

Role of Landlords in Creating Healthy Homes: Section 8 Landlord Perspectives on Healthy Housing Practices

Valerie L. Polletta, MSc¹, Margaret Reid, RN, BA², Eugene Barros, BA², Catherine Duarte, MSc¹, Kevin Donaher, BA³, Howard Wensley, MSc, CHO³, and Lisa Wolff, ScD¹

Abstract

Purpose: This article presents qualitative research findings of Section 8 landlord perceptions regarding healthy housing practices to inform landlord-focused initiatives.

Approach or Design: Five focus groups were conducted with landlords.

Setting: Boston, Massachusetts.

Participants: Section 8 landlords participated in focus groups (n = 39).

Method: Focus group transcripts were coded for key themes using a grounded theory approach.

Results: Landlords' primary challenges to creating a healthy housing environment included tenant behavior, financial burden, and policy enforcement; tenant safety and cost savings were seen as primary benefits.

Conclusion: Landlords play a critical role in implementing healthy housing practices. Several opportunities exist to reduce barriers and capitalize on perceived benefits of implementing these practices, including increasing access to educational and financial resources.

Keywords

environmental health, housing, qualitative research

Purpose

Low-income populations are disproportionately affected by unhealthy housing¹—including exposure to secondhand smoke² and pesticides³—and consequently experience higher rates of associated health conditions, such as asthma.⁴ The US Department of Housing and Urban Development (HUD) assists over 1.2 million low-income families with affordable housing through Section 8 and expects landlords to provide healthy housing conditions.^{5,6} The HUD defines healthy housing as dry, clean, pest-free, safe, contaminant-free, well ventilated, well maintained, and thermally controlled.⁷ Studies examining landlord perspectives on healthy housing are primarily quantitative⁸⁻¹¹ and data on landlords' perceptions of implementing healthy housing practices (eg, lead abatement) are lacking. This qualitative study aimed to explore: (1) What role Section 8 landlords believe they have in providing healthy housing; (2) perceived challenges and benefits of implementing healthy housing practices; and (3) resources needed to help implement these practices.

Methods

Researchers collected qualitative data via 5 focus groups with landlords of Section 8 rental units in Boston, Massachusetts.

This study was approved by the New England Institutional Review Board.

Setting and Participants

To recruit focus group participants, the Metropolitan Boston Housing Partnership, a nonprofit housing agency, sent an e-mail to their listing service of over 2,000 landlords. Potential participants self-selected to participate in this study by responding to the recruitment e-mail and providing their contact information for eligibility screening (n = 214). Eligibility criteria required participants (landlords) own or manage

¹ Research and Evaluation, Health Resources in Action, Inc, Boston, MA, USA

² Division of Healthy Homes and Community Support, Boston Public Health Commission, Boston, MA, USA

³ Inspectional Services, Metropolitan Boston Housing Partnership, Boston, MA, USA

Corresponding Author:

Valerie L. Polletta, MSc, Research and Evaluation, Health Resources in Action, Inc, 95 Berkeley Street, Boston, MA 02116, USA.

Email: vpolletta@hria.org

Section 8 rental property in Boston. Thirty-nine landlords attended the focus groups, with 6 to 8 landlords per group. Landlords were informed of financial remuneration (US\$75) prior to enrollment.

Focus Group Discussions

A semi-structured moderator's guide was developed; questions addressed study aims and were informed by a previous survey conducted with Boston landlords (see focus group questions here: <https://www.dropbox.com/s/jzkcxq6ayjhzyte/S8FocusGroupQuestions.pdf?dl=0>). Each focus group lasted nearly 2 hours and was moderated by a trained researcher. All participants signed a consent form and were provided US\$75 for their time.

Analyses

Focus group discussions were audio-recorded and transcribed. After initial review of transcripts, 2 researchers developed a mutually agreed on codebook using a grounded theory approach. They then independently coded each transcript for themes using NVivo 9 qualitative data analysis software and met to discuss concordance and discordance between their coding schemes (κ : 0.66-0.96). Differences were reconciled through discussion and themes were identified by discussion frequency and intensity.

