PUBLIC HEALTH INSTITUTE
DIALOGUE4HEALTH WEBINAR
AT THE NEXUS OF HEALTH AND HOUSING: INNOVATIVE CALIFORNIA APPROACHES
Thursday , March 2, 2017
1:00 p.m. – 3:00 p.m. EST

REMOTE CART Captioning

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>> Dave Clark: Greetings and welcome to today's dialing web forum on Health and Housing Innovations in California, brought to you by the California Leadership Academy for Public Health, CA4Health, and the California Endowment. My name is Dave Clark, host for today's event. Before we get started there are a few things we like you to know about. First of all realtime captioning is available for the web forum, provided by Home Team Captions. The captioning panel is located on the right side of your screen. You can toggle it on and off by clicking the Media Viewer at the top of the screen. If you're on the Mac, you'll see the icon on the bottom of the screen.
You will see a link in the captioning panel that says show/hide header. If you click that link you will see the captioning more easily. If the captioning window, click the Media Viewer icon at the top of the screen to bring it back again.
Now, concerning the audio, today's web forum is listen only. That means that you can hear us, but we can't hear you. However, that doesn't mean that today's event won't be interactive. We will have a Q&A session at the end of the web forum. You can type your questions at any time into the Q&A panel. You don't have to wait for then. Type them in whenever they occur to you.
The Q&A panel is account located on the right side of your screen. It can be toggled on and off by clicking the Q&A icon you see on the top right of the screen. Again on a Mac you'll see the icons on the bottom right of your screen.
This is important in. Q&A panel there is a drop down panel. It is important that you select all panelists. That ensures that your question gets sent to the right place and we will be able to answer it. You can use the Q&A panel to communicate with me and my colleague, Laura Burr. We will be behind the scenes for technical problems including audio issues. Type a message into the audio panel and we'll help you out.
We are interested in your thought, questions, feedback. Make sure to get that into the Q&A panel. Like I said we will answer as many questions today as we can.

Now, we thought that we would bring your voice into the conversation right off the bat here. We are going to bring up an interactive poll so that you can tell us who you are attending today's event with. Let's bring that up on the screen. You'll see it on the right side of your screen right now. You will be able to select from one of the four choices. When you make the selection, click the submit button on the bottom. If you make a selection, click the submit button, you'll see it on the right side of your screen down below. Let us know, who are you attending the today eel webinar with? Attending alone or small group of two to five people? Maybe in a larger group of six to ten people? Perhaps you are in a large group today with more than ten people. Who are you attending today's event with?

Let's get the results up on the screen. If you are not seeing the results appear right away, give them a few moments to tabulate. Sometimes it takes a few moments to see those results. And if you made a choice and didn't click the submit button, you will see an option about now to do that. Click that submit button.

It looks like 91 percent of you are attending alone today. All by yourself. Another 6 percent of you are in a relatively small group of 2 to 5 people. I don't know where the other 3 percent of you are but most of you are attending alone today.

If you are in a group, you may want to assign a single person responsibility of submitting questions on behalf of the group or on behalf of individual group members. That might make things a little easier for you.

On the other hand if you are attending alone we don't want you to feel like you are there all by yourself. We want this to be an interactive group event today. Bring your voice into the conversation. Get your questions into the Q&A panel and we'll try to answer as many questions today as we can.

All right. Let's get started with today's presentation on Innovative California Approaches. Our moderator, Linda Wheaton, Assistant Director for Intergovernmental Affairs at the California Department of Housing and Community Development. Linda will be leading us through, but first we'll here from Sue Watson, one of the partners for today's forum, CA4Health. Take it away.

>> Sue Watson: Thanks, Dave. I'm at the Public Health Institute and I want to thank you for joining us for this web forum. Before we get started I want to share a little about CA4Health. We are a community of practice that works across California to unite partners and leverage capacity around chronic disease prevention and health equity. As part of that mission we are excited to showcase California examples that highlight approaches that are innovative or moving the dial on these issues, which brought us to today's topic on health and housing. I thought I would take a quick minute to give a quick plug for our people power change series that we created to support Californians and their organizational allies to jointly built capacity and sustain cohort to advocate for the health and social justice issues that most impact their communities.

Our two topical priorities are food justice and poverty reduction, which includes conversations around housing. In people power change, participants will be utilizing tools to advocate for the issues most important to them in their district as well as discussing broader issues impacting us all. I hope you take a moment to check it out. Maybe some of you will join us.

Now, to give you a glimpse of who might be participating today, we had over 600 registrants from across the U.S., predominantly from nonprofit organizations and local city or state government entities.
But there was a really good mix of sectors represented showing the broad interest in this topic. I'll now turn things over to Linda Wheaton to kick things off. As Dave mentioned, Linda is the Assistant Director for Intergovernmental Affairs at the Executive Office of the California Department of Housing and Community Development and she will be moderating today's forum. Linda, take it away.
(No audible sound.)
>> Linda Wheaton: -- practice on health and housing. This is not something new in the field, but there has been a reemergence of the recognition of the critical role that housing plays as a social determinant of health. We are fortunate today to have some leading examples of practitioners working in this space, from first of all a community development corporation long active in the East Bay of the San Francisco Bay area. Activist local Public Health Department and the integration within a local government agency of health and housing services.
At the core of a lot of the issues of housing and health are issues of housing affordability, which are especially chronic issues in California. The high cost of housing puts a squeeze on the ability to afford other necessities of life, including food.
There has been growing recognition and evidence, however, of the effect of health across sectors, and recognize, for example, by California's health in all policies task force of which I'm a member, of the strategic goals council where we look at a whole variety of processes and programs through a health lens. In conjunction, another tool many of you are familiar with is quite possibly health impact assessments. Because these issues touch a lot on issues of income and inequality and poverty, these are increasingly related to place based activities. The healthcare costs of chronic users in our systems have heightened a lot of activity in this space and working with vulnerable populations such as farm workers, issues of environmental health and healthy housing have long been recognized.
So increasingly we work with supportive housing development in communities and issues of environmental justice and exposure issues are also paramount.
All of this has a significant role in climate change which we are very active with in California.
Leading us off in the community development place based sector is Romi Hall, the Associate Director of Neighborhood Collaborations, East Bay Asian Local Development Corporation.
>> Romi Hall: Thank you, Linda. Good morning, everyone. My name is Romi Hall, associate director of Neighborhood Collaboratives here at the East Bay Asian Local Development Corporation.
For today's presentation I was going to share a little bit more and give history of why would a community development corporation that has anchored itself largely in doing affordable housing, building, community development, financial services and residence services adopt a healthy neighborhoods approach, and then talk a little bit more specifically about our work in convening Neighborhood Collaboratives into neighborhoods in Oakland. Talk about one particular approach that maybe you all could consider in your own communities, thinking about housing and how to put

