FRAME WORKS INSTITUTE

"A House, a Tent, a Box":

Mapping the Gaps Between Expert and Public Understandings of Healthy Housing

A FrameWorks Research Report

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I. Introduction

Housing is deeply implicated in many of our most important social issues—health, economic opportunity and mobility, racial and economic segregation, education, and aging, to name a few—yet the issue rarely rises to the top of American political and social discourse. Coverage of housing in the news media fails to explain how quality, affordable housing can improve outcomes across a range of social and economic domains, and advocates similarly leave out this part of the story. As a result, current framing of housing fails to explain the broader significance of the issue for society.[1]

Moving housing issues to the forefront of our national conversation requires new ways of framing the issue. An effective reframing strategy can foster better understanding of housing issues, raise the salience of these issues in public thinking, and generate support for needed policies. This report represents the first step in a larger project to develop such a strategy. The project is a collaboration with Enterprise Community Partners, the National Center for Healthy Housing, and the U.S. Department of Housing and Urban Development (HUD). This report attends to the range of ways in which housing affects well-being, with a particular focus on issues of healthy housing.

In later stages of the project, FrameWorks researchers will develop and empirically test framing tools and strategies, but in order to understand the specific challenges these tools must address, as well as the type of tools and strategies that are likely to work, we must first examine the cultural landscape around housing issues. The core of this report is an exploration of the cultural models[2]—the implicit, shared understandings, assumptions, and patterns of reasoning—that the American public draws upon to think about housing in general and healthy housing in particular. This research differs from standard public opinion research, which documents *what* people say by conducting polls or focus groups. The research described here documents *how people think*, and parses out the assumptions and thought processes that inform what people say and how they form judgments and opinions. This cultural-cognitive approach is powerful because identifying *ways of thinking* is key to developing more effective and strategic communications. By understanding how the public thinks about housing, communicators can better predict how their messages are likely to be received, avoid triggering unproductive ways of thinking about the issue, and leverage productive understandings to get their message across. Moreover, understanding how people think helps to identify those areas most in need of attention—the areas where public understandings consistently impede productive thinking—and yields hypotheses about what types of communications tools and strategies are likely to be effective.

This report begins by describing the "untranslated expert story" of housing and its role in shaping health and well-being. This account comprises experts' shared understandings of *how* housing affects health and well-being, and includes the policy and programmatic directions that experts argue could improve housing and lead to better outcomes. This untranslated story represents the *content to be communicated* to the public through a reframing strategy.

The report proceeds to describe the cultural models that the public uses to think about housing and health. As all people have experiences with housing, it is not surprising that they bring a powerful set of cultural models to thinking about this topic. Some of these ways of thinking lead people to be concerned about housing issues, but at the same time limit people's ability to recognize the types of solutions that are needed. Most critically, our research shows that people have a strong tendency to personalize housing issues, which in turn prevents them from seeing the structural sources of housing problems and dampens support for the policies and programs that can effectively address these problems.

The final section of the report identifies where expert and public understandings of housing and healthy housing overlap and diverge. This "Map the Gaps" analysis identifies the primary challenges in effectively communicating with the public about housing and health. We conclude the report by offering provisional recommendations, and chart a course for future research to develop an effective, comprehensive strategy for communicating about housing.

II. Executive Summary

The Expert View of Healthy Housing

The following points comprise the content that experts on healthy housing wish to communicate to members of the public. Together, these points represent the "untranslated story" of healthy housing.

What Is Healthy Housing?

Experts define health broadly, to include physical health, mental health, community health, and well-being generally. In turn, the expert understanding of healthy housing is multidimensional, referring to housing that is safe, stable, affordable, and free of toxins. Experts emphasize that healthy housing is not just about individual homes, but includes the broader community context within which homes are situated.

What Are the Problems with Housing?

Experts highlight lack of affordable housing as a major problem that undermines health and well-being. In addition, the housing market creates problems for health, as the market undervalues health-related improvements and leaves many people unable to afford healthy housing. Experts note that undocumented immigrants are particularly vulnerable to unhealthy housing conditions and stress how racial and economic segregation undermine well-being.

How Does Housing Affect Health?

Experts explain that housing is a core determinant of health. The characteristics of both homes and neighborhoods influence physical health, mental health, community life, social engagement, stress, satisfaction, happiness, and self-esteem. The presence or absence of toxins, the affordability of housing, and community infrastructure all play a critical role in shaping health outcomes.

How Should Housing Be Improved?

Just as experts emphasize the range of ways in which housing affects health, experts highlight a variety of ways in which housing can be improved to better support health and well-being. Experts emphasize the importance of preventing health problems before they start, of improving the built environment, of enhancing affordability, and of integrating healthcare and housing.

The Public View of Healthy Housing

The American public draws on a complex set of cultural models to make sense of housing generally and healthy housing in particular, including the following understandings and ways of thinking:

- ***The public associates "housing" with assisted housing.*** The public assumes that discussions about housing are primarily about low-income groups and subsidized or public housing.

- ***Thinking about housing is deeply individualistic.*** When thinking about problems with housing, the public tends to attribute causal and moral responsibility to individuals, including both individual landlords and homeowners or renters themselves. Housing problems are seen as the result of poor or irresponsible choices, rather than as the result of structural factors and policies. Similarly, the public assumes that racial and economic segregation are the result of voluntary choices by individuals to live near people "like them," rather than of decisions at the systems level.

- ***Housing is understood as a consumer good.*** The public thinks of housing as a consumer good that is subject to the vagaries of the market. As a consumer good, disparities in housing quality are thought of as an inevitable and natural product of market forces. Consumerist thinking leads the public to conclude that nothing can or should be done to change housing conditions.

- ***Members of the public tend to think about housing in terms of basic needs.*** The public sees housing as a "place to lay your head," and assumes that as long as housing provides for basic needs—shelter, heat, etc.—it is fine. The public lacks a fine-grained understanding of how housing quality can vary and of how it can harm or promote health and well-being in more complex ways.

- ***The public recognizes that place has a role in shaping health and well-being.*** Although this understanding is recessive, it is available. While the public more frequently focuses on individual choices and the housing market, members of the public are capable of reasoning about the ways in which people's environments shape the opportunities available to them and, in turn, shape their well-being.

- ***Visible contaminants are top of mind.*** When thinking about health threats, the public focuses primarily on visible contaminants as sources of harm. The public is less aware of how invisible toxins (radon, carbon monoxide, etc.) threaten health.

- ***The public is deeply ambivalent about the government's role in housing.*** While the public sometimes models government intervention as necessary to ensure the safety and health of housing, the public is also deeply skeptical about government's role, viewing government as corrupt and inept.

- ***Fatalism and individualism dominate thinking about solutions***. As a result of the assumption that the housing market is beyond control and due to lack of understanding about how systems and policies shape housing conditions, the public is largely fatalistic about the possibility of improving housing, seeing this as an impossible goal. When thinking about solutions, the public falls back on individual choice, as the realm that people *can* control, suggesting that individuals must make better choices about their own housing situation if they want to improve it.

Gaps in Understanding

1. **Housing and Health: Health Promotion vs. Do No Harm.** While experts emphasize the ways in which healthy housing can *promote* positive health, the public assumes that housing is healthy as long as it does not cause harm and people have a place to lay their head.

2. **Healthy Housing: Citizen Right vs. Consumer Good.** Experts view housing as a basic right, yet the public understands it as a consumer good that some people can afford and others can't.

3. **Toxins: Current Problem vs. In the Past.** Experts explain that toxins like lead, asbestos, and radon constitute a significant health threat for millions; the public assumes that toxins in the home are a problem of the past.

4. **Dangerous Contaminants: Invisible vs. Visible.** While experts highlight the dangers posed by *invisible* toxins such as carbon monoxide and radon, the public pays little attention to these invisible threats, focusing instead on the health threats posed by *visible contaminants* such as trash, dirt, and pests.

5. **Causal Responsibility: Policies vs. Individuals.** In explaining housing problems (quality problems, disparities, lack of affordability, etc.), experts emphasize systemic factors, such as policies that disadvantage certain populations. By contrast, the public attributes housing problems to individuals, focusing on greedy landlords and renters' and homeowners' own choices.

