

Rental Housing and Health Equity in Portland, Oregon: A Health Impact Assessment of the City's Rental Housing Inspections Program

Executive Summary



Project Partners

Oregon Public Health Institute, Multnomah County Health Department, Community Alliance of Tenants, Metro Multifamily Housing Association, Rental Housing Association of Greater Portland, City of Portland Bureau of Development Services, City of Portland Housing Bureau

Funder

The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. The opinions expressed are those of the author(s) and do not necessarily reflect the views of the Health Impact Project, Robert Wood Johnson Foundation or The Pew Charitable Trusts.





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Acknowledgements:

This project relied on the time and expertise of numerous groups and individuals. Moriah McSherry McGrath from the Multnomah County Health Department contributed to data gathering and assessment at all phases and helped write the existing conditions component of the report, and Ed Marihart from the Bureau of Development Services helped field multiple data requests and clarifying questions about the inspections process. Elisa Harrigan and her staff at Community Alliance of Tenants also conducted tenant surveys. OPHI staff Beth Sanders coordinated meetings, dissemination and evaluation efforts, and Liz Paterson developed the project's evaluation component.

In addition, all members of the project's Steering Committee provided substantial input and expertise at all phases. SC members included:

- **Deborah Imse**, Executive Director , Metro Multifamily Housing Association
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- **Steve White**, Project Manager, Oregon Public Health Institute
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Special thanks are also due to the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, for funding this project, and to Health Impact Project staff, particularly Saqi Maleque Cho, for

providing advice and guidance throughout. The opinions expressed are those of the author(s) and do not necessarily reflect the views of the Health Impact Project, Robert Wood Johnson Foundation or The Pew Charitable Trusts.





Executive Summary

This health impact assessment (HIA) of the City of Portland's rental housing inspection program compared the program's two current inspections models, the standard inspection model and the pilot enhanced model in East Portland, finding that both improve the health of rental housing residents but that the enhanced model has greater potential to contribute to improved health and health equity. These findings suggest important opportunities within Portland Bureau of Development Service's (BDS) inspections program to advance health and equity goals outlined in the [Portland Plan](#).^{*} This document describes the assessment process, its findings, and three key recommendations that the city funds:

- 1. A strategic expansion of the enhanced inspections model;**
- 2. Tenant and property owner/manager education through the housing inspection program; and**
- 3. A more robust system of tracking inspections.**

WHAT IS AN HIA?

HIAs are a relatively new policy and planning tool for providing decision-makers with information about how their proposed plans and policies will likely impact the health of the communities they serve and for offering recommendations about how to maximize the health benefits and minimize negative health impacts of their decisions. HIA practice has its roots in the increasingly well-understood fact that many of the strongest predictors of health and well-being are social and environmental conditions which are shaped by decisions in multiple sectors that often do not include considerations of health impacts in their decision-making processes. Accordingly, HIAs are meant to inform decision makers in multiple sectors as they make choices that affect the social and physical environments of the communities in which they work and serve. HIA also strives to assess the relative distribution of these benefits and burdens throughout the population, so that recommendations can help decision-makers assure equitable impacts of their plans and policies. HIA is a flexible tool but follows systematic procedures to assure its scientific integrity. More information about HIA is available on the Health Impact Project website at: www.healthimpactproject.org/hia.

^{*} The Portland Plan is a 25 year strategic plan for the city that was adopted by City Council in April, 2012. The Plan and supporting documents are available on-line at: <http://www.portland-online.com/portlandplan/>.



WHY WAS THE HIA CONDUCTED?

Research has documented many connections between housing quality and health. The ability of rental housing, in particular, to support good health has become an increasingly important public health issue in Portland as the City's renter population continues to grow in size and diversity. The quality of rental housing also raises health equity issues because vulnerable groups such as low-income individuals and ethnoracial* minorities are significantly over-represented in the tenant population. Since these groups are at higher risk of multiple adverse health outcomes for a variety of reasons, it is important to maintain healthy rental housing to help minimize their health risks.

