Health Inequities and a Framework for Change: A closer look at housing and health outcomes

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Presentation for Just Cause Oakland Organizers
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Health Inequities

“Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.”

-Margaret Whitehead
BARHII Framework
Mortality

Infant mortality

Life expectancy
Figure 18: Life Expectancy at Birth, Alameda County, 1960-2003
Leading Causes of Death, Alameda County, 2001-2003 (N=28,790)

- Heart Disease: 26.9%
- Cancer: 23.7%
- Stroke: 8.3%
- Chronic Lower Resp Dis: 4.5%
- Unintentional Injuries: 3.6%
- Influenza & Pneumonia: 3.2%
- Diabetes Mellitus: 3.0%
- Alzheimer's Disease: 2.1%
- Chronic Liver Dis/Cirrhosis: 1.4%
- Homicide: 1.3%

67%
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Trend Overall</th>
<th>Health Inequity</th>
<th>African American</th>
<th>Asian/API</th>
<th>Latino</th>
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<td>Female Breast Cancer</td>
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<td>Prostate Cancer</td>
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<td>Asthma Hospitalization (All Ages)</td>
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<td>Asthma Hospitalization (&lt;5 years)</td>
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What Do We Know?

- Major improvements in health outcomes
- Major health inequities persist or are growing - poorer residents and African Americans bear the greatest burden of poor health outcomes
- Big gap in life expectancy
- Major inequities in life expectancy and mortality driven by chronic diseases
Mortality

Access to health care

Chronic disease

Infectious disease

Injury (intentional and unintentional)

Disease and Injury

Mortality

Access to health care

10 – 15%

Genetics

10 – 15%
Disease and Injury

Individual health knowledge

70% ??

Medical Model

- Smoking
- Nutrition
- Physical activity

Risk Behaviors

Disease and Injury

Mortality

Violence
Is This All About Personal Responsibility?

The Medical Model Assumes that “Risk Behaviors” are the Missing 70%
Medical Model Interventions

“SERVICES”

- Tend to focus on individuals
- Tend to be remedial in nature
- Do not address underlying conditions
- Expensive and difficult to sustain
- No sustained impact on health disparities
- Majority of Health, Social Services & Criminal Justice budget spent on these kind of interventions
“Services Overkill?”

How Government Human Service Agencies Behave
Service Intensity FY05-06
Alameda County Public Health Department

Services per 1,000 Pop'n
- Dark red: 58.1 - 88.8
- Medium red: 34.5 - 58.0
- Light red: 15.1 - 34.4
- Yellow: 0.3 - 15.0

Note: Dental and Healthcare for the Homeless services not included

Source: CAPE
Social Services

Total Recipients/1000 Population
- 624.3 - 1,106.2
- 305.3 - 624.2
- 129.2 - 305.2
- 2.4 - 129.1

Source: CAFE, with data from SSA.
Alameda County Parolees, May 2005

Parolees/1000 Population
- 17.1 - 32.5
- 7.0 - 17.0
- 2.8 - 6.9
- 0.1 - 2.7

Source: CAPE, with data from California Department of Corrections.
Community Trajectories

HOW MUCH DOES PLACE MATTER?
Disease and Injury Risk Behaviors

Neighborhood Conditions

Residential segregation

Physical environment

Social environment

Mortality

Disease and Injury

Risk Behaviors

Neighborhood Conditions?
Life Expectancy by Tract

High school grads: 90%
Unemployment: 4%
Poverty: 7%
Home ownership: 64%
Non-White: 49%

Life Expectancy by Tract

- High school grads: 81%
- Unemployment: 6%
- Poverty: 10%
- Home ownership: 52%
- Non-White: 59%

Life Expectancy by Tract

- High school grads: 65%
- Unemployment: 12%
- Poverty: 25%
- Home ownership: 38%
- Non-White: 89%

Housing Survey Provides Guide for Urban Renewal

Continued from Page 1

1. Dilapidation of dwellings: 117 in Census Tracts 39 and 41—mean that they are the most blighted. They are followed by Census Tracts 38 and 40 with a score of 114. Tract 32 with a score of 112 and Tract 49 with a score of 111. The lowest density scores—zero in Census Tracts 39 and 41—mean that they are the least blighted tracts.