6. **Undocumented Immigrants: Particularly Vulnerable vs. Undeserving.** Experts lament undocumented immigrants' particular vulnerability to housing problems, while the public views undocumented immigrants as "lawbreakers" who have forfeited the right to quality housing and public services.

7. **Housing Quality: Continuous vs. Binary.** While experts view housing quality as a continuum and note the range of ways in which quality can be improved, the public typically thinks about housing quality in binary terms—one either has quality housing, or does not—which obscures the full range of ways in which housing can promote or harm health.

8. **Overall Orientation: Pragmatic vs. Fatalistic.** Experts are confident that the right policies and programs can create healthier, better housing. By contrast, the public is fatalistic about housing conditions and is highly skeptical about the potential for meaningful change.

9. **Poverty and Homelessness: Cascading Effects vs. Mentalism.** Experts emphasize how effects cascade, as deteriorating housing conditions, poverty, and poor health exacerbate one another. The public, on the other hand, sees willpower as the key to fixing poverty and homelessness and doesn't recognize how individuals can lose control of their situation.

10. **Government Solutions: Support vs. Ambivalence.** In looking for solutions, experts focus on policy interventions aimed at *structures* and *systems*, while the public is deeply ambivalent about government, viewing government as both a critical actor and as a corrupt and inept body whose interventions are likely to be ineffective or even counterproductive.

III. Research Methods

Expert Interviews

To explore and distill expert messages on healthy housing, FrameWorks researchers conducted 14 one-on-one, one-hour phone interviews with researchers, academics, advocates, and policy experts working on these issues. These interviews were conducted in late 2014 and, with participants' permission, were recorded and subsequently transcribed for analysis. FrameWorks compiled the list of interviewees in collaboration with our project partners. The list was designed to reflect the diversity of disciplines and perspectives involved in work on healthy housing.

Expert interviews consisted of a series of probing questions designed to capture expert understandings of the relationship between housing and health and well-being. In each interview, the interviewer went through a series of prompts and hypothetical scenarios designed to challenge experts to explain their research, experience, and perspectives; break down complicated relationships; and simplify concepts and findings from the field. Interviews were semi-structured in the sense that, in addition to preset questions, interviewers repeatedly asked for elaboration and clarification, and encouraged experts to expand upon those concepts that they identified as particularly important.

Analysis employed a basic grounded theory approach. Common themes were pulled from each interview and categorized, and negative cases were incorporated into the overall findings within each category, resulting in a refined set of themes that synthesized the substance of the interview data. The analysis of this set of interviews resulted in the distillation of the expert perspective on healthy housing presented below.

Cultural Models Interviews

The cultural models findings presented below are based on 30 in-depth interviews conducted with members of the American public in early 2015 in six locations: Boston, Massachusetts; Frederick, Maryland; San Jose, California; Chicago, Illinois; Phoenix, Arizona; and Palmdale, California.

Cultural models interviews—one-on-one, semi-structured interviews lasting two to two-and-a-half hours —allow researchers to capture the broad sets of assumptions, or "cultural models," that participants use to make sense and meaning of a concept or topic area. These interviews are designed to elicit ways of thinking and talking about issues—in this case, ways of thinking about housing and health. Interviews covered initial associations with the term "housing" and explored thinking about housing, its connection to health, responsibility for ensuring healthy housing, and solutions. As the goal of these interviews was to examine the cultural models that participants use to make sense of these issues, it was important to give them the freedom to follow topics in the directions they deemed relevant. Therefore, the researchers approached each interview with a set of areas to be covered but left the order in which these topics were addressed largely to the participant. All interviews were recorded and transcribed with written consent from participants.

Recruiting a wide range of people and facilitating talk about concepts introduced by both the interviewer and the interviewee allows researchers to identify cultural models that represent shared patterns of thinking. Participants were recruited by a professional marketing firm and were selected to represent variation along the domains of ethnicity, gender, age, residential location (inner city, outer city, and regional/rural areas up to three hours from city center), educational background (as a proxy for socioeconomic status/class), political views (as self-reported during the screening process), religious involvement, and family situation (married, single, with children, without children, age of children). The sample included 15 women and 15 men. Nineteen of the 30 participants self-identified as "white," eight as "black," one as "Asian," and two as "other." Eighteen participants described their political views as "Middle of the Road," seven as "Liberal" and five as "Conservative." The mean age of the sample was 47 years old, with an age range from 27 to 69. One participant was a high school graduate, 10 had completed some college, 12 were college graduates, and seven had postgraduate education. Thirteen of the 30 were married, and 18 were the parent of at least one child.

Although we are not concerned with the particular nuances or differences in the use of cultural models between different demographic groups at this level of the analysis (an inappropriate use of this method and its sampling frame), we plan to consider these nuances in subsequent research through other methods that are better suited to address such concerns, such as a large, nationally representative survey experiment.

To analyze the cultural models interviews, FrameWorks' researchers adapted analytical techniques employed in cognitive and linguistic anthropology to examine how participants understand issues related to health and housing.[3] First, researchers identified common, standardized ways of talking across the sample to reveal organizational assumptions, relationships, logical steps, and connections that were commonly made, but taken for granted, throughout an individual's talk and across the set of interviews. In short, the analysis documents patterns discerned from both what was said (how things were related, explained, and understood) as well as what was not said (assumptions and implied relationships). In many cases, analysis revealed conflicting models that people brought to bear on the same issue. In such cases, one of the conflicting ways of understanding was typically found to be dominant over the other, in the sense that it more consistently and deeply shaped people's thinking.

On-the-Street Interviews

Cultural models interviews were supplemented with an additional set of 36 10-minute "on-the-street" interviews conducted in Boston, Massachusetts, and Frederick, Maryland, in October 2015. These interviews were conducted to confirm the results from cultural models interviews and to test a small number of reframing hypotheses. FrameWorks researchers recruited participants who were passing on the street, asking them if they would be willing to participate in a short interview as part of a research project on "social issues." The recruiting researchers paid particular attention to capturing variation in gender, ethnicity, and age. All informants signed written consent and release forms, and interviews were video- and audio-recorded by a professional videographer.

Participants in on-the-street interviews were asked several open-ended questions about housing and healthy housing to elicit cultural models. They were then read one of several messages, after which they

were asked a series of follow-up questions to ascertain the effect of the message on the participant's thinking. The video from the interviews was analyzed to confirm and refine cultural models findings, and to test hypotheses about the effects of the messages on people's thinking.

Below, we first present the expert messages that comprise an untranslated expert story of healthy housing. This is followed by an analysis of the cultural models that members of the public bring to understanding these issues. We then compare these expert and public understandings in order to identify key overlaps and gaps between these perspectives. We conclude with a set of initial communications recommendations and areas to explore in future research.

IV. Research Findings

The Expert View

Below, we present a distillation of the core ideas that emerged from the analysis of expert interviews. This distilled expert view addresses the *meaning* of healthy housing, the *problems* with housing, the *effects* of housing on health, and *solutions*, or measures to improve housing.

What Is Healthy Housing?

- **"Healthy housing" assumes a broad definition of "health."** Experts defined "health" broadly, including physical health, mental health, community health, safety, stability, affordability, and well-being more generally. While this broad understanding of health was widely shared, experts noted that it represents a shift in the way that the housing field thinks and talks about health.

- **Healthy housing is multidimensional.** Drawing on this broad definition of health, experts explained that healthy housing is housing that supports each of the above aspects of health. It refers to housing that is safe, stable, affordable, and free of toxins (i.e., housing that has clean air and clean water, and is free from mold, lead, radon, pests, smoke, carbon monoxide, etc.).

- **Healthy housing includes community context.** Experts stressed that homes can only be considered truly healthy if they are located in healthy neighborhoods and communities. In order to be healthy, housing must be situated within neighborhoods that support physical health by giving people access to healthy food and opportunities to exercise, and that support well-being more broadly by giving people access to quality jobs, services, transportation, and opportunities for social and community engagement.

What Are the Problems with Housing?

- **There is a lack of affordable housing.** Experts asserted that the country's current supply of affordable housing is inadequate. They explained that new affordable housing hasn't been built in decades. As a result, most places have long waiting lists for subsidized housing. This causes many people to crowd into single living spaces, which negatively affects health and well-being.