Depending on how they are designed and implemented, rental housing inspections programs can help support good health by working with tenants and property owners to ensure that rental housing is well-maintained and complies with Portland's property maintenance codes. This HIA was undertaken to inform current and future discussions about funding for the rental housing inspections program by providing City Councilors, BDS staff, and other local housing and health stakeholders with information about the relative health and health equity impacts of the two different housing inspection models currently employed in the City of Portland: the standard inspections model and an "enhanced" model, a more resource-intensive inspections model that has been implemented in areas of East Portland since 2010.

The standard model that the city has used for many years in all parts of Portland is a complaint-driven process in which inspections of housing units are triggered by complaints from tenants, neighbors, or other members of the public. Enhanced inspections were recommended in 2008 by the Quality Rental Housing Workgroup (QRHW)[†] in an attempt to improve the ability of the City's rental housing inspections program to address health related housing conditions, particularly for vulnerable groups such as low-income and ethnoracial households. Use of the enhanced model began in January 2010 in two areas: Outer Southeast Portland (south of Burnside St. and east of 82nd Ave.) and Outer Northeast Portland (north of Burnside St. and east of 57th Ave.). In the enhanced model, inspections are still initiated by complaints, but inspections that find a certain threshold of violations

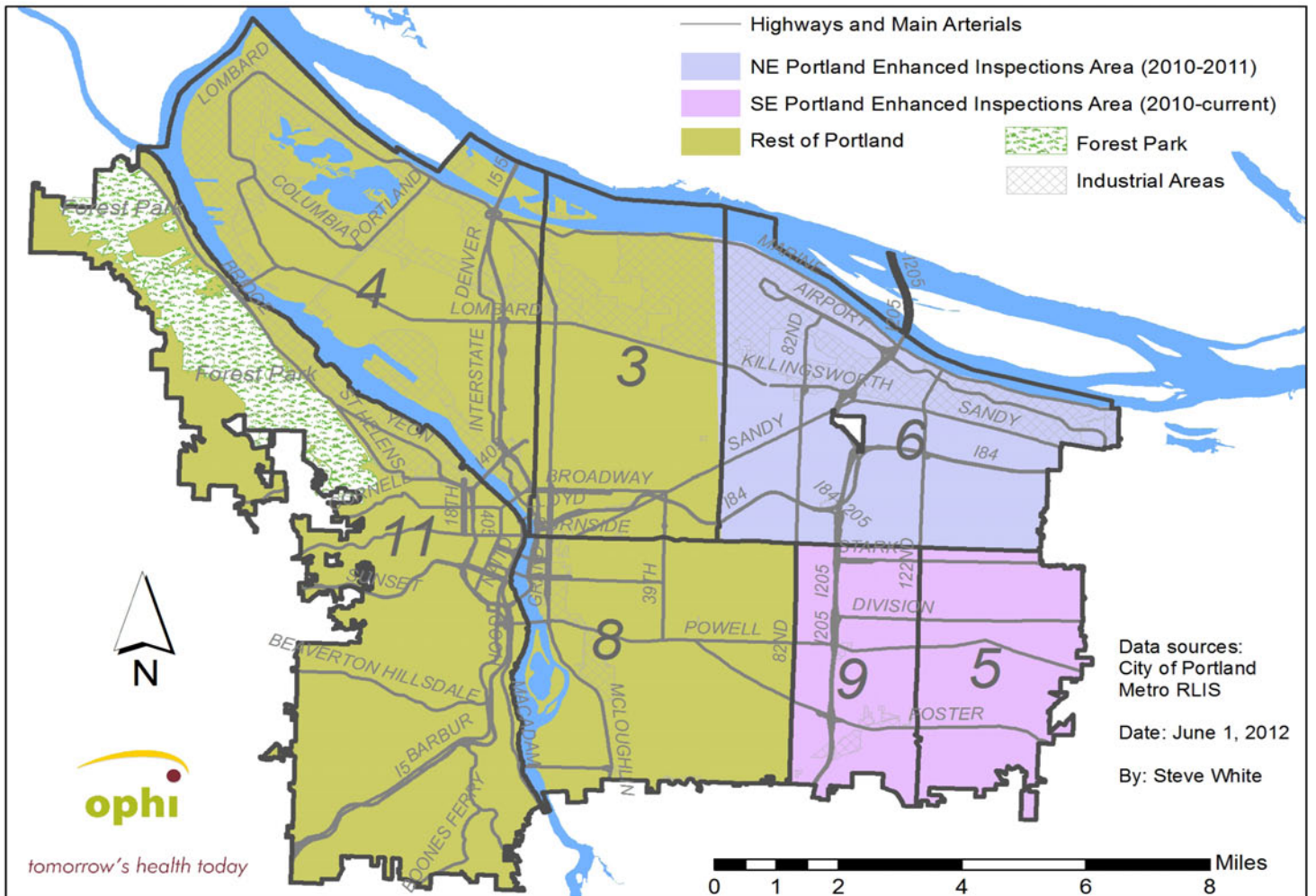
* For the purposes of this project, we defined ethnoracial minorities as people who are of any non-white race and people who are Hispanic (of any racial background, including white). We relied on Census Bureau data to group people into white and ethnoracial minority categories.

