Living in and being part of a healthy and thriving neighborhood is a goal for many people, communities, organizations, businesses, and government agencies. Key to achieving this goal is ensuring that everyone has safe, quality, and affordable housing, one of the most basic and powerful determinants of health and wellbeing.¹ When our residents do not have a stable and healthy place to live, it affects both individual health and wellbeing and the health and wellbeing of our county as a whole.

Today the Bay Area faces an unprecedented housing crisis that threatens the health of the region. We have a window of opportunity to make affordable housing and health a reality for our county, but we must move past business as usual to implement comprehensive, and meaningful solutions to address this crisis in both the short- and long-term.

As public agencies responsible for protecting the public’s physical and mental health, we recognize that decisions made today will shape the future of the Bay area and the health of millions of people. Addressing the housing crisis is critical in avoiding a preventable public health crisis. This report presents recommendations for addressing the housing crisis, survey findings on how the housing crisis is affecting clients of Alameda County public health and behavioral health programs, and a brief summary of current research on the links between housing and health.

**RECOMMENDATIONS**

Housing solutions must not only provide and protect affordability at all levels of need, but also ensure habitability, protect against unfair and unjust displacement, and connect residents to the jobs, schools, services, and community resources that create the conditions for health and prosperity. Solutions must also be transparent and engage community members, especially those who face the most barriers to and are the most negatively impacted by housing, in the decision-making process. These recommendations focus on addressing a few outcomes from the current housing crisis—the growing number of renters at risk of losing their housing and of displacement, dilapidated housing conditions, and homelessness.

1. **Protect existing residents from losing their housing**

   After the economic downturn, renters have become a growing share of the population. Dramatic increases in housing costs, along with a widening income gap, has led to more residents being at risk for housing instability. Many are spending or at risk of spending 50% or more of their income for housing costs (extreme housing cost burden); at greater risk of unfair and unjust eviction and harassment from landlords; doubling- or tripling-up in overcrowded housing to make ends meet; and living in poor housing and neighborhood conditions because it is all they can afford or that is available.

   - **Rent stabilization:** Regulate when and how much rents can be raised, including a fair and adequately-resourced administrative system for tenants and landlords to resolve disputes to stabilize housing while ensuring a fair return for property owners.
   - **Just cause eviction:** Protect tenants from unwarranted evictions.
   - **Tenant protection ordinances:** Prevent landlords from coercing tenants into leaving their homes due to negligence, intimidation, buy-out offers and other methods of harassment. When housing

---

¹ Corporation for Supportive Housing, "Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health," New York City, July 2014.
markets are tight, implementing baseline protections for tenants becomes an essential foundation to prevent unfair and unjust displacement. Even with “just cause eviction” protections in place, landlords may still push tenants out of their homes through the forms of harassment listed above so that units can be re-rented at higher rents or converted to condominiums.

- **Tenant counseling and legal services**: Tenants’ rights education and legal assistance to help residents resolve housing issues and prevent evictions.
- **Code enforcement**: Proactive inspections programs that provide timely and responsive enforcement of habitability standards to maintain healthy standard housing conditions.

2. **Repair and preserve existing housing**
   Preserving housing at all affordability levels should include providing funding for rehabilitation and repair of the existing affordable housing stock, as well as requiring long-term affordability restrictions and replacing affordable units on a one-for-one basis.
   - **Acquisition and rehabilitation**: Jurisdictions can purchase and make properties available at affordable rates.
   - **Permanent affordability**: Consider mechanisms such as Community Land Trusts and other mechanisms to require permanent affordability and recapture of public subsidy funds for affordable housing.
   - **No-net loss**: Establish local government’s intent, either through preservation or replacement, to maintain at least its current level of affordable housing. This could include requiring dedicated funding to create or maintain affordable units, or subsidize rehabilitation of units at risk of loss due to expiring affordability restrictions or disrepair. No-net loss policies can also be implemented with regulatory strategies to require one-for-one replacement for developers who demolish affordable housing.

