TOWARD CULTURALLY SENSITIVE HOUSING—ELIMINATING HEALTH DISPARITIES BY ACCOUNTING FOR HEALTH

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Abstract

Refugees, immigrants and people of color experience disproportionate poor health outcomes. Cultural differences in how families cook, eat, and, in general, live in their homes can be partly responsible for some of these health disparities. Understanding and responding to cultural differences through housing that supports various ways of living, i.e., culturally sensitive housing, can facilitate healthy lifestyles and help improve the health and well-being of diverse communities. Interviews with 21 Minnesota practitioners (designers, affordable housing providers, developers, funders, and policy makers) point to the need for a multi-disciplinary approach to housing studies, one that includes the public health perspective. Although health, and in turn health disparities, were part of the discussion in all four steps of the process for working toward culturally sensitive housing, there is room to further infuse health into these conversations. The current definition of healthy housing should be broadened to account for diverse ways of living and for solutions that range from the micro to the macro scale and from interior finishes to neighborhood amenities. Such a reconceptualization of healthy housing can chart new directions for education, policy, and practice.

Key words: healthy housing; culture; public health

Introduction

Occurrences of physical health concerns, such as obesity, diabetes, and heart disease as well as mental health inequalities, abound among Minnesota's minority and immigrant groups (Helmstetter, Brower, and Egbert, 2010; Minnesota Department of Health, 2011). Health disparities have long been linked to a host of factors such as low socioeconomic status, poor educational

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attainment, poor access to and utilization of health care and preventive care, racism, and lack of cultural and linguistic competency of health care providers (University of Minnesota Division of Epidemiology, 2008). Although housing has been called "the ultimate nexus between the built environment and health disparities" (Hood, 2005, p. 315), research has not delved deeply enough to foster a broader understanding of the role that housing plays in supporting or suppressing health and well-being.

Part of the challenge lies in the limitations that result from approaching the problem of health disparities from within the lens of current definitions of "healthy housing." The National Center for Healthy Housing's (NCHH) seven principles use adjectives to describe housing conditions: dry, clean, pest-free, safe, contaminant-free, ventilated, and maintained homes (NCHH, 2008). Echoing the NCHH's approach, Ross, et al. state that:

> A healthy housing unit is characterized as being in good condition, free from pollutants and excesses in noise, temperature, and humidity. It is safe and not overcrowded (Ross, et al., 2006, p. 6).

It is not surprising then that much of the emphasis of current studies on healthy housing is on aspects of the home that include toxins, such as lead (Hartje, Yust, Goetz, & Franklin, 2001; Leighton, Klitzman, Sedlar, Matte, & Cohen, 2003; Staes, Matte, Copley, Flanders, & Binder, 1994; Zierold, Havlena, & Anderson, 2007); moisture (Cheple & Yust, 1999); pest control (Hood, 2005; Leaderer, et al., 2002; Rauh, Chew, & Garfinkel, 2002); and housing quality, particularly as it relates to dilapidated housing (Bashir, 2002; Hood, 2005; Hutch, Bouye, Skillen, Lee, Whitehead, & Rashid., 2011; Jacobs, 2011; Rauh, Chew, & Garfinkel, 2002; Sharfstein, Sandel, Kahn, & Bauchner, 2001; Srinivasan, O'Fallon, & Dearry, 2003).

By directing attention to the physical components of housing, such static definitions of healthy housing distract from the dynamic attempts of household members to construct meaning and create a sense of belonging (Després, 1991). People cook, eat, sleep, socialize, and in general live in their homes in many different ways. Some of this diversity is the result of the practice of traditions, food preferences, family definitions, religious beliefs, aesthetics, etc., that are instrumental to well-being. Accounting for the active engagement of residents,

as well as the impact of different ways of living on domestic interiors and vice versa, is thereby inextricably linked to efforts to reduce health disparities. Studies show that housing characteristics, such as ventilation systems, window types, spatial layouts, and material selections can suppress residents' abilities to practice traditions that foster health and well-being, from cooking nutritious foods to eating together as a family (Doherty, 2002; Hadjiyanni, 2007; Hadjiyanni & Helle, 2008; Hadjiyanni & Robinson, 2005).