- **The housing market undervalues health.** Experts identified the housing market as a source of health problems, noting that the market does not value health-related improvements to housing in the same way that it is beginning to value energy-efficiency and other "green" improvements. As a result, there is a general reluctance to invest in housing improvements designed to support health outcomes.

- **Income disparities are wide.** Experts emphasized that those with lower incomes have dramatically fewer housing choices and limited residential mobility. When individuals with low incomes find themselves in unhealthy housing conditions, they generally lack the means to move and find better housing. Landlords are aware of these constraints and therefore have little incentive to improve conditions. This leaves low-income groups with few options and little leverage to improve their housing conditions.

- **Immigration status compounds the problem.** Experts highlighted undocumented immigrants as a particularly vulnerable group. Those without proper documentation status typically face substandard living conditions, and because they are unable to register official complaints, they have even less recourse than most.

- **Housing is segregated.** Experts stressed racial and economic segregation as an ongoing problem. Despite the fact that explicit policies like redlining are no longer in practice, the same patterns of racial and economic segregation still plague neighborhoods and cities. Racial and economic segregation further limits mobility and access to services.

How Does Housing Affect Health?

- **Housing is a core determinant of health.** Experts explained that housing affects health in critical ways and through multiple pathways. The characteristics of both homes and neighborhoods influence physical health, mental health, community life, social engagement, stress, satisfaction, happiness, and self-esteem; and they do so in complex ways through a variety of mechanisms.

- **Toxins are still a problem.** While toxins in the home are the most familiar and well-known aspect of healthy housing, experts explained that toxins remain a serious problem, often because their effects are invisible. Experts frequently cited the dangers of lead, radon, and carbon monoxide, but also highlighted the toxic effects of mold, poor air quality, and poor water quality. Experts explained that toxins are often the root cause of health issues, the symptoms of which are treated only superficially by the healthcare system.

- **Local infrastructure is a key determinant of health.** When discussing health effects, experts highlighted community-level factors as underappreciated determinants of health. Whether a home is located in an urban, suburban, or rural area, local infrastructure has major effects on health and well-being. People's opportunities to exercise and eat well are shaped by neighborhood walkability and access to healthy food options, and the location of healthcare resources shapes the accessibility of healthcare. Transportation infrastructure helps to determine access to good jobs, and the ability to get and maintain a good job has a profound impact on people's health and well-being for many reasons. Moreover, the infrastructure of neighborhoods and communities can facilitate or inhibit social connection or isolation, which affects mental health and well-being.

- **Affordability matters.** Experts stressed the links between affordability and health, explaining that when housing is not affordable, people are forced to make trade-offs that can have dramatic negative effects on their health. They may not see doctors. They may eat poorly. They may not be able to exercise or join a sports league. In other words, housing affordability has a significant impact on health outcomes.

- **Effects are cascading.** Experts explained that low-quality housing can cause a spiral of health problems, missed employment, and loss of income, leading to even worse housing options and a continuing cascade of negative outcomes.

How Should Housing Be Improved?

- **There should be more focus on prevention.** Experts consistently emphasized the importance of a preventive approach, arguing that more resources should be devoted to policies and programs aimed at preventing problems before they start. For example, experts advocated for frequent and mandatory housing inspections that include health conditions as part of the checklist, both for individually owned homes and rentals.

- **Environments must be built for health.** Housing experts frequently mentioned the need to focus simultaneously on individual homes and broader built environments. They emphasized that environments should be walkable and provide access to jobs, transportation, healthcare, healthy and nutritious foods, community services, and social interaction. These types of healthy environments are vital not only for physical health, but also for mental health and well-being more generally.

- **Housing must be more affordable.** Experts maintained that policies should be enacted to increase the availability of affordable housing. They mentioned a variety of ways this could be accomplished, such as subsidies, zoning changes, public housing, and land trusts. They emphasized that policies to deal with the cost and availability of housing must include measures to address homelessness.

- **Housing and healthcare should be integrated.** Experts called for more integration between the fields of housing and healthcare. While they acknowledged that integrating these fields would be difficult, given their current siloed nature, they argued that information sharing between fields and the pooling of funds to target the root causes of health problems would increase efficiency and improve outcomes in both domains.

Untranslated Expert Story of Healthy Housing

What is healthy housing?

- *Broadly defined:* "Health" is understood to include physical health, mental health, community health, and well-being more generally.

- *Multidimensional:* "Healthy housing" refers to housing that supports health, broadly understood, by being safe, stable, affordable, and free of toxins.

- *Community context:* A home can only be healthy if it is in a neighborhood that is healthy.

What are the problems with housing?

- *Lack of affordability:* There is a shortage of affordable healthy housing options.

- *Market distortions:* The housing market does not value investments in health-related improvements (e.g., improving ventilation or removing lead paint).

- *Income disparities:* Those with lower incomes have fewer housing choices and limited mobility, and are therefore more likely to live in unhealthy housing.

- *Disparities by immigration status*: Immigrants without documentation often have limited housing options and no mechanisms for lodging complaints about unhealthy housing conditions.

- *Residential segregation:* Neighborhoods are often segregated by race and by income, leading to concentrated areas of unhealthy housing.

How does housing affect health?

- *A core determinant with varied mechanisms:* Housing is a core determinant of health. It affects not just physical health, but also mental health, stress, satisfaction and happiness, self-esteem, and community cohesion. It does so through multiple pathways.

- *Toxins:* Toxins in homes remain a serious problem, often because their dangerous effects are unrecognized and unseen.

- *Urban infrastructure:* Transportation options and other aspects of local infrastructure affect health in serious but under-recognized ways.

- *Financial decisions:* When housing is not affordable, people make tradeoffs that negatively impact health.

- *Cascading effects:* Low-quality housing can cause a spiral of health problems, missed employment, and loss of income—thus leading to even worse housing conditions.

How should housing be improved?

- *Prevention:* More resources should be devoted to prevention activities, such as frequent and mandatory housing inspections that cover health-related issues (both for individually owned homes and rentals).

- *Built environment:* Environments must be "built for health." They should be walkable and provide access to jobs, healthcare, quality foods, and social interactions.

- *Affordability:* Policies should be enacted that increase the availability of affordable housing through subsidies, zoning, public housing, and land trusts. This should include housing for people who are currently homeless.

- *Integration across fields:* The health and housing fields should be better integrated (e.g., by sharing information and pooling funds to target the root causes of health problems).

The Public View

Below, we present the cultural models—shared assumptions and patterns of thinking—that shape how the American public thinks about housing generally and healthy housing more specifically. The cultural models that people draw upon to think about housing include multiple, sometimes conflicting ways of thinking. These represent the public's available ways of thinking. However, some of these models are more dominant than others, in the sense that they are consistently top-of-mind and play a strong role in shaping public thinking. Other ways of thinking are more recessive, playing a less prominent role in public thinking.

We organize our findings around four primary questions that people use cultural models to answer:

1. What is housing?
2. What is good housing?
3. How does housing affect health?
4. What could be done to improve housing?

What Is Housing?

Analysis revealed two top-of-mind, definitional models that dominate people's thinking about what housing *is*. When asked about housing, interview participants assumed that housing is about *subsidized* housing, or that housing is about *major expenses*.

A. **The *Housing Is Assisted Housing* model.** The very word "housing" was often associated with Section 8 or assisted housing in some way (colloquially, "the projects"). Participants assumed that questions about "housing" were questions about public or subsidized housing. These associations cued thinking about poverty and race, activating unproductive models of dependency that FrameWorks has identified in other research.[4]

    Participant: For some reason, when you say "housing," I think of low-income housing like the projects.
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    Participant: When I think of housing, I think of government assistance.
    Interviewer: Tell me a little bit more about that—government assistance—what does that mean?
    Participant: It could be military. It could be Section 8.

B. **The *Rising Costs* model.** The public associates housing with rising costs that have gotten "out of control." This pattern of thinking was evident across the socioeconomic spectrum, appearing in participants' talk about both rising rents and high mortgage payments. Critically, the model assumes

that high housing costs are a frustrating but inevitable product of the housing market. When this model is operative, it leads people to see affordable housing as an almost impossible ideal, or to reject the term "affordable housing" as an oxymoron.

