



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

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City of Oakland City Council
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Councilmember Chang:

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. Our programs offer a diverse range of services to address and prevent threats to residents' health, from immunizing against disease to building community capacity to eliminate health inequities. In addition to service provision, we work to influence policy decision-making upstream, as the results of policy and planning decisions strongly determine the social and environmental conditions in the communities we serve.

We are writing to express our support of the Blue Ribbon Commission on Housing's recommendations regarding funding sources for affordable housing and to encourage you to approve this policy at the September 18th City Council meeting. Specifically, we support the proposal to increase the Redevelopment Agency's contribution to the Low and Moderate Income Housing Fund from the current 25 percent level to 35 percent within two years from adoption, and up to 50 percent within five years. While we support a variety of policies intended to increase the funding for affordable housing development, we are particularly aligned with this policy because it targets households below 60 percent of the Area Median Income (AMI), stipulating a preference for housing units that serve households at or below 30 percent of the AMI. We strongly advocate for policies that target such income ranges because of their potential contribution to reducing health inequities.

Health inequities are pervasive in Alameda County, particularly in Oakland. Communities of color and low income communities fare poorest on most key health indicators tracked longitudinally by our department. For instance, African Americans have the highest rate of death from all causes, as well as the highest rates of both death and illness from coronary heart disease, stroke, and asthma, among others. Latinos have disproportionately high rates of diabetes hospitalization. Native Hawaiian/Pacific Islanders have the highest rate of diabetes mortality. And, perhaps the most striking statistic, those living in the most affluent neighborhoods of the Oakland Hills can expect to live more than ten years longer than those living in the impoverished neighborhoods of the Oakland Flats. Unfortunately, these health inequities appear to be increasing.

Not surprisingly, the communities that shoulder the burden of health inequities are the same as those primarily impacted by a lack of affordable housing. As of the 2000 US Census, approximately one third of Oakland households, or 56,000 spent more than 30 percent of their incomes on gross rent, with almost 28,000 spending more than 50 percent of their income on gross

rent (considered severe cost burden). As a result, these households are in need of affordable housing. This need is experienced most acutely in Oakland's very low income households (at or below 50 percent of the AMI), especially those earning less than 30 percent of the AMI (considered extremely low income). Both of these income groups are primarily composed of people of color. Since housing is a powerful determinant of health, we contend that disparity between the supply of and demand for affordable housing is contributing to Oakland's persistent health inequities.

Health and housing are inextricably linked and as a result, those experiencing housing problems also typically suffer from associated health problems. Housing instability is linked to a variety of poor health outcomes for individuals, such as mental health problems, lower self-rated health status, child abuse and neglect, hypertension, and the destruction of protective health factors, such as social bonds. Furthermore, at the community level, displacement and neighborhood instability are linked with a loss of social capital, which is related to increased violence. Overcrowding is also linked with greater exposure to stressors linked to mental health problems, as well as to the spread of infectious diseases such as tuberculosis and respiratory infections. Substandard housing is associated with increased exposure to allergens, neurotoxins, and other dangers that increase a household's risk of developing chronic respiratory diseases such as asthma. Finally, overpayment on housing can result in less disposable income for nutritious food and preventative care, and is ultimately related to mortality. For instance, Oakland households living in census tracts where up to 10 percent of the renting households are under severe cost burden (spending more than 50 percent of their income on rent) live an average of almost 7 years longer than those living in census tracts where 30 percent or more of the renting households are under severe cost burden.

The concentration of housing problems related to affordability within low income communities and communities of color is a major determinant of health inequities. The recent rate of market rate development, combined with waning federal support for affordable housing, portend an increasingly severe affordable housing crisis and thus a continued rise in health inequities. We believe that growing local funds for affordable housing is an important step towards reversing these trends that must be taken immediately. By increasing the tax increment set-aside for affordable housing, this policy offers an innovative way to increase the affordable housing supply, thus greatly alleviating the housing and concomitant health problems experienced in Oakland's low income communities and communities of color. Furthermore, targeting these funds to the income groups with the greatest need, especially those at 60 percent of the AMI and below, with a preference for projects benefiting those at 30 percent of the AMI and below, ensures that these funds benefit Oakland's most vulnerable communities.

We at the Alameda County Public Health Department are committed to eliminating health inequities and will continue work toward these ends. However, the solution to this pernicious problem requires bold leadership from decision makers in a myriad of policy arenas. Demonstrate your commitment to making Oakland a model city and ending health inequities by supporting the proposal for increasing the tax increment set-aside for affordable housing, as recommended by the Blue Ribbon Commission on Inclusionary Housing. Please approve this policy at the City Council meeting on October 18, 2007.

Thank you for taking our comments into consideration.

Sincerely,

Anthony Iton, MD, JD, MPH
Director & Health Officer
Alameda County Public Health Department