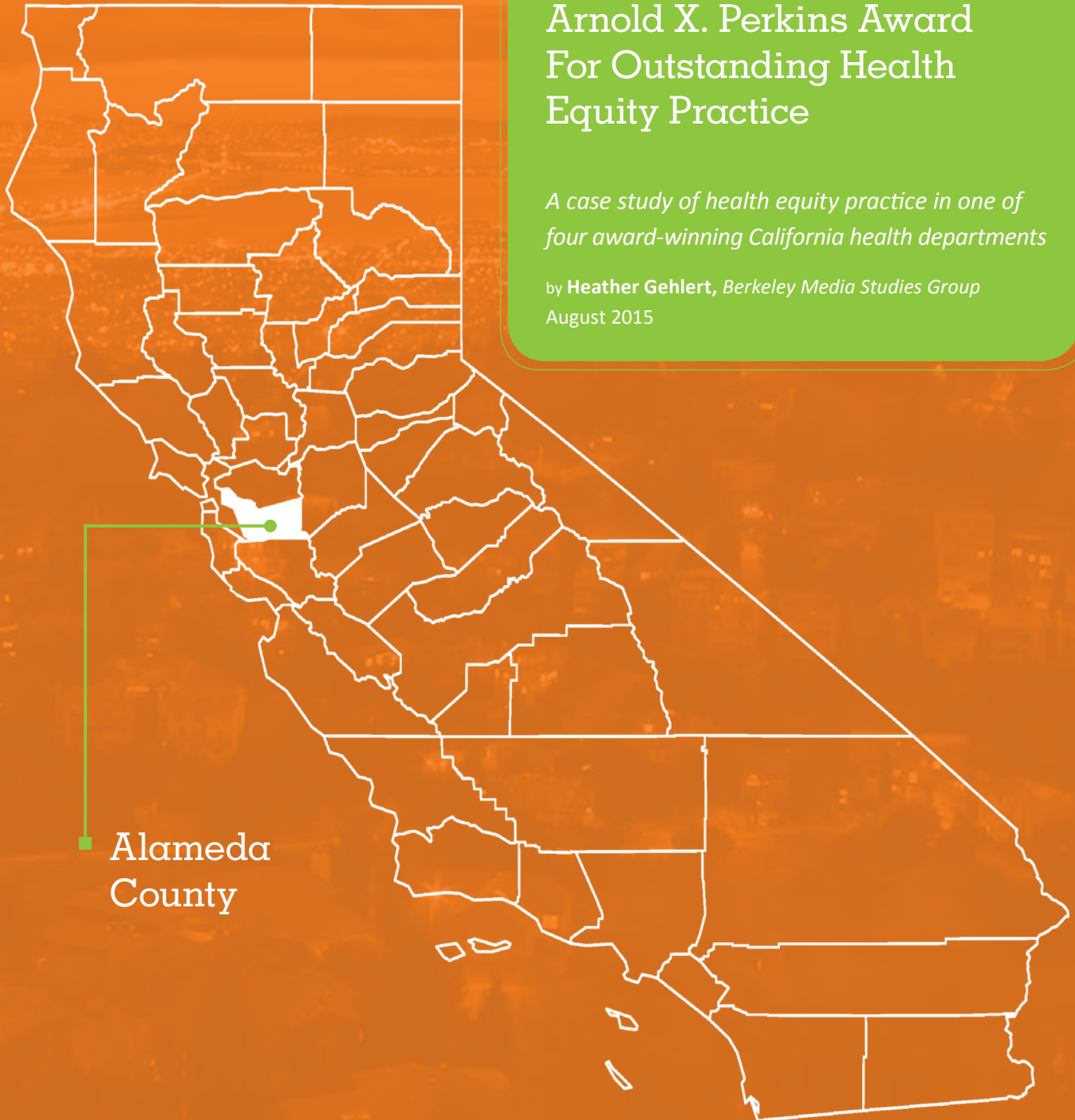


# Alameda County Department of Public Health

**GRAND PRIZE WINNER**  
Arnold X. Perkins Award  
For Outstanding Health  
Equity Practice

*A case study of health equity practice in one of  
four award-winning California health departments*