The concept of healthy housing should thereby, incorporate understandings of both the physical dimensions of housing and the efforts by household members to craft a preferred way of living. This approach aligns with the definition of health as offered by the World Health Organization (WHO). WHO positions health as "a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity" (WHO, 2012). Research that emphasizes aspects of a home such as walkability (Frumkin, 2003; Lovasi, Neckerman, Quinn, Weiss, & Rundle, 2009; Perdue, Stone, & Gostin, 2003; Saelens, Sallis, Black, & Chen, 2003) and food access (Fielding, Teutsch, & Koh, 2012; Jones & Bhatia, 2011) adds new dimensions to the notion of healthy housing.

This current study is part of a larger research project that aims to understand how to better respond to cultural differences in housing needs. As a way to further dialogues in this arena, this paper uses insights from 21 professionals involved with affordable housing. The goal was to deconstruct the housing planning process and investigate the following questions: How and when does health enter those discussions? And, what does healthy housing mean in practice and why? Understanding and responding to cultural differences through housing that supports various ways of living, i.e., *culturally sensitive housing*, can facilitate healthy lifestyles and improve the health and well-being of diverse communities. With knowledge of what healthy housing entails to practitioners, these interdisciplinary dialogues can chart new directions for education, policy, and practice.

Methods

Between Fall 2010 and Spring 2011, interviews were conducted with 21 Minnesota practitioners whose work touches on affordable housing, a form of

housing that serves many immigrant and minority groups. These professionals included designers, affordable housing providers and developers, educators, funders, and policy makers. The organizations in which they worked ranged from private firms to academic institutions, county government, and non-profits. The professionals were selected by word-of-mouth, based on their involvement with affordable housing and their experience with diverse cultural groups.

Questions were broad and included: What do you think are the biggest challenges faced by diverse cultural groups? What kind of information or resources would help you work more effectively with, or better address the needs of, members of diverse cultural communities? What factors go into designing and planning affordable housing? And, which of these factors is of the most critical importance and why? One question was directly related to health, which read: "Many of these groups have health-related concerns, some of which are tied to food and nutrition. In your work, do you account for these differences and if so how? If not, what do you think could be done to account for these issues?"

For the purposes of this paper, data were analyzed following a framework proposed by Hadjiyanni (2005). Four steps have been identified in the process of working toward culturally sensitive housing: (1) considering difference, (2) understanding the perspectives of a cultural group, (3) developing the programmatic guidelines, and (4) acting as agents of change. The qualitative data were scanned to identify comments that related information on each of the four steps as well as how health fit into the process.

Results - Health in the Housing Planning Process

The interviews with the professionals in this study showed that although health and health disparities were part of discussions in all four steps of the process of working toward culturally sensitive housing, there is room to further infuse health into these conversations. Healthy housing, as it turns out, was much broader in practice than its current conceptual definition.

Considering Difference

The first barrier to creating housing that supports diverse ways of living lies in the willingness of everyone involved to acknowledge the existence of

cultural differences in how home spaces are used and to devote the time, funds, and energy needed to uncover them. Instrumental in this process is the ability of planners to move away from the "us" versus "them" paradigm and recognize that everyone benefits from a region that includes a full range of housing choices. Economic stability and regional prosperity are contingent on meeting diverse needs, as Cathy Bennett from the Urban Land Institute Minnesota (ULI MN) explained:

> It's important for the region, it's important for community, it's important for the jobs, and it's important for business to be competitive in the global economy.

ULI MN engages public and private sector leaders to foster collaboration, share knowledge and join in meaningful strategic action to create thriving, sustainable communities. It also partners with the Regional Council of Mayors to build knowledge and networks that support collective regional awareness and action. One of their initiatives is the Housing Initiative, which implements tools and strategies that support a full range of housing choices. Addressing diverse housing needs and improving the well-being of everyone who calls Minnesota home as well as attracting new residents to the state are important to ULI MN's mission and goals.

The Twin Cities Local Initiatives Support Corporation (LISC) is another organization that fosters a comprehensive approach to community development. LISC's Quality-of-Life Plans promote food access, nutrition education, and community engagement and act as media that encourage health and well-being. Barbara Jeanetta, formerly from LISC, talked about the multiple ways health-related organizations and housing providers could foster health through the design of buildings and communities. A Growing Up Healthy grant from the Blue Cross Blue Shield of Minnesota Foundation, she said, enabled residents in the Frogtown neighborhood of Saint Paul, MN to work on food access because of the many food-related health concerns they faced (such as obesity and diabetes). When asked to elaborate on what healthy housing meant to her, she mentioned food:

> Now food could be [part of healthy housing], because if people had access so they could grow the kinds of foods that they prefer from their indigenous countries or even just growing

and preparing health food rather than processed [they would be healthier].