2. Occupancy characteristics: overcrowding of dwellings for per cent of dwellings with over 1.50 persons per room; jis.

He said the study confirms...
Six Pilot Areas Picked For City Housing Survey

Six Oakland pilot areas for a survey of housing conditions were agreed on last night by the Citizens' Committee for the enforcement of building and housing codes.

The committee was named by Mayor Clifford E. Rishell last month at the request of the City Council to determine the scope of needed housing renovation in the city.

It was agreed that one block would be selected by lot in each of the six pilot areas. Health Department inspectors under the supervision of Health Officer Dr. J. C. Geiger were given three weeks to make the survey.

At the completion of the survey Chairman C. H. McCaslin will call a meeting of the whole committee to discuss the revelations of the survey.

The six areas were selected by a subcommittee headed by Robert As of the Central Labor Council and approved by the whole committee.

A described the areas as "two of good quality, two of medium, and two of poor."

p.m. Monday, February 9, to discuss what can be done to encourage private home construction. After that meeting bankers and insurance company representatives will be asked to meet on the same subject.

During a discussion of the difficulty builders are having in finding suitable land for construction Ash said: "If this committee would take the profit out of fire and health traps the builders will be able to get plenty of good land to build private low rental multiple dwellings."

SOCIAL PROBLEM

Doctor Geiger said "bad housing, sick housing, has caused more social problems than anything in this country."

In a discussion of how drastic the recommendations of the committee would be in its efforts to improve rundown housing it was agreed to start with only the most flagrant violations.

Chief Building Inspector Milton P. Kitchel told the group "it is utterly impossible to run down and compel the elimination of all"
"Shows how lines of discrimination are drawn."

"Shows the area pattern of social exclusion... community graded indices of wealth, status, health, education, and social behavior."

"Grades fairly evenly from low to high, beginning with the Bay-flats region, and extending to the upper portion, the “hill area”.


- All Races: 74.8 (Flats), 81.1 (Hills)
- AfrAm: 70.2 (Flats), 75.6 (Hills)
- Asian: 82.0 (Flats), 84.9 (Hills)
- Latino: 82.8 (Flats), 81.7 (Hills)
- White: 74.4 (Flats), 81.8 (Hills)

Colors: Brown (Oakland Flats), Gray (Oakland Hills)
The Neighborhood Context
The Neighborhood Context
Disease and Injury Risk Behaviors

Institutional Power

Neighbor- hood

Risk Behaviors

Disease and Injury

Mortality

Schools

Corporations and businesses

Government agencies
CST 4th Grade Reading
Oakland Unified, by Ethnicity

CST 8th Grade Reading
Oakland Unified, by Ethnicity

In Oakland, African American and Latino 7th graders read below the level of White 3rd graders.

## Equal Postsecondary Attendance Rates for Low-Income, High Achievers and High-Income Low Achievers

<table>
<thead>
<tr>
<th>Achievement Level (in quartiles)</th>
<th>Low-Income</th>
<th>High-Income</th>
</tr>
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<tbody>
<tr>
<td>First (Low)</td>
<td>36%</td>
<td>77%</td>
</tr>
<tr>
<td>Second</td>
<td>50%</td>
<td>85%</td>
</tr>
<tr>
<td>Third</td>
<td>63%</td>
<td>90%</td>
</tr>
<tr>
<td>Fourth (High)</td>
<td>78%</td>
<td>97%</td>
</tr>
</tbody>
</table>

**Source:** NELS: 88, Second (1992) and Third Follow up (1994); in, USDOE, NCES, NCES Condition of Education 1997 p. 64
Oakland Mortality Rate and HS Graduation

A review of the scientific literature shows associations between education and health across a broad range of illnesses, including coronary heart disease, many specific cancers, Alzheimer's disease, some mental illnesses, diabetes, and alcoholism.