by **Heather Gehlert**, Berkeley Media Studies Group  
August 2015



Alameda  
County

# About this case study

This case study is part of a series developed by the Berkeley Media Studies Group and supported by The California Endowment (TCE) that highlights the innovative work local health departments in California are doing to advance health equity. The Alameda County Public Health Department was one of four health departments in the state honored by TCE for its equity-oriented efforts at an awards gala in December 2014. The winning departments received grants of \$25,000, with a grand prize of \$100,000 going to Alameda. The awards and case studies, along with a suite of companion videos, were created to inform and inspire other health departments looking to embark upon similar work.

*To access the full series on BMSG's website, visit:*

<http://www.bmsg.org/resources/publications/health-equity-case-studies-california>

*To access the full series on The California Endowment's website, visit:*

<http://www.calendow.org/wp-content/uploads/Health-Equity-Case-Studies-V7-web-optimized.pdf>

*To see the award-winning health departments in action, or to view highlights from the health equity practices of other California-based health departments, visit:*

<https://www.youtube.com/playlist?list=PLLwLn83VLbvwk1C0u1jca3yxqulq6MUd->



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# Introduction

## Landlord harassment. Monthly building-wide water shutoffs. Broken, leaky windows. Rent hikes. Threats of eviction.

These are just a few of the many issues that Nicole Fountain, a tenant in Oakland, California, says she's been subjected to, making her home on Merritt Avenue uncomfortable and, at times, downright uninhabitable.

"It's clear that there's a housing crisis in Oakland and low-income tenants are being displaced," Fountain wrote in a fall 2014 letter to Oakland's City council members, in which she urged them to take action. "Rising rents in the Bay Area are compelling Oakland's landlords to do everything they can to push existing, rent-controlled tenants out of their homes. ... Our city's tenants need legislation to protect them from this intimidation."<sup>1</sup>

As startling as the housing conditions that Fountain describes may seem, they aren't unusual in the Bay Area. Catalogued in a Tumblr blog of Causa Justa :: Just Cause, a grassroots organization working to achieve housing and racial justice for low-income Oakland and San Francisco residents, are stories of families being forced to move out with only a few days' notice; tenants living in mold-infested residences with "peeling cigarette-stained walls" and no heat; landlords trying to pass pricey capital improvements onto renters; and elderly tenants who have endured months-long sewer back-ups and other squalid living conditions.<sup>2</sup>

"This is a health equity issue," says Amy Sholinbeck. As an asthma coordinator for the Alameda County Public Health Department, Sholinbeck regularly conducts visits to the homes of local residents newly diagnosed with asthma to identify and address housing conditions, such as mold or improper ventilation, which can trigger asthma. On those visits, she often hears stories from people who are living in unhealthy conditions but say their landlords won't fix the property. Many tenants are simply too afraid to report the issue to code enforcement because, they tell Sholinbeck, their landlords have threatened retaliation, such as eviction or calling Immigration and having them deported.

These kinds of harassing behaviors are now illegal, thanks to a new Tenant Protection Ordinance. The ordinance, created by Causa Justa :: Just Cause and passed by the Oakland City Council in November

Many tenants are simply too afraid to report unhealthy living conditions to code enforcement because their landlords have threatened retaliation, such as eviction or calling Immigration and having them deported.

of 2014, prohibits 16 forms of landlord harassment. It is the result of intense community organizing efforts, testimony from local residents, and support from public health department staff, including Sholinbeck, who spoke at a rally before the vote, sharing her experiences from the field and, by virtue of her profession, identifying it as a public health issue.