together a housing afford ability plan at the local level and take it to the wider frame and some of the successes we have had collectively in our collaborative.
The East Bay Asian Local Development Corporation has been around 40 years, starting in Oakland's Chinatown with the East Bay Cultural Center in the '70s. There were concerns of the community changing and displacement of Oakland's China town with freeways coming in. At the time a group of graduate students started and put together the cultural resource center.
From that one of the identified issues ten years into the work was a concern around housing. So the organization started to develop affordable housing. Thirty years later we have built and own more than 2,000 units. We are one of the largest developers here in Oakland with the most commercial retail spaces for businesses and small developments. We have a volunteer income tax assistance program that brought back $3.5 million into low income households. We have a robust residence services program.
So with that, in 2013 our organization, we adopted a new approach, we call it the healthy neighborhoods approach and took to heart some of the new language coming up around the social determinants of health. Health begins in the neighbors where we live, learn, work, and play.
You may be asking why would an organization, when I just talked about that we are known largely for our affordable housing development, our financial services commercial real estate resident services, why would we adopt this approach? In 2009 when the crash happened we as an organization really experienced the gains that we had seen and the families we were working with change overnight. At the same time we learned about the social determinants of health. And really sort of revolutionary reports from our perspective as an organization, the Alameda County Public Health Department really talked about the life expectancy differences among neighborhoods. We learned in the neighborhoods we are deeply commit understand, the life expectancy difference was 14 to 16 years related to the social determinants of health.
We explored and talked about, what would it take, look like if we really did look at the social determinants of health as our approach?
So in 2013 we adopted this approach. We actually looked across the board and as an organization we looked at research and saw what are the different factors that create a healthy community or neighborhood? We adopted this but also recognized we can't do everything, nor do we need to do everything.
Also it called on us to get really clear and strong on what are the determinant areas that we can contribute and bring other partners back around the whole frame.
So in 2014 taking this approach, we are utilizing the approach in our developments, our approach to how we do housing development, commercial real estate development, financial services. We are also coming back to our original roots of creating this cultural resource center with different cultural, Asian cultural organizations coming together and anchoring on our 40-year experience of partnerships and starting to be a convener and serve a convener role of pulling partners together in neighborhoods where we are deeply invested and where those residents are invested in neighborhood health. Two approaches, one is in west Oakland and one in east owing land. For today I'll talk to specifically the San Pablo Area Revitalization Collaboration. This was the first forum that we convened, formed in 2014 as I said. 8,000 residents are in this neighborhood,

it's three different neighborhoods as you can see on the map. There is a rich history. The neighborhood has strong assets. Lots of arts and cultural history within the neighborhood. There also is a history of long distance investment, major infrastructure projects. The community is completely enshrouded by three highways. There has been a lot of just regional and changing economies that have affected the neighborhood over the years.

So we have been in a neighborhood working for a little over ten years and together we brought together this whole host of multi-sector partners from local, national funders, local community-based organizations, other developers. And most importantly residents, to really come together, look at the data together, talk and have multiple community conversations about what were the most important areas or impacts to health to really focus on collaboratively as a group.

So to that end, this group of partners have identified four areas where they really collectively want to focus on. These partners again are community-based organizations. They are also institutional partners like the Federal Reserve bank, the county Public Health Department, city housing and community development department as well as neighborhood residents. The four areas they identified were housing, focusing on ensuring that 40 percent of the neighborhoods deeded affordable housing is available. Community, increasing friendly spaces, reducing neighborhood blight an cultivating resident leaders. Health, reducing ER hospitalizations and increasing self efficacy around blood pressure and economy, supporting residents getting connected to jobs as well as the San Pablo corridor is located on a major economic corridor within the East Bay region. How to fill those commercial spaces that are currently vacant with local neighborhood entrepreneurs and small businesses.

For today's presentation I am going to focus on housing. In particular, how this group is working to ensure that 40 percent of the neighborhood has deeded affordable housing. So I'm hoping the process that this group took would be one that you could consider in your own community.

So first of all, how we structure for each of the four areas of the SPARC initiative, there are accompanying work groups that support the leaders of implementing and ensuring that the group collectively meets the goals set out for that particular action area.

So for the SPARC housing work group, you can see how diverse it is, community development, nonprofit developers, social services and the city housing department. Their first charge was to develop the long-term plan that would have both set targets for new housing and also preservation strategies. This plan would be resident-informed feedback. It would be driven by data. So first it would really have a sense of what is a problem, what is happening both from the residents, what's coming from the data. It would be built on some of the other plans and aligned with the city to assure that the ability of the team and the work group to move forward on the resources that would be coming up and available.

So in creating this plan, we focused on production and preservation. First the group really looked at an area-specific plan. They looked to see how many projected housing units were coming online. They saw there is almost 1200 units that were sort of projected to come online by 2035. From then, they reviewed and looked at other city plans that included the city's housing element, which is the blueprint for housing development in your city. Some of your cities may have that. You may want to look into

that. We also looked at the Alameda County Public Health Department, I believe Tram will talk about that. Policy link created a housing map and the group also looked at that information. Some of the specific data that we looked at and the group crunched, looking at the area median income to get an assessment of what is the income strata in the neighborhood. Also looking at household income and the cost burden, getting a sense of who is in the neighborhood at this point in time, really experiencing housing cost burden at more than 50 percent. Also getting a sense of the current housing mix, and putting it all together to understand what are the current situations for the deeded affordable housing. What is naturally occurring and what is market rate.