> **Participant**: The first thing that comes to mind with housing is owning your own home, but it's not what it's cracked up to be. Mortgages are at an all-time high. Sometimes I wish I wasn't a homeowner, I wish I was just renting again, because every time I turn around, you got to fix this, you got to fix that, you got to have money for this, you got to have money for that. And unless you're wealthy, you really have to work for that.

In addition to these most dominant, top-of-mind understandings of housing, participants used several other models to think about what housing is.

C. **The *Place to Lay Your Head* model.** Housing was often considered in the most basic terms as having "a place to lay one's head." This model represents a binary distinction: If housing is a place to lay your head, you either have housing, or you don't. When people use this model to reason about housing, variations in quality or conditions easily fall out of mind.

> **Participant**: Housing is anywhere with a roof over your head. It doesn't even have to be a stable roof.
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> **Participant**: In one word, "shelter." A place to provide a roof over your head, an address that's yours, some place where you're indoors.

D. **The *Housing Is Protection* model.** The public associates housing with protection—protection from weather, and protection from a dangerous outside world. According to this way of thinking, housing is important for both physical *and* emotional safety, providing both bodily security and emotional refuge from a stressful, hectic world. Having a home that protects emotional safety means being able to customize one's living space to be a relaxing space that provides comfort and personal meaning. Part of this model is the understanding that, in order to be safe, housing must be *stable*. There was considerable focus on stability across the interviews, and analysis showed that people assume that stability is a necessary condition of safe housing.

> **Participant**: Your house is supposed to be your safety. So wherever you live, you're supposed to be comfortable and safe.
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> **Participant**: Security comes in a couple of different forms. One is just personal safety. And two would be how you feel. I think it's more of a feeling. If your house is paid for and you live there, that's a very secure, economically secure, situation. So, from personal safety to economics.

E. **The *Segregation Is Natural* model.** Members of the public take as a given the fact that neighborhoods are segregated both by class and race. They see residential segregation as natural—as the by-product of the tendency for people to "choose" to live with people "like" them. This puts the blame for segregation on people themselves, rather than on the policies that have historically created this situation by constraining residential choice and mobility.

> **Participant**: There are certain zip codes for Caucasians or influential wealthy people.
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> **Participant:** Maybe I would be more likely to want to live or work or worship or go to school with people who looked like me, because race is more than just how you look. It can become your culture too. People define themselves as—I don't just look white, I am part of the middle-class white culture. That's who I am, but if I was African American, I would associate myself as part of that culture. Maybe that would determine where I would live.

Key Implications of Definitional Models

- **The *Housing Is Assisted Housing* model can sidetrack discussion.** Communicators should be aware of this top-of-mind association and, when they want to talk about other aspects of housing, they must find strategies for clearly setting the topic of concern at the top of messages in order to avoid confusion. As noted above, thinking about assisted housing brings with it unproductive models that people use to reason about poverty and race. While advocates certainly need effective ways of talking about subsidized housing, when they are not specifically concerned with this issue, communicators can avoid bringing these unproductive models into play by specifying their topic of concern. They should not assume that using the term "housing" will bring a broad set of housing-related issues to the public's mind.

- **The *Rising Costs* and *Segregation Is Natural* models are highly fatalistic.** Both models naturalize housing patterns, casting high costs and segregation as inevitable realities that are not amenable to change. To mute these unproductive models, communicators need strategies for explaining the sources of high costs and segregation, in order to help the public see the systemic roots of these problems, and in turn, to open up thinking about how solutions might address the problems and change outcomes.

- **The *Place to Lay Your Head* model makes it hard to think about housing quality.** Communicators should avoid cuing this model by emphasizing the continuum of housing quality and cuing other available models (such as the *Where You Live Affects You* model—see below) that enable people to think about the range of ways in which housing affects well-being.

- **The *Housing Is Protection* model personalizes the issue and backgrounds systemic and community context.** While the model productively brings to mind the relationship between housing and well-being, it focuses attention on the relationship between the home and the

individual while obscuring broader community context. The model sets up an opposition between the interior of an individual's home and the outside world, making it difficult to think about how homes are situated *in* communities. To leverage the productive aspects of the model, communicators must put the community at the center of the story, casting housing as a key part of how communities protect the well-being of their members. In short, communicators must seek to expand the *Protection* model to include housing factors beyond the home and explain how these factors can have protective functions.

What Is Good Housing?

When asked to think about housing quality—what differentiates good from bad housing—people draw on several deep cultural models. These models figure prominently in people's thinking about the relationship between housing and health outcomes. Most important among these is a *Consumerism* model, which dominates thinking about housing quality and powerfully shapes people's thinking about healthy housing.

A. **The *Consumerism* model.** According to the *Consumerism* model, housing is a marketplace in which individual actors pursue their own self-interest by purchasing housing that maximizes value, understood as the balance of benefits weighed against costs. Consumers purchase housing, either by buying or renting, from producers who operate to maximize profit in a free market system based on competition and the rules of supply and demand. According to this way of thinking, access to quality, healthy housing depends on what you can afford: some people can afford high-quality, healthy housing, and some can't.

    Participants frequently associated good housing with amenities—consumer goods that cost extra in the housing market. If you pay less, you get less.

    > **Participant**: Good housing? Amenities. Good laundry facilities. I would say the control of air conditioning and heating. That would be great.
    > —
    > **Participant**: Good housing would be having enough square footage or space for what you would deem to be an acceptable lifestyle—room, say, for your clothing, room for your food in the kitchen, room to sit down and eat your meals.
    > —
    > **Participant**: More money helps you get better stuff.

    When people are thinking in this way, differences in housing quality, and the fact that some people live in very low-quality housing, are viewed as natural and unobjectionable. Differences in housing quality are understood to be an inevitable—and sometimes even a desirable—feature of the market, and, because their existence shows that the market is working. This model constitutes a deep and powerful challenge, as it rationalizes disparities in housing quality and allows people to justify unhealthy, unsafe housing as a necessary part of a properly functioning housing market.

> **Participant**: I don't think you should just give it to people because they—you know what I mean? They have to earn it somehow.

Although this *Consumerism* model is the most dominant way for people to reason about housing quality, there were several other deep patterns of reasoning that participants employed to reason about this topic.

B. **The *Where You Live Affects You* model.** Our research shows that the public does have access to a way of thinking in which the quality of housing depends on the place where it is located. "Place" is conceptualized as concentric circles of state, city, neighborhood, and even immediate neighbors. People can understand that these places shape the opportunities one has for life and work. Moreover, the specific people who share each place (neighborhoods, cities, and states) are also understood to affect housing quality. Participants conceptualized various ways in which neighboring people can make housing better (e.g., by providing support systems and opportunities for social interaction) or worse (e.g., by being noisy, engaging in neighborhood disputes, or failing to keep up a property).

> **Participant**: It's [the quality of your housing] what you see. It's who you're around. For example, I'm in an apartment where I see people walking, constantly jogging, working out. We have a fitness center down there for access. So that is promoting your health and well-being, taking care of yourself versus a place that doesn't even have anything like that.
> —
> **Participant**: A lot is not expected of someone who lives in a poor area, such as going to college. If you live in a richer area, it's pretty much expected that you're going to go to college. It's not just that you're going to get a job paying minimum wage for the rest of your life. It's not really acceptable in that environment.

C. **The *Evil Slumlord* cultural model.** The bad guy in the public's story is the crooked or "just plain greedy" landlord. According to this model, crooked landlords only care about money—not about people. As such, they shirk their responsibilities to ensure that their buildings meet basic quality standards. Because the public assumes that many landlords are motivated solely by financial gain, they often believe that owning one's home is preferable to renting.

Just as the public assumes that the problems associated with poor rental housing stem from uncaring, greedy landlords, they assume that addressing these issues requires finding a way to make landlords "care more."[5]

> **Participant**: They [landlords] don't care about the upkeep of their apartment. They don't care. They just want to get paid. They don't fix the apartments, they don't fix the housing, they are slumlords if you want to call them that.
> —

Participant: Most of it comes down to money. They [renters] struggle to pay rent. They don't have any extra, and the landlord doesn't care. They're just in it for the monthly check.