Although the final ordinance is weaker than organizers would like—for example, it lacks an administrative process that would give adequate recourse to tenants wanting to hold their landlords accountable—the policy is an important step forward for housing and health groups alike. It is also just one example of how the Alameda County Public Health Department (ACPHD) has broken from the traditional public health mold—one that, for decades, has focused primarily on programs and services—and is building partnerships with community-based organizations and working with both community members and governing agencies to change the policies and practices that are fueling health inequities. This case study explores those efforts, the history behind them, and goals for the future. Although ACPHD's health equity efforts encompass a wide range of policy areas from education to transportation to criminal justice, this case study focuses on the issue that ACPHD Director and County Health Officer Dr. Muntu Davis says best embodies the collaborative nature of the department's work: housing.

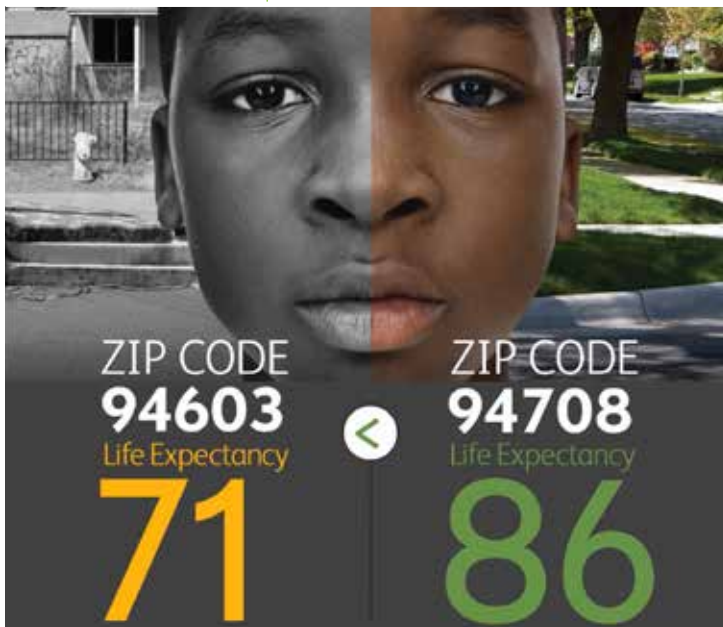


The ordinance, created by Causa Justa :: Just Cause and passed by the Oakland City Council in November of 2014, prohibits 16 forms of landlord harassment. It is the result of intense community organizing efforts, testimony from local residents, and support from public health department staff.

# MAKING THE LINK BETWEEN HOUSING AND HEALTH

Whether or not people have access to housing, how much they have to pay to own or rent, and the quality of their living conditions can influence everything from how likely people are to develop a chronic illness to how long they will live. For example, most people living in the United States pay more for housing each month than for any other expense, and the higher the cost, the less money they have for other necessities like food and medication. On the flip side, lower-priced housing (which is in short supply in the Bay Area) can come at the expense of quality—and safety—leaving low-income residents more likely to encounter conditions like leaky roofs, moldy drywall or other environmental health hazards. Then there are financial practices, such as discriminatory lending, which can make it harder for some groups—historically, people of color—to get home loans, and trends in development, such as gentrification, which can make it harder for people to stay in their homes. Often dubbed “urban renewal” for its sudden infusion of money into neighborhoods with a history of disinvestment and abandonment, gentrification also drives up rents and often drives out long-time residents who can no longer afford to live there.

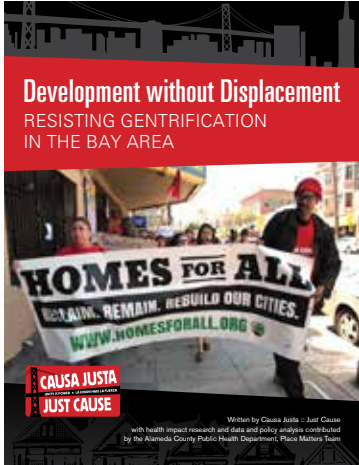
“Your home is so intrinsically tied to your well-being and your health,” says Tram Nguyen, who coordinates a housing policy workgroup for ACPHD.



