects of the home evaluations, and 2) community organizing efforts to empower the community. As part of their training, promotoras and the project coordinator benefited greatly from the partnerships they developed with other environmental and health agencies across Southern California working on similar healthy housing issues.



*“WE DIDN’T KNOW IF IT WAS BETTER TO BE INSIDE OR OUTSIDE. THE CONDITIONS IN THE HOME WERE DEPLORABLE.”*

*Casas Saludables Promotora*

- ❖ **Lead Testing.** One of the first trainings was conducted by Linda Kite from the Environmental Health Coalition.
- ❖ **Asthma.** The promotoras also received training from the local community clinics to detect signs of asthma in order to refer them to medical services.
- ❖ **Tenant Rights.** The program coordinator worked with promotoras to develop their understanding of landlord/tenant issues in order to empower the community to take action and to inform about their rights as tenants. This training was not part of the planned workshops to train promotoras. It became part of the training as the needs of the community pointed out to significant issues with landlord abuses. The promotora conducting the follow-up process was able to help many families to navigate the legal system when landlord-tenant cases were brought to the courts for litigation. The promotora worked closely with a City Heights housing

counselor, funded through Community HousingWorks, and a lawyer working on fair housing cases to litigate the cases.

### **Improvements in Capacity Development**

- ❖ **Code Enforcement.** Promotoras felt they needed more specialized training to learn about code enforcement in the City of San Diego. Promotoras understand there is a need to be more informed about the role of code enforcement in addressing substandard housing in their local communities and how to build partnerships with health and social service agencies to address the housing needs in City Heights.

## **Social and Housing Conditions in the Community**

### **Social Conditions**

Through the home assessment and follow-up process, promotoras documented the social and health needs of the community they were servicing. They found the following:

- ❖ People rely on two incomes to cover basic utilities, food expenses, and repairs to their homes. Many people could not afford high utility rates.
- ❖ There are language differences that hinder the communication process between families and landlords. Most tenants are monolingual Spanish speakers and landlords cannot communicate.
- ❖ Immigration status is a factor that affects the opportunities for families to demand repairs. Many families do not ask for repairs due to fear of retaliation from landlords and property owners.
- ❖ Large numbers of school absenteeism in families with housing and health problems. Many children did not have a safe place to play, do homework, or study in the home. As a result, children were not prepared to attend school.
- ❖ Mental health problems. Many families are depressed due to the substandard housing conditions and the inability to improve them.

### **Healthy Housing Conditions**

The responses from promotoras about what they found in the home evaluations are relevant to the survey findings.

- ❖ There is a large problem related to overcrowding housing. Promotoras continually found between ten to fifteen people living in one two-bedroom apartment.

- ❖ All living areas in the homes were uninhabitable. There were water leaks in bedrooms, broken appliances in the kitchen, and old and dusty carpets in living rooms and bedrooms.
- ❖ The majority of the homes they evaluated had signs of severe mold. One of the promotoras said, *“In one home, I found cockroaches everywhere in the home, even in the mattresses. Children were covered in cockroaches while they were napping during the day. That is just one example of the many we found.”*
- ❖ The majority of the homes evaluated had cockroach and rodent infestation problems.
- ❖ The majority of children in the homes evaluated had asthma.
- ❖ People are paying high water bills, up to \$250 a month, due to water leaks from broken pipes and broken faucets.

### Community Advocacy

The promotoras agreed that there is more work to be done to develop comprehensive services to City Heights. They felt that it is important to know the cultural contributions of the local community in order to understand their social, economic, and immigration needs. They recommended that health and social organizations:

- ❖ Consider community residents as experts that know the problems in their communities, and to take into account the expertise that promotoras and community leaders bring to addressing social and health problems in the community.
- ❖ Establish working partnerships with community residents, leaders, and promotoras to implement social service programs. They believe the community is not only a resource for the organization, but also a viable partner in the process of identifying and addressing social issues, and implementing services.
- ❖ Practice their commitment to the community through the development of strategies to work with independent organizations, such as community-based cooperatives where funding is not the driving force, to address social issues.