So through this process what the SPARC housing group learned is that residents in the neighborhood were at high risk for on being displaced. Largely 75 were renters. Most of the units were single family homes and had under four units. So at the time when we were creating this plan, that really meant that folks were really vulnerable to displacement and landlords could raise rent at any time. More than half of the residents were house burdened. In particular, nearly 30 percent of residents were below the 20 percent of the area median income. So we knew we had to access and look at the vulnerability of the neighborhood.

So with that, there is a whole series, I'm happy if you are interested, I can happily send out to those interested in seeing the full plan. One of the most important pieces the group came up with is taking a look at the current housing mix and looking at what is the existing amount of units in the SPARC housing? What was going to be deeded long-term affordability? What is naturally occurring affordability in the neighborhood? What is the market rate housing.

They did approximations based upon the population the best that they could. Then they took out the slice of the red, yellow, and green that you see on the screen is, they took a look and said okay, if we know that 1200 units are coming into production, how do we ensure that that 40 percent of the neighborhood with the current existing housing plus what is coming online, how can we ensure that 40 percent of the neighborhood would be affordable?

What they did was created this pathway, knowing that market rate housing was still going to come online and recent research from Karen Chappel at the University of California Berkeley showed the importance of having the two, doing the affordable housing development and market rate development. We weren't sure as a group if we would be able to stop all development.

That is just left alone, but the remaining two-thirds, the group focused on building for extremely low income, very low income, and low income and moderate housing income. Creating this diversity of opportunities for residents.

So once they had this picture of the current and projected growth and started to breakdown by thirds the commitment that they would be really focused on the two-thirds of development, they started to share and take that plan to different community groups that included homeowners, renters, social justice groups. From that conversation, collectively the full -- no matter if it was with homeowners, renters, social justice organizations, seniors, et cetera, everyone agreed there needed to be a higher need to address extremely low income residents and homelessness that was occurring.

Residents, the homeowner residents talked about they saw, they liked seeing the

moderate income. Residents would be included. And that there would be opportunities for home ownership.
The next steps were the plan. You can see here, once hearing back from residents, the group regrouped and revised the plan. Now within it there's a commitment from the group that 20 percent of development, they want to work on for 20 percent of the development, they want to focus on building for 20 percent of AMI. They are looking at so far they have 300 units in the pipeline and using Google maps to track developments.
One of the exciting things right now in particular, I think there was a question related to sanctuary cities and what will happen with potential funding. So at this time it is sort of speculative, but one of the issues that we are really experiencing as developers is the potential tax cuts coming and devaluation of tax credits that housing development is typically billed.
We are looking at potentially 8 to 10 percent of our budget from affordable housing being cut. That could ends up with hundreds of thousands of dollars being missing from the ability to develop a new affordable housing building.
One of the things that is great within the city and County, recent bonds were passed to help support preservation as well as new housing production. That is creating an opportunity for the group to be able to move.
Last I'll talk about the group is now that they have this new plan. They are really looking into identifying opportunity sites and potential developers. Because there's different housing mix and different developers, developed at different levels. Engaging another opportunity process to identify different opportunity sites as well as look at the opportunity to match those developers to the right sites.
Last I'll say I want to take it back up and say while housing is incredibly important, as we all know, it is also important to think about what is happening in the rest of the community and how you are also developing.
Along with the housing we are excited we have 300 new units of affordable housing coming in the pipeline. There also has been other successes that we think will create a healthy neighborhood for all residents, particularly low income and extremely low income residents.
To that end in the other three areas we have SPARC community. They have been really honing and focusing in on doing blight reduction projects. At this point they implemented 15, with 300 resident participants. The health group launched two affordable housing properties and health clinics. We are looking to expand to three additional sites and working with a local hospital system, Sutter Health and their research department to assess the changes to health and understand how these other place based interventions we are doing is having a larger impact on health in the neighborhood.
Last, the economy group we have a new grocery store coming to the neighborhood and opening later this year. Food access is one of the top issues identified by residents. So we are really excited. The first full service grocery in 20 years.
We are inviting vendors to sell their products, do market research and build.
We are excited about the opportunity where housing is anchored with the other interventions to create healthy neighborhoods.

Again we are going to go to Q&A, but I am completely welcoming you to email me if you would like to see the SPARC affordability housing plan so you can tailor it to your own community. Thank you.
>> Linda Wheaton: Thank you, Romi. That was obviously a very ambitious activity that you have underway. I have a question from Joan here that asks about the governance structure that you have for engaging all of your partners in your work.
>> Romi Hall: Oh, great. So Joan, please email me. I'm happy to send that to you directly. The methodology that we are using is collective impact. And so to that end we have an overall, for SPARC for our collaboratives, we have a steering committee which somewhat serves as sort of board of directors from the group. And that is a very multi-sector group of decision makers. Those decision makers or their staff members, depending -- those decision makers again include a mixture of residents, institutional partners as well as community-based organizations that are anchored in the neighborhood. That has their own governance structure that they developed and continue to develop as the initiative goes through.
For each of those four areas there is a work group lead. And then there's members of the steering committee or their staff members who participate on those work groups. Then my role, we have -- we are also in a backbone commuter role as well as an implementation partner. My role is to interface with the steering committee, the work groups ensuring they have what they need. I manage the data systems, communications and some other pieces. I'm sort of the cat herder. That's our governance structure. Email me and I'm happy to send you those documents.
>> Linda Wheaton: Thank you, Romi, for those excellent examples.
Tram Nguyen, the Policy Associate with the Alameda County Public Health Department is going to describe their activities. Tram?
>> Tram Nguyen: Thank you, Linda. Thanks for having me on today's forum. As Linda mentioned I work with Alameda County Public Health Department in our place matters initiative, which is in the health equity policy and planning unit. And what I will be talking about today is in three areas. First I'll go over the way that we think about our priorities in terms of our housing work. And they kind of fall into three buckets of habitability, tenants rights and protections and then expanding the supply of more truly affordable housing.
Then secondly I wanted to share a little bit about sort of how we think of our strategies in terms of our role as a health department and how we do our work in housing and health equity policy.
Lastly I wanted to share project examples of work that we've done around collaborating with a community partner, causes on just cause without a displacement report. Some examples of our work around advancing equitable tenant policies and lastly, an example of a project where we are working with the City of Oakland and community members around a tool for healthy development guidelines. Those are the things I'll touch on today.
I won't spend too much time on this. This is just a pathway diagram that we use to show how housing impacts health and health outcomes and health inequities especially. We found it is really useful as a way to engage the public and the media when questions arise about why is the health department working on housing policies?