In few places is this connection more unmistakable than in Oakland. Situated on the northwest side of Alameda County, across the bay from San Francisco and just south of Berkeley, Oakland has one of the highest rental costs in the nation. It also has a stark divide between those who can afford those steep rents and those who can't. The city is home, simultaneously, to huge concentrations of wealth in areas like the Oakland Hills, as well as pockets of extreme poverty in parts of West Oakland, an area that in the 1950s was cut in half by the construction of the Cypress Street viaduct, displacing hundreds of families and dozens of businesses, and isolating many residents from downtown.<sup>3</sup> Major disparities in everything from education to income to housing conditions exist between these locations, which have translated into vast inequities in health.

Oakland is a stark example of how zip codes can predict health status. For instance, according to health department data, a white child born in the Oakland Hills is expected to live 15 years longer than an African American child born in West Oakland. As a baby, that same white person from the hills is 1.5 times less likely to be born premature. As a child, he or she is 2.5 times less likely to be behind in vaccinations, and as an adult, three times less likely to die of a stroke.<sup>4</sup>

# A PLACE SHAPED BY HISTORY



Though housing isn't solely responsible for these inequities, it plays a pivotal role—one that has been shaped by many historical factors. Understanding the history of such inequities is key to eliminating them. As detailed in *Development Without Displacement: Resisting Gentrification in the Bay Area*, a report from Causa Justa :: Just Cause, with research contributed by ACPHD, Oakland originally developed in the late 1800s as a transportation hub and manufacturing powerhouse, with a strong working class, including many Gold Rush immigrants, to power its economy. In the early 20th century, the city's population ballooned as African Americans escaped the Jim Crow South, settling primarily in West and North Oakland, as well as in other parts of Alameda County, including Richmond. The city also saw an influx of immigrants from Mexico.<sup>5</sup>

These African American and immigrant workers concentrated around the cities' industrial zones, which became further segregated during the mid-20th century, as the government and businesses decreased their investments in these neighborhoods, and racist housing practices such as redlining locked racial minorities out of home ownership. During that same time, many African American households, deemed blighted, were targeted for demolition, rather than for repair. Thousands of people were displaced, and old homes and businesses were destroyed and replaced with a smaller number of new housing as well as civic buildings. By the 1970s, the U.S. economy shifted away from industry, leading to further disinvestment.

Oakland has shown tremendous strength and resilience in spite of such economic and political barriers. For example, after the Cypress Street viaduct collapsed in the 1989 Loma Prieta earthquake, community residents and activists fought to get traffic rerouted closer to the outskirts of the city.<sup>6</sup> They prevailed, and a large portion of West Oakland was reunited. However, the area remains blighted and continues to face other upheavals, including gentrification. The first of several waves



Photo by Flickr photographer sanbeiji / Joe Lewis (Flickr photo Two Mile Sandwich) [CC BY-SA 2.0] (<http://creativecommons.org/licenses/by-sa/2.0>), via Wikimedia Commons

Even among longtime local residents who can afford to stay put in the short term, the new businesses that gentrification brings in often don't cater to or provide them with much-needed basic daily goods and services.

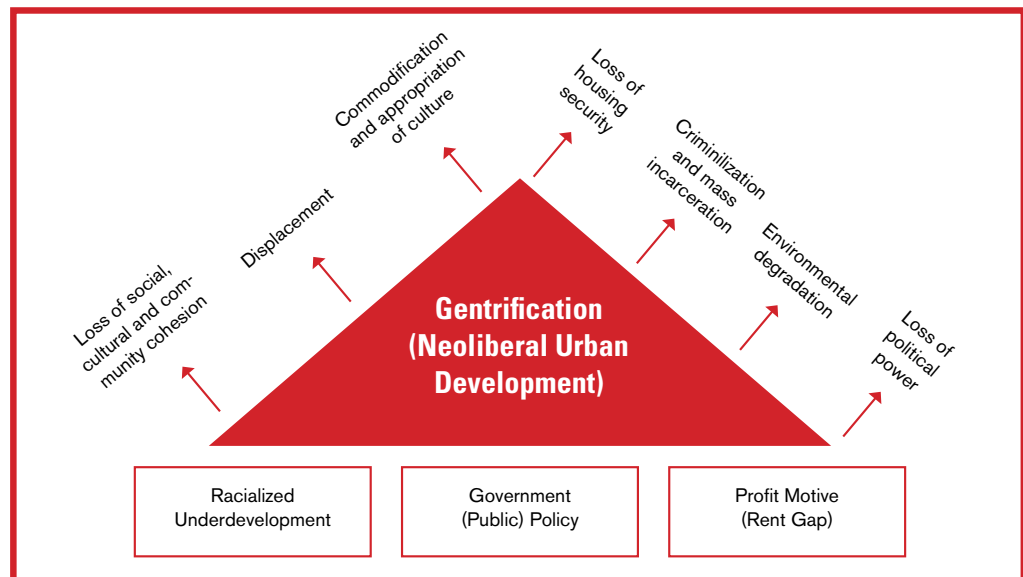
of gentrification was ushered in during the dot-com boom of the 21st century, as those who got rich off of technology investments moved into Oakland's once-thriving industrial communities, which resulted in driving up housing prices.