The ability of residents to prepare healthy foods inside their homes is as critical as providing residents with access to fresh and nutritionally rich ingredients. Expanding the definition of healthy housing to encompass the diversity in how different people operate in their daily lives—from how they access food to how they cook for example—is an important step in this direction.

Understanding the Perspectives of a Cultural Group

The practitioners expressed that learning about diverse needs required time and effort as well as a willingness to listen, learn, and improve one's services. For example, staff from Urban Homeworks, a real estate development organization that provides rental housing to many immigrant and minority groups, noticed that bathroom vinyl floors, although resistant to water damage, tended to fail. Part of the reason was the water that splashed when devout Somali families practiced daily cleaning rituals. Washing prior to prayer might occur up to five times per day in some Muslim households. The installation of tile floors and adequate ventilation provided these families with amenities that enabled them to practice their religion without the risk of mold developing in their living spaces. Opportunities for periodic feedback from residents and for post-occupancy evaluations of the buildings are thereby critical to the creation of environments that support health.

In other cases, understanding was the result of feedback that designers and planners received from members of cultural groups during the planning phase of a project. Federal or state funding programs mandate neighborhood participation during the development of a project. Practitioners indicated that involving community members in the planning process early on could be beneficial as they could ask questions such as: What do you think of this being your home? What particular needs do you have that we can try to accommodate? Making people comfortable enough to share their opinions was imperative, as Gina Ciganik, Vice President for Housing Development of Aeon, an affordable housing developer, noted. Structured neighborhood meetings are helpful in soliciting feedback, but sometimes capture only a narrow audience, as some community members may not feel comfortable expressing their opinions

in some settings. It may be that some people are intimidated by their peers or other experts in the room (architects, business leaders, etc.). Explaining that one must learn from the other and that all experiences and viewpoints are equally valid is crucial. For Aeon, neighborhood meetings were a chance to learn, among others things, about how health and housing design relate:

> We want to run a resident pilot project at the Wellstone [one of Aeon's properties that house immigrant and minority groups] to really work with the people there to talk about questions like: What do you know about healthy living? What do you know about energy conservation? What do you know about the environment and the utilities, etc? And, we are going to be working both on education and on trying to figure out what interests them and what do they want to make some of those changes. How do they get access to healthy foods for example?

Navigating differing agendas was a challenge. Todd Rhoades, an architect with Cermak Rhoades Architects, captured this complexity:

> Sometimes our clients want a particular style of a building, neighborhood groups want something different and you have to reconcile the two. Then politicians have their own agenda. So the city wants something, the neighborhood wants something different, the client wants something different. It gets complicated.

Housing planning is a process that is centered on negotiating and balancing what could be disparate demands. To ensure that health-related design features are not relegated to the sidelines, designers, affordable housing providers, and housing professionals can be supported by public health practitioners who are dedicated to health and have additional training.

Developing the Programmatic Guidelines

Learning about the needs of diverse cultural groups was often accompanied by "unlearning" the standard and typical approach to planning a residential project. Differences in ways of cooking, eating, sleeping, socializing, bathing, praying, playing, etc., often had implications for each of the spaces of the home. As mediators to all parties, the designers we interviewed had

to take the knowledge generated from the previous step and translate it into programmatic guidelines for all aspects of housing design. These ranged from the overall space planning of the home to sizes and numbers of rooms, how spaces relate to each other, number of occupants to be accommodated, types of storage, furniture, lighting levels, and materials. Most often, they worked with no guidebook in hand and no professional feedback from health advocates on how to nudge people toward a healthier lifestyle (Thaler & Sunstein, 2009).

Flexibility is key, as Sue Hackett from Aeon noted. Spaces are designed to be flexible and to support diverse needs and ways of living—culturally *specific* housing has no room in the American landscape, where homes must be able to be sold or rented to a diverse population. Housing must meet the needs of everyone, because no one knows who else will live there:

> Our hope is to be flexible. If it's a rental, someone is going to move out in a year or two or three and then you have someone who wants the opposite, so we are trying to see how to make things flexible. We now know that the idea of having open areas, which we found that the Hmong and [people from] other cultures like, [that] Somalis would rather have that [kitchens] closed off. So we try to get better communication, try to figure out who is going to be there while thinking about flexibility.

