

The Arkansas Health Impact of Housing Project: Preliminary Findings and Recommendations

Summary

Arkansas is the only state that does not require landlords to maintain minimum health and safety standards in their rental properties. Nearly 40% of Arkansans are renters and the share of Arkansas households that rent is increasing. We are conducting a health impact assessment to determine how proposed changes to landlord-tenant requirements may impact health. Our preliminary findings include:

- Poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development.
- The health effects of poor housing disproportionately affect vulnerable people: formerly incarcerated, the elderly, the young, those without support networks and adults with disabilities.
- House Bill 1166 (HB 1166) does not address many of the hazards found in substandard housing that contribute to poor health.
- Not all stakeholders were at the table when HB 1166 was written.
- Equitable habitability standards imply responsibilities for both landlords and tenants.
- Changes to policies should include provisions for fair housing requirements and marginalized groups, including formerly incarcerated individuals.
- Housing stability improves individual health, communities, and safety and impacts all Arkansans.
- Adopting equitable habitability standards could be a first step in ensuring rental housing in Arkansas is safe and healthy.

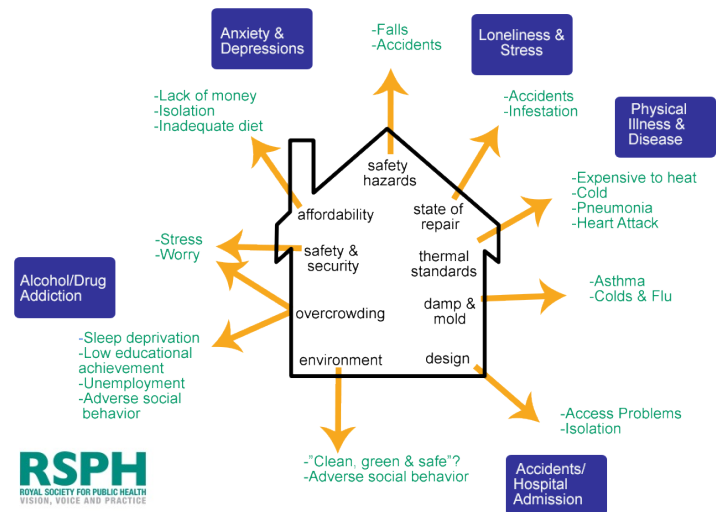
Arkansas Landlord-Tenant Laws

U.S. states began to adopt habitability standards following the creation of the Uniform Residential Landlord Tenant Act (URLTA) in 1972. URLTA equitably assigns six to seven elements of responsibility for rental unit upkeep and maintenance to both landlords and tenants. In 2007, Arkansas adopted the tenant responsibilities but rejected landlord responsibilities under URLTA.

HB 1166 would require landlords to supply a functioning roof and building envelope; heat and air if they were working at the beginning of the lease; and plumbing, sewage and electrical systems that met code requirements when installed. The tenant can move out if the landlord does not make these specific repairs.

Every rented residential unit, regardless of how low the rent is, should meet certain standards for safety, health and cleanliness. These are called "habitability" standards.

Links between housing and health



Housing and Health

The links between housing conditions and health is well-documented. Individuals who live in substandard housing are more likely to be exposed to hazards which contribute to poor health, including:

- Mold, dampness and water leaks
- Allergens, including pests (i.e. roaches)
- Extreme heat or cold
- Trip and fall hazards (i.e. uneven floors, poor lighting, poorly constructed stairs, etc.)
- Disease vectors (i.e. rodents, rats, house mice)
- Fire risks (i.e. no smoke alarm, faulty electric systems, etc.)
- Carbon monoxide exposure (unvented or poorly maintained gas equipment/appliances)

These and other hazards are linked to increased rates of chronic disease (e.g. asthma, cardiovascular disease, cancers, hypertension), acute and infectious disease (e.g. headaches, respiratory infection), injuries (e.g. burns and falls), and diminished mental health (e.g. depression and anxiety). Housing instability and frequent moves relate to poor health outcomes, especially for children.

Health Impact Assessment (HIA) is a systematic process that uses data, health expertise, and community engagement to determine how a proposed policy, plan or program may impact the health of a population.