These and a variety of other factors, such as the foreclosure crisis of 2007, which led to thousands of lost homes and foreclosure-related evictions, have all shaped the face of the Oakland that residents experience today. It's a city where multi-million dollar homes sit just miles from dilapidated structures that landlords either can't afford to repair or refuse to in the hope that they can drive their current (often rent-controlled) tenants out and then make the needed repairs to fetch higher rent from newcomers.

"People are putting up with the conditions, or they're doubling up and tripling up in order to be able to afford their rent," Nguyen says. "Overcrowding can be yet another threat to health, though this is a survival mechanism for severely rent-burdened households."

Even among longtime local residents who can afford to stay put in the short term, the new businesses that gentrification brings in often don't cater to or provide them with much-needed basic daily goods and services. They're often created with a wealthier customer in mind. That means a corner store or an ethnic market might get replaced by a wine bar or an upscale restaurant that residents simply don't need. For many people, this can mean that the place they've long called "home" becomes unrecognizable to them and, in the long term, inhospitable.

As homeowners and renters alike are pushed out from Oakland's even higher-priced neighbor to the west, San Francisco, the situation continues to worsen, with demand for affordable housing outpacing supply. What, then, can a health department do to improve these conditions, which are rooted in over a century's worth of history? Turns out, a lot. As *Development Without Displacement* explains, gentrification and other housing-related woes are not inevitable, and health departments can play an important role in addressing them.



Developed by Causa Justa :: Just Cause

# TAKING A MULTIFACETED APPROACH

Like many of the other equity issues that ACPHD works on, such as education and economics, the health department takes a multifaceted approach to its work on housing. The department analyzes health data and facilitates dialogue with residents and the community organizations that serve them to identify problems and then to tease out possible courses of action and determine what the health department's role should be—one of leading, supporting or capacity building. It partners with a variety of community groups to help change problematic housing policies and practices. It communicates with the media and decision-makers, writing letters and testifying at public meetings to show why something is a public health issue and why action is needed. And it continually works to build staff's understanding of the issue internally, promoting collaboration among different programs and at different levels of leadership, so that the department has the fullest capacity to respond.

The idea is to engage both the groups with the power to make the needed changes and those who will be impacted by the changes.



“Some of the best solutions come from places that you wouldn’t expect,” Davis says. “It’s not always the program manager; it’s not always the department director. Many times it’s a staff member that has an idea.”

The same goes for working with the community. Being located within a county of 1.5 million people and 14 cities, there are ample opportunities for collaboration. And while working collectively takes extra time and effort and, according to Davis, requires a thick skin, the results are well worth it.

“We can always design something sitting back in our offices and say, ‘This is going to work,’” Davis explains. But, he adds, the lived experience of those plans can be very different: “If you really lose the trust of the public, they won’t use that service. They won’t come to you with questions or to try to work with you on something. So it’s really important to maintain that trust and, at the same time, for us to understand that we’re really impacting them, and they should have a say in what [the plan] looks like.”