Results

Perception of Landlord Role

Landlords generally indicated they were responsible for healthy housing practices regarding their overall property and described their legal responsibility for lead abatement and financial responsibility for pest management. Landlords also discussed healthy housing as a shared responsibility, requiring tenant cooperation.

"It's everybody's responsibility . . . there's too much pressure upon the manager . . . I can exterminate every day and still have pest control."

Perceived Challenges

Tenant behavior—including lack of cooperation, sanitation, and communication, often in the context of pest management—was the most frequently discussed healthy housing barrier. Tenant cleanliness (eg, food storage and trash disposal) and failing to promptly report emerging pest problems were also highlighted.

"[Bed bugs] are really awful to get rid of and we need tremendous cooperation from the tenants [for pest management] to be effective."

Financial burdens of healthy housing practices also emerged as a barrier for landlords. Landlords indicated that financial

strain often resulted from incomplete or late rent payments because rent is a source of income for pest control expenses. Landlords expressed frustration that tenants could not be charged for the cost of these services though tenant behaviors often caused pest infestations.

Additionally, landlords discussed how enforcing smoke-free rules—despite including lease addendums and posting "no smoking" signs—was particularly difficult. Many landlords questioned the effectiveness of seeking legal recourse for violations; they perceived the law as favoring tenants and described landlords as bearing the burden of proof because smoking was a hidden behavior difficult to verify.

"I put it on [the lease] and they still smoke. I can smell it coming through the vents, and if I call to complain, it's his word against mine . . . There's really no control over that."

Perceived Benefits

Across focus groups, landlords identified tenant safety as a primary benefit of implementing healthy housing practices. Most landlords described aiming to provide a healthy, safe environment for tenants that met an acceptable standard of living: "I want my tenants to live in something that I would want to live in."

Several landlords recognized the relationship between health and housing, such as secondhand smoke exposure triggering asthma. Landlords also acknowledged that environmentally sensitive practices (eg, reducing use of pesticides) were safer for their tenants' health: "I have a tenant who, her child has asthma . . . So I'm really cautious about using chemicals."

Financial benefits of healthy housing were also discussed. Landlords stated that preventing pest infestation enabled them to avoid the cost of hiring a pest control company; however, landlords considered preventative measures to be expensive. Landlords also cited how smoke-free units required less maintenance (eg, repainting) and reduced risk of fire damage.

Suggestions for Facilitating Healthy Housing Practices

Landlords were interested in receiving additional information on healthy housing practices, especially pest management. Landlords perceived existing information was limited, decentralized, and inaccessible. They recommended centrally locating best practice information and providing peer networking opportunities (eg, in-person trainings).

Landlords also indicated that demonstrating cost benefits would encourage them to adopt healthy housing practices. Providing financial assistance to landlords for perceived expensive practices, such as pest management, was also considered helpful (eg, vouchers, discounts).

Discussion

Summary

Although landlords play a critical role in creating a healthy housing environment, they cited tenant behavior, financial burden, and policy enforcement as barriers.

Limitations

There are several limitations to this study. Participating landlords may not be representative of the larger landlord population because those who chose to participate may have done so for financial remuneration. In addition, focus groups used a nonrandom sample and recruitment was conducted via an e-mail listing service—only landlords for whom updated contact information was available had the option of participating—thus creating a strong possibility of selection bias. Therefore, findings represent a subset of landlords and may be limited in their generalizability. Additionally, recall bias regarding experiences and reporting bias with self-reported data are possible; participants may report successes because it is socially desirable.

Significance

This study identifies several opportunities for reducing barriers and capitalizing on perceived benefits of implementing healthy housing practices, including: (1) better promotion and centralization of existing healthy housing resources, advocacy (ie, landlord rights and legal services), and tenant communication resources; (2) providing financial resources to supplement expensive practices such as pest management; and (3) assisting landlords in enforcing regulations and addressing tenant violations.

Furthermore, programs that support landlords in policy enforcement, such as smoke-free housing, can help demonstrate feasibility and effectiveness of these practices, including providing legal assistance to successfully argue a case through housing court. Landlords indicated that demonstrating cost savings of healthy housing practices such as smoke-free policies would also encourage implementation.