NIH RFA OB-03-001-PATHWAYS LINKING EDUCATION TO HEALTH

Source: Pew Hispanic Center tabulations of SIPP data from the 1996 and 2001 panels.
All Persons in California
Associated Average Household Wealth by Ethnic Group, 2000

Source: California Research Bureau, California State Library using the 1996-2000 SIPP Survey.
Home Ownership by Race/Ethnicity

- All Races: 54.7%
- White: 63.3%
- Asian: 57.0%
- NHAPI: 47.5%
- Hispanic: 44.9%
- Multirace: 41.4%
- Other: 40.5%
- AfrAmer: 36.5%
- AmerInd: 32.7%
Figure 1.10: Income Inequality, Alameda County, 1980-2000

The graph illustrates the cumulative share of income versus the cumulative share of people for Alameda County over the years 1980, 1990, and Census 2000. The data shows an increase in income inequality over the period, with the 1990 line being slightly more upward than the 1980 line, indicating a growing disparity in income distribution. The Census 2000 line lies between the 1980 and 1990 lines, suggesting a continuation of the trend observed in the earlier years.

The graph also highlights an 'Income equally shared' line, which is a straight diagonal line representing perfect income equality. The deviation of the actual lines from this diagonal demonstrates the extent of income inequality present in the county, with the 1990 line being closer to the diagonal than the 1980 line, indicating a slight improvement in income distribution over the decade.
Results of the statistical comparison of weather and deaths over 12 years show that blacks and those with a high school education or less are most likely to die on extremely hot days.

— Harvard School of Public Health study of almost 8 million deaths in 50 cities from 1989 to 2000.
“The heat wave was a particle accelerator for the city: It sped up and made visible the hazardous social conditions that are always present but difficult to perceive.”

“Yes, the weather was extreme. But the deep sources of the tragedy were the everyday disasters that the city tolerates, takes for granted, or has officially forgotten.”

Eric Klineberg, author of Heat Wave
A Framework for Health Equity

Socio-Ecological

Medical Model

Upstream

Downstream

Social Inequalities
- Oppression: Race/ethnicity, Class, Gender, Immigration Status, Etc.

Institutional Power
- Corporations & other businesses
- Gov’t agencies
- Schools

Neighborhood Conditions
- Environment
- Social
- Physical
- Residential Segregation

Risk Behaviors
- Smoking
- Nutrition
- Physical activity
- Violence

Disease & Injury
- Infectious disease
- Chronic disease
- Injury (intentional & unintentional)

Mortality
- Infant mortality
- Life expectancy

Healthcare Access

Health Status

- Adapted by ACPHD from the Bay Area Regional Health Inequalities Initiative, Spring 2008
Historical Context

- Policies and practices shape housing stability and access to homeownership
  - Segregation
    - Redlining
    - Racial restrictive covenants
    - Racial steering

"(5) no person or persons of the Mexican race, or other than the CAUCASIAN race shall use or occupy any building or any lot, except that this covenant shall not prevent occupancy by domestic servants of a different race domiciled with an owner, tenant or occupant thereof.

Filed with Alameda County Recorded on April 7th, 1941 by Frank E. & Mabel S. Clarke, Ada E. Rowe, E.W. & Ester Stenhammer
Current Context

- Inequitable and diminishing funding for housing at federal level

Affordable Housing & Bay Area

- Bay Area housing market among the least affordable in the nation
  - East Bay 19th least affordable metro area

- Price vs. Wage Mismatch
  - Housing prices increased at a much faster rate than wages
  - The fastest growing occupations pay very low wages
Rental Affordability & Low-Wage Workers

The occupations selected represent the top three fastest growing occupations in Alameda County.

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<tbody>
<tr>
<td>Retail salesperson</td>
<td>$11.37</td>
<td>$1,250</td>
<td>30%</td>
<td>98</td>
</tr>
<tr>
<td>Cashiers</td>
<td>$10.42</td>
<td>$1,250</td>
<td>30%</td>
<td>108</td>
</tr>
<tr>
<td>Office clerks</td>
<td>$15.48</td>
<td>$1,250</td>
<td>30%</td>
<td>69</td>
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</tbody>
</table>
NOW YOU CAN PAY RENT AND EAT.