The idea is to engage both the groups with the power to make the needed changes and those who will be impacted by the changes. The health department now has so many partnerships that Davis says they are trying to catalogue all of them to see where there may be overlap among programs and partners so that they can make their collaborative efforts more efficient.



# AFFORDABILITY, HABITABILITY AND ACCESS

The infrastructure to work specifically on housing began in 2009, with the formation of a housing workgroup within ACPHD's Place Matters team, which works on a variety of social determinants of health. The housing policy agenda was developed the following year, according to Nguyen, "through a public engagement plan that prioritized community-identified issues and community-driven policy change activities." In 2010, the health department hosted a series of four gatherings to discuss the root causes of health inequity and how to address them. Of the 200 individuals invited, more than 125 came to participate in at least one event, and many remain connected both online through email and social media and offline through workshops and trainings.

Through this process, the department identified affordability, habitability and access as key inroads to making progress on housing, and has since used its hallmark collaborative, multi-tiered approach to address these issues, particularly in Oakland's low-income communities, which struggle with racial inequity and high rates of chronic disease and mortality.

## Affordability

Much of the public health department's involvement in addressing housing costs has revolved around analyzing tenant policies to see whether they are geared toward affordability and preventing displacement. The department then shares those analyses with partner organizations that work on the ground to make sure tenants have a way to resist rising rents.

With many community organizations already working on this issue, the department has been able to follow their expertise and bolster existing efforts. For example, in 2014, under the leadership of Causa Justa :: Just Cause and the Tenant Justice Coalition, ACPHD worked to help pass rent reform in Oakland. The reform, which Nguyen says was the first of its kind in about 10 years, capped rent increases at 10 percent and limited to 70 percent the portion of capital improvements that landlords can pass through to tenants.



To address habitability, the health department’s Asthma Start program conducts home inspections for people recently diagnosed with asthma to identify and help ameliorate environmental triggers for the lung condition, such as mold from leaky water pipes that have gone unaddressed for too long; excessive dust from improper ventilation or old carpet that is in need of cleaning or replacement; and infestations of cockroaches, mice, rats or other pests—all of which erode indoor air quality.

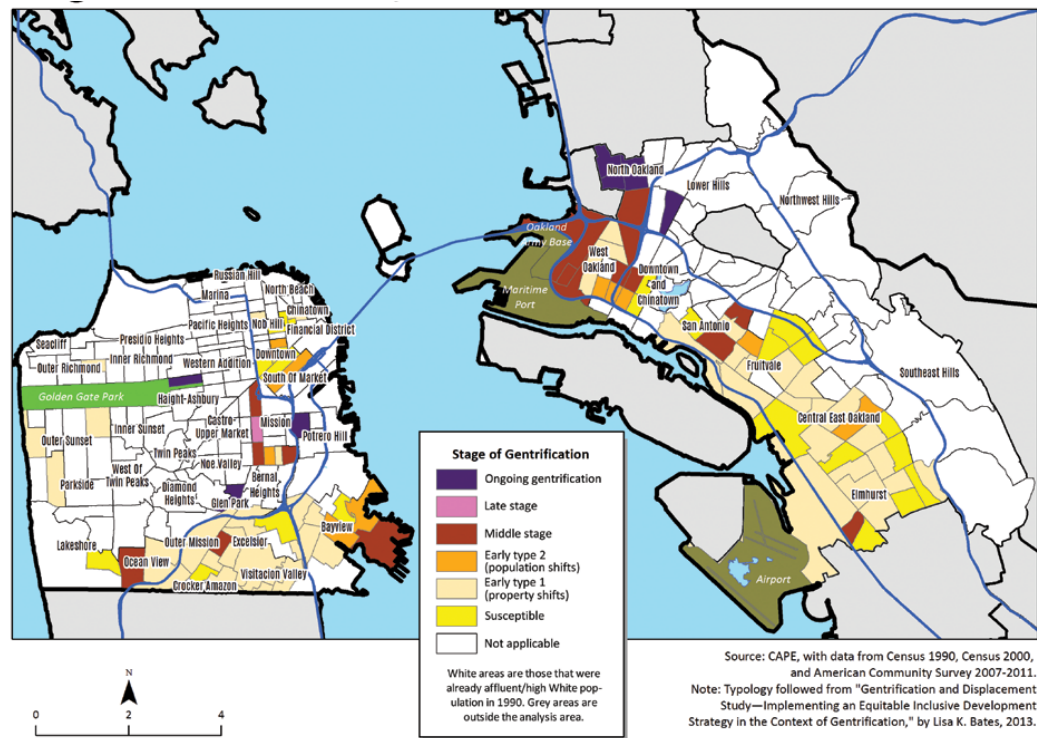
“If a person is constantly in something that is triggering bad health, no matter what you do as a medical provider—you can continue to provide medicine, you can continue to provide advice—but many times they can't follow that advice because the environment is not supportive of it,” Davis says. “If [residents] are still going back to the places that are triggering poor health, it's going to be a cycle that's just going to continue and never stop.”