So as Linda mentioned earlier and as Romi covered, a lot of the social determinants, the cowing cost determinants especially. The issues we see in our region of rising rents, rising evictions, driving towards the health outcomes that you see that lead to higher morbidity, higher mortality rates, shorter and sicker lives is the narrative that we try to share with the public around this.
This is a summary of the extents I have public health literature on this.
Speaking of mortality rates, this is another map we use a lot in our public education efforts. We update this every year with our epidemiology unit. This shows concentrations of all cause mortality. Death rates in our County. The darker areas are where you see higher rates of mortality. And I don't have it next to it, but this always corresponds with the rates of neighborhood poverty. Also with the rates of housing cost burden if we map that out.
So you can see it is in the poorest areas, which in our County includes parts of Oakland, north, west, and east Oakland and parts of the unincorporated areas, Ashland, Cherryland, Castro Valley, also Hayward.
As Romi mentioned, people living in these areas have the highest mortality rates. The life expectancy of those places are on average ten years less than those in the yellow lighter areas. So this goes back to our concerns around how housing and other social determinants lead to shorter and sicker lives.
So to the first priority around habitability, I want to share a little bit how some of our data analysis and also our work with our partners has informed our thinking around habitability and the connection to lack of affordability.
Very often it is where you have older housing stock that has the cheaper rent, right? Where a lot of tenants are trading off having affordable rent for living with more substandard conditions and also having lessor fewer options as a lower income tenant or just a renter in general. Being more vulnerable to complaining to your landlord oral authorities, there is the threat of rent increase or threat of eviction.
This chart is one we did last year with our epidemiology unit that shows the correlation between over crowding and the rates of asthma emergency department visits.
Asthma, as you probably are familiar with, is very highly linked for children to residential exposures. So we have an asthma home visiting unit called asthma start that works to prevent childhood asthma. Absolutely, they have increasingly seen that their families and children are exposed to mold, to substandard conditions at home that exacerbate their asthma and prevent the medications, medical interventions from working.
And so back to this chart. Just kind of showing that as people, more people are forced to live in over crowded, doubling up or tripling up because of the affordability crisis it tends to mean that they are in more substandard housing or are less able to improve their housing conditions. And we see that correlation with higher, almost a four-fold increase in asthma emergency department visits.
So then the second point about our focus on tenant protections and tenant rights. Tenants are more than half of the population in Oakland where we do a lot of our work with the concentrations of health inequities that we see. They are close to half of the population in our County. So a lot of our County clients are renters. As such that is the underpinning of our understanding of why we need to focus on tenant policies and protections in particular.

Then just to kind of further elaborate, people don't need to hear more of just how critical the housing crisis has gotten, the affordability crisis in our region. Here you see the median rents. A two bedroom in Oakland and Alameda County, close to $3,000. And the wage gap between what you need to make and afford for our market rate unit. We've heard, I think the urban displacement project at UC Berkeley has done good mapping of rent increases in our region, but the average rent increase has been up to 30 percent. Absolutely, 50 percent has not been uncommon either to see.

I want to talk about our strategy as a Public Health Department and how we do our work. It is kind of in three main areas that we see this working in terms of our role. One is the work that we did to build an infrastructure around a housing work group and other policy work groups of social determinants. We have housing, economics, education, land use, and environment, transportation and criminal justice advertise focus, which is currently unstaffed, but those are the ways that we have set out to kind of partner with community and governmental partners and focus on these local issue areas.

And then thirdly we've also focused on building our case, the evidence base around housing and the connection to health. And that is through both the literature and then also collecting data, survey data, stories and quantitative from our program staff in terms of understanding better how housing affects our clients. And also working through epidemiologists around local data analysis.

And then lastly, we focus on building up our staff capacity to engage in public education and sharing information with policymakers to influence policy, making systems changes. And a lot of that is through the auspices of the County health officer, who is our public health director, kind of relying on his mandate to advise and make recommendations around local and state policy. And also to really kind of engage our direct services staff to be able to share their work and experiences and stories from their clients.

This is just a little timeline of our place matters housing work group. We began in 2006 to set up internally in our Department with staff and launched the policy agenda in 2008/2009 or so and began our policy work with the foreclosure crisis starting our partnerships with just cause, a grassroots community organizing group based both in San Francisco and in Oakland. We worked with them around tenants especially in foreclosed homes who were getting their water and utilities shut off. So that began kind of a fruitful and long-term collaboration with them that I'll speak a little bit more.

Also the other thing to notice, we really began our housing work sort of in our area of strength, which we really understood code enforcement as a concern. Coming up organically included programs. We see the link through code enforcement and people's vulnerability to code violations at the same time the fear of trying to get repairs done for fear of losing housing. That has continued to inform all of our work.

So the other part of our evidence base that I mentioned was kind of the really wanting to understand better and then be able to utilize better the stories, the knowledge that our programs have about housing and the ways that the housing crisis is affecting their clients.

So last year we did the first survey that our department has done in terms of looking at a social determinant and its impact on our health programs, the housing. We did it both for public health staff and behavioral healthcare services, another Department within our County organization.