D. **The *Good Old Days* model.** A strong sense of nostalgia infuses public thinking about housing quality. On one level, the nostalgic *Good Old Days* model is about costs—people imagine a past in which housing was affordable and didn't cause financial stress. On another level, this model involves an implicit understanding about the decline in people's "moral fiber." People these days don't care anymore about their homes and aren't motivated to maintain and keep them up like they used to. Similarly, unrealistic expectations about comfort are understood as a moral failing; people "these days" have come to expect cushy living conditions, which leads to dissatisfaction with housing and to stress when the reality does not meet these modern ideals.

The public assumes that this historical shift is irreversible. The unaffordability of housing is a reality of modern life, moral breakdown is a tide that cannot be turned back, and our unrealistic expectations of housing are an inevitable product of our entrenched consumer culture.

Participant: The cost of living is higher than it used to be. Everything around you—be it gas, food, etc. The cost of maintaining the house has gone up. The income levels for the same job has not gone up to the same level. So, everybody's budget's tighter. People don't have the disposable income like they used to, to do the extra repair here, an extra repair there.

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Participant: Over the years that I've been living here, it's gotten more and more expensive, more difficult to find. And the newer opportunities that you hear about is going to high-end housing. So, it seems like, with the population growing and with the economy being what it is, Boston housing is a difficult part of many people's lives.

E. **The *Just the Basics* cultural model.** Members of the public often consider housing quality in terms of meeting the most basic standards: having four walls and a roof, plumbing, heat, and electricity. When this model is active and people are focused on these most basic standards, attention is trained away from other vital aspects of quality housing (e.g., built environments that support health and well-being), which are viewed as "extras" rather than as necessities. The model is closely related to the definitional *Place to Lay Your Head* model.

Participant: Shelter. Just something over you. A house, a tent, a box. Anything. Shelter. And maybe I have a pretty basic view on it.

—

Participant: It's a place that you can live in. A place where you can get along, that's where you're gonna sleep, live, where you can eat, you can cook, you can shower, that's housing.

Key Implications of Models of Housing Quality

- **The *Consumerism* model justifies low-quality housing and makes differences in housing quality seem natural.** The model comprises deep assumptions about the free market economy that make it hard for people to understand what can be done to address disparities in housing quality and, as importantly, *why* something should be done. To overcome the challenges posed by this model, communicators will need strategies to help explain *why* there are disparities in housing quality, to explain *how* disparities can be addressed, and to convince people that they *should* be addressed. Overcoming *Consumerist* thinking is one of the biggest challenges that housing communicators face in reframing their issues.

- **The *Where You Live Affects You* model can be leveraged to bring environments into view.** While specific links between environments and health and well-being are not always clear to the public, this model, when it is active in people's thinking, makes people more receptive to seeing the links between environments and health and well-being. By cuing this model and filling in the blanks in people's understanding, communicators can help people see why programs and policies that address issues at the contextual and community level are necessary to improve the quality of people's housing and health.

- **The *Evil Slumlord* model places systems and contexts out of view.** By associating the causes of housing problems with individual character flaws and, in turn, associating solutions with changes in character, the model makes it hard for people to see a role for policy-level solutions. This model individualizes responsibility for causing and solving housing problems by focusing on the actions of the landlord in isolation, without attention to the broader systems and contexts within which landlords operate. To avoid activating these problematic features of the model, communicators must place the actions of landlords in context, explaining how problematic landlord behaviors are enabled and incentivized by broader systems.

- **The *Good Old Days* model reinforces fatalism about housing affordability.** While this way of thinking provides a basis for criticizing lack of affordability and leads people to be critical of consumerist attitudes, the model leads people to see these problems as inevitable features of modern society that are not amenable to change or intervention. To avoid nostalgically reinforcing people's fatalism about housing issues, communicators should refrain from evoking the sense of a better past as a way to criticize the present.

How Does Housing Affect Health?

Public participants almost never brought up health in conversations about housing or housing quality. However, when the connection between housing and health was introduced, participants drew on a set of cultural models to explain the connections between housing and health. These cultural models focus attention on *visible* aspects of the environment, such as disorder or uncleanliness. This in turn diverts

attention from the *invisible* features of housing, like toxins, stress, and barriers to healthy behaviors, which experts consider to be pressing issues.

A. **The *Open Children* model.** The public has little difficulty appreciating that housing conditions affect children's health. This understanding derives from a deep assumption that children are more "open" to be influenced by their surroundings than adults are.[6] Children are, therefore, assumed to be more likely to be influenced by the conditions in which they live.

> **Participant**: In older houses you have a possibility of lead still being in the paint…. It can cause developmental problems in children as far as having the capability of developing properly.
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> **Participant:** Lead paint is a bigger concern when you have young children. You're afraid they're going to ingest it.

B. **The *Contaminant* model.** The American public does not have a comprehensive understanding of the mechanisms by which unhealthy housing conditions lead to poor health outcomes. When thinking about how housing can affect health, they largely rely on a specific, relatively narrow *Contaminant* model. According to this model, homes are physical, bounded structures that may have contaminants inside them, which can enter people's bodies and make them sick.

Participants focused on two main sources of contamination. First, people considered uncleanliness to be an important health risk. They assumed that lack of sanitation causes sickness of various types. Importantly, participants assumed that unsanitary conditions are always readily apparent and visible—an assumption that contrasts sharply with the expert understanding that unhealthy aspects of housing are, in many cases, unseen. Instead, members of the public pointed to things like hoarding and "having too many cats" as examples of unsanitary conditions that can affect health. Second, people recognized toxins like lead paint and asbestos as sources of contamination and risks to health. However, they viewed these toxins to be largely problems of the past, and assumed that industry regulation and government intervention have rendered these types of contaminants obsolete.

> **Participant**: I would say internally, it just has to be clean. Clean is the most important part.
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> **Participant**: To be clean and sanitary—it goes along with your health. . . . Infections, viruses, diseases, other medical issues.

C. **The *Stress Affects Health* model.** The American public also assumes that stress itself can cause both physical and mental health problems. Drawing on this assumption, participants reasoned that the many worries associated with housing (costs, dangers, etc.) cause stress, which, in turn, causes physical and mental health problems. Participants were not able to explain exactly *how* stress causes health

problems, although they tended to suggest that stress causes people to become "run-down" or have "lower immunity," which in turn leads to poor health.

> **Participant**: Stress leads to depression and that leads to an unhealthy lifestyle, unhealthy conditions.
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> **Participant**: If my utilities were down, if I couldn't sleep at night because I heard gunshots, that's stressful. If I had to worry about my house being broken into, that's stressful. It wears you down eventually.

D. **The *Do No Harm* model.** The public understands housing as something that can have negative impacts—it can threaten your safety, expose you to contaminants, make you sick, stress you out—*but not as something that can structure positive well-being*. In this way, good housing is understood simply as "housing that doesn't hurt you." It is something that doesn't put you in physical danger and doesn't make you sick.

> **Interviewer:** So how does the fact that everything is functioning properly affect your health?
>
> **Participant**: Well, if your water is not running, there is bacteria that grows. So if you are not able to clean yourself, then you are at risk of getting sickness of a disease from the bacteria growing on your body, or even if you get dehydrated because you don't have any water at home to drink. But if you do have that then you don't have to worry about that because you can take a bath, you can drink water if you need to.
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> —
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> **Participant**: You need to have the things that we, in the modern age, have come to take for granted like adequate heating or cooling. You hear about heatwaves where people literally die because they don't have cooling in their building and they're elderly.

E. **The *Mentalism* model.** When discussing poverty and homelessness, participants frequently drew upon the foundational American cultural model of *Mentalism*.[7] According to this way of thinking, homelessness is the result of internal individual traits, such as lack of motivation and willpower, and has little do to with broader systems, contexts, or policies. Participants used this model to reason that some people cannot afford housing because they "choose not" to find jobs. While the *Mentalism* model was most often invoked to explain homelessness, participants also employed this model to explain that some people live in substandard, unhealthy housing because they "don't try hard enough" or "care enough" to find better housing situations. In short, the *Mentalism* model attributes responsibility for the negative health outcomes associated with low-quality housing to individuals themselves and their complacency or lack of effort.

Participant: People find excuses not to work, and so they can't afford better housing.

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Participant: For example, this guy—you would say "let's go work" and he says "no, I'm too tired today. I'm too tired. I just want to stay home and smoke some cigarettes or something like that."

