



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT**

David J. Kears, Director  
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September 11, 2008

Oakland Housing Authority  
1619 Harrison Street  
Oakland, CA 94612  
Ann Dunn, Senior Policy Analyst  
RE: OHA's housing relocation plan

Dear Ms. Dunn,

The Alameda County Public Health Department (ACPHD) is the agency within Alameda County Health Care Services that employs a broad range of prevention strategies to protect and improve the health and safety of County residents and the neighborhoods in which they live, with a specific focus on eliminating health inequities.

Thank you so much for all of your help in answering some of our questions. I am submitting our comments support for OHA's desire to improve the habitability issues at the scattered site units and concerns about potential health impacts of the Relocation Plan, assuming that the Disposition Plan is approved and OHA is granted Section 8 vouchers for current residents.

The OHA clients you serve who will be most affected by the decisions made on these plans are precisely the communities that are most impacted by health disparities. Low-income communities of color in Oakland's impoverished neighborhoods suffer poorer health outcomes and are expected to live ten years less than those from more affluent neighborhoods--these inequitable health outcomes are explained not predominantly by genetics, access to health care, or risk behaviors, but by structural factors often supported or reinforced by policy decisions. Given the high rate of OHA clients who are at risk of health issues such as asthma, allergies, exposure to heat/rain from poorly maintained homes, and other habitability issues, ACPHD supports creative thinking that will insure that no one lives in a home that can cause poor health outcomes.

We realize that the disposition and relocation plans are OHA's attempt to find ways to fund renovation, replacement, and maintenance of current units. However, we have concerns that the disposition of guaranteed low-income housing units to an unnamed nonprofit entity and relocation of tenants is a policy that could contribute to health disparities. We are concerned about the potentially negative health impacts of this policy proposal, both on the current OHA residents, as well as future seekers of affordable housing. While we support OHA's desire to improve the habitability of these scattered site units in the face of declining Federal support, we are concerned about how the practical implementation of this relocation plan will affect those most vulnerable to poor health in Oakland. Until we spoke today on the phone, it did not seem as though some of the concerns below were addressed in writing in the plan, and so in revising the plan, we respectfully request that OHA address:

1. **The ability of the private market to absorb 1,615 new families seeking Section 8 units is questionable.** We understand that finding new units to live in is only one of the options tenants in the scattered site units would have. But even if only one-third of the occupied units (1,394), or 465 families seek to move using Section 8 vouchers, this is an added burden on a market that has seen an increase in those seeking affordable rental units due to the foreclosure crisis as well as an increase in the general population in Oakland of 5.2% since 2000. There are roughly 7,000 units in Oakland that, as of September 2007, accept Section 8 vouchers<sup>1</sup>. According to the 2000 Census, the effective vacancy rate in Oakland is 3% for rental units. This means that at any given time, it is expected that slightly more than 200 Section 8 units are available. Put another way, a HUD study from 2001 found that Alameda County residents seeking Section 8 housing had a success rate less than 50%. The private market is not a secure place to find affordable housing, and the Disposition and Relocation Plans offer no firm reassurance or concrete plan to address this.
2. **The funding amount allotted for one-time relocation assistance may not be sufficient.** OHA's recent Tassafaronga Relocation Plan allots \$4,500 for relocation expenses, and in this Disposition Relocation Plan the maximum amount (for a 5-bedroom unit) is only \$2,150, and less for smaller units. Also, *OHA does not provide funding for security deposits, which are an obstacle for low-income residents.* These costs may result in less household money available for necessities--residents may not be able to pay for transportation costs to jobs and appointments, healthy and fresh food, child care, and health care needs.
3. **The availability of comparable units for relocation is not guaranteed.** OHA is mandated to provide comparable units for those who wish to move. Given the overwhelming number of 3 bedroom units that scattered site residents live in now, the current and future availability of larger units is in question. A lack of larger units may result in overcrowding. In Alameda County, 28% of households that are crowded are poor compared to 8% of those that are not crowded. The health impacts of overcrowding include reporting poor health as well as an increase in infectious disease. Twenty-six percent (26%) of adults in crowded households report poor or fair health status, compared to 15% of those in households that are not crowded.<sup>2</sup> Furthermore, a lack of comparable units *nearby* can have negative health impacts, as moving away from one's community, job, and/or school can result in the loss of health-protective social support systems.
4. **Lack of a clear plan for rehabilitation and replacement housing.** The process and timing of rehabilitation and renovation of current units is not clearly laid-out, and leaves concern about displacement of residents during rehabilitation as well as guarantees that they may return to their unit once it has been renovated.
5. **The current relocation plan includes no safeguards to protect future affordable housing stock and prevent future displacement.** If the nonprofit entity succumbs to the pressure of the private market in the future, Section 8 tenants could again be relocated to replacement units when the term of their lease expires. What are the guarantees that residents will not be displaced again once they move into a Section 8 unit? Frequent moving is associated with higher rates of mental health issues, child abuse and neglect, and lower educational outcomes, which in turn have a strong influence on health outcomes. The relocation plan does little to hold the nonprofit entity accountable in the future.

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<sup>1</sup> Alameda Co. Subsidized Housing Inventory, from AC Housing and Community Development. Sept. 2007. Available at <http://www.acgov.org/cda/hcd/subsidizedrental.htm>.