The Arkansas Community Institute and the Central Arkansas Re-Entry Coalition have built a coalition of renters, landlords, health researchers and non-profit and legal services organizations to conduct a HIA of habitability legislation and other housing policies in Arkansas.

Stakeholder Engagement

On February 16th, 2017, a group of landlords, tenants, tenant advocates, code enforcement officials, attorneys, criminal justice reform and re-entry advocates and public health professionals gathered to discuss how HB1166 and other changes to landlord-tenant laws might impact health and well-being. A summary is as follows.

Policy Making Process

- HB 1166 reflects significant sacrifices from a more equitable bill developed by landlord and tenant advocates and introduced in the previous legislative session. It falls short of what advocates hoped to have in an equitable bill.
- There is a need for a broad stakeholder group to work collaboratively in shaping alternative proposals.
- Additional stakeholders involved in criminal justice reform efforts and public health/medical professionals should be engaged in the process.

Potential Health Impacts

- HB 1166 gives the very basics of a safe house, but leaves out comprehensive coverage for common health-harming household problems like mold and pest infestations.
- By only providing tenants with an option to move out if conditions are not improved, the bill may not improve housing conditions and may perpetuate housing instability, frequent moves, and doubling up, all of which negatively impact health.
- New information is needed that take into account the public health costs of poor and inadequate housing, for example:
 - Healthcare costs attributable to poor living conditions.
 - Societal costs due to renters chronically being sick and/or moving.

Criminal Justice & Re-entry

- Housing discrimination often results in felons living in inadequate housing.
- Greater collaboration and relationships are needed between landlords and parole or re-entry support groups.

Recent Amendments

HB 1166 has been amended twice with both amendments weakening protections for tenants (doubling the amount of time a tenant has to wait before moving out [to 30 days] and limiting tenants' other legal options).

Gaps in HB 1166 & Additional Considerations

- Most towns do not have building codes, thereby making it difficult to enforce HB 1166's mandate to meet such codes.
- HB 1166 only guarantees its basic standards if they were properly working at the beginning of a lease or at installation. These time limiting clauses may incentivize landlords to not ensure proper maintenance and disclosure of problems.
- Under HB 1166, only landlords hold authority to determine what is in compliance and what is not.
- HB 1166 standards do not apply in the event of a natural disaster which could damage the building structure and leave the resident without recourse.
- It is unknown how stricter habitability standards would impact rental affordability. There is concern that costs may increase if standards increase.
- A cost-benefit analysis is needed to consider the financial costs of not having a more comprehensive bill. For example, does allowing mold to grow through the walls, ruin pipes, and cause respiratory illness cost more than repair?

Preliminary Recommendations

- Significant tenants' rights education would be needed under HB1166 to change tenant behavior.
- Giving tenants a hearing to address violations would provide greater balance between landlords and tenants.
- Healthy homes education is needed to educate both landlords and tenants on each parties' role.
- Strategies for improving landlord-tenant communications are needed.
- Because the tenant and landlord requirements in the URLTA were designed to be complementary when operating together; all elements should be implemented (and enforced) equally in order to achieve a healthy home or unit.

A full report on this Health Impact Assessment will be available in the Fall of 2017. Local partners include Arkansas Community Institute, Arkansas Community Organizations, Central Arkansas Re-Entry Coalition, Center for Arkansas Legal Services, UALR Bowen School of Law Consumer Clinic, and the UAMS College of Public Health.

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REFERENCES (a limited sample): Evans, G. W., et al. (2003). Housing and Mental Health: A Review of the Evidence and a Methodological and Conceptual Critique. *Journal of Social Issues*, 59(3), 475–500. | Keall, M. et al. (2010). Assessing housing quality and its impact on health, safety and sustainability. *Journal of Epidemiology and Community Health*, 64(9), 765–771. | Krieger, J., et al. (2002). Housing and Health: Time Again for Public Health Action. *American Journal of Public Health*, 92(5), 758–768. | Mitchell, R., et al. (2002). Elevated risk of high blood pressure: climate and the inverse housing law. *International Journal of Epidemiology*, 31(4), 831–838. | Zock, J.-P., et al. (2002). Housing characteristics, reported mold exposure, and asthma in the European Community Respiratory Health Survey. *Journal of Allergy and Clinical Immunology*, 110(2), 285–292.