Key Implications of Models of Health Effects

- **The *Open Children* model should be expanded.** The model is promising in its recognition of people's susceptibility to their environment. Research is needed to understand how the sensitivity that people attribute to children can be expanded to create a more general and less age-specific recognition of the ways in which housing affects health.

- **The *Contaminant* cultural model is helpful but also limiting.** While the model provides a basis for explaining how contaminants harm health, the focus on visible trash and physical chemicals diverts attention from non-visible aspects of housing that affect health and makes it harder to recognize the importance of these aspects. It remains to be seen whether communicators can use the contaminant model to help people draw connections between environments and health and then expand this line of thinking to include factors that are not immediately visible or directly physical in nature.

- **The *Stress Affects Health* model can be built upon.** The model provides a productive basis for explaining now factors such as affordability and the built environment affect health outcomes. To take full advantage of the model, communicators should fill in the blanks in people's understanding by spelling out the mechanisms by which stress affects people's health.

- **The *Do No Harm* model obscures the role of housing in *promoting* health.** The model's exclusive emphasis on harm leaves little room for thinking about the positive contributions that housing could make for health promotion. This makes a good part of the expert story difficult to communicate and shows the need for framing tools that can explain the ways in which housing can contribute to positive health and well-being.

- **The *Mentalism* model occludes structural factors and undermines people's ability to consider systemic solutions.** The model is deeply unproductive. By putting all responsibility for poor housing and even homelessness on the individuals themselves, the *Mentalism* model leaves no room for public policy. Communicators must avoid cuing this model, because once activated, it will make the public unreceptive to systemic solutions.

How Could Housing Be Improved?

When members of the public think about solutions, their understanding is powerfully shaped by models of individual responsibility and by a deep ambivalence towards public solutions. In very specific, limited situations (e.g., temporary housing support in natural disaster situations), the public sees a necessary role for government. However, in general, assumptions about government corruption and inefficiency undermine people's support for government involvement in housing issues. In addition, because housing is considered to be a consumer good, government intervention is often viewed as inappropriate, because it violates the assumption that, in a marketplace, each individual is responsible for his or her own outcomes and situation.

A. **The *Individual Responsibility* model.** Most participants placed responsibility for improving housing conditions squarely on individual homeowners. Even in the case of rented homes, participants ascribed responsibility for improvements to residents themselves, as they assumed that renters are always free to move if they don't like their current living conditions. This model follows logically from the *Consumerism* model described above: Since housing is a consumer good governed by market forces, people simply need to make good decisions in "purchasing" the housing that is best for them. Members of the public assume that people should be able to afford housing on their own as participants in the labor and housing markets. As such, direct government intervention is thought to be not only unnecessary but counterproductive, because in taking responsibility away from the individual, it creates dependency on government.

> **Participant**: There was a lady I know who lived in her car because she wanted to drink. And that was her choice. So, she wanted to drink and do drugs, and she didn't want to pay for housing, because she had the money to do it. So, she lived in her car on purpose.
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> —
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> **Participant**: People need to be accountable. Everybody needs to be accountable. If everybody was more accountable for their own situation, we wouldn't have half the problems.

B. **The *Government Is Inefficient and Corrupt* model.** This cultural model surfaces when the American public thinks about government-based solutions across a wide range of social issues.[8] When thinking with this model, the public associates government with corrupt politicians and with people abusing the system, and views government programs as inefficient and ineffective. Analysis showed that this model powerfully attaches to discussions of housing, especially when conversations focus on improving housing through public policy. Applied to housing, the model hijacks productive consideration of the importance and potential of government solutions at every level—federal, state, and local—though it is most powerful in structuring thinking about federal government programs.

> **Participant**: The government only has so much money and a lot of people are against —they just think that you're feeding the poor or not giving them motivation to get better or improve themselves.
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> —
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> **Participant**: I mean, nothing's for free, you know. Uncle Sam is going to get his, whoever's uncle he is.

C. **The *Government as Protector* model.** Despite people's dominant model of government as corrupt and inept, there were some instances in which participants did attribute responsibility for solutions to government. When thinking about *regulations in rental housing*, participants understood government as a necessary protector of vulnerable individuals.[9] While this model is limited in its scope of application, participants consistently assumed that government has a critical role to play when individuals are particularly susceptible to being harmed by the direct actions of others. Participants recognized, in particular, that landlords of rental units, because of financial motivations, might not improve conditions on their own. Therefore, participants supported the idea that government should be responsible for making and enforcing regulations to ensure that landlords meet certain basic housing standards.

> **Participant**: It should be an inspection done on the roof, the electrical outlets, the wiring of the place, everything that an inspector would do. And this should be done— wiring every five years and other stuff more frequently, every year.
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> —
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> **Participant**: I would implement those same high standards that Section 8 has for low-income housing. It would be mandated across the city to landlords automatically.

D. **The *Lawbreakers* model.** One of the dominant ways that the public thinks about undocumented immigrants is through what FrameWorks has called a *Rule of Law* cultural model.[10] When invoking this model, undocumented residents are considered to have forfeited their rights or privileges by "choosing" to break the law to enter the country. When this model was applied to housing, it blocked participants' thinking about how to improve outcomes for this particular population by setting up a way of thinking in which undocumented immigrants are viewed as a group of people who do not "deserve" access to public resources because of their status as lawbreakers.

> **Participant**: If you're legally here in this country—if you're either an American citizen or if you're an immigrant that came here legally, I think you deserve a house, healthy housing…. But I feel if you're illegally here, then I don't think that you deserve that, because you would probably be taking the place of somebody who's here legally, you know.

Key Implications of Solutions Models

- **The *Individual Responsibility* model undermines support for collective action.** The model blames poor housing conditions on individuals themselves, which leads people to conclude that government action is not warranted. Communicators must work hard to avoid cuing this model—both explicitly and implicitly in their messages.

- **The *Government Is Inefficient and Corrupt* model undermines support for government intervention.** By depicting government as *the problem*, the model precludes thinking of government as part of *the solution*. Communicators must mobilize and cultivate alternative understandings of government to build support for government programs and public policy solutions.

- **The *Government as Protector* model provides a more productive alternative.** Although the model is recessive—not top of mind and easily pushed aside in people's thinking when a more dominant way of thinking is cued—it is nevertheless important. It shows that people do have more positive ways of understanding the role of government, and that communicators must work to pull this way of thinking forward in people's minds and strengthen it by giving people more practice in considering government in this way. The model must also be expanded beyond regulation of rentals and applied to the full range of housing issues. Additional research should aim to determine how the model can be most effectively cued and expanded.

- **The *Lawbreakers* model saps public concern for undocumented immigrants.** The model is wholly unproductive, placing undocumented groups outside of the sphere of public concern. FrameWorks' recent research on immigration provides a range of tools to counter this model and change attitudes toward undocumented immigrants, including economic narratives and moral arguments that approach the problem from different perspectives.[11] We recommend that housing communicators incorporate some of these strategies in their work on immigrant housing issues.

Together, these cultural models make up the "swamp" of public thinking about housing generally and healthy housing in particular—a set of implicit understandings and assumptions that exist just under the surface and become active when people are asked to think about housing and health. The following graphic depicts this swamp of public understanding.

"Housing"=Assisted Housing

Consumerism
- Rising Costs
- Place to Lay Your Head
- Just the Basics
- Segregation Is Natural

Government
- Inefficient and Corrupt
- Responsible for Regulating Rentals

What's in the swamp of...
Healthy Housing

Fatalism

Individualism
- Mentalism
- Individual Responsibility
- The Good Old Days
- Evil Slumlord
- Make 'Em Care
- Lawbreakers

Context
- Protection from Outside World
- Where You Live Affects You
- Open Children

Housing as Threat
- Healthy Housing=Do No Harm
- Contaminant
- Stress Affects Health

V. Mapping the Gaps and Overlaps in Understanding

The goals of this analysis have been to: (1) document the way experts talk about and explain housing and healthy housing in the United States; (2) establish the ways that the American public understands these same issues; and (3) compare and "map" these explanations and understandings to reveal the gaps and overlaps between the perspectives of these two groups. We now turn to this third task.

Overlaps

FrameWorks researchers identified a small set of overlaps between the ways that the general public and experts understand housing generally and healthy housing in particular. While these overlaps suggest areas to leverage in future reframing efforts, communicators should keep in mind that beneath these overlaps there are often deeper gaps. Reframing strategies must find ways to draw on productive areas of overlap while attending to the danger of inadvertently reinforcing underlying gaps.