And so you see the total response was over 300 staff responded, which is very high for us. It was unprecedented I think in terms of the response rate. People are really concerned and wanting to see something done and kind of more effectively serve their clients.
This is just a summary of the main questions we asked and the results. Just a take-away being that a majority of staff in both agencies are seeing all of these kind of major ways that the housing crisis is affecting their tenants both in terms of rising rents, rising evictions and also the connection to dilapidated conditions, substandard conditions.
Then this will also be, I think the slide will be online. You don't have to read through all of this. I wanted to give a sense of some of the stories that were shared in our survey. And that was kind of the main goal for us was to be able to get more details and stories of how clients have been impacted.
And as we read through the survey it really was compelling examples of one group being around the impact on clients. We are hearing examples of clients in our TB unit, for instance, getting evicted due to their TB diagnosis and not finding housing that they could afford after that.
Stories of clients who were on track to kind of treat mental health, situational mental health issues, but due to the stressors of not having housing or losing housing, not being able to make progress and even worsening in terms of their mental health conditions of depression, anxiety and so on.
Other stories, a few of our clients, we do home visiting for maternal and child health programs. Some examples of home visits having to take place on street corners or in public areas because the clients didn't have a stable place to live. Example after example like that.
The other impact we wanted to get at was to understand how is this affecting our own programs and the ability to deliver our services? And this is translated to kind of an important point for our county and cities as we share this information. The effect that the housing crisis has been have been having on our safety net and the taxpayer funded healthcare services and programs are not able to be effective because they are lacking, increasingly the clients and families don't have the housing that is the foundation for them to be able to improve their health. And as we heard from staff, more and more they are having to learn and become housing experts almost and to address, try to address housing needs first before they can do anything else.
We wanted to get a sense of the impact on our staff. County employees, the cost of living, the cost of housing is prohibitive for even us. And increasingly we are seeing more of our staff commuting to farts of the County or outside of the County. And having difficulty retaining or hiring staff. We wanted to get a sense of that as well.
And so just the housing survey that we did, we then produced a housing brief for our agency that is online at this link that will be live in the version of the slides on the website. And we also produced a handout of kind of the most compelling stories that we wanted to share that we've used to give to the public, to the media and to policymakers.
So I wanted to give a sense of the policy directions, the framework that the survey and our work with partners has informed us in developing this framework to guide our housing policy work. This is also within that housing brief that I mentioned.

And it is within these four principles around protecting existing residents from losing their housing, repairing and preserving the conditions of existing housing stock, and producing new housing for all income levels. Finally, removing barriers to access housing.

So this is an example, just of kind of some of the ways that we have engaged around partnering with groups, community groups and other agencies to advance housing policies. This is specifically the tenant protection, Oakland renter protection ballot initiative last year in Oakland and the County housing bond and infrastructure bond also in our County.

While we don't comment specifically, especially on ballot initiatives, we are able to share information with the public about how housing needs are connected to health. This is just an example of some of the press work that we did last year with our County health officer, Dr. Muntu Davis and that is Kalima Rose from policy link, sharing data around why is the crisis a prescription for sicker and shorter lives.

Another example of a project of two years ago, two or three years ago now is the report we did with just cause called development without displacement. It is on the CJJC website and also our website in the reports section. It builds on kind of the partnership that I spoke about beginning with the foreclosure work that we did with CJJC and began to look at mapping and combining the data analysis from our epidemiology unit with the community-based research and stories that they collected, to understand by census tracked, the neighborhoods in Oakland that are at risk of gentrification or are gentrifying and the ways that tenants and homeowners are being displaced due to the rising costs of living and the change in neighborhoods.

So here is just another way that we wanted to show, kind of ways that our staff and health department programs try to inform policy changes that are happening. And so one way is that we try to share testimony during public processes and policy decisions. And so my role is to, one of my roles is to work with program services staff to get their stories and their insights into either written or spoken testimony. We had staff from our TRUST clinic that provides care to homeless, speaking about the safety net between health and housing. We worked extensively with the asthma unit to share testimony around the need for tenant protections as part of code enforcement and the need for responsive and compassionate code enforcement that doesn't displace tenants.

The last example I'll share of our work is a more sort of proactive project that has been in the works for over three years now. Called healthy development guidelines. And it very much a community-driven approach to healthy development. The healthy development guidelines is a proposed tool that has specific standards and guidelines across a range of health and equity-related areas that include housing, but also employment, environment, food access. We work with partners including Oakland city planning department, nonprofit affordable housing developers, and residents in east Oakland have really driven the development of the tool. And the purpose of it is really to ensure that development decisions are made in a way that improves the health of all residents in the community.

So it was developed from the ground up, as I said, in collaboration especially with east Oakland building healthy communities. And it has been further refined. It is now in the stage of getting introduced with the City of Oakland as a set of policies. So we are starting to plan that out and work with the city around that.

