

ALAMEDA COUNTY

CASE STUDY



ChangeLab Solutions



Nearly 1 in 5 kids and teenagers in Alameda County (California) has been diagnosed with asthma. As in many other communities, race, class, and ZIP code are strong predictors for childhood asthma diagnoses and asthma-related emergency room admissions in the county. Low-income families who rent are particularly likely to suffer from poor air quality and substandard housing conditions, both risk factors for asthma.

[Asthma Start](#), a program of the Alameda County Public Health Department (ACPHD), provides in-home case management to families with children with asthma. The program educates families about asthma triggers, prevention of asthma attacks, and questions to ask health care providers. They also coordinate with schools, child care providers, and clinics to ensure children are getting the care they need.



Learn more by reading [“Improving Health with Local Data and Policies: A Porch Light Debate about the Alameda County Public Health Department.”](#)



Clinicians like Amy Sholinbeck, a social worker with the Asthma Start team, do their best to ensure families know how to manage their kids' asthma.⁵ But some of the reasons kids are hospitalized are beyond the family's direct control. For example, many of the root causes of asthma, including triggers like rats, mold, and dust, stem from housing problems that a landlord must address. Asthma Start case managers help renters advocate to have landlords fix issues that contribute to childhood asthma, but landlords do not always respond promptly or fully to tenant complaints.

After identifying a major mold problem in one of her client's homes in the early 2000s, Amy called the local building code enforcement office seeking help. "I did some research, and no one dealt with mold, and it was kind of, 'Oh, you know, I don't do it, they do it.' And it just went around and around, and no one did it," Amy said. She didn't have the resources to solve this problem on her own. Her job was case management, not city management.

Amy brought the mold issue to the Place Matters Housing workgroup, a team of housing-focused practitioners and advocates convened by the Public Health Department. There, she learned that California law didn't list mold as a substandard housing condition, and therefore didn't require building inspectors to cite for mold.

Members of the workgroup began to address the issue. Workgroup members worked with the Housing and Community Development Office in Oakland to develop a brochure for landlords and tenants explaining the health harms of mold, while the nonprofit Regional Asthma Management and Prevention (RAMP) started developing a policy response with state legislators. Advocacy by a broad coalition resulted in a change to state law that now allows cities to require landlords to address building issues that lead to mold, such as poor drainage or roof leaks. The workgroup gave RAMP access to a variety of perspectives and expertise. "Being able to talk to some of the attorneys and tenant legal aid groups to say, 'These are our proposed solutions, how do you think this will play out?' ... really helped us make sure that, when we were negotiating the bill, we didn't do anything that would jeopardize tenants' rights," said RAMP senior policy associate Brandon Kitagawa.⁶

Today, Amy's job is a little easier because of the Place Matters Housing workgroup. The data collection efforts, partnerships, and practices fostered by this group have yielded results beyond just mold; it has tackled other elements of a larger policy framework to improve access to safe, stable, affordable housing. The very existence of this workgroup is the result of a transformative journey that the Alameda County Public Health Department began when leadership put health equity at the center of everything it does.





History of ACPHD's Health and Housing Practice

Over the last decade, ACPHD has developed a health and housing practice aimed at eliminating the health disparities arising from unsafe, unstable, and unaffordable housing. The department has partnered with community-based organizations and leaders to identify the root causes of housing-related health risks, employing ACPHD's epidemiological expertise to build an evidence base around those risks factors. It then worked with its partners to address housing-related health risks systemically, frequently by designing or supporting policy solutions that lead to better health outcomes.

ACPHD's health and housing practice grew out of a larger institutional effort to reorient the department's work around a focus on health equity. Starting in the mid-1990s, under the direction of Arnold Perkins, department staff were encouraged to view the communities with whom they worked not simply as passive recipients of services, but as active partners in improving health outcomes. They worked with their public health nurses and community health outreach workers to develop place-based community health teams, and began focusing on neighborhoods with the greatest health disparities.

In 2007, the department received an opportunity to work with the National Collaborative for Health Equity Place Matters initiative to expand its health equity practice. ACPHD subsequently formalized its work by developing a health equity framework and strategic plan. The strategic plan had 6 goals:

- 1** Transform organizational culture and align our (department's) daily work to achieve health equity.
- 2** Enhance public health communications internally and externally.
- 3** Ensure organizational accountability through measurable outcomes and community involvement.
- 4** Support the development of a productive, creative, and accountable workforce.
- 5** Advocate for policies that address social conditions impacting health.
- 6** Cultivate and expand partnerships that are community driven and innovative!

The strategic plan grounded the department's efforts to work on upstream factors that drive health inequities, such as unequal distribution of resources and political power. Two of the outcomes of the strategic planning process—the development of new partnerships and a staff training program—laid the foundation for the health and housing practice that would flourish in the coming years. Additionally, ACPHD's Place Matters Team was formed to work collaboratively across sectors to advance health equity and use health equity data to frame and analyze key policy issues.





Community Partnerships, Community Priorities

“The [Place Matters] staff have been great partners, collaborative minded, interested in solving interagency systemic issues, and being helpful, especially as a data partner, which has been awesome. I’ve never seen anything like it.”