1. **Where you live affects you.** Both experts and members of the public consider housing to be an issue of vital importance and recognize the role of place in shaping well-being. This recognition, however, is quite recessive for members of the public. While the public's thinking about housing location is dominated by the *Consumerism* model, the public also recognizes at times that people's lives are shaped—at least to a degree—by the places where they live.

2. **Stress is a health issue.** Both experts and members of the public understand the potentially negative effects of stress on health outcomes. Experts emphasize the wide variety of causal mechanisms that link housing-related stress to poor health outcomes, whereas members of the public focus on the high cost of housing as the way in which stress can affect health.

3. **Government has some responsibility.** Although the public largely attributes responsibility for housing to individuals and views government as inept or corrupt, at times members of the public, like experts, view government as responsible for, and capable of, improving housing to better promote health and well-being. While this positive understanding of government's role was dominant for experts, for the public it was recessive and applied narrowly to government regulation of rental properties.

4. **Housing is segregated.** Experts and members of the public both recognize that neighborhoods remain segregated by class and race. Beneath this overlap lies a deep gap regarding *the causes* of this recognized segregation. While experts point to the role of policies such as redlining in contributing to racial and economic residential segregation, members of the public view this phenomenon as a natural feature of the consumer market and attributed it to people's preference to live with those "like" them.

Gaps

In addition to the overlaps described above, analysis revealed a more extensive set of gaps between expert and public understandings. These gaps indicate areas where effective framing is vital to successfully translate the expert story described at the outset of this report.

1. **Housing and Health: Health Promotion vs. Do No Harm.** Experts and members of the public diverge in their understanding of *how* housing affects health outcomes. While experts focus attention on the ways in which healthy housing can *promote* positive health, the public assumes that housing is healthy as long as it does not cause harm and people have a place to lay their head.

2. **Healthy Housing: Citizen Right vs. Consumer Good.** Experts think of healthy housing as a right of all citizens, while the public thinks of it as a consumer good—something that some people can rightfully afford and others can't. According to the public, the fact that some people have healthy housing and others do not is not a problem but rather a natural feature of a functioning marketplace.

3. **Toxins: Current Problem vs. In the Past.** Experts explain that toxins such as lead, asbestos, mold, radon, and carbon monoxide constitute a significant health threat for millions of Americans. The public, on the other hand, assumes that toxins in the home are a problem of the past and that due to regulations, toxins no longer pose a danger to people's health.

4. **Dangerous Contaminants: Invisible vs. Visible.** Experts are highly concerned about *invisible* toxins such as radon and carbon monoxide, and can identify the specific causal mechanisms by which these toxins compromise health. The public on the other hand, focuses on the threats to health posed by *visible contaminants* such as trash, dirt, and pests and not on invisible contaminants. In addition, the public's understanding of the mechanisms by which these contaminants lead to negative health effects is underspecified.

5. **Causal Responsibility: Policies vs. Individuals.** To explain problems with housing (quality problems, disparities, lack of affordability, etc.), experts emphasize systemic factors, such as policies that systematically disadvantage certain populations or that fail to stimulate a larger supply of affordable, healthy housing. Members of the general public, on the other hand, attribute housing problems to individuals, including greedy landlords and renters' and homeowners' own choices within the housing market.

6. **Undocumented Immigrants: Particularly Vulnerable vs. Undeserving.** Experts highlight undocumented immigrants' vulnerability and lamented their lack of recourse when faced with unhealthy housing conditions. The public, by contrast, views undocumented immigrants as "lawbreakers" who, by virtue of breaking the law, have forfeited the right to quality housing and public services.

7. **Housing Quality: Continuous vs. Binary.** Experts emphasize that housing quality is a continuum and consider a wide range of aspects of housing quality across a wide range of housing types. The public, on the other hand, tends to think about housing quality in binary terms—one either has quality housing, or does not. As long as housing provides the basics, it is considered an acceptable place to "lay one's head." Whereas the public perspective reduces complexity, the expert perspective opens space to think about the manifold ways in which housing can harm or promote health outcomes.

8. **Overall Orientation: Pragmatic vs. Fatalistic.** Experts assert that there are specific, practical steps we can take to improve housing conditions. In short, with the right policies and programs, we can create healthier, better housing. The public, on the other hand, approaches housing issues with a heavy dose of fatalism and is highly skeptical about the potential for meaningful change.

9. **Poverty and Homelessness: Cascading Effects vs. Mentalism.** Experts view poverty, housing, and poor health as interconnected. Experts explain deteriorating housing conditions, poverty, and poor health as a bundle of cascading effects, as problems in one area lead to problems in others, producing a spiral of effects that are beyond individual control. The public, on the other hand, recruits the *Mentalism* cultural model to reason that people need more willpower to pull themselves out of challenging situations like poverty, unemployment, and homelessness and need to make the "choice" to seek employment and secure good housing.

10. **Government Solutions: Support vs. Ambivalence.** Experts see government policy interventions aimed at *structures* and *systems* as the most effective way to solve housing problems. The public, on the other hand, draws on multiple and conflicting models of government to think about solutions. The public can acknowledge that government has some responsibility for improving housing conditions and, in particular, has a regulatory role to play in the rental market, yet also views government as corrupt and government intervention as inefficient, ineffective, and in some cases even counterproductive.

VI. Conclusion: Towards a Reframing Strategy

This report lays out the challenges that communicators face in shifting public thinking about housing generally and healthy housing in particular. Two challenges stand out as particularly important for communicators. First, consumerist thinking about housing poses arguably the most pressing and difficult challenge, as it is grounded in deep assumptions about the market that are difficult to overcome. Overcoming the trap of consumerist thinking is vital for generating a sense of collective responsibility for healthy housing and for cultivating public support for the policy solutions that experts recommend. Second, the public's lack of understanding about the connections between housing and health outcomes is a major impediment to public support for effective solutions. Finding ways to fill out public understanding of these connections is a precondition for increasing support for needed policies and interventions.

Understanding the cultural landscape—the swamp of cultural models—around healthy housing enables communicators to recognize the range of understandings that their messages are likely to activate. In turn, this allows them to adopt strategies that are more likely to bring productive ways of thinking to the forefront. The cultural models findings presented in this report have clear communication implications and, in turn, generate a set of recommendations about how to better frame housing and healthy housing issues.

Initial Recommendations

While further empirical prescriptive research is needed to identify effective frames and communications strategies, the research presented here points clearly to a set of recommendations:

Don'ts:

1. **Avoid using the term "housing" without providing more information about the specific aspects of housing issues that are being discussed.** The term on its own is likely to bring up associations with assisted housing and to trigger negative models of government and dependency. Communicators should not assume that the public's basic definition or understanding of this term mirrors that of experts.

2. **Avoid language or images that cue the** *Consumerism* **model.** When this model is cued, housing disparities are viewed as natural

Dos:

1. **Find ways of cuing the** *Where You Live Affects You* **model.** This is perhaps the most productive model that emerged from this research. If communicators can activate this model, people will be receptive to messages about the ways in which changes to housing conditions can prevent problems and promote positive health. Results from additional research that was designed to explore effective ways of cuing this model are described below.

2. **Leverage people's thinking about the openness of children to explain the importance of environments for people of**

features of the market, and the responsibility for addressing housing quality is afforded narrowly and exclusively to individuals, leaving little room to think about the need for and importance of systems- or policy-level actions.

3. **Avoid activating the *Just the Basics* model, even when talking about homelessness.** When thinking with this model, the public is unable to see that there are different *degrees* of housing quality, and that these variations in quality have important implications for health outcomes.

4. **Avoid leading communications with or focusing messages on vivid depictions of greedy slumlords.** This type of thinking, while highly salient, leads people towards individualistic thinking about housing issues and away from being able to productive consider housing issues from a more systemic, contextual perspective. For example, avoid dramatic stories about individual landlords who have let their buildings fall into disrepair and put their residents' health at risk. These stories lead people to find fault with individual landlords, but not with the systems and policies that perpetuate these actions and fail to protect renters.

