

## Healthy Housing Best Practice Policy Brief

This policy brief builds on the learnings from Penn Center for Public Health's October 17, 2025, [Healthy Housing Symposium](#). It outlines evidence-informed recommendations and practices to reduce the risks and burdens of unhealthy housing and to expand access to healthy homes. Our recommendations prioritize proactive, proven initiatives that support the diverse needs of the community.

These recommendations are based on the understanding that structural inequality drives unhealthy housing conditions that disproportionately impact people of color, which in turn lead to worse health outcomes. While these recommendations offer a means to rectify health inequities, we recognize our shared ability as a city to come together to identify, pass, and implement additional policies that address structural inequality and build toward a healthier future for our city's residents, in which we all have the opportunity to thrive.

### Philadelphia is at the Forefront of Healthy Housing.

Philadelphia has emerged as a national leader in advancing healthy housing initiatives, expanding and protecting safe and affordable housing through programs such as: [Right to Counsel in Eviction Court](#), [Eviction Diversion Program](#), [Basic Systems Repair \(BSRP\)](#), [Adaptive Modifications Program \(AMP\)](#), [PHL Housing +](#), [Turn the Key](#), and [Philly First Home](#). These programs, in tandem with local community partners, offer national models for integrating services for home repair, health care, and legal assistance.

### Despite Progress, Gaps and Challenges Remain.

#### Quality & Stability

Substandard housing conditions, the [need for repairs](#), and lack of routine inspections continue to drive chronic illnesses and injury due to exposure to mold, pests, lead, and other hazards. While Philadelphia has made significant progress on eviction diversion, [the threat of eviction still prevents some renters from reporting substandard housing conditions](#). Right to Counsel has

### Housing is Healthcare.

The [quality, affordability, and accessibility of a home](#) directly impacts residents' [health](#), driving high rates of [asthma](#), [chronic disease](#), and [mental health strain](#). Policy action must address these health hazards resulting from inadequate, costly, and unstable housing conditions.

### What is a Healthy Home?

The National Center for Healthy Housing defines the [critical components of a healthy home](#) as: dry, clean, pest-free, ventilated, safe, contaminant-free, maintained, thermally controlled, accessible, affordable, and ready for natural disasters. Structural inequalities shape disparities in access to health housing, [contributing to inequalities in health and well-being](#).

demonstrated benefits both nationally and here in Philadelphia, but [as of FY2024, reached fewer than 25% of eligible tenants facing eviction in the five covered city zip codes](#). These issues contribute to chronic disease, particularly to the city's high asthma rate. [More than 20% of Philadelphia's children have asthma](#), which is the top cause of missed days of school in the city, and [asthma disproportionately impacts the city's children of color and low-income children](#). Poor housing quality also [worsens mental health](#) for both children and adults. Philadelphia does not yet have laws or regulations that establish a cooling standard for rental housing, [an increasingly pressing issue as extreme heat events become more frequent](#). And while important work has been done in recent years to address [water insecurity in the city](#), [water shutoffs still impact many low-income Philadelphians](#).

## Potential Solutions

1. [Reduce unlicensed rental units](#) by ensuring adequate funding for the Department of Licenses and Inspections (L&I) to conduct outreach and educational campaigns for landlords, identify unlicensed landlords, and increasing penalties for noncompliance.
2. [Develop proactive rental inspections](#) for which costs would be at least partially offset by the impact on parents' ability to work when children are [not sick with asthma](#), and by the future academic and economic success of children who miss fewer days of school. This will require additional investment in L&I to allow the hiring of additional inspectors (this was discussed in the FY26 budget hearings and deferred to give L&I more time to develop a budget estimate). [Recent research](#) suggests that initial approaches could include:
  - a. **Piloting with a targeted effort:** Begin with subset (e.g., large landlords) to start modestly and build momentum.
  - b. **Portfolio-wide enforcement:** Once code violations are identified, inspect all properties held by this landlord.
  - c. **Supporting small and compliant landlords:** A proactive rental inspection program could expand existing supports such as the Rental Improvement Fund and offer incentives (e.g., low frequency, discounted inspections) to small landlords and those with good practices to ensure that the program does not increase rent for tenants or price out small property owners, while maintaining accountability for landlords.
3. **Improve access to legal action to protect renters:**
  - a. Consider redesigning the Landlord-Tenant court process in municipal court to give it the enforcement power to require landlords to make repairs as done in [Boston](#) and [New York](#).
  - b. Expand the Right to Counsel program, add housing quality issues to its purview, and consider incorporating a private right of action that includes attorneys' fees into the Right to Counsel legislation, a mechanism used [successfully in other jurisdictions](#).

4. **Increase funding for home repair programs** (e.g., [BSRP](#), [AMP](#), [Built to Last](#), and [RIF](#)) and other systems that aid homeowners to repair and remediate hazards and address the needs of people with disabilities, helping to keep families in their homes while preventing or remediating housing quality and safety problems.
5. **Addressing additional utility issues**, such as water and energy insecurity and the creation of cooling standards, falls outside the scope of this review, but will be important areas for further exploration in the future, given their critical implications for public health.