– Lin Chin, former strategic initiatives coordinator, Oakland Housing and Community Development⁷

ACPHD’s community partnerships form the bedrock of its health equity practice. The department’s first formal partnerships were developed by an early iteration of the evaluation unit, which would come to be known as the Community Assessment, Planning, and Evaluation (CAPE) unit. The goal of those early partnerships was to build the capacity of the department to respond to community priorities, initially by creating forums where ACPHD staff could listen to and learn from Alameda County residents. CAPE also worked with the Public Health Nursing and Community Health Outreach Worker unit to develop community outreach teams designed to combine more typical activities, like case management and home visits, with community-based assessments and evaluation.

Changing ACPHD’s institutional relationship with communities required creating space for capacity building among staff. Department leaders began asking questions about how they could change their practices to shift power toward community members and more genuinely treat them like partners instead of recipients of services. How could epidemiologists create and use participatory community assessments?

What makes community empowerment different from community betterment? These questions led them to focus on [community-based participatory research](#) as a primary mechanism for deep engagement.

The Public Health Department co-created a community assessment process with residents and community-based organizations. The assessments were used to create reports examining how the social determinants of health shaped the lives of Alameda County residents. In 2008, CAPE developed [Life and Death from Unnatural Causes](#), a report using local data to take an in-depth look at health inequities and underlying social inequities in Alameda County. The report would become the first of a series elucidating the relationship between racism, poverty, place, and health. The Place Matters team went on to tackle issues like the health effects of foreclosures, and described policies and practices that bolstered racial segregation and its resulting legacy of health inequities.

The reports also served as a foundation for a series of community workshops the Place Matters team organized to identify specific policy priorities. ACPHD staff gathered community-based organizations, residents, and leaders for a series of meetings to review their findings and discuss policy solutions to address key health disparities in the county. The meetings yielded a set of policy priorities with 6 areas for the Place Matters team: criminal justice, education, economics, land use, transportation, and housing. The team formed workgroups focused on each priority area, with the housing workgroup bringing together tenants’ rights advocates, case managers, and healthy housing advocates.



Training for Internal Change

“If we were talking about creating a more just, less racist, less sexist, less ‘-ist’ world, [then] the organization itself needed to focus on being less racist and less ‘-ist’ itself.”

– Bobby Stahl, former Place Matters policy associate⁸

As ACPHD was developing its community outreach teams, it became clear that addressing inequities inside the department was critical to achieving its externally focused health equity goals. For the department to work effectively with community partners, it needed to surface the assumptions staff members held about different communities, and create space for staff to discuss their lived experiences of inequities.

In 2007, the department developed [Public Health 101](#), an equity-focused [dialogue series](#) using interactive popular education models designed to draw from the life experience of participants. The goal of the sessions was to “create learning activities that foster a deep understanding of social determinants of health and build commitment to eliminate health inequities in the population they serve.”² The series includes 5 modules, touching on issues ranging from the core functions of public health, to undoing racism, to community and capacity building.

Using dialogues for internal change in an organization with around 600 busy employees was a significant undertaking. Staff leading the training series worked closely with the department’s leadership team to ensure they were aware of the series and were supportive. “A key role for leadership is to provide the vision and talk about why those things are important, and to keep the department accountable for moving forward on equity,” said Katherine Schaff, former Health Equity coordinator.⁹ “With competing priorities, it was important for leadership to say, ‘This is a priority.’ It was important to start with dialogues, but it took a long time to see the results, and people wanted to get to solutions.”

The training series helped ACPHD staff develop a shared language for their health equity practice and connect the department’s developing policy efforts to its other ongoing work. As clinical social worker Amy Sholinbeck said, the health equity framework and trainings “reinforce the need for both types of work: in the home, and policy ... because, we know that [there are] inequalities that I’m not necessarily going to solve on my little one-on-one visit.”

Key lessons for a successful training program:

- Foster buy-in from leadership at all levels to encourage staff participation
- Ensure that participants have a diversity of life experiences
- Adapt the curriculum to the local context
- Use experiential activities to enrich workshops
- Work with facilitators with expertise in both the content and experiential facilitation techniques
- Provide facilitators and participants a space for ongoing support and space for reflection



Building on the Foundation

The community-based priority setting and internal dialogues around health equity both informed and facilitated ACPHD's subsequent health and housing initiatives. These efforts have been wide ranging and diverse, but a key element of the department's approach has been partnering with community and organizational advocates to advance policies that address the links between housing and health. Along the way, the department's practice has evolved to chase those links further upstream.