5. **Avoid triggering the *Good Old Days* and the *Rising Costs* models.** If communicators can steer clear of these models they can limit the degree to which members of the public bring fatalistic judgments to bear in thinking about whether meaningful improvements to health and housing are possible.

all **ages.** The degree to which people are able to see children as susceptible to the conditions around them is a promising finding for housing communicators. The challenge ahead is to find out if and how this deep assumption about the connections between children, environments, and outcomes might be expanded such that it applies to people more generally.

3. **When discussing rental housing, focus on government regulation and enforcement of housing codes.** This is an area where people see a clear and productive role for government and maintain a strong sense of public responsibility for housing issues.

4. **Cue and build on the *Stress Affects Health* model.** Finding frames that activate this way of thinking about the connections between housing and health will help communicators bridge to and encourage productive thinking about other connections between housing and well-being.

5. **Build on the existing recognition of race and class segregation.** Cuing this way of thinking and explaining how residential segregation results from specific policies, rather than people's desires to live near those "like them," will be a productive strategy for those seeking to communicate about housing equity issues.

6. **Fill in holes in people's understanding of contaminants.** Our research shows the importance of highlighting the persistence of the problem of household toxins, and explaining *how* common toxins such as lead, radon, carbon monoxide, and mold affect health. Do not assume that the public knows that these are still problems or how they cause harm.

In addition to these recommendations that come out of cultural models research, we can offer a specific recommendation about how to generate greater understanding of the health effects of housing that has been empirically tested and verified. Coming out of descriptive research, we were particularly interested in whether frames that activate the *Where You Live Affects You* model and that draw specific explanatory connections between place and health could yield more productive conversations about housing. In a set of On-the-Street Interviews, FrameWorks researchers explored explanatory messages designed to cue this model and fill out people's understanding of how housing affects health.

The results suggest that explaining the relationship between housing and health through a simple message that clarifies the connections between specific features of housing and specific health outcomes can help people better understand the relationship between housing and health. In addition, a better understanding of how community-level factors shape health helps to inoculate against a narrow individual focus and brings systems and policy solutions into view.

Below, we offer a sample of what such an explanation might look like. However, it is important to emphasize that what matters is not the specific language of this message but rather the underlying principle that it represents—the need to explain connections and draw explicit links between specific aspects of housing and specific health outcomes.

> ### Explanation of Healthy Housing
> *The places where we live shape our lives and our health. Our communities and neighborhoods affect our health in important ways. When people's homes are near parks and bike paths, exercise is easier. When people live near grocery stores where good food is available, it's easier to eat healthy. Things within our homes, like lead, mold, and other toxins can make us sick. And when housing is really expensive, it makes it hard to afford to go to the doctor, join sports leagues, or eat well, which harms our health.*

This research showed that making specific links between housing and health shifts public understanding and attitudes in several areas:

- **Health promotion.** Analysis revealed that the frames that make housing-health connections explicit were able to move people away from thinking with the *Do No Harm* cultural model, helping people to think about housing as something that can not only harm health but also positively promote good health.

- **Access and opportunity.** The housing-health explanation was also highly effective in bringing into view the role and importance of community-level context. After hearing the reframe, people mentioned *access* and *opportunity* when talking about diet and exercise, recognizing that individual behavior is shaped by context. People talked about systems and built environments as well (e.g., food deserts and walkability).
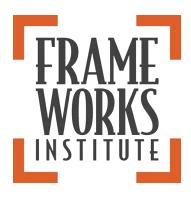
- **Connections between homes and health.** This reframe helped people more clearly connect homes and health. For example, many participants talked about contaminants, structural problems, and safety issues as important for a large percentage of the population. People also talked about specific housing features, from carbon monoxide detectors to water faucet filters, as important improvements that could promote health.

- **Affordability.** Analysis showed that talking very specifically about the idea of financial tradeoffs can help people understand how affordability affects health outcomes without falling back on the unproductive *Rising Costs* and *Consumerism* models.

Directions for Future Research

While cultural models findings have generated a set of general recommendations and On-the-Street Interviews have yielded specific tested strategies for communicating about health and housing, further research is needed to identify a comprehensive strategy for communicating about housing generally and healthy housing in particular. Below, we outline several key tasks to be explored in future research:

1. **Overcome individualistic and consumerist thinking.** Empirical research is needed to identify the best ways of muting these dominant ways of thinking, which pervade public thinking and discourse around housing and block many of the key messages that experts and advocates wish to communicate to the public.[12]

2. **Expand the application of productive models such as the *Open Children* and *Government Responsibility* models.** Many of the public's productive cultural models have a relatively narrow scope of application. Figuring out how to expand this scope requires further frame development and testing.

3. **Identify effective ways of talking about assisted housing and health.** Because thinking about public or subsidized housing is likely to bring with it unproductive models, we have recommended steering clear of associations with assisted housing when not directly addressing this issue. At the same time, we recognize *that advocates need effective ways of talking about public or subsidized housing*. Research is needed to determine how this issue can be most successfully broached.

4. **Overcome fatalism.** Fatalism is a recurring problem across social issues in the United States. FrameWorks research has shown that on different issues, different strategies are required. Research should explore the potential of different types of tools (e.g., values and explanatory examples) to cultivate a greater sense of efficacy about housing—people need help in seeing that housing issues are solvable and that they require specific actions.

Empirical reframing research is vital to identify the best tools and strategies for accomplishing these and related tasks.

About the FrameWorks Institute

The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector, at www.frameworksinstitute.org.

Please follow standard APA rules for citation, with FrameWorks Institute as publisher.

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Endnotes

[1] On media discourse around housing, see O'Neil, M., Simon, A., Volmert, D., & Kendall-Taylor, N. (2015). *Not telling the whole story: an analysis of media discourse about affordable housing.* Washington, DC: FrameWorks Institute.

[2] On cultural models, see Quinn, N., & Holland, D. (1987). Culture and cognition. In D. Holland & N. Quinn (Eds.). *Cultural models in language and thought* (pp. 3-40). Cambridge: Cambridge University Press.

[3] See Quinn, N. (Ed.). (2005). *Finding culture in talk: A collection of methods.* New York, NY: Palgrave Macmillan.

[4] See Baran, M., Lindland, E, Kendall-Taylor, N., & Kohut, M. (2013). *"Handed to them on a plate": Mapping the gaps between expert and public understandings of human services.* Washington, DC: FrameWorks Institute; O'Neil, M. (2009). "*My race is my community": Peer Discourse Sessions on racial disparities.* Washington, DC: FrameWorks Institute.

[5] This model parallels models that FrameWorks researchers have identified in other issues such as education. Chart, H., & Kendall-Taylor, N. (2008). *Reform what? Individualist thinking in education: American cultural models on schooling.* Washington, DC: FrameWorks Institute.

[6] Kendall-Taylor, N., & Haydon, A. (2013). *Plasticity's promise: Moving public thinking beyond the container and other unproductive models: Mapping the gaps on developmental plasticity.* Washington, DC: FrameWorks Institute.

[7] See, e.g., Baran, M., Lindland, E, Kendall-Taylor, N., & Kohut, M. (2013). *"Handed to them on a plate": Mapping the gaps between expert and public understandings of human services.* Washington, DC: FrameWorks Institute.

[8] See, e.g., Baran, M., Lindland, E, Kendall-Taylor, N., & Kohut, M. (2013). *"Handed to them on a plate": Mapping the gaps between expert and public understandings of human services.* Washington, DC: FrameWorks Institute.

[9] Cf. Lindand, E. & Kendall-Taylor, N. (2011). *People, polar bears, and the potato salad: Mapping the gaps between expert and public understandings of environmental health.* Washington, DC: FrameWorks Institute.

[10] Baran, M., Kendall-Taylor, N., Lindland, E., O'Neil, M., & Haydon, A. (2014). *Getting to "we": Mapping the gaps between expert and public understandings of immigration and immigration reform.* Washington, DC: FrameWorks Institute.

[11] See O'Neil, M., Kendall-Taylor, N., & Bales, S. N. (2014). *Finish the story on immigration: A FrameWorks MessageMemo.* Washington, DC: FrameWorks Institute.

[12] On media discourse around housing, see O'Neil, M., Simon, A., Volmert, D., & Kendall-Taylor, N. (2015). *Not telling the whole story: An analysis of media discourse about affordable housing.* Washington, DC: FrameWorks Institute.