### Challenges and Accomplishments

In general, promotoras believed that Casas Saludables was a very important project that provided significant services and opportunities for community empowerment to address health and housing issues in City Heights. However, promotoras understand that the community continues to face many challenges that hinder their access to adequate services. They also feel there is a general lack of support and lack of funding from institutions to support advocacy and empowerment efforts.

## Challenges

- ❖ **Home Assessment Process:** Promotoras faced many challenges as they tried to maneuver through the entire home assessment process. In many situations, promotoras relied on partnering agencies to conduct the follow-up process with families, to provide referrals to clinics, housing counselor, and the fair housing lawyer. Promotoras felt it was very challenging to coordinate all these efforts in order to provide comprehensive services to the affected families.
- ❖ **Lack of Institutional Support:** Promotoras believed that their efforts to help the community were unconventional in many ways. Promotoras provided many services in addition to healthy housing assistance, from social and health to immigration services. Promotoras believed the organization is aware of the problems the community faces, but their efforts are mainly geared towards social services. The community is seen as a resource for the organization to provide services and to reach out to other community residents. Bureaucratic systems are not conducive to social change. In spite of the challenges, promotoras continued to develop methods to empower the community to take action and to become social advocates.
- ❖ **Funding.** All promotoras agreed that in order to continue efforts to address substandard housing there needs to be more stable funding. Funding is usually limited a specific amount of time and money. But it may take longer to effectively address the housing issues the community encounters.



Casas Saludables workshops are highly attended by the local Latino community.

## Accomplishments of Casas Saludables

- ❖ Casas Saludables served to raise awareness about the impact of substandard housing and health, tenants' rights, medical services, and immigrants' rights. The community is very eager to get involved in resolving their community's problems, to work in social service projects, and to empower their neighbors. The community is interested in joining working teams to carry out the work. There is more interest and opportunities to use their knowledge to make changes.
- ❖ Planning and implementation of the first City Heights Housing Conference, in which more than 100 residents attended.
- ❖ Conduct workshops related to healthy homes and leadership development. The first round was conducted in 2006. The promotoras helped to organize the second round of workshops in 2007. All workshops receive great attendance from the community, incorporating new members continually.

- ❖ Development of partnerships and collaborations with the local community as well as agencies working on environmental issues in California, such as the San Diego Asthma Coalition, housing counselor, lawyers, community clinics.
- ❖ Working on a community-based public hearing to raise awareness among policy-makers about healthy housing in City Heights.

## GENERAL STRATEGIES

To promote **leadership development** Mid-City CAN utilized the *Latinos y Latinas en Acción* (LLEA) model. This program trains residents in media advocacy, communication skills, and how to work with policy makers, build coalitions and develop advocacy campaigns. Once residents complete the program they are encouraged to take an active role in collaborative efforts. Graduates also go on to recruit new leadership candidates.

LLEA's fundamental goal is to address the issue of political marginalization of immigrants and refugees by building leadership and advocacy skills. Their efforts focus on policy development that is responsive to the needs and values of Latino residents. The long-term outcome is to ensure that Latino residents can fully participate in all levels of decision-making. Their success is evidenced by the active role LLEA's first group of participants played in forming the *Red Comunitaria*, a Spanish language networking council within Mid-City CAN that meets monthly to provide a forum for Latino residents and organizations to discuss community problems and formulate solutions. As part of the training process LLEA's first class identified three areas of concern: 1) immigrants' rights, 2) childcare for bilingual technical classes, and 3) violence and substance abuse prevention. These formed the focus of their advocacy efforts. As a result, this new voice has enhanced the collaborative's capacity to leverage the power of its entire membership to address issues affecting the Latino community, and by extension Mid City's other marginalized groups.