Aeon typically builds open-plan kitchens, which imply that the cooking area is visible from the home's living areas. Many Somalis are Muslims and women must be covered (veiled) in the presence of male visitors. Cooking in open kitchens while having to be veiled can be uncomfortable and dangerous (Hadjiyanni, 2007). Aeon developed an opening or pass-through that could be kept open or closed with wooden shutters depending on the needs of the residents.

With respect to cooking spaces, Aeon also encountered problems with condensation gathering along the windows and creating mold or damage. Installing stronger ventilation systems in kitchens and upgrading windows to fiberglass instead of aluminum frames ensured that condensation would not freeze in the winter. In this way, families could cook traditional foods that are typically healthier than ready-made or take-out meals, without worrying about the steam and smells generated. Residents also informed Aeon that in order to eat more healthily, they wanted to have larger refrigerators and storage

cabinets so they could purchase fresh food and store it for the week. This was particularly true for families that lacked transportation and could not get to grocery stores as often as needed.

The design of bedrooms was also revisited as many immigrants live in large, extended families. Project for Pride in Living (PPL), another affordable housing provider, found itself having to enlarge the size of the bedrooms to accommodate multiple children per bedroom. In parallel, PPL increased the number of bedrooms in some of its units to four. Their concern was balancing needs with affordability due to the higher charge associated with larger units. Health and safety also came into play when families used basements as sleeping areas in older homes. ULI MN recommended that the City of Richfield provide funding for installing egress windows as part of their housing program package. The program would help to turn basements from illegal to legal sleeping spaces, and thus ensure the health and safety of residents.

Creativity in infusing solutions that facilitate a healthier lifestyle extended to multi-family housing. Designers often had to abide by regulations that limited their ability to search for alternative solutions that benefit everyone and nudge people to adopt behaviors such as exercise. In some scenarios, the provision of adequate underground parking was the determinant of a building's overall width and form. With little room for a garden or a playground, stairs became a way to nudge residents to exercise. No longer located in a corner, these staircases were designed so that they are visible, accessible, and attractive to all users.

Prioritizing those choices that allow for health was important and Urban HomeWork's Russ Barclay described one such choice:

> Ok, now we've got an empty lot. Is the best thing really to put another house down there or is the best thing to do a community garden or a playground for kids to come and play? This way you are encouraging healthy eating and exercise!

As health and safety go hand-in-hand, windows, lighting, and circulation patterns that allowed family members to monitor activity on the streets and make sure that children were safe when playing outside were also accounted for. Many of our interviewees took the notion of healthy housing beyond its traditional boundaries. Advocating for the health of their residents, they

strived to create houses that could be turned into homes. The question that remains is how does one ensure that health is always part of the equation when planning housing?

Acting as Agents of Change

When asked "Who are the primary players in the planning of affordable housing?" more than half of our interviewees mentioned funders. Funders include federal and state sources as well as the private finance market—from the U.S. Department of Housing and Urban Development (HUD) to the Minnesota Housing and Finance Agency (MHFA) and any private bank. Mandated regulations and stipulations of funding agencies often dictate many of the parameters in the design of housing spaces and could spearhead change. For instance, in an attempt to provide equitable and sustainable housing, regulations, such as MHFA guidelines (MHFA, 2012) specify room sizes and dimensions as well as specific characteristics of spaces. Revisiting those guidelines and reviewing them for cultural sensitivity is a start toward creating housing that supports diverse ways of living, health, and well-being.

An additional challenge that was raised in the interviews was the multiplicity of private, non-profit, and governmental organizations and institutions involved in the planning of affordable housing—from funders to individual providers and firms. Building synergies among all stakeholders is an integral part of the process and more areas of collaboration and networking as well as sharing of best practices should be nurtured. Organizations such as the Family Housing Fund, ULI MN, and LISC, which gather resources, bring together diverse groups of people, and provide technical and financial support, are crucial agents in the process. ULI MN for example, created the Minnesota Housing Policy Toolbox (www.Minnesota.housingpolicy.org) in partnership with the Center for Housing Policy. The online tool outlines the role that state and local governments can play to ensure the availability of a full range of housing choices for Minnesota families. Infusing the notion of cultural sensitivity into such centralized sources of knowledge could make sets of creative and feasible solutions easily accessible.