In addition to playing a supporting role in passing the Tenant Protection Ordinance to help improve renters’ living conditions, the Asthma Start program also collaborates with the Health Inspections unit of Oakland’s Code Enforcement, which is charged with responding to health-related housing complaints. ACPHD has conducted cross-trainings with health inspections staff to improve their understanding of health equity and to highlight specific properties where housing conditions are an increased concern.

Additionally, ACPHD has worked with advocates to help pass Oakland’s Vacant Property Registration Ordinance. The ordinance, which requires banks to abate blight in foreclosed properties or pay a fine, has brought in more than \$1.6 million for neighborhood improvement efforts, Nguyen says, and is a model policy for cities throughout the state.

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Stage of Gentrification, San Francisco and Oakland



## Access

The health department is also working to reframe gentrification as a public health issue. Among its efforts, ACPHD has deployed key spokespeople to speak out about the issue; documented the impacts of gentrification and displacement on health to help build political will among elected officials; and provided policy analysis and research on gentrification's health effects to its partners at Causa Justa :: Just Cause.

The data were released as part of the in-depth report *Development Without Displacement: Resisting Gentrification in the Bay Area*. The report shows that between 1990 and 2011, Oakland's African American population decreased by nearly 40%. There have also been major shifts in homeownership. For example, in North Oakland, a neighborhood in the later stages of gentrification, homeownership among African Americans dropped from 50% to 25%, while renting grew among this group. And neighborhoods in the latest stages of gentrification have the largest difference in mortality between black and white populations.

When people are displaced, they lose not only their housing but also their social and local support networks, says Nguyen. They often lose access to other services they once relied on, such as health care or child care provided by neighboring friends or relatives. All of this amounts to a tremendous increase in stress, which, as ACPHD has detailed in its 2008 report *Life and Death from Unnatural Causes*, can diminish health.<sup>7</sup>

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Although gentrification is often driven by a profit motive, with people looking to refurbish and then capitalize on once-blighted properties, it can also be a consequence of so-called healthy development. For example, improvements in transit options can make some neighborhoods more desirable, leading to more amenities coming in and soon-to-follow rent increases. *Development Without Displacement* describes ways to develop communities without entirely displacing existing residents and makes the case for why public health departments and other public agencies should play a role in helping to prevent displacement.



As a result of ACPHD's housing involvement, Causa Justa :: Just Cause has incorporated a health equity framework into its organizing work and launched a "Healthy Housing for All" campaign in 2014, which identifies poor housing conditions as a form of harassment. And since the release of *Development Without Displacement*, the health department has convened advocates from a variety of issue areas, including senior housing, education, and transportation, to discuss possible next steps for advancing some of the report's recommendations. ACPHD has also incorporated an anti-displacement focus into its Place Matters Housing Workgroup and has provided research and public testimony on several major development projects in Oakland and Fremont, Alameda County's southernmost city; in both locations, the department has partnered with local coalitions of residents to call for greater community benefits, such as affordable housing set-asides and early and ongoing public engagement in the cities' planning processes.