The second strategy, **community education**, is rooted in the belief that Mid-City CAN's role is to help individuals and families help themselves by providing necessary skills. Since Mid-City CAN has found that education is most effectively delivered by trained workers who reflect the communities they serve, they recruit residents, some of whom are LLEA members, as outreach workers or promotores. Through house meetings and other group forums they share information on health conditions that can be caused by substandard housing. Residents also receive resource information for services and treatment on tenants' rights to healthy and fair housing.

**Advocacy & policy change**, the third strategy, is the mechanism to institutionalize changes in housing standards to ensure healthier housing for Mid City residents. This involves policy development, along with informal advocacy with neighborhood organizations and tenants groups and formal advocacy with landlords, property managers, and city council members. As part of this effort Mid-City CAN advocates the City of San Diego to adopt a proactive and systematic Code Enforcement Program similar to that used in Los Angeles. That proactive ordinance mandates inspection of all rental units every three years, instead of relying on residents' "complaints" to identify problems. Having led a number of successful policy changes, Mid-City CAN knows that both types of advocacy must be maintained to build sufficient pressure to influence public policy change.



## POLICY RECOMMENDATIONS

Groups working on tenant rights and indoor air quality in homes have multiplied during the last five years. Their overarching goal is to improve health by improving indoor air quality in homes through policy and systems change. Some policies to reduce triggers in homes include:

- ❖ Establish asthma guidelines for housing authority agencies and housing code inspectors.
- ❖ Improve inspection and remediation practices among housing authority agencies and housing code enforcement.
- ❖ Promote clean indoor air programs and policies for private and public landlords and tenants.
- ❖ Engage tenants to be stronger advocates and spokespersons for indoor air quality improvement policies and tenant rights.
- ❖ Adopt “green” construction policies for all new public housing.
- ❖ Establish and deepen relationships to collaborate with housing authority agencies, developers, contractors, environmental groups and tobacco-free programs to implement new policies and procedures.
- ❖ Institutionalize environmental health, healthy housing, and asthma training for city code enforcement.
- ❖ Increase awareness and education regarding the association between health and housing conditions.
- ❖ Create and disseminate culturally and linguistically appropriate popular education materials.

### Contact Information

For more information about this report, please contact the National Latino Research Center at Cal State San Marcos at 760.750.3500, email [nlrc@csusm.edu](mailto:nlrc@csusm.edu), or visit the website: [www.csusm.edu/nlrc](http://www.csusm.edu/nlrc).

## REFERENCES

- Akinbami, L. J., Rhodes, J. C., & Lara, M. (2005). Racial and ethnic differences in asthma diagnosis among children who wheeze. *Pediatrics*, *115* (5), 1254-1260.
- Almqvist, C., Pershagen, G., & Wickman, M. (2005). Low socioeconomic status as a risk for asthma, rhinitis and sensitization at 4 years in a birth cohort. *Clin Exp Allergy*, *35*, 612-618.
- Bans, W. (2007). Housing activists link mold and asthma. *The San Diego Union-Tribune*, November 13.
- Brugge, D., Melly, S., Finkelman, A., & et, a. (2003). A community-based participatory survey of public housing conditions and associations between renovations and possible building-related health symptoms. *Applied Environmental Science Public Health*, *1*, 89-101.
- Canino, G., Koinis-Mitchell, D., Ortega, A. N., McQuaid, E. L., Fritz, G. K., & Alegria, M. (2006). Astham disparities in the prevalence, morbidity, and treatment of Latino children. *Social Science & Medicine*, *63*, 2926-2937.
- Carr, W., Zeitel, L., & Weiss, K. (1992). Variations in asthma hospitalizations and deaths in New York City. *American Journal of Public Health*, *81* (1), 59-68.
- Carter-Pokas, O., Zambrana, R. E., Poppell, C. F., Logie, L. A., & Guerrero-Preston, R. (2007). The environmental health of latino children. *Journal of Pediatric Health Care*, 307-314.
- Cloutier, M. M., Wakefield, D. B., Hall, C. B., & Bailit, H. L. (2002). Childhood asthma is an urban community: Prevalence, care system and treatment. *Chest Journal*, *122* (5), 1571-1579.
- County of San Diego Board of Supervisors. (2001). *San Diego County Child and Family Health and Well-Being*. San Diego: County of San Diego Health and Human Services Agency.
- Elliott, L., Arbes, S. J., Harvey, E. S., Lee, R. C., Salo, P. M., & Cohn, R. D. (2007). Dust weight and asthma prevalence in the national survey of lead and allergens in housing. *Environmental Health Perspectives*, *115* (6).
- Environmental Health Investigations Branch. (2005). *San Diego County Asthma Profile*. California Department of Health Services, Environmental Health Investigations Branch.
- Institute of Medicine, Committe on the assessment of asthma and indoor air. (2000). Indoor biological exposures: cockroach. In *Clearing the air: Asthma and indoor air exposure*. Washington, DC: National Academy Press.
- Kitch, B. T., Chew, G., Burge, H. A., Muilenberg, M. L., Weiss, S. T., Platts-Mills, A. T., et al. (2000). Socioeconomic predictors of high allergen levels in homes in the greater Boston area. *Environmental Health Perspectives*, *108*, 301-307.

