Poor families, housing, and health

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Low-income families seeking housing must figure out how to make the most of a limited budget, while also trying to ensure their health and safety. This task is especially challenging given the inadequate housing choices and poor neighborhood conditions poor families face, so much so that the constrained decision-making itself may create or exacerbate health risks. This article illustrates how low-income families navigate and balance housing decisions, and the health implications of their choices.[1] The qualitative study described here uses in-depth interviews and ethnographic observations to explore the links between housing, neighborhood, and health for 72 low-income families in the inner-city neighborhood of Dorchester, Massachusetts. The low-income inner-city residents included in this study devised a variety of strategies in response to neighborhood safety risks, many of which led to them spending more time at home. This reliance on the home environment exposed residents to other health and safety risks within their homes. Based on results from the in-depth interviews as well as ethnographic observations, I propose two alternate approaches that may more effectively address the conditions poor families face in their homes and neighborhoods.

Neighborhood strategies

When asked, "Is there anything that you do to stay safe in this neighborhood?" most study participants described implementing an intricate set of strategies such as limiting outside interactions, restricting family activities to the home, and being selective about which neighbors to socialize with. One respondent, acknowledging safety issues, said:

> We avoid the areas that are known for violence, or known for troublesome people—especially in the summertime, we really don't stay down here [in Dorchester] as often. We try to be everywhere but here.

Another respondent noted the need to avoid being outdoors at night:

> I don't be outside late at night and that's about it. I've been here a long time so I know everyone and everyone knows me. What they would do to a newcomer, they wouldn't do it to me. I don't have the kids out late 'cause a lot of things can happen at nighttime.

In addition to staying home, parents in this study noted the need to limit personal networks and employ discretion in their own and their children's interactions with others. One noted:

> Even though I say, "hi" and my goodbyes to some neighbors, you know, I stay to myself because I don't really socialize too much. I figure if you're too in people's business you're just gonna get, you know, problems. So I'm to myself. I don't have time to go around with people here.

Limited engagement with neighbors and the neighborhood environment due to safety concerns frequently equated to more time spent at home and fewer opportunities for socializing with others. Unfortunately, staying home did not necessarily make them safe, as study participants also coped with a wide range of housing problems that involved material hardship and poor housing conditions that made being home hazardous to their health.

Housing strategies

At the time of the study, around two-thirds of households in Dorchester earning less than $35,000 a year paid rent amounting to at least 35 percent of their household income.[2] This is slightly higher than the rent standard of 30 percent used by most housing programs. Those fortunate enough to have a housing subsidy were often responsible for a third of the rent and, in some cases, utilities. Others reportedly waited on a subsidized housing list anywhere from 3 to 5 years, which is consistent with recent estimates at the national level.[3] Household budgets were often insufficient to cover food, rent, utilities, clothing, diapers, and other basic necessities. Families often needed to make tradeoffs, use benefits and subsidies, or pool resources with family members or friends to make ends meet. Respondents reported:

> The thing is no matter how much we try to get ahead we just can't. It's either we pay for food or we pay for the bills so I told my boyfriend, the reality is I have no other choice but to let the bills go, the food's more important.

> So we found this place and rent is 1,000 dollars. My husband is a construction worker, so sometimes he works, sometimes he doesn't. Since I don't work, my husband brought a friend to live in our apartment. It's hard for us because the four of us have to live in a room. We pay our part of the rent and the rest he pays. . . . He sometimes helps us with the kids.

The challenges of assembling sufficient financial resources to meet household expenses produced an atmosphere of

instability for families as they feared hunger, utility shut-offs, and evictions.

Along with material hardships, many participants also encountered challenges with housing quality issues. About two-thirds reported pest infestation in their home, nearly half had walls with cracks, holes, or mold, or plumbing and fixture leaks, and over one-third experienced heating, cooling, or ventilation system deficiencies. Insect and rodent infestations were extremely common and hard to control.

Approaches to problems

Most respondents attempted to do *something* in response to these common problems, including performing home repairs themselves, such as patching up holes, placing rodent traps, spraying toxic chemicals, or using household pets to deter cockroaches and mice. Some moved to evade the conditions altogether, although with no guarantee that the new place would be any better.

Prior research, including work done by Kathryn Edin and Maria Kefalas, has noted that negotiating the circumstances of poverty is a slow and arduous process.[4] Seeking help often involves long lines and administrative delays, and requires significant personal resourcefulness. Many respondents made use of institutional resources, were persistent in their requests, and used creative strategies to achieve their desired results. In general, parents used proactive rather than passive measures when they were empowered with information through previous experiences or social and organizational relationships and had a clear understanding of tenant rights and the bureaucratic process. For instance, one respondent had lived in several apartments with housing code violations, and had learned that by calling the Inspectional Services department, she could get the landlord to make necessary repairs. She explained:

> The inspectors came because of the stove problem and plus, the closet things were all broken and they didn't want to fix it. So I called inspectional services and they came. They made me buy the stove out of the rent, and gave them a set amount [of time] to make the other repairs. Fourteen, I think it was fourteen days to fix it. They didn't do it real well but they fixed everything that needed to be fixed.