Demonstration projects were mentioned as another way to spread the word about cultural sensitivity and encourage regulations that embrace health-

promoting design ideas for residential environments. Drawing from the example of how green guidelines came to be widely adopted, Andrew Schlack from the Greater Minnesota Housing Fund (GMHF) highlighted the importance of demonstrating the cost-benefit analysis:

> The power of the demonstration project is that people can actually go and experience being in healthy homes and see that creating healthy homes isn't much more work, and that the payoff from doing a little bit more work much outweighs additional costs. Demonstration projects are critical when trying to be a catalyst for larger systems change.

> Change often requires both a top-down and bottom-up approach. At Little Earth, an inner-city housing community that serves Native Americans, Bill Ziegler felt that he had to overcome what he called the "racism of low expectations." The area in which Little Earth is located is what he called a "food desert," due to the limited good quality food that is available:

> What I do fundamentally is ask: How do we get the community to believe in a greater vision and a greater future? And then, what are the steps to us get there? Then, let's walk, let's start walking toward that vision.

Educating his people about a healthier way of living and eating were important strategies in reaching these goals. Since 2010, Little Earth has a thriving urban farm that is community driven, and participants plan to develop their own food co-op in the near future. With home interiors that include functional kitchens and eating areas where all family members can gather to share a meal, the vision of a healthier and vibrant community could become a reality.

Conclusions and Implications

Working toward culturally sensitive housing is inextricably tied to examining all housing-related decisions from within the lens of reducing health disparities. Our interviewees' insights revealed that health is indeed an issue that is considered in housing planning discussions. For them, healthy housing encompasses both the physical dimensions of housing and the meaning-making activities of the residents. Designers and developers recognized that for a house to be a home, it needed to provide more than safety in terms of pests, lead, and

prevention of hazards. Homes should also accommodate diverse ways of living and meaning-making. The reasons were multiple and ranged from increasing the attractiveness of the residence to potential renters and buyers to limiting the possibility of damage to the unit. As a result, they strived to respond to health and well-being from the micro level of the tile in the bathroom to the macro levels of the neighborhood, the city, the state, and the nation. Negotiating the needs of clients, users, city officials, policy makers, and funders was always part of the process.

The limitations of the study are tied partly to the small number of interviewees. With the perspective of more designers and affordable housing providers, we would have a broader understanding of the factors associated with the housing planning process. Furthermore, the study was undertaken in a large metropolitan area of the Midwest that has recently experienced an influx of immigrants. Differences could be expected in smaller towns or parts of the country where immigration is not of the same extent. Additional studies could expand inquiry in the form of a comparison between large and diverse areas versus small and more homogeneous. Furthermore, studies can compare the perspective of members of immigrant and minority groups in terms of healthy housing and that of practitioners. Such an analysis can pinpoint areas of improvement in both communication and design.

Questions remain: How do you avoid stereotyping the people you are trying to serve? How do you develop processes that engage historically marginalized populations? What kind of spaces can meet diverse needs and nudge people toward a healthy lifestyle? Can and should designers be life coaches when it comes to health? And, how does poverty affect families' abilities to benefit from housing that meets diverse needs? Interdisciplinary and cross-disciplinary collaborations in education, research, and practice, would put into place strategies for a holistic approach to culturally sensitive housing.

To conclude, the notion of health must be woven into dialogues and negotiations around housing planning from the very beginning. This can reassure everyone that the implications of housing on health will be thoroughly examined. Collaborations among public health professionals and housing advocates are therefore paramount for the creation of healthy and connected communities (Frumkin, 2003; Hutch et al., 2011; Perdue, Stone, & Gostin,

2003; Srinivasan, O'Fallon, & Dearry, 2003). In parallel, a broader definition of healthy housing, one that includes "support of diverse ways of living," is more suitable for both theory and practice. The adoption of this revised definition by those working with housing, such as funders, designers, developers, educators, and practitioners, can set in motion policies and practices that meet the needs of everyone in the community and help reduce health disparities.

The pedagogical implications of this shift in paradigms include new content and training as well as new specialties for educators that come from disciplines as broad as housing, public health, and design. Coursework that exposes future professionals to foundational disciplinary questions and methodological approaches will prepare graduates for a practice in which disciplinary boundaries blur. In parallel, research collaborations can engender a broader and deeper exploration, one that has both theoretical and practical dimensions of the intricacies surrounding the relationship between home life and health.

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