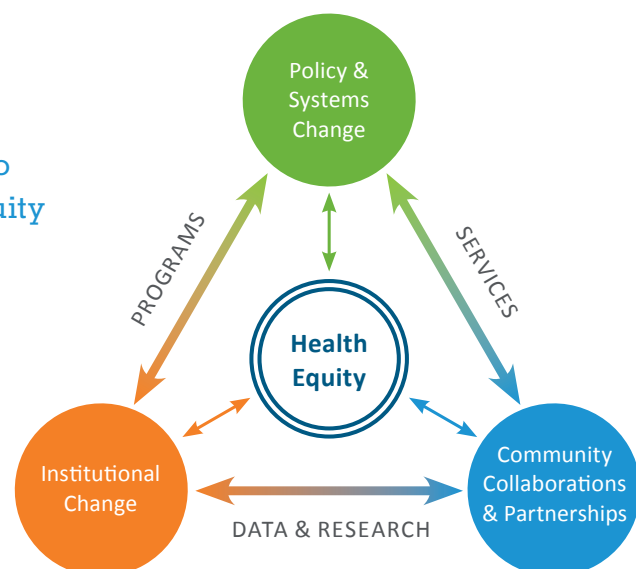
# GETTING BACK TO THE ROOTS OF PUBLIC HEALTH

That ACPHD has the capacity to work so intensively with the surrounding community on housing and other health equity issues is a credit to an internal reorganization that began decades ago—long before the formation of Place Matters—in response to health department staff analyzing disparities in African American health outcomes. Until the mid-1990s, the department had been focused primarily on delivering services and programs to its surrounding communities, with little input from residents on what their needs were. Then, under the leadership of Arnold Perkins, who was director from 1994 to 2006, the health department began a process of trying to democratize the institution or, as Perkins has been known to say, "put the public back in public health."

First, the health department created regional offices that were closer to the communities it served, and it emphasized community capacity building. ACPHD staff then started participating in neighborhood actions and reconceptualizing the nature of their work to be more proactive rather than merely reactive. Perkins, whose background was in community organizing, not public health, gave staff permission to take chances and think creatively. And, Davis recalls, when staff were confronted with a health issue that wasn't improving, Perkins encouraged them to "go to the person in the neighborhood who knows best."

The department now has a well-established inclusive strategic planning process, and its focus on health equity is institutionalized—woven throughout the health department's mission, internal policies, and practices. ACPHD's current approach is better able to address the health challenges of the 21st century, which consist primarily of chronic diseases, rather than infectious diseases like tuberculosis or cholera, common in previous eras. ACPHD's approach also represents a return to public health's roots. The field has historically worked to improve social issues like sanitation and housing conditions. In the late 19th and early 20th centuries, public health workers even pushed for the establishment of housing standards and actively enforced housing codes.

## ACPHD's Approach To Achieving Health Equity



Source: Alameda County Public Health Department

# VISION FOR THE FUTURE



**Director Muntu Davis**  
Davis is hopeful that sharing ACPHD's story of long-term institutional change and collaboration with the community will inspire other health departments to take on similar challenges.

Although the health department is seeing progress in life expectancy in Alameda County, it has yet to realize large improvements in health disparities. That kind of outcome happens over the long haul, and the department is in it for precisely that.

“We don't expect perfection,” Davis says. “Not everybody's going to have the same health outcomes, but the fact that some have access to better education, and the fact that some have access to better housing conditions—those things are unfair and those things are unjust—and those are the things that we would not see if we had health equity.”

Davis is hopeful that sharing ACPHD's story of long-term institutional change and collaboration with the community will inspire other health departments to take on similar challenges.

“We were a health department that, like everyone else, was initially focusing in on those core, well-known public health practices, and over the course of time, we've changed,” Davis says. “So, if we can do it, anybody can.”

View video footage of the Alameda County Public Health Department's approach to health equity at <https://youtu.be/DFbzadpU4fs>.



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