BK BREAKFAST VALUE MENU

10 ITEMS STARTING AT $1 EACH
Health Costs of Unaffordable Rents

Cost Burden

- Devote less income to health insurance, nutritious food, childcare
- Linked to inadequate nutrition, especially among children
- Overall increased stress
  - Increased risk of hypertension, increased visits to the doctor, lower levels of psychological well-being
- Households devoting more than 50% of income to housing are considered at risk of homelessness
Health Costs of Unaffordable Rents

- Overcrowding
  - Tuberculosis and other respiratory infections
  - Poorer self-rated health status

- Substandard housing
  - Recurrent headaches, fever, nausea, skin disease, sore throats, and respiratory disease such as asthma
Health Costs of Affordable Rents

- Displacement
  - Breaking of social connections
  - Community instability
  - Frequent moves associated with
    - higher rates of stress, mental health issues and child abuse and neglect
    - lower rates of self-rated health status
  - Longer commutes = decreased family time and air quality

- Homelessness
  - Increased morbidity due to respiratory infections and poor nutrition, and higher rates of mortality
Concentration of Severely Cost Burdened Renting Households

% paying 50% or more
- 26.01 - 55.23
- 14.01 - 26.00
- 6.00 - 14.00

Source: CAPE, with data from Census 2000.
Homelessness in Alameda County

- In 2003, there were 6,215 homeless people in Alameda County
  - 43% were families, 28% were children

Housing Opportunity Index

- This graph measures the % of homes sold that are affordable to people earning the median income and above

At the end of 2006, only one in ten homes sold was affordable to those earning the median income - $64,424 in 2006

Source: National Association of Homebuilders
Homeownership Rates by Race/Ethnicity, Alameda County

## Discrimination in Mortgage Lending in Alameda County

### % of Home Purchase Loans Denied by Race and Income* (2006)

<table>
<thead>
<tr>
<th>Race</th>
<th>&gt;50% Median Income</th>
<th>50-100% Median Income</th>
<th>100%+ Median Income</th>
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<tbody>
<tr>
<td>White</td>
<td>29%</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Asian</td>
<td>37%</td>
<td>16%</td>
<td>18%</td>
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<tr>
<td>Latino</td>
<td>33%</td>
<td>30%</td>
<td>27%</td>
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<tr>
<td>African American</td>
<td>34%</td>
<td>27%</td>
<td>27%</td>
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</tbody>
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Individual Health Benefits of Homeownership

- Builds inter-generational wealth
  - Improves access to health promoting opportunities

- Relative to renters, homeowners have:
  - Better physical health outcomes, lower child unintentional injury rates
  - Higher self-esteem and lower levels of distress
  - Lower blood pressure
  - These benefits accrue regardless of socio-economic status
Community Health Benefits of Homeownership

- Homeownership is related to neighborhood well-being
  - Homeowners more active than renters in community associations and more likely to vote
Risks of Homeownership

- **Stress**
  - The larger the household’s mortgage, the higher the stress

- **Neighborhood Conditions**
  - Affordable homeownership opportunities often in distressed communities, posing a threat to health
    - Wealth appreciation is slower in distressed neighborhoods, delaying or reducing some of the health benefits of homeownership
Risks of Homeownership

➢ Foreclosure

• Contributes to mental health problems
• Contributes to violence
  • An increase in 2.8 foreclosures for every 100 owner-occupied properties associated with 6.7% increase in violent crime

• Loss of wealth
  • One vacant home due to foreclosure depresses home values within 1/8 of a mile by 1.4%

• Displacement and homelessness

Sub-prime Loans and Communities of Color

- Sub-prime loans marketed to African American and Latino communities
- Even controlling for income, people of color tended to receive the most expensive sub-prime loans
- More likely to end in foreclosure
Concentration of Foreclosures in Alameda County, 2007

Foreclosures/1,000 Ownership Households

Legend

- county
- zip_clip
- extended.FOREPER100
  - 0 - 4
  - 5 - 11
  - 12 - 24
  - 25 - 45
- places

Source: CAPE, with data from

Source: DataQuick, 2007, Census 2000
Local Policy Implications

- Increase Availability of Affordable Housing
  - Generate more revenue for affordable housing production
  - Fully fund and implement the EveryOne Home Plan
  - Promote mixed-income development using policies such as inclusionary zoning

- Support Housing Policies that Build Wealth
  - Increase funds for and utilization of first time homebuyer programs
Local Policy Implications

- Decrease Displacement
  - Protect the existing affordable housing stock
  - Implement policies that prevent predatory lending
  - Create and implement policies guiding trustee responsibilities in cases of foreclosure
  - Increase funding for emergency housing assistance
  - Prevent foreclosures through targeted outreach and service provision
Contact Information

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