## Affordability

Philadelphia has a shortage of over [64,500](#) affordable units available to households with the lowest incomes (making less than 30% of area median income (AMI)). This, coupled with the [risk of losing additional units in the next decade due to loss of federal subsidies](#), drives a concerning gap in highly affordable rental housing, forcing low- and moderate- income households into costlier homes and causing widespread rent-burden. These costs, in turn, drive down available spending on healthy food, adequate heating and cooling, and healthcare, while increasing stress and worsening mental health for many city residents. Simply put, housing affordability is a public health crisis.

## **Potential Solutions**

1. **Ensure investments include expanding [housing options for those making less than 30% of the AMI](#)** Because of limited options affordable to this group, many end up occupying housing affordable to those at 30-50% or more of AMI, resulting not only in rent burden for themselves, but also a lack of affordable options for those in that next tier of income.
  - a. The City should act now to work with local non-profit agencies to preserve existing deeply affordable housing to prevent a worsening of the supply gap.
  - b. Expand direct financial subsidies to low-income renters through programs such as [PHL Housing+](#).
  - c. Consider capping rent increases to maintain existing affordable rentals.
  - d. Explore options used successfully in other cities and states such as a [revolving loan fund](#) and [social housing models](#).
2. **[Update zoning laws](#)** to allow accessory dwelling units in all neighborhoods (not just historic districts) and allow rooming houses or single room occupancies to expand low-cost options in the city as has been done in [Minneapolis](#) and [Portland](#).
3. **Use administrative data to automatically enroll** or proactively reach out to individuals about beneficial programs (e.g., Philly One Front Door). Previous data on benefit programs, including [prevention of water shutoffs](#) and [Medicaid enrollment](#), demonstrates that automatic enrollment tends to be much more effective than requiring individuals to enroll in such programs actively.

## Accessibility

Barriers to access include limited funding for home repair and adaptive modification programs that can keep people with disabilities in their own homes, and very limited housing options for unhoused people who have health conditions that bar them from shelters (e.g., people who use wheelchairs or oxygen, those with substance use disorders, and those with medical conditions that make shelter requirements to leave during the day untenable).

### Potential Solutions

1. **Increase funding for home repair programs**, as noted above.
2. **Prevent tangled titles** by promoting will creation to ensure low-income families can take advantage of City programs to help them remain in their homes. Expand services to navigate resolution of tangled titles and support lien remediation.
3. **Create collaborations to find ways to increase funding for medical respite** to expand transitional housing options for people who lack housing and have medical needs that cannot be met by shelters. State Medicaid, private insurance plans, health systems, and the City must collaborate to address this ongoing issue that forces people onto the streets and contributes to overcrowding in the city's emergency rooms and hospitals.

*The Penn Center for Public Health is solely responsible for the content of this report. The opinions expressed in this policy brief do not necessarily represent those of the University of Pennsylvania, University of Pennsylvania Health System, or the Perelman School of Medicine. Any views expressed in it do not necessarily reflect those of the contributors.*

#### Authors:

**Cheryl Bettigole, MD, MPH, MA**

Executive Director, Penn Center for Public Health  
Professor of Clinical Family Medicine & Community Health  
Professor of Medical Ethics and Health Policy  
Perelman School of Medicine, University of Pennsylvania

**Rebecca Pepe, MPH**

Doctoral Fellow, School of Social Policy & Practice  
University of Pennsylvania

**Jasmine Jones, MPH, PMP,**

Associate Director, Penn Center for Public Health  
Perelman School of Medicine, University of Pennsylvania

The [Penn Center for Public Health \(CPH\)](#) brings together communities, scholars, and leaders to advance public health. Our work focuses on research, education, community partnerships, and policy to advance equitable health solutions.

[PennCPH@pennmedicine.upenn.edu](mailto:PennCPH@pennmedicine.upenn.edu)

**Acknowledgements:** We are grateful for the insights and contributions of CPH Healthy Housing working group members, including (in alphabetical order): Charlotte Babbitt, University of Pennsylvania, Rebecca Brown, MD, MPH, University of Pennsylvania, Tyra Bryant-Stephens, MD, FAAP, The Children's Hospital of Philadelphia, Amanda Colón-Smith, The Pew Charitable Trusts, Nicole Ellingson, MPH, University of Pennsylvania, Alon Gur, JD, City of Philadelphia, Marilyn V. Howarth, MD, Philadelphia Regional Center for Children's Environmental Health, Center of Excellence in Environmental Toxicology, DeMarcus A. Jenkins, PhD, University of Pennsylvania, Michael Luke, MD MSHP, The Children's Hospital of Philadelphia, Daria Murosko, MD MPH MSHP, The Children's Hospital of Philadelphia, Safiyyah Okoye, PhD, MSN, RN, Drexel University, Calvin A. Okunoye, *Community Organizer*, Vinent Reina, PhD, MBA, MSc, University of Pennsylvania, Cleopatra Herrera Robinson, Carolyn Swope, MPH, Columbia University, Jamile Tellez Lieberman, DrPH, MPH Nueva Esperanza, Inc. (Esperanza), Esperanza Institute for Latino Health Equity, Angelica Vega, University of Pennsylvania, Morgan Watson, University of Pennsylvania.