And we are very excited and kind of hopeful about getting on the front end of figuring out how development can be more equitable and include health concerns from the beginning of the decision making process.
So I'll stop there.
>> Linda Wheaton: Thank you, Tram, for those descriptions of all the activities that the Alameda County Public Health Department has been involved in with housing.
Next we move to David Estrella from San Diego county, who is the director of integrative services for Health and Human Services agency. David?
>> David Estrella: Good morning, everyone. Thank you for joining us. What I would like to do today quickly is talk about a restructuring that we did in the business groups for the County of San Diego an creating its office of integrative services and briefly walking through the vision objectives and spending time on some of our key programs, in particular project one for all.
And really where it all begins is in July of 2016. What the County did, we restructured our community services group and Health and Human Services agency by moving the County's Department of Housing Authority into the Health and Human Services agency. What that allows us to do is leverage all of the mainstream HUD funded resources along with the array of services and programs offered through the Health and Human Services agency.
What does that mean? Integrating resources and integrating the different industry languages that we speak in housing and health. So myself, my background is in housing. I'm immersing myself now in all of the things that are public health and human services that go along with that. I had exposure as a housing authority director and partnering for many years, but now really being part of the same agency allows me to very much learn from the ground up how these programs work and hopefully bring them together.
To more effectively help the people that we are trying to serve.
Some of the other things that came along with the integration was a team that pass part of the team, H3 team, Health, Housing, and Human Services that means bringing the lead policy analyst and chief medical officer and the current director of the housing authority coming together and strategizing and working through how we can move our programs forward. At the same time expanding what was an existing team, the housing core team. That brings together key technical staff. These are representatives from across the different departments within the Health and Human Services agency and other members of our County overall team in the public safety group and land use environmental group to come together and talk about our housing needs and how we can make those work together in a better fashion. Also very recent development is the creation of a justice coordinator position which allows us, as it implies, to bring our justice system into the fold, particularly the courts, and homeless court and all the various courts that exist so we can a address the needs and have data and information earlier in the system. Than maybe we would have previously.
So as we look at the objectives of integrative services one of the main things is to clarify the roles of the various HHS services and programs. As an example, much of my discussion will be focused on homelessness. That's the primary thrust at the beginning of this integration. How would aging and independent services and behavioral health services and human services workers and psychiatric emergency response teams, how

do we work together and see our roles? How can we streamline the roles and become more effective in our various capacities?
Also ultimately we would like for our particularly our housing resources along with our human services to be more readily available for our clients. Optimal would be for a case manager as they are working with an individual that needs housing to have a housing resource, whatever is most appropriate, as needed on demand right as the individual is experiencing the homelessness.
Of course, that happens to a degree now, but optimal is for all of our subpopulations that we are serving that are targeted pop layings, to have that going for them. We should account for the root cause of homelessness, poverty and rent burdened population. It goes without saying, all of the data you heard from each speaker is consistent with their own experience in the County of San Diego. We are suffering with the same situations. As we go through the analysis, we need to provide the appropriate level of care along with the proper housing resource. Completing that continuum, if we talk about homelessness, from the experiences and the trauma that the individual has on the street, all the way through housing stability. And then having the ability to live well, you know, to reintegrate into society and reach the goals that they set for themselves, and thrive.
So we have talked about recalibrating our resources. I guess what I would like to jump to is the final dot, leveraging the full array of housing that HHSA has. The housing department when it stood alone it was the administrator of the HUD resources, home investment partnership program, emergency solutions grant, housing opportunities for people with HIV and AIDS, any other funds that come through the State. These are under the HHSA agency.
When we look at enhancing the use of our housing choice voucher program and in other words Section 8 program and using that in new and creative ways, when we are all collaborating and we were always part of the same team but now we literally sit next to each other and have access to the same data we can better create those systems and integrate them.
So some of our key programs now at the inception of our programs. Project one for all I'll speak about just a little bit more. Whole Person Wellness, some of you may have seen this as a pilot program called Whole Person Care. In San Diego we submitted it as Whole Person Wellness. This is a comprehensive case management program for high utilizers who have been identified by the managed care plans. These individuals are homeless and have either serious mental illness, substance abuse or chronic health condition. Many times the individuals we are trying to assist have all of these three situations.
So that is something we are building now and hopefully will have up and running by 2018 going forward in our County. No Place Like Home, there will be a discussion about this later on in the discussion. That is development funds for permanent housing for people with serious mental illness who are homeless. Like all thing in life, this is the silver lining for the dark clouds that we see surrounding the housing environment and health discussion, but resources are coming through mental health services funding and we need to maximize those when they do arise.
When we talk about project one for all, that was approved by the supervisors in 2015 and that was to braided outreach and treatment for the 1250 individuals who have

serious mental illness. The funding sources are the Mental Health Services Act and mainstream housing and we have authority from the county and the other housing authorities that exist in the region, six of them. The biggest being the City of San Diego. This is very much about regional partnership and regional efforts, moving forward. Again the pillars are outreach and engagement, street outreach that goes along with that. The proper level of treatment whether through a full service partnership or outpatient clinics, housing interventions. Of course, the mainstream resource is a Section 8 program but it also could be bridge housing, boarded care, set aside in units already existing, whatever is most appropriate to serve the individual at their level of treatment and the situation they are most comfortable in and performance measurements.

Our partners on this slide for outreach and engagement. We talked about collective impact as mentioned before, we touch as a community homeless individuals providing services in so many different ways, whether it be through a homeless outreach team, a human services worker, somebody who works for Parks and Rec, the Department of Public Works and really integrative services. Our function is to very much bring the teams together, provide training as appropriate so that folks can make that proper referral and help the individual move through the system to get the appropriate treatment of care.

What came along with the approval of project one for all was also an investment of funds to the tune of $40 million over a two year period to enhance treatment contracts for full service partnerships throughout the region and those FSPs, the concept being 24/7, whatever it takes, comprehensive case management treatment with a full team to make sure that that person is successful. Included within that are housing coordinators who serve the navigator function. So to move the person from now having their treatment to having to navigate to a permanent housing supportive source so they can have a stable living environment.

This slide is our housing partners, the housing authorities throughout our region. We are grateful we have a strong relationship with them. A reality that comes with this, though, when we have a preference for homeless individuals, that's how there is a set aside of units. Really this is for continuum of care.

It requires that individuals, it requires that the housing authorities amend their administrative plans. That involves communication and the strategy that comes along with it. As a region we work through that.

When we talk about the housing vouchers, so in essence the point in time, for 2015 demonstrated the number of individuals who are homeless to the tune of 49,000. 14 percent have serious mental illness. That is how we arrived at the set aside vouchers and we are almost 90 percent there for our commitment on paper. Verbally we have commitment from all our housing authorities to work with that.