- Laura, M., Akinbami, L., Flores, G., & Morgenstern, H. (2006). Heterogeneity of childhood asthma among Hispanic children: Puerto Rican children bear a disproportionate burden. *Pediatrics*, *117*, 43-53.
- Ledogar, R. J., Penchaszadeh, A., Garden, C. C., & Iglesias, G. (2000). Asthma and Latino cultures: different prevalence reported among groups sharing the same environment. *American Journal of Public Health*, *90*, 929-935.
- Lieu, T. A., Lozano, P., Finkelstein, J. A., Chi, F. W., Jensvold, N. G., Capra, A. M., et al. (2002). Racial/ethnic variation in asthma status and management practices among children in managed Medicaid. *Pediatrics*, *109* (5), 857-865.
- Liu, A. H. (2007). Hygiene theory and allergy and asthma prevention. *Paediatric and Perinatal Epidemiology*, *21*, 2-7.
- Milet, M. (2007). *The Burden of Asthma in California: A Surveillance Report*. California Breathing, a public health asthma program of the Environmental Health Investigations Branch of the California Department of Health Services.
- Milet, M., Tran, S., Eatherton, M., Flattery, J., & Kreutzer, R. (2007). *The burden of asthma in California: a surveillance report* (Vol. June). Richmond, CA: California Department of Health Services, Environmental Health Investigations Branch.
- Mitchell, E. A., Robinson, E., Black, P. N., Becroft, D. M., Clark, P. M., Pryor, J. E., et al. (2007). Risk factors for asthma at 3.5 and 7 years of age. *Clinical and Experimental Allergy*, *37*, 1747-1755.
- Nepomnyaschy, L., & Reichman, N. E. (2006). Low birthweight and asthma among young urban children. *Research and Practice*, *96* (9), 1604-1610.
- National Institutes of Health. (2007). Asthma. Retrieved November 21<sup>st</sup>, 2007. [http://www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma\\_Causes.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma_Causes.html)
- Peters, J. L., Levy, J. I., Rogers, C. A., Burge, H. A., & Spengler, J. D. (2007). Determinants of allergen concentrations in apartments of asthmatic children living in public housing. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, *84* (2), 185-197.
- Rauh, V. A., Chew, G. L., & Garfinkel, R. S. (2002). Deteriorated housing contributes to high cockroach allergen levels in inner-city households. *Environmental Health Perspectives*, *110* (2), 323-327.
- Salari, K., & Burchard, G. (2007). Latino populations: a unique opportunity for epidemiological research of asthma. *Paediatric and Perinatal Epidemiology*, *21*, 15-22.
- SANDAG. (2002). *Mapping the Census: Race and Ethnicity in the San Diego Region*. San Diego: San Diego Association of Governments.
- San Diego Regional Asthma Coalition. (2005). *Asthma Report Card 2005*. San Diego: San Diego Regional Asthma Coalition.

Sporik, R., Holgate, S. T., Platts-Mills, T. A., & Cogswell, J. J. (1990). Exposure to house-dust mite allergen (Der p I) and the development of asthma in childhood. *New England Journal of Medicine* , 323, 502-507.

Taddy, S., & Yamashita, B. (2003). *Mid-City Community Survey Report*. National Latino Research Center, San Marcos, California.

Turyk, M., Curtis, L., Scheff, P., Contraras, A., Coover, L., Hernandez, R. N., et al. (2006). Environmental allergens and asthma morbidity in low-income children. *Journal of Asthma* , 43, 453-457.

Wu, F., & Takaro, T. K. (2007). Childhood asthma and environmental interventions. *Environmental Health Perspectives* , 115 (6), 971-975.

## Endnotes

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<sup>i</sup> Adapted from Community Action to Fight Asthma Briefing Kit, 2007.

<sup>ii</sup> Kitch, B. T., Chew, G., Burge, H. A., Muilenberg, M. L., Weiss, S. T., Platts-Mills, A. T., et al. (2000). Socioeconomic predictors of high allergen levels in homes in the greater Boston area. *Environmental Health Perspectives* , 108, 301-307.

<sup>iii</sup> Peters, J. L., Levy, J. I., Rogers, C. A., Burge, H. A., & Spengler, J. D. (2007). Determinants of allergen concentrations in apartments of asthmatic children living in public housing. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* , 84 (2), 185-197.

<sup>iv</sup> Sporik, R., Holgate, S. T., Platts-Mills, T. A., & Cogswell, J. J. (1990). Exposure to house-dust mite allergen (Der p I) and the development of asthma in childhood. *New England Journal of Medicine* , 323, 502-507.

<sup>v</sup> Rauh, V. A., Chew, G. L., & Garfinkel, R. S. (2002). Deteriorated housing contributes to high cockroach allergen levels in inner-city households. *Environmental Health Perspectives* , 110 (2), 323-327.

<sup>vi</sup> <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=17001-18000&file=17920-17927>

<sup>vii</sup> Institute of Medicine, Committee on the assessment of asthma and indoor air. (2000). Indoor biological exposures: cockroach. In *Clearing the air: Asthma and indoor air exposure*. Washington, DC: National Academy Press.

<sup>viii</sup> Eggleston, P. A., (2000). Environmental causes of asthma in inner city children. The National Cooperative Inner City Asthma Study. *Clin. Rev. Allergy Immunol.* 18 (3), 311-324.

<sup>ix</sup> Almqvist, C., Pershagen, G., & Wickman, M. (2005). Low socioeconomic status as a risk for asthma, rhinitis and sensitization at 4 years in a birth cohort. *Clin Exp Allergy* , 35, 612-618.

<sup>x</sup> Community Action to Fight Asthma 2007

<sup>xi</sup> Carter-Pokas, O., Zambrana, R. E., Poppell, C. F., Logie, L. A., & Guerrero-Preston, R. (2007). The environmental health of latino children. *Journal of Pediatric Health Care* , 307-314.

- 
- <sup>xii</sup> U.S. EPA. 2003. Draft Final Guidelines for Carcinogen Risk Assessment. Washington, DC: U.S. Environmental Protection Agency.
- <sup>xiii</sup> Cloutier, M. M., Wakefield, D. B., Hall, C. B., & Bailit, H. L. (2002). Childhood asthma is an urban community: Prevalence, care system and treatment. *Chest Journal*, 122 (5), 1571-1579.
- <sup>xiv</sup> Salari, K., & Burchard, G. (2007). Latino populations: a unique opportunity for epidemiological research of asthma. *Paediatric and Perinatal Epidemiology*, 21, 15-22.
- <sup>xv</sup> Taddy, S., & Yamashita, B. (2003). *Mid-City Community Survey Report*. National Latino Research Center, San Marcos, California.