Implications for Future Research

This research explored landlord perceptions of healthy housing practices, and pest management and smoke-free housing emerged as key topics of conversation; however, injury prevention, while mentioned, was not considered top of mind for landlords. Future research should consider exploring injury prevention as a healthy housing practice.

Furthermore, the apparent disconnect between perceived and actual availability of landlord resources warrants further research. To bridge this gap and expand the reach of landlord initiatives, future research should examine characteristics of landlord training participants and nonparticipants, facilitators and barriers to participation, and landlord preferences for receiving information. Finally, exploring whether property owners and managers have different perspectives of healthy housing practices would be worthwhile.

SO WHAT? Implications for Health Promotion Practitioners and Researchers

What is already known on this topic?

Landlords play a critical role in maintaining a healthy home environment for tenants.

What does this article add?

This qualitative study indicates that landlords perceive themselves as responsible for, and see value in, implementing healthy housing practices yet face barriers to doing so, including tenant behavior, financial burden, and policy enforcement.

What are the implications for health promotion practice or research?

Housing and public health agencies and policy makers can use these findings to guide strategies that facilitate adoption of healthy housing practices among landlords by reducing barriers, capitalizing on perceived benefits, and increasing access to educational and financial resources.

Acknowledgments

The authors thank the community advisory board members who guided and informed this research study and Shaniece Criss, ScD, for providing research assistance with coding of the focus group transcripts.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by the United States Department of Housing and Urban Development (Assistance Award #MALHH0207-09).

References

1. Federal Healthy Homes Work Group. Advancing Healthy Housing: A Strategy for Action. *Department of Housing and Urban Development*. 2013. http://portal.hud.gov/hudportal/documents/huddoc?id=AHHASA_2-19.pdf. Accessed September 15, 2016.
2. Hood NE, Ferketich AK, Klein EG, Wewers ME, Pirie P. Individual, social, and environmental factors associated with support for smoke-free housing policies among subsidized multiunit housing tenants [Published online November 7, 2012]. *Nicotine Tob Res*. 2012.
3. Lu C, Adamkiewicz G, Attfield KR, et al. Household pesticide contamination from indoor pest control applications in urban low-income public housing dwellings: a community-based

- participatory research. *Environ Sci Technol*. 2013;47(4):2018-2025. doi:10.1021/es303912n.
4. Breyse J, Jacobs DE, Weber W, et al. Health outcomes and green renovation of affordable housing. *Public Health Rep*. 2011;126(suppl 1):64-75.
 5. Center on Budget and Policy Priorities. *Section 8 Project-Based Rental Assistance*. Washington, DC: Center on Budget and Policy Priorities; 2013. <http://www.cbpp.org/sites/default/files/atoms/files/PolicyBasics-housing-1-25-13PBRA.pdf>. Accessed September 16, 2016.
 6. Department of Housing and Urban Development. *Housing Quality Standards in Housing Choice Voucher Program Guidebook*. Washington, DC; 2001. http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/forms/guidebook. Accessed September 16, 2016.
 7. US Department of Health and Human Services. *The Surgeon General's Call to Action to Promote Healthy Homes*. Rockville, MD: US Department of Health and Human Services, Office of the Surgeon General; 2009.
 8. Cramer ME, Roberts S, Stevens E. Landlord attitudes and behaviors regarding smoke-free policies: implications for voluntary policy change. *Public Health Nurs*. 2011;28(1):3-12. doi:10.1111/j.1525-1446.2010.00904.x.
 9. Hewett MJ, Sandell SD, Anderson J, Niebuhr M. Secondhand smoke in apartment buildings: renter and owner or manager perspectives. *Nicotine Tob Res*. 2007;9(suppl 1):S39-S47.
 10. Jackson SL, Bonnie RJ. A systematic examination of smoke-free policies in multiunit dwellings in Virginia as reported by property managers: implications for prevention. *Am J Health Promot*. 2011;26(1):37-44. doi:10.4278/ajhp.091005-QUAN-329.
 11. Korfmacher KS, Ayoob M, Morley R. Rochester's lead law: evaluation of a local environmental health policy innovation. *Environ Health Perspect*. 2012;120(2):309-315.