Now, it is not just partnership between housing authorities. It is also working with the individual cities. There's 18 of them within our County and the private sector. We need, of course, the doors for people to be able to move in to. The Title 8 is a partnership between the housing authority, the cities and the landlord. We have a low vacancy rate. Some of our cities have vacancy rates in the zero to 2 percent overall. We hover between 3 to 4 percent vacancy rate. It is difficult to find properties for landlords to lease units. That means a robust system, outreaching and challenging our entire

system through the business community, through elected officials through all of our partnerships to identify landlords willing to lease units.
Performance measures. At the end of the day what are we trying to do? To build relationships, to work with our individuals through treatment. People do get better. We know that. We need to message that to the community so that they can aspire to and thrive and live self sufficient lives based on goals that they set for themselves. What we want to reduce is calls to the psychiatric emergency response teams and less ambulance rides and less stays in the hospitals and less stays in jail. More time for the individual to be in a stable environment.
So part of how project one for all works is the regional effort through outreach from our own housing authority, my own office with the 18 incorporated cities within our jurisdiction and working through, in essence creating many continuums of care based on what part of our County they are in and really at the local level, the city level. And many times what that means is bringing together those collective impact teams. That's what the final slide will be.
Really we are talking about the local library and police department and the hot team if they have a hot team or creating a homeless outreach team. Parks and recs and DPW and elected officials office, the board of county supervisors office, the behavioral health teams, regional services teams in that part of the County and bringing those folks together and saying out loud to the local cities and officials and community housing departments, let's join our resources and create those continuums of care for homeless individuals with serious mental illness.
One gap we see in our region, I think it's probably universal, is the lack of navigators to help that person who has serious mental illness and now has a housing resource but really they need to be able to negotiate with a property owner, making sure that all the documents are there. They are personally identifiable documents are in order so they can in essence close that deal an move into a unit. That third party needs to be there to literally drive them around and help them make their appointments on time and create that relationship.
Bridge housing, of course. Many times we outreach to an individual and we are in the process of connecting them with that housing choice voucher but we still need to find them and hopefully create an environment that is safe while they are looking for the permanent unit. Bridge housing, making an ask of local jurisdictions to provide resources to create more bridge housing or enhance existing bridge housing. Landlord incentives. Without those incentives it is hard to convince a landlord in a competitive market to lease to a tenant with a voucher. The less incentive funds, the harder it is to convince them.
Finally set asides for permanent affordable units. There have been set asides developed through the years. Much of that permanent supportive housing, much of it is in essence affordable low income workforce housing. As cities are interacting with their existing portfolio of housing that they've developed over the years, we are advocating for negotiation to increase those number of units in those existing developments. A small set aside for individuals who have serious mental illness and are homeless.
With that, thank you for your time. We appreciate the opportunity to be here.

>> Linda Wheaton: Thank you, David, for that innovation, using a housing authority with a public health development, you are at the for front of a new intergovernmental relationship.
Can you describe a little what kind of position you use for navigators? Could community health workers serve in that role? What kind of position is that?
>> David Estrella: That's a great question. We invested a lot of time, re-purposing existing county staff. So believe it or not one of the issues that we have is within the County's classifications -- different Counties have different employee classifications. The ability to drive a person from one location to another, because of liability concerns, so on and so forth.
So we re-purposed social worker positions. We've also re-purposed human services workers positions. It really was drilling down into, as funny as it may sound, can they drive the individual around?
Of course, the skill set that goes along with traditional homeless outreach workers. We have homeless outreach workers who perform the same function. It can be the re-purposing or utilizing existing homeless outreach positions.
>> Linda Wheaton: Thank you, David.
>> David Estrella: You're welcome.
>> Linda Wheaton: We will welcome your questions coming in for any of the presenters. As you have heard from all the instances, housing is a healthcare investment and is at the foundation of a lot of these efforts. And especially working with children's health and the role, the important role that public health has long played in that.
Also a real natural place of entry into this nation is addressing our widespread homeless crisis where we have the unfortunate distinction in California of having the largest number of homeless, a well recognized crisis. And it has resulted in and generated support for re-purposing of the mental health services act funding to finance the $2 billion bond for permanent supportive housing that David referenced that they have been active, that David referenced they were working on before. This is something the Department of Housing and Community Development is working on developing the program guidelines for now. With using a housing, emphasizing, leveraging a housing-first approach with very fundamentally involving the accessibility of services for homeless persons with mental illness in the community.
So a program that we will hope to have available for funding in 2018.
The Department of Healthcare Services, he also referenced the Whole Person Care pilot. The Affordable Care Act helped support the option of section 115 waivers for Medicare. This program is also going to have funds available statewide from the Department of Healthcare Services.
So all of the activities aren't within the direct service-related sector. There is also plenty of work in the built environment related to quality housing standards. From the state's CalGreen building code standards that can involve anything from retrofitting of substandard housing conditions to new housing conditions that affect indoor air quality and just the confluence of concepts of urban greening in the community, along with greener, more efficient building types. Something that the affordable housing industry has been very active in.

The American planning association's plan for health has also engaged planners in a much more direct way. So we welcome questions from you, for any of the presenters. I have a question from John for Tram about how you mentioned the, that you do a lot of home visiting, but you had to have folks who were almost becoming housing experts. How did you, Tram, how did you train your staff? Health-related staff in understanding the admittedly rather complex housing sector?
>> Tram Nguyen: Thank you for the question, John. My role is in the policy unit. I don't work directly with all the program staff because there are so many of them. But all of the different programs that do home visiting, they include public home health nursing, the asthma START unit and many others in family health services that focus on black instance health, maternal and child health. They within their own programs have developed manuals, tools, service guides around housing access and so it is almost sort of staff in different programs kind of taking the initiative upon themselves to have relationships with landlords, for instance in our healthcare for the homeless program. There's caseworkers that work with individual landlords to try to get their clients placed in subsidized housing.
So in our role in place matters, I have tried to provide updated resources when we do in-service trainings or form forums and panels on housing issues, we try to share resources and connect our program services providers with, especially with the community-based organizations that do tenant counseling, that do legal services, tenant attorneys that we work with to kind of connect the dots around both the concerns about trying to figure out how to get housing for people, which is almost impossible now from what I'm hearing for a lot of folks in our region, to even find available communities, but also to connect them to questions that people have about understanding rent laws or getting access to free legal help, that kind of thing. Understanding the new policy changes in our cities and County. So that's a quick answer to that.
It is definitely a priority and a concern for our program staff caseworkers to understand the housing resources locally and to then improve their own skills around trying to place people and help people with housing.
>> Linda Wheaton: Thank you, Tram. I have a question from Ben for David. You mentioned a justice coordinator position? Can you describe more about the activities and how you might interface with the criminal justice system?
>> David Estrella: Absolutely. That coordinator position was literally just filled. The idea is for connectivity between the courts and behavioral health services in particular. Making sure that we've got all of the array of services that are there, contracts and such, so on and so forth. So there's more collaboration there as the needs between the court system and treatment change, evolve, expand, just so there's more discussion there as that is being developed.
And then that brings with it creating a matrix of all the initiatives that HHSA, public safety and our courts, where we all intersect. Having that laid out in a matrix so we can all see it and understand how we are investing resources.
>> Linda Wheaton: Thank you, David. So I have another question and perhaps we can start with Romi and others might want to chime in. A question is with limited resources what are the most effective strategies for hospitals to address housing issues in the broader community? And for individual patients? I know you have in your program a number of partners. Are hospitals, can you suggest an important role for hospitals?

>> Romi Hall: Yes, I think one of the areas that we here have not -- we start the conversation with some hospital systems. We do have a national grant, the built health grant that is an intersection between the Public Health Department, a community benefits department of the health system, and last with the community-based organizations.
So we have received funding through the built health national grant. We are working with better health and their community benefits department, but largely it has been in the realm of working with individuals. And we haven't yet gotten into hospital systems and having that sort of connection. So that is a big question. And an area that is of focus, but I will say there is some interesting sources of funding coming out. Namely the -- oh, the Healthy Futures fund. That is a national fund that is available, where you are seeing the collocation between FQHCs and housing developments.
Our organization is interested in looking at those kinds of opportunities and still pursuing and having conversations with hospital systems, healthcare systems and their community benefits departments around making this connection to housing individuals. But we just haven't gotten there yet.
>> Linda Wheaton: Okay. Thank you. David or Tram, did you have anything to add about potential role of hospitals?
>> David Estrella: I think for myself it is -- it was everything that was just said and the data. It's a field I'm learning myself. The possibilities are unlimited, though.
>> Tram Nguyen: To add one quick thing? We are part of a community practice called the block project with change lab solutions. And I know there's a hospital that is part of it that is developing housing using their acute care dollars. As mentioned before, the Whole Person Care pilot. In our County we are working with our health system to think about the ways that hospitals can be part of providing housing, especially for homeless and clients that are really in the very lowest end of the income spectrum.
>> Linda Wheaton: I have another question: If you are working in an area that doesn't have the existing, as many existing community development corporation activities or nonprofit advocacy, et cetera, what would you recommend is a key role forgetting started with this integration? If you are to look to the city or County, where would be the best potential to start? Tram, do you have any ideas about that?
>> Tram Nguyen: Could you repeat that question, Linda?
>> Linda Wheaton: If you are in an area that doesn't have the number of community organizations, housing CDCs, citizen activism that exists in Alameda County or in Oakland, what might be the most promising place for a local health department to start with trying housing health integration activities?
>> Tram Nguyen: Oh, that's a great question. And it is something actually one of my colleagues did her dissertation looking at foreclosure and health outcomes with different health departments around the country. In regions, places where there may not be a community activity or community partners to work with.
One of the things that we've done, even though we do have a plethora of nonprofits and advocacy and community-based groups here, one other strategy that we began before my time, but at Alameda County Public Health Department was to also sort of work developing resident capacity building from our own health department staff, developing a program around that. It was focused on specific neighborhoods and developed

leadership development projects and resident advisory and action councils in neighborhoods.
So that is another way, I think, that health departments, our health department has also undertaken to try to partner more directly with neighborhood residents to look at health equity and then develop priorities and policy agenda around that.
>> David Estrella: This is David. If I could add to that? Maybe from a different perspective. Trying to access technical assistance funds through their local housing authority, whoever the PHA is serving that particular area. I'm guessing it might be a more rural area, further away from the center of that.
But organizations, corporation for supportive housing, that very much link permanent supportive housing and health and all of those aspects, or even through HUD. There's funding streams that may not be traditionally be through the housing realm but they are linked to health, and expand that way.
>> Linda Wheaton: Well, I want to thank all of our presenters. I hope for our audience these have been some inspirational examples for you. Thank you all for joining us today. And if we can be of any further assistance at any of our organizations, be sure to contact us.
Sue?
>> Sue Watson: Thank you, Linda. I really want to extend my thanks to Linda, Romi, David and Tram for sharing their stories with us today. It has been wonderful to hear about how they are approaching health and housing.
I also want to make sure that I thank the team at the California chronic disease leadership project with their assistance with formulating this web forum. Lastly, you'll see on the slide I want to share the website for the build healthy places network as a space where great resources are located. You see the website there.
As Linda said, feel free to contact any of us for more information and join us at www.CA4health.org to continue these and other conversations.
I'll send it to Dave to close us out.
>> Dave Clark: Thanks so much, Sue. Thanks to all of our presenters today and our moderator, Linda, for their insights into innovative approaches to health and housing. Thanks also to our partners and sponsors, the California Leadership Academy for Health, CA4Health and the California Endowment.
A recording of today's session as well as the presentation slides will be available shortly at Dialogue4Health.org. You will also receive an email with a link to the presentation as well as the recording. Check your inboxes for that. That email will include a link to a brief survey that we hope you will take. We would like to have your thoughts on today's web forum but what topics you would be interested in for future Dialogue4Health forums. We read all the feedback we get and we would be interested in knowing your thoughts. Please take a couple moments and complete the survey. Thanks so much for joining us today. That does conclude today's web forum. Have a great day!
(The webinar concluded at 3:00 o'clock p.m. EST.) (CART provider signing off.)

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