3. **Produce new housing for all income levels**
   Quality housing stock should be added to the region at a range of household income levels, in particular for Low to Extremely Low Income levels, and housing types according to population data defining the needs.
   - **Prioritize public subsidies**: The gap between the number of Extremely Low Income households and the number of rental homes that are both affordable and available to them has grown dramatically. Public funds should be targeted to meet the greatest need.
   - **Coordination and leveraging of subsidies for deeper affordability**: To meet the challenge of providing adequate operating subsidies for housing at deeper levels of affordability, there must be greater coordination of existing sources of funds—such as Section 8 project-based funds, Shelter Plus Care, and income from higher-paying tenants in the same complex. Potential new sources of funds from the Affordable Care Act’s expansion of Medicaid should also be considered for housing resources.
   - **Mixed-income and diverse neighborhoods**: Develop neighborhoods that promote integrated housing and access to opportunity.

4. **Remove barriers to housing access**
   - **Anti-discrimination policies**: Prohibit landlords from discriminating against Section 8 and other vouchers as sources of income.
   - **Housing formerly incarcerated individuals**: The Department of Housing and Urban Development (HUD) recently issued a groundbreaking guidance saying that admissions denials, evictions, and other adverse housing decisions based on a person’s criminal record may constitute racial
discrimination under the Fair Housing Act. Research has shown that supportive housing people reentering the community from the criminal justice system can reduce recidivism.\(^2\)

**KEY SURVEY FINDINGS: VOICES FROM PUBLIC HEALTH & BEHAVIORAL HEALTH CARE**

Alameda County Public Health Department (ACPHD) and Behavioral Health Care Services (BHCS) staff reach thousands of residents annually through services and programs, and in partnering with residents to achieve healthy communities.\(^3\) To understand how the housing crisis is affecting residents and our staff, as well as our ability to successfully deliver services, we surveyed ACPHD staff \((n = 188\) staff responded) and BHCS staff and contractors \((n = 167\) staff responded). While the link between housing and health is well-documented, this survey illustrates the magnitude of the crisis and its impact on the health of clients, staff, and communities. For example, 94% of staff who filled out the survey said that the housing crisis is affecting clients they provide services to or the residents they partner with in their work. Many of the health gains our programs are achieving are being erased, and health issues are actually increasing, because of the housing crisis. The following section includes further detail, including quotes from the survey respondents.

1. **What housing issues are your clients or the residents you work with facing?**

Survey respondents reported that the housing crisis is having a deep and damaging impact on a large number of clients. In addition to the issues summarized below, staff also reported: residents facing homelessness; a lack of affordable housing for people with disabilities and seniors; residents being forced to move away from long-term social and cultural supports; homeless shelters at capacity; and clients being unable to flee domestic violence situations.

<table>
<thead>
<tr>
<th>What housing issues are your clients or residents you work with facing? (check all that apply)</th>
<th>BHCS ((n = 72))</th>
<th>ACPHD ((n = 93))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised rents and/or unaffordable housing</td>
<td>93.06%</td>
<td>88.17%</td>
</tr>
<tr>
<td>Can’t find housing (e.g. discrimination, landlords not accepting vouchers, no available units)</td>
<td>91.67%</td>
<td>81.72%</td>
</tr>
<tr>
<td>Eviction (at risk of being evicted or already evicted)</td>
<td>86.11%</td>
<td>72.04%</td>
</tr>
<tr>
<td>Dilapidated conditions (e.g. mold, vectors, lack of heat, repairs not done)</td>
<td>75.00%</td>
<td>58.06%</td>
</tr>
<tr>
<td>Displacement (e.g. people moving from their neighborhoods due to housing issues and/or rising housing costs)</td>
<td>69.44%</td>
<td>68.82%</td>
</tr>
<tr>
<td>Other</td>
<td>45.83%</td>
<td>27.96%</td>
</tr>
</tbody>
</table>

2. **How have housing issues affected the health and well-being of your clients or the residents you work with?**

These housing issues affect multiple health issues and put our residents on a path towards shorter, sicker lives. ACPHD and BHCS staff provided numerous examples of the devastation the housing crisis is causing for residents—the following is only a small sample of the stories about the impact of the crisis.

**A. Evictions, displacement, & homelessness:** Rising rents and unaffordable housing are leading to evictions and displacement, and a growing number of people are facing homelessness.

---


\(^3\) The mission of ACPHD is to work in partnership with the community to ensure the optimal health and well being of all people through a dynamic and responsive process respecting the diversity of the community and challenging us to provide for present and future generations. The mission of BHCS is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.
“The lack of affordable housing has lead to high rent burdens (rents which absorb a high proportion of income), overcrowding, and substandard housing and forcing many people to become homeless. For families and individuals struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction.”

“With literally homeless clients, lack of access to affordable housing makes clients extremely vulnerable. Many individuals experience physical assault. Constant exposure to the elements outdoors wears people down, causes stress and makes them more prone to acute and chronic illnesses. Constant harassment from police and city and county to keep moving encampments increases vulnerability, as homeless are pushed out of more desirable locations that are shielded from weather and hidden for safety from assault to more exposed areas, where it is easier to then conduct further harassment.”

B. Health impacts: Low-income residents, people of color, and residents with existing health conditions and disabilities are disproportionately and negatively impacted by this crisis, and in a vicious cycle in which housing instability exacerbates these health conditions. The housing crisis has been especially challenging for seniors, children, people living with disabilities and/or physical and mental health issues, and people in domestic violence situations.

“For the others who are not so lucky, they are evicted/displaced due to their TB [tuberculosis] diagnosis. With how tough it has been to find affordable housing in Alameda County in general, these low-income patients become homeless and suddenly find themselves having nowhere to call home.”

“Many of my clients ... cannot climb stairs to get into their homes and often use wheelchairs to mobilize. Unfortunately, many of these families have not been able to find ground floor housing. As a result parents often have to carry their children up full flights of stairs every day. One such family does this with a child that weighs 68lbs. This puts both the parent and child at risk for injury. These families search for years to find ground floor housing, but struggle to find anything affordable.”

“We have clients who were on track at some point in their lives, but due to a poor economy, unexpected health or family crisis, lost their footing when they lost their job and/or housing. These clients are the ones who tend to have more situational mental health illnesses such as anxiety and/or depression, and if these resolved, would also notice and improvement in symptoms. But, because of the severe housing crisis in the Bay Area, these issues are not getting resolved, and as time goes on, their depression and anxiety symptoms tend to worsen.”

C. Substandard housing: Residents fear eviction, displacement, and homelessness so many are living in substandard housing that exacerbates health issues

“There is a direct link (causation) between our clients living situation and their health. The presence of mold, cockroaches, rodents and asthma is a clear example. Clients are often afraid to ask landlords for repairs for fear of losing their housing. Clients are living in substandard housing and their situation is more precarious than ever before.”

“Another issue that we see a lot is that once our program or other programs that we work with or refer the family to get involved in the home [e.g. by addressing asthma triggers like mold] the landlords end up
retaliating by (sometimes within days) sending them an eviction notice. The family is then forced to seek legal advice and help to fight against being evicted. Most of the time, even if they win the case, they end up having to move out anyways.”

D. The safety net is overflowing: Shelters are full, it can take years to move up on waitlists for Section 8 and other vouchers, and fewer landlords are taking vouchers for those that do have them.

“I have several clients with Section 8 vouchers who cannot find housing at all. Many have lost their vouchers and have to move in with crowded family members. Many are suffering from depression and stress, the children are also showing signs of depression from displacement.”

3. How have housing issues affected your ability to deliver client services or have the intended program impact?

ACPHD and BHCS staff provide an array of services to residents, such as: home visits for new parents, daily monitoring of tuberculosis patients, nutrition education, and drug and alcohol counseling. Respondents provided numerous examples of how the housing crisis makes it challenging to provide these services. Even when staff are able to provide the services, clients have minimal resources to focus on health issues as their time, energy, and financial resources are consumed by preventing eviction or finding housing. Other examples include: patients with tuberculosis are being evicted; clients have little money for food, let alone access to a place to make healthy meals; home visits for new parents end up taking place on street corners when people have no place to call home; and people who had been making progress in addressing substance abuse challenges are struggling to survive with limited, and often, no housing options.

“When we spend all of our available staff/clinician time pulling our clients out of housing crises to prevent homelessness which send them on a downward spiral (and sometimes re-hospitalization or jail), rather than helping them find jobs, go to school, or engage in more positive, self-esteem building, hope engendering behaviors, then definitely housing issues interfere with our ability to deliver program services as intended.

“When families are struggling with survival issues like having a roof over their head, it is difficult for them to focus on other issues like caring for their babies prenatally, healthcare, or supporting their babies/children to progress along their normal developmental trajectory. Many of the children in families with these housing stresses are falling behind in such areas as gross motor function, language development, social skills, etc. I support families who may be having mental health concerns, and it is difficult to help them connect with much-needed mental health services when life is focusing on survival day-to-day.”

Families cannot attend to their children’s mental health needs when they are struggling to obtain basic needs - food and shelter. It definitely impacts our ability to get the outcomes we would like, and it means that our staff are having to become housing experts in order to help clients manage this crisis.

One of the most difficult situations is when housing becomes unstable, it can unravel quickly and a family can be left with only unsafe living situations. Teens that lose housing stability are resilient, but it is extremely taxing emotionally, relationally and physically to be dependent on friends, extended family and strangers for a place to sleep at night. They lose their possessions and can only keep what they can carry and keep locked. Important paperwork, like checks and W-2s are left in the hands of strangers which opens
them up to identity theft. Job applications, housing applications, program curriculum and school work gets lost. Often facing years of housing instability, teens often get discouraged and fall into depression over their circumstance, it takes away their motivation to continue to apply for jobs and housing and stay away from illegal forms of income.

4. Have housing issues in the Bay Area affected you as ACPHD or BHCS staff/contractors or your community?

The housing crisis is straining our public sector workforce. In addition to the stress of seeing the devastating impacts of the crisis on clients, staff such as social workers, health educators, and nurses, find themselves living in unstable or challenging housing situations. The housing instability that county staff are facing has lead to increased stress, staff turn-over, and less connection to the communities that they are serving. Additionally, although many are mandated official disaster service workers, their prolonged commutes impact their ability to respond to disasters in the event that one were to occur.

"Drastically increased rents have displaced clients as well as staff that work for some of the agencies that we fund . . . I know some of my coworkers have been displaced by increased rent and cost of living out of Oakland or are living paycheck to paycheck because of increased cost of living."

"Staff often has to move to outlying geographical areas (Tracy, Vallejo, Modesto) and have difficult commutes with costly impact personally (accidents, sleep, loss of time with family) and professionally (late, loss of contact with community)."

"We have had over 10 staff leave this year due to being priced out or evicted from their homes."

"The rent has gone up so much that we don’t have money left to make it through the week. I’m always stressed out and late on the rent."

**HOW HOUSING AFFECTS HEALTH**

Housing affects health in multiple ways. The diagram on page 7 is a summary of current public health literature, and while not comprehensive, provides an overview of the pathway from the housing crisis to physical and mental health outcomes.
HOUSING AND HEALTH INEQUITIES IN ALAMEDA COUNTY

Alameda County, like many other counties with large urban centers impacted by racial segregation policies, has census tracts with concentrations of lower life expectancy and higher rates of poverty—inequities that have remained constant or even worsened for decades, despite efforts to target these neighborhoods with health and other services. There is a seven year difference in lifespan between those living in higher income neighborhoods compared to those living in lower income areas (83 vs. 76 years).

In Alameda County, 91% of residents in very high-poverty neighborhoods are people of color. These racial residential patterns have been shaped by past and present housing and economic policies that lead to inequitable neighborhood conditions, which in turn heavily shape health outcomes, cumulatively affecting life chances. These neighborhoods—and the low-income people and people of color who call them home—are facing rapid displacement or are under threat of displacement and are at the heart of the housing crisis. Increasingly, health authorities have recognized that we need to prioritize interventions that address the economic and political decisions driving health inequities.

Lack of access to decent and affordable housing is a primary driver of poor health outcomes and contributes to our county’s persistent health inequities in key ways:

1. **High housing costs lead to difficult trade-offs between paying rent and other essential needs such as food, medicine, transportation or childcare.**
   - In Alameda County, 53% of renters spend more than 30% of their income on rent.\(^4\) Among renters in very high poverty neighborhoods, 36% of households spend more than 50% of their income on rent.\(^5\)
   - Severe housing cost burden is concentrated in the same census tracts that have high rates of neighborhood poverty and shorter life expectancy.\(^6\)
   - In 2013 there were about 108,000 households spending 50% or more of their income on housing in Alameda County, or an overall rate of 20.2%.\(^7\)
   - Housing habitability impacts health through multiple pathways. Direct exposure to vectors such as rodents and cockroaches can cause disease and exacerbate asthma and other respiratory issues. Mold and dampness can cause chronic respiratory illness and asthma, and are especially detrimental to vulnerable tenants including children and the elderly. Insufficient heating can lead to decreased overall health. Dilapidated structures can lead to injury.
   - Asthma hospitalizations are highest among residents of East Oakland and West Oakland. Rates of hospitalization for childhood asthma, approximately 40% of which is believed to be attributable to residential exposures, is four times higher in West Oakland than the California statewide average.\(^8\)
   - Almost one-third of residents (29%) who seek tenant counseling and services are currently facing habitability problems in rental housing in Oakland.\(^9\)

---

\(^4\) Alameda County Housing and Community Development presentation March 2, 2016.
\(^5\) Alameda County Health Data Profile 2014: http://www.acphd.org/media/395851/acphd_cha.pdf
\(^6\) How Place, Racism, and Poverty Matter for Health in Alameda County: http://www.acphd.org/media/383224/healthequity.pdf
\(^7\) Map Slide Set: http://www.acphd.org/media/408752/ac_maps.pdf
\(^9\) Alameda County Public Health Department (ACPHD) reviewed data in 2014 from four organizations that provide tenant services to low-income renters in Oakland—East Bay Community Law Center, Centro Legal de la Raza, Causa Justa::Just Cause, and ACPHD’s Asthma Start program.
2. Housing instability—from hyper-mobility, tenant harassment, evictions and homelessness—has many implications for health and wellbeing. At the individual level, housing instability is associated with mental health problems (such as depression and anxiety/stress), hypertension and the destruction of protective health factors such as social bonds. At the community level, displacement and neighborhood instability contributes to community fragmentation and social network disruption.

- Tenant harassment and habitability issues often inhibit tenants from reporting to code enforcement and improving the conditions in which they live. Causa Justa: Just Cause’s (CJJC) data from their clinics from 2012-July 2014 show 196 cases of harassment (18% of the cases they saw) in Oakland. Of CJJC’s repairs complaints (49% of their cases), 13.7% also experienced harassment. Data from Centro Legal de la Raza for May 2013 to April 2014 showed a similar pattern of connection between habitability issues and harassment. Out of 252 cases, 92 habitability and repair complaints also involved harassment (37%).

- In 2015, there were 2,517 evictions conducted in Alameda County. Of those evictions, 1,296 were conducted in Oakland, where the housing crisis is particularly intense. Oakland had 9,544 eviction filings in 2015 (notices indicate the number of people at risk of eviction but do not represent the actual number of people evicted).\(^{10}\)

- The estimated number of sheltered and unsheltered homeless persons in Alameda County was 4,040 on January 28, 2015—a number which has stayed roughly the same since 2009. Over this same period of time, homeless providers in Alameda County have reported assisting over 11,500 individuals to move into permanent housing. This suggests that the rate of people becoming newly homeless is increasing over time. This trend is consistent with evidence that the conditions that contribute to homelessness are worsening, including rapidly increasing rents in many parts of the East Bay.\(^{11}\)

**CONTACT INFORMATION**

For more information, contact Sherri Willis, Public Information Officer, Alameda County Public Health Department, 510-267-8001, sherri.willis@acgov.org.

\(^{10}\) City of Oakland agenda report “Informational Report to the Oakland Renters Act.” May 5, 2016