<sup>2</sup> California Health Information Survey (CHIS). 2003.

Currently, these units are guaranteed to be affordable because they are owned publicly by OHA. The fate of guaranteed units is at risk if the units are transferred to a nonprofit entity. ACPHD is concerned not only with the health impacts on current OHA residents, but on future clients of public housing. Given the lack of protections for affordable housing, ACPHD has concerns about the potential for homelessness. Mortality rates for people who are homeless were 4 times higher in homeless than in the general US population in a New York City study,<sup>3</sup> and 78% of homeless children have suffered from either depression, behavior problems, or severe academic delay.<sup>4</sup>

6. **How eligibility requirement for Section 8 tenants may change in the future.** The Relocation Plan for current scattered site tenants accommodates OHA residents who make up to 80% of the average median income (AMI) for the area. However, future public housing residents who make over 60% AMI may not be accommodated. Oakland residents who make between 60-80% AMI who apply for affordable housing will be limited to the only 1,693 units of public housing that are not part of the scattered site disposition plan.

**Due to the above concerns, we offer the following recommendations:**

1. **If the disposition plan is approved, pursue project-based vouchers instead of family-based vouchers for relocation.** This would at least guarantee affordable units would continue to be available for the course of the contracted period between OHA and the building owners, as opposed to leaving resident to the whims of private market landlords who today accept Section 8, but next year may not.
2. **Increase the funding for one-time relocation** from \$2,150 (maximum) to a level that is appropriate for the size unit. Relocation funding should include all costs for a resident to move in; specifically it should security deposit and other first month expenses in addition to moving expenses.
3. **“Comparable” housing should insure that residents are able to remain in the same general neighborhood.** Some of the best documented health outcomes of displacement are behavior and academic problems in school due to children changing schools and a disruption of social networks that provide support such as childcare and other assistance.
4. **Provide more specificity about the transition of property from OHA to a non-profit entity, as well as the management and long-term strategic plan of the non-profit.** Given OHA's commitment to a 55 year security of low-income affordable housing, specifics are needed to assuage long-term concerns about privatizing much needed affordable housing units. OHA must guarantee that the non-profit will not eventually sell OHA units on the private market and lose affordable housing units in Oakland. Space on the nonprofit board should be allowed for OHA residents, housing advocates, and other potential watchdogs (such as public health officials), in addition to OHA staff.
5. **Provide technical assistance to the nonprofit entity for housing authority skills they may not have.** Since the nonprofit will take over ownership as well as management of the units, they must know how to calculate tenant share of rent, eligibility, and a myriad of administrative and technical skills that only those working at the housing authority know. OHA must assure that tenants will not experience delays in relocating due to a lack of knowledge and experience in the new nonprofit entity.
6. **OHA must provide thorough relocation search assistance for tenants who wish to move to a Section 8 unit.** None of the seven activities described in the Relocation Assistance section of the Relocation Plan (pg. 19) details actually training and assisting residents in how to search for buildings/landlords who accept Section 8. This is a learned skill, and for tenants who have been living in public housing all their lives, the ability to look for rental units is an obstacle.

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<sup>3</sup> Barrow SM, Herman DB, Cordova P, Stuenkel EL. 1999. Mortality among homeless shelter residents in New York City. *AJPH* 1999;529-34.

<sup>4</sup> Zima BT, Wells KG, Freeman HE. 1994. Emotional and behavioral problems and severe academic delays among sheltered homeless children in Los Angeles County. *AJPH* 84:260-4.

7. **Units of tenants who choose to accept Section 8 vouchers and move to another location must not be re-rented until the current tenant has signed a lease on a new home.** In our phone discussion it seems clear this is the case, but it is not written into the relocation plan.
8. **Provide for an ongoing and robust public process in the Disposition transfer and Relocation Plan implementation.** The public process should engage residents and other advocates. The choice of a non-profit entity should include a well-publicized and documented public process that includes time for resident and advocate *input*, not just *questions*, and documentation about how that input will be incorporated into the decision. A change in housing may be necessary, but residents should have the ability to impact decisions that will gravely affect their lives. Studies show that people with little control over the decisions that impact their lives have poorer health outcomes.<sup>5</sup>

Ms. Dunn, we thank you for your helpful assistance in engaging us and addressing many of these concerns with ACPHD staff. We felt that it is valuable to submit our concerns in writing as you are revising the Relocation Plan. We hope to work with you to consider solutions to the complex issue of provision and maintenance of guaranteed affordable housing in Oakland, and how that can ensure the health of lower income residents of Oakland. To that end we would like to propose following up with a meeting between myself and your Executive Director, Jon Gresley. Could you help in making that happen? You can call me directly at 267-8018 or email me at Sandra.witt@acgov.org. Thank you very much.

Sincerely,

Sandra Witt, DrPH, MPH  
Deputy Director of Policy, Planning, and Health Equity  
Alameda County Public Health Department

CC: Jon Gresley, OHA Executive Director  
Dr. Anthony Iton, Director and Health Officer, Alameda County Public Health Department

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<sup>5</sup> Dunn JR. 2002. Housing and inequalities in health: a study of socioeconomic dimensions of housing and self-reported health from a survey of Vancouver residents. *J Epidemiol Community Health* 56:671-81.