† The Quality Rental Housing Workgroup was comprised of a large number of landlord, tenant, housing, and health stakeholders. It was tasked with increasing the effectiveness of the Bureau of Development Services' inspections program by working with both landlords and tenants to improve the quality of the city's rental housing stock and its ability to support the health of Portland's renters. The QRHW Final Recommendations report is available online at: <http://www.portlandonline.com/shared/cfm/image.cfm?id=221397> [accessed 6/1/12].



in the rental unit or on the exterior of the property can then trigger inspection of additional rental units in the property owner's portfolio. In October 2011, a shortage of inspectors led BDS to discontinue the program in Outer Northeast in order to meet the higher demand for enhanced inspections in Outer Southeast.

Map ES1: Enhanced inspections districts





Although health issues were one of the primary motivators for the formation and direction of the QRHW and its recommendations, the Neighborhood Inspections Team Stakeholder Advisory Committee (NITSAC)—a group that was formed to implement the QRHW recommendations—has not had the opportunity to assess the health impacts of the enhanced model relative to the standard model and determine whether it was fulfilling its purpose. As a result, decision-makers have not been able to evaluate these impacts as they direct resources for maintaining, eliminating or strategically expanding the geographic coverage of the enhanced model. This HIA seeks to provide this health-based information as City Councilors, city staff, and other stakeholders work together to enact budgeting and other policy decisions that best enable the housing inspections program to protect public health.

WHO CONDUCTED THE HIA?

The project was led by [Oregon Public Health Institute](#), a 501 c(3) non-profit organization that works with partners in many sectors to advance policies, plans, and practices that address the root causes of many of our state’s most pressing health concerns. The Steering Committee for this HIA included representatives from [Metro Multifamily Housing Association](#), [Rental Housing Association of Greater Portland](#), [Portland Bureau of Development Services](#), [Community Alliance of Tenants](#), [Multnomah County Health Department](#), and the [Portland Housing Bureau](#). The Steering Committee directed the scope and methods of the project and worked together to develop recommendations based on the findings. The project received funding from the [Health Impact Project](#), a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. The Health Impact Project is a national initiative designed to promote the use of HIA as a decision-making tool for policymakers. The opinions expressed are those of the author(s) and do not necessarily reflect the views of the Health Impact Project, Robert Wood Johnson Foundation or The Pew Charitable Trusts.

WHAT DID THE HIA FIND?

This HIA found that:

1. there are strong connections between housing, health and equity
2. the current inspections program faces challenges in meeting community needs, and
3. the enhanced inspections model holds promise for better achieving health and health equity in Portland.

