

**Testimony of Anastasia Beletsky
in Opposition to Proposals to Weaken CGS Sec. 8-30g
before the Housing Committee
February 5, 2015**

My name is Anastasia Beletsky, a graduate student at the Yale School of Public Health. I am assisting the work of Open Communities Alliance. Creating affordable housing in a diversity of locations is a public health issue and weakening CGS 8-30g would be harmful to the health of the many low-income, yet hardworking, families interested in living in thriving healthy communities. The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹ This definition recognizes that health is not simply the clinical treatment of disease: social conditions, such as education, employment and housing significantly impact both individual and population health.

Numerous health outcomes are associated with both the home itself and the neighborhood within which it resides: extreme poverty neighborhoods are linked to mortality, poor child and adult physical and mental health, and poor health behaviors.² Social conditions during pregnancy, such as housing status, strongly influence birth outcomes, which in turn impact child health.³ The physical design of neighborhoods influences access to essential services, such as grocery stores and recreation facilities.⁴ Food insecurity increases the risk of obesity⁵ and access to parks is associated with physical activity and mental health.⁶ Furthermore, high crime rates and neighborhoods perceived to be unsafe keep children indoors, contributing to a lack of physical activity,⁷ while environmental exposures to allergens and pollutants in older homes increase the risk of asthma⁸.

If we consider the case of asthma alone, the Connecticut Department of Public Health reports high health and financial costs due to the condition to both the individual and the state. Asthma inhibits full participation in life and accounts for missed school and work days, contributes to poorer academic performance in children and is associated with overweight and

¹ World Health Organization. *WHO definition of health*. 2003. Accessed 4 February 2015. <http://www.who.int/about/definition/en/print.html>.

² Lindberg, R. et al. "Housing Interventions at the Neighborhood Level and Health: A Review of the Evidence." *Journal of Public Health Management and Practice*. 2010;6(5):S44-S52.

³ Carrion, B. et al. "Housing Instability and Birth Weight among Young Urban Mothers." *Journal of Urban Health* 2014; Bulletin of the New York Academy of Medicine.

⁴ Lindberg, R et al. "Housing Interventions."

⁵ Centers for Disease Control and Prevention. *Children's Food Environment State Indicator Report, 2011*. Accessed 4 February 2015. <http://www.cdc.gov/obesity/downloads/ChildrensFoodEnvironment.pdf>.

⁶ Besenyi, G. et al. "Planning for health: A community-based spatial analysis of park availability and chronic disease across the lifespan." *Health & Place*. 2014;(27):102-105.

⁷ Lindberg, R et al. "Housing Interventions."

⁸ Environmental Protection Agency. *President's Task Force on Environmental Health Risks and Safety Risks to Children: Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities*. May 2012. Accessed 4 February 2015. http://www.epa.gov/childrenstaskforce/federal_asthma_disparities_action_plan.pdf.

obese weight status.⁹ A clear contributor to health disparities, asthma disproportionately affects children, females, Hispanics, non-Hispanic Blacks and residents of the state's five largest cities—and the rates of asthma diagnoses has increased from 7.8% to 9.2% between 2000 and 2010. These incidence rates have direct economic consequences: while asthma is the single most avoidable cause of hospitalization, it is one of the highest causes for admitting diagnoses in pediatrics. In 2009 over \$112 million was spent on acute asthma care, \$80.3 million was spent on hospitalization charges, and \$32.6 million on emergency visit charges.¹⁰

Asthma also significantly impacts the children of CT: According to the New Haven Department of Health's Annual Report in 2011, the New Haven school system alone reported 3,100 cases of asthma in children in grades K through 8. Over 1,300 inhalers were stored in New Haven nurses offices during the 2010-2011 academic year.¹¹

Food insecurity provides another important example. Food insecurity is a contributor to nutrition-linked chronic diseases, such as obesity.^{12,13} According to the Town-Level Assessment of Community Food Security in Connecticut, food insecurity is most strongly associated with the degree of poverty or lower town wealth as well as towns with more vulnerable household structures. These towns include Hartford, Bridgeport, New Haven and Meriden. This directly impacts social service use and state spending: poor households in poor towns are more likely to participate in public assistance programs than poor households in wealthier towns.¹⁴

Ensuring safe homes in opportunity-rich neighborhoods would mitigate many of these health outcomes associated with vulnerable populations. It would promote good health, increase quality of life, and reduce financial burdens on the state's healthcare system. For these reasons, it is imperative that we retain the Affordable Housing Appeals Act in its current form. It is the healthy thing to do.

⁹ IBID.

¹⁰ Connecticut Department of Public Health. Asthma Program. Last Modified 15 January 2015. Accessed 4 February 2015. http://www.ct.gov/dph/cwp/view.asp?a=3137&q=387988&dphNav_GID=1948&dphNav_GID=1601.

¹¹ New Haven Health Department. *Annual Report 2011*. Accessed 4 February 2015. <http://www.cityofnewhaven.com/uploads/2011NHHDAnnualReport.pdf>.

¹² Dubowitz, T. et al. "Healthy food access for urban food desert residents: examination of the food environment, food purchasing practices, diet and BMI." *Public Health Nutrition*. 2014:1-11.

¹³ Engler-Stringer, R. et al. "Geographic access to healthy and unhealthy food sources for children in neighborhoods and from elementary schools in a mid-sized Canadian city." *Spatial and Spatio-temporal Epidemiology*. 2014:(11):23-32.

¹⁴ Tchumtchoua, S. & Lopez, R. *A Town-Level Assessment of Community Food Security in Connecticut*. Food Marketing Policy Center, University of Connecticut Department of Agricultural and Resource Economics. 23 May 2005.

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