Affording housing at the expense of health

The constant negotiation of housing and neighborhood problems has implications for health. Most often respondents cited stress, depression, and asthma as the primary health conditions they encountered as a result of housing and neighborhood hardship. One respondent reported feeling "stressed," "overwhelmed," and "shutting down" while trying to figure out how to pay bills. Another participant mentioned getting asthma from the pesticide she used to rid

her home of cockroaches. Other parents described coping with depression as they contended with not having enough resources to cover all of their expenses:

> [My depression] comes when I'm dealing with some money situation and I know I don't have it. The way I see it, as long as we have a roof over our head and we have food in the house, I don't really try to worry about it. . . . As you see, I've got so much stuff I gotta deal with that I let everything else go for a while . . . for a long time before I even get to it. But I get to that stage where I don't want to see anybody, don't wanna be around nobody. I just wanna sit here not having to deal with anything. I know it's hard. I have kids. But my kids are fine. They know mommy sometimes is upset.

The connections to health were not always explicitly made by participants, but a broader literature on chronic stress demonstrates how poverty, "gets under the skin" and increases the probability of poor health.[5] Lack of affordability, instability, and poor quality conditions in housing have been linked to health risks including developmental delays, depression, and stress in children, parents, and other household members.[6] Similarly, uncomfortable home temperatures can cause health problems, and also increase the risk of carbon monoxide, nitric oxide, and black carbon emission, while unconventional heating methods such as space heaters or ovens may themselves be hazardous to health, leading to injuries, death, fires, and asthma among other health risks.[7] Restricting family activities to the home environment reduces opportunities for physical activity, which can lead to obesity and other health issues, and also restricts the development of social support through connections with neighbors, other community members and institutional resources.[8]

The neighborhoods and housing units that individuals and families of limited economic means can access are limited by the restrictions of poverty, discrimination, and segregation. Low-income families experience disproportionate exposure not only to the neighborhood violence that may result in more time spent at home, but also to environmental burdens that leads to health disparities.

Expanding the strategies toolkit

The strategies employed by study participants were primarily directed toward internal resources that were, at best, restricted in their reach. Many participants chose to stay home to avoid neighborhood dangers, but then were not always able to adequately address the housing quality issues associated with the housing they could afford. Poor housing conditions have health implications above the stress and depression experienced as a result of material hardships and neighborhood safety concerns. There remains a need to identify alternate approaches that can more effectively address the housing, neighborhood, and health concerns of this vulnerable population. To that end, I offer two

recommendations for expanding the strategies available to low-income households: legal strategies and community engagement.

Legal Strategies

Legal strategies may present a viable option for securing adequate housing, promoting housing stability, and protecting child and family health and well-being. They entail the use of a lawyer to advocate for the protection of civil rights including, for example, securing entitlements to social benefits and addressing housing violations. In the case of low-income tenants, legal advocacy may be more effective than challenging powerful institutions on their own. For example, lawyers can place demands on landlords and property managers to remediate unfavorable housing conditions or negotiate payments to protect against evictions or utility shut-offs. Legal representation in housing or family court, or at official proceedings with another institution such as social services or school settings, may help balance power differentials and meet clients' needs. By focusing on the home and its problems, families may see not only immediate results on those issues, but also be empowered to handle other civil legal infractions they may face.[9]

The demand for legal aid among poor clients far outweighs the supply. It is estimated that 80 percent of the poor have unaddressed civil legal needs, with housing constituting a critical but untended need.[10] This "justice gap" has been shown to reproduce social inequality and further disenfranchise less privileged groups.[11] Legal strategies can be made more available to those who need them through established legal channels such as legal aid, or in innovative ways as with the Medical Legal Partnership (MLP) model, which seeks to simultaneously address health and legal disparities in clinical settings.[12] Dorchester residents such as the participants in this study have been served by a program following the MLP model which began at Boston Medical Center and has been serving residents at local community health centers since 1993, with housing as one of its main areas of legal advocacy. In a recent study, MLP participants experienced significantly better housing resolution outcomes when compared to similarly disadvantaged non-MLP participants.[13] In general, more needs to be done to increase opportunities for low-income householders to mobilize the law and benefit from legal strategies to address housing problems, reduce health risks, facilitate greater access to justice, and ensure a better quality of life.

Community Engagement

Many Dorchester community members, particularly low-income residents, did not regularly participate in local forms of governance such as neighborhood watch groups, tenant association meetings, and other community gatherings. Despite experiencing many challenges at the neighborhood level, study respondents resorted to restricting social network ties and limiting time outdoors rather than building strong associations with neighbors and making connections with local leaders. This approach constitutes a short-term solution to the problems of neighborhood crime and safety that puts little pressure on politicians and law enforcement officials to address these issues in the long term. An alternative approach involving greater community engagement creates an opportunity for collective action, developing interpersonal and institutional ties, mobilizing members around pertinent issues, and calling for action and policy change.[14] The challenge of organizing a community is formidable, but efforts that seek to increase capacity for community engagement are necessary in order to motivate policy change, increase accountability, and advance opportunities for health, social and economic well-being, particularly in low-income inner-city communities.

From a social capital perspective, the lack of community engagement can itself be detrimental to health.[15] For families like the ones in this study, a concerted effort is needed to trust and invest in personal relationships that materialize into enhanced social and health opportunities. Social Capital Inc. (SCI), a Dorchester-based nonprofit organization, was formed in 2002 with a mission to increase civic engagement for health, youth empowerment, and economic development. The purpose of the organization is to mobilize community members to motivate positive changes by connecting local residents to each other and to pertinent information. Through active civic engagement and fostering an opportunity to get to know one another, SCI seeks to dispel myths, reduce fear of socializing, and promote the idea that health is fundamentally a social process. SCI is just one example of a broader effort that ought to be made to encourage community engagement and strengthen social network ties in order to reap social, economic, and health benefits at the individual, household, and community levels.

Conclusion

The study described in this article illustrates how low-income families navigate challenging housing and neighborhood situations, the ways in which various problem-solving tactics are employed to deal with poor housing and unsafe neighborhoods, and the health implications of these approaches. Study participants employed carefully crafted neighborhood and housing strategies to avoid danger, afford housing, and control housing quality through a combination of passive and proactive approaches. They also noted the connection of housing and neighborhood hardship to health, citing stress, depression, and asthma triggers as common ailments. While effectively managing one problem by avoiding neighborhood danger, risks in the home also jeopardize the health and well-being of household members. In essence, they are affording housing at the expense of health. The article explores two alternative approaches— legal strategies and community engagement—that could expand the present scope of available strategies and enhance prospects for improved health and social change.■

[1]This article draws on D. Hernández, "Affording Housing at the Expense of Health: Exploring the Housing and Neighborhood Strategies of Poor Families," *Journal of Family Issues* 37, No. 7 (2016): 921–946.

[2]Boston Redevelopment Authority, "American Community Survey 2007–2011 Estimate: North/South Dorchester Planning District," 2013. Retrieved from http://www.bostonredevelopmentauthority.org/getattachment/2c9283c2-cc6f-45b1-a75a- de0e2f860319/

[3]Y. Aratani, M. Chau, V. Wight, and S. Addy, "Rent Burden, Housing Subsidies and the Well-Being of Children and Youth," National Center for Children in Poverty Policy Brief, 2011. Retrieved from http://www.nccp.org/publications/pdf/ text_1043.pdf

[4]K. Edin and M. Kefalas, *Promises I Can Keep: Why Poor Women Put Motherhood Before Marriage* (Berkeley: University of California Press, 2011).

[5]S. J. Lupien, S. King, M. J. Meaney, and B. S. McEwen, "Can Poverty Get Under Your Skin? Basal Cortisol Levels and Cognitive Function in Children from Low and High Socioeconomic Status," *Development and Psychopathology* 13 (2001): 653–676.

[6]G. W. Evans, "The Environment of Childhood Poverty," *The American Psychologist*, 59, No. 2 (2004): 77–92.

[7]G. W. Evans and E. Kantrowitz, "Socioeconomic Status and Health: The Potential Role of Environmental Risk Exposure," *Annual Review of Public Health* 23 (2002): 303–331.

[8]V. Cleland, K. Ball, C. Hume, A. Timperio, A. C. King, and D. Crawford, "Individual, Social and Environmental Correlates of Physical Activity Among Women Living in Socioeconomically Disadvantaged Neighbourhoods," *Social Science & Medicine* 70, No. 12 (2010): 2011–2018.

[9]D. Hernández, "'I'm Gonna Call My Lawyer:' Shifting Legal Consciousness at the Intersection of Inequality," *Studies in Law, Politics and Society* 51 (2010): 95–121.

[10]American Bar Association, *Improving the Civil Justice System*, Report, 2008. http://www.americanbar.org/content/dam/aba/migrated/poladv/transition/2008dec_civiljustice.authcheckdam.pdf; T. L. Brito, D. J. Pate, Jr., and J. S. Wang, "'I Do for My Kids': Negotiating Race and Racial Inequality in Family Court," *Fordham Law Review* 83, No. 6 (2015): 3027–3052. http://ir.lawnet.fordham.edu/flr/vol83/iss6/7

[11]R. L. Sandefur, "Access to Civil Justice and Race, Class, and Gender Inequality," *Annual Review of Sociology* 34 (2008): 339–358.

[12]M. Sandel, M. Hansen, R. Kahn, E. Lawton, E. Paul, V. Parker, S. Morton, and B. Zuckerman, "Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations," *Health Affairs* 29, No. 9 (2010): 1697–1705.

[13]D. Hernández, "'Extra Oomph:' Addressing Housing Disparities through Medical Legal Partnership Interventions," *Housing Studies* 31, No. 7 (2016): 871–890.

[14]K. E. Portney and J. M. Berry, "Mobilizing Minority Communities: Social Capital and Participation in Urban Neighborhoods," *American Behavioral Scientist* 40, No. 5 (1997): 632–644.

[15]I. Kawachi, S. V. Subramanian, and D. J. Kim, eds., *Social Capital and Health* (New York, Springer, 2008).