One early entry into health and housing practice began in 2008, when ACPHD joined an effort to preserve water service to renters in foreclosed buildings in the county. Led by local housing justice organization *Causa Justa :: Just Cause (CJJC)*, this campaign began with advocating for a single family to have its water service restored after the landlord had stopped paying the water bill (while still collecting rent). Department staff learned of the issue through their existing partnerships with community organizations. As then-local policy manager Alexandra Desautels recalls, it was "a pretty clear health issue," and a letter of support from then-director Anthony Iton was sent to the local water utility.¹⁰

The effort by CJJC, ACPHD, and other partners soon broadened from advocating for a single family to addressing the issue at a policy level. As part of the push for policy change, the department provided research and testimony about the health effects of water shut-offs in foreclosed buildings. In 2010, the East Bay Municipal Utility District board voted to keep the water on in all foreclosed buildings and multi-unit properties in which the landlord had failed to pay the water bill. The district also restored service to 600 units where water had been shut off before the change. The issue was taken to the California state

legislature and eventually resulted in the passage of a state law that created the legal mechanism to prevent water shut-offs in foreclosed buildings.^{3,4}

The foreclosure-related water shut-off campaign strengthened ACPHD's relationships with housing partners like CJJC, and pushed department staff to think more deeply about their work. Desautels said, "We could spend all of our time just responding to issues, because there's a ton of them coming at us," but the department and its partners wanted to have a more strategic approach to their health and housing practice.

Water service, mold, and pest infestations all fall under the rubric of "habitability": the qualities of a housing unit that make it fit (or unfit) to live in. Many habitability issues have obvious health risks, and ACPHD's work in health and housing initially focused on those issues. But both the department and tenants have limited power to address most habitability concerns and other issues themselves: A very limited supply of affordable housing leaves renters stuck in poor quality housing. As policy coordinator Tram Nguyen said, "The habitability conditions of a lot of our low-income clients who live in ... rental housing are so poor that they can only do so much."¹¹ They often must raise these issues with landlords for repairs and remediation, or appeal to local building code enforcement. Either approach can lead to new problems.

Raising a complaint with a landlord can prompt retaliation. According to Tram Nguyen, "Increasingly we're hearing clients cannot get any repairs because they're so afraid of getting evicted, so the choice is between having repairs done or being ousted." In addition to the problem that Amy Sholinbeck found in her asthma work, where some habitability issues



simply do not fall within the legal mandate of local building authorities, code enforcement in rental units is also traditionally complaint based, so the same retaliatory dangers may apply.

After confronting these issues, ACPHD and its partners began working to protect tenants from this kind of retaliation. The department has worked with the City of Oakland (the largest city in Alameda County) to develop pilot programs to inspect rental units for reasons other than direct complaints. One such program, developed in collaboration with many other local organizations and institutions, focuses on children with asthma. It creates a referral pipeline from medical providers who have identified children living in housing that contributes to their asthma, to county caseworkers, to a dedicated and trained team of code enforcement inspectors. The city also began a pilot program in 2015 to inspect rental units on a proactive, scheduled basis, instead of waiting for complaints.

ACPHD's efforts to improve code enforcement in turn led the department to work on tenant protections more broadly. Again in partnership with CJJC, the department contributed to an effort to strengthen legal protections for renters in Oakland. ACPHD brought its epidemiological research expertise to the partnership, helping to gather and present data about the health effects of high rents, overcrowding, eviction, and displacement. In 2014, the Oakland City Council passed an ordinance that protects against 16 types of landlord harassment, including failure to make needed repairs. Later, in 2016, Oakland voters approved a ballot measure (Measure JJ) that expands just cause eviction protections, requires landlords to petition the rent board for rent increases that exceed inflation, expands access to translation services, and requires greater transparency about evictions and rent increases. Throughout these campaigns, ACPHD helped make the case for these policies and then worked to support implementation once they passed.

Underlying many of the issues addressed by these earlier efforts is the fundamental scarcity of affordable housing in Alameda County. ACPHD has subsequently worked to support affordable housing development in the county. Department staff have provided research and testimony to elected officials about the benefits of safe, stable, and affordable housing. ACPHD also created the health framework for a \$580 million affording housing bond measure passed by county voters in 2016, and Tram Nguyen continues to work with partners on implementation.

As the Alameda County Public Health Department's health and housing practice has evolved to address upstream, policy-related drivers of the social determinants of health, it has remained focused on its partnerships. The department has worked closely at every turn with other local health institutions, housing advocates, and community organizations to share expertise, pool resources, and coordinate its impact on policy campaigns. Its internal orientation toward health equity has guided this work and given it the necessary perspective and tools to think carefully about how to spend limited time and resources. The department's work has also shown how far an institution's health equity framework can carry it, propelling ACPHD toward new and creative ways to help Alameda County residents secure safe, stable, and affordable housing.



Endnotes

1. Alameda County Public Health Department. Alameda County Public Health Department Strategic Plan 2008-2013. 2008. www.acphd.org/media/271376/strategic_plan_2008-13.pdf
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3. California Senate Bill No. 1035, Ch. 485. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=2009201000SB1035.
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5. Interview with Amy Sholinbeck, conducted by Allison Allbee 09 08 2016
6. Interview with Brandon Kitagawa, conducted by Allison Allbee 09 07 2016
7. Interview with Lin Chin, conducted by Saneta deVuono-powell 08 2016
8. Interview with Bobby Stahl, conducted by Allison Allbee 08 2016
9. Interview with Katherine Schaff, conducted by Allison Allbee 06 20 2016
10. Interview with Alexandra Desautels, conducted by Allison Allbee 10 03 2016
11. Interview with Tram Nguyen, conducted by Allison Allbee 06 23 2016

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