These conclusions are based on a review and analysis of scholarly literature, local



research, community health data, and BDS's inspections program tracking data. Each of these findings is presented in more detail below.

1. *There are many connections between housing, health, and equity.*

- a. Substandard housing contributes to poor health.** Existing academic research and local case studies have identified numerous health problems that are directly influenced by those housing conditions addressed in Portland's Property Maintenance Code (Title 29). Key issues of concern are asthma and lead poisoning (particularly among children); physical injuries from falls, burns, and electrocution; communicable diseases resulting from poor sanitation and pests; illness resulting from lack of heat and hot water; and stress from dealing with all of these problems.
- b. Groups at higher risk of various health problems—particularly communities of color and low-income households—are more likely to live in substandard housing.** Existing research and local data demonstrate that this is true both locally and nationally. Not surprisingly, low-cost rental housing tends to be lower quality and is less likely to be code-compliant. Substandard housing places socioeconomically disadvantaged populations in double jeopardy because they are already at higher risk of health problems and are also more likely to live in lower-cost housing.
- c. Housing inspections and the subsequent improvements to housing conditions reduce the occurrence and severity of multiple health problems.** Since most items in Portland's Property Maintenance Code are health-related, ensuring that properties meet these requirements will improve the ability of housing to support health.
- d. Tenant behaviors contribute to the health impacts of housing.** Independent of building characteristics and management practices, tenant behaviors can limit or degrade the ability of housing to support health. Examples of these behaviors include: introducing health hazards such as tobacco smoke, toxic cleaning chemicals, and pesticides; damaging the property; failing to use appliances such as ventilation systems properly; and neglecting to report maintenance issues in a timely manner. Because they are often the result of a lack of information or understanding regarding best practices, educational activities may help to change these behaviors.



- e. **Healthy housing interventions are most effective when they address both housing conditions and tenant/landlord behaviors.** Research and best practices for housing-related health interventions demonstrate that education of landlords and tenants in combination with housing inspections is more effective than either service provided alone.

2. Portland's current inspections program is constrained in its ability to support healthy housing and health equity.

- a. **Portland's standard inspections model imposes barriers to healthy housing for vulnerable households.** As documented in a 2006 report by the Community Alliance of Tenants and highlighted by the QRHW Final Report, cost-burdened renters often refrain from making complaints to the city because they fear that their landlord will raise their rents, intimidate, or evict them. Language can also be a barrier for households where English-language proficiency is limited.
- b. **Both of the city's inspections models currently lack an educational component for landlords and tenants.** Educational materials and strategies for using them have been developed but due to the lack of funding for translation, distribution, and printing, BDS has not utilized them.
- c. **The current tracking system used by BDS data collection makes it difficult to systematically assess which housing problems (and, subsequently, health determinants) are being addressed through inspections.** The current inspections database lumps 244 different pre-defined violation types into three broad, overlapping categories. This makes it impossible to track violations related to specific health outcomes, such as asthma or lead poisoning. This information would not only be useful for helping understand and quantify the health impacts of the inspections program, but would also help BDS and its public health partners develop educational materials and implement intervention programs. In addition, more detailed data would also help BDS determine which areas of the city would best benefit from the enhanced model and the additional staffing resources it requires.

3. The enhanced inspections model improves housing conditions and health equity.

- a. **The enhanced model improves health equity in Portland.** Because rental households are more likely to be headed by ethnoracial



minorities and people with low incomes who are at increased baseline risk of many of the health problems that are caused or exacerbated by housing problem, and because, among renters, people of color and low-income people are more likely to live in a unit with housing problems, the program provides the greater benefit to people more likely to suffer housing-related health problems.

- b. The enhanced model reduces barriers to reporting.** The enhanced model results in improvements for residents who aren't willing or able to file a complaint because it leads to inspections of units for which a complaint hasn't been made, but which are more likely to be substandard because they are in a building managed by an owner whose properties have housing problems. This contributes to health equity by creating a system that increases access to services for vulnerable social groups who otherwise experience barriