HOUSING HABITABILITY AND HEALTH: OAKLAND’S HIDDEN CRISIS

A REPORT ON CHILDHOOD LEAD AND ASTHMA BY ALAMEDA COUNTY PUBLIC HEALTH AND ALAMEDA COUNTY HEALTHY HOMES DEPARTMENT

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Muntu Davis, M.D., MPH
Health Officer and Public Health Director

Larry Brooks
Director, Alameda County Healthy Homes Department

Authors and Researchers

Tram Nguyen ● Matt Beyers ● Radhika Agarwal ● Miriam Magana Lopez ● Luciana Rocha

Reviewers

Sandi Galvez, Director, ACPHD Health Equity, Policy and Planning ● Jane Martin, Director, Community Assessment, Planning and Evaluation ● Elaine Bautista, Community Assessment, Planning and Evaluation ● Roxanna Guide, Community Assessment, Planning and Evaluation ● Brenda Yamashita, Director, ACPHD Chronic Disease Program ● Anne Kelsey Lamb, Director, Regional Asthma Management and Prevention ● Brandon Kitagawa, Regional Asthma Management and Prevention ● Anita Kumar, Havenscourt Neighborhood Collaboration Manager, East Bay Asian Local Development Corporation ● Anna Lee, ACPHD Place Matters

Comments and questions can be directed to:

Alameda County Public Health Department
1000 Broadway, Suite 500
Oakland, California 94607
(510) 267-8020
www.acphd.org

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EXECUTIVE SUMMARY

This report examines connections between deepening health problems and disparities in health among children in Oakland and the conditions created by dilapidated housing, especially given the Bay Area’s high rents and extreme housing shortage. While gentrification and displacement have changed many neighborhoods and brought an influx of wealthier residents to Oakland, significant disparities remain in health outcomes that are tied to race, income, neighborhood poverty level, and housing status, among other social and environmental conditions. An emerging picture from a new data analysis suggests that as the housing crisis continues to deepen in Oakland, lower-income residents are in effect becoming trapped in the only housing they can afford—with housing conditions that have the potential to cause serious health consequences, especially to young children. Key health outcomes include lead poisoning and asthma, which occur at higher rates in neighborhoods lacking safe, decent, and affordable housing. These neighborhoods have higher poverty, fewer resources, and weaker infrastructure to support good health, as well as greater exposure to health risks. The shortest life expectancies are concentrated in these places. Current data (2011-2015) shows a 20-year difference in life expectancy between a community in West Oakland and a community in the Northwest Hills of Oakland.

Key Findings:

- Oakland has some of the highest blood lead level rates in Alameda County and California, with eight zip codes that report between 6.0 to 7.6 percent elevated blood lead levels among children under six years old who have been tested.
- While asthma prevalence has not changed significantly in Oakland and Alameda County since 2001, there remain large disparities in asthma burden. African Americans have especially disproportionately high rates of asthma emergency department visits and hospitalizations. In Oakland, there are about 440 asthma emergency department visits per year for children under five. Over half are African American even though African Americans make up only 20.6 percent of the population under five in Oakland.
- Poverty has deepened in many neighborhoods, suggesting a widening economic divide and greater health inequities for residents according to race and place. Between 2000 to 2011-2015, census tracts in East Oakland and parts of West Oakland and North Oakland showed a percentage point gain of over 15 percent of persons at 200 percent poverty level.

As the housing crisis deepens in Oakland and throughout the Bay Area, tenants are at greater risk of exposure to deteriorating housing conditions in order to keep their rents from rising or from losing their housing. Substandard housing is putting the health of residents in danger. These Recommendations focus on improving gaps in the current system and on better alignment of policy, practice, and resources that are urgently needed to protect the health of children at risk of asthma and lead poisoning from their housing conditions.
1. **Proactive or healthy housing inspection program**
Because of significant risks and challenges tenants face if they report problems (fear of eviction, rent increase or other retaliation, and the challenge of navigating agency bureaucracies), many substandard housing conditions go unreported in complaint-driven code enforcement inspection systems. Additionally, under complaint-based systems, problems often don’t get reported until they are severe, making them riskier to tenant health and more expensive for landlords to repair. A proactive system would remove the risks and challenges of reporting from tenants and ensure that all rental housing is inspected and brought up to code when needed.

2. **Tenant protections**
Dramatic increases in housing costs, along with widening economic inequality, has led to more renters vulnerable to housing instability. This includes extreme cost burden; being at greater risk of eviction and harassment from landlords; overcrowded housing; and living in poor housing and neighborhood conditions. Implementing and enforcing tenant protection policies—including rent stabilization, just cause eviction and anti-harassment ordinances—are crucial, along with resources for tenant counseling and legal services.

3. **Repairing and preserving existing housing**
Preserving housing at all affordability levels means prioritizing funding for rehabilitation and repair of existing housing stock, as well as requiring long-term affordability restrictions and replacing affordable units on a one-for-one basis.

4. **Improve blood lead testing among children at high risk of exposure**
State and local healthcare insurers and providers and health departments must do more to ensure identification of children with high risk of lead exposure, to ensure those at risk receive blood lead level testing, and to ensure those with elevated blood lead levels and identified sources of lead exposure receive supportive services and that lead source remediation takes place.

5. **Improve data collection and sharing**
Greater alignment and coordination between local government, health providers, and community-based organizations is needed in order to address the gaps in data. No single source of data exists to assess the habitability conditions of all rental housing units with related health issues at the local level.

The costs of substandard housing can be long term and devastating for the children and families affected, while ultimately impacting everyone in the city and county. Childhood asthma and lead poisoning cost the U.S. billions of dollars each year through healthcare, missed school and work time, special education, juvenile justice, and social services. Yet both of these chronic health problems have a feasible housing solution. Instead of utilizing secondary prevention methods—which entail finding children after they’ve become sick and diagnosed with elevated blood lead levels or repeated asthma attacks, and then addressing the hazards in their home—we must shift to primary prevention efforts that improve both the health of residents and the housing stock for all.
Figure 1: Predicted Elevated Blood Lead Level ≥5mcg/dl

Figure 2: Asthma Hospitalization Rate, <5 Years of Age
Figure 3: Housing Built before 1950, Alameda County

Figure 4: Change in Poverty, 2000 to 2011-2015, Alameda County.

For Alameda County, the % of persons less than 200% poverty was 18.3% in 2000, increasing to 27.4% in 2011-2015, a percentage point gain of 8.9%. There were 285 tracts that had a gain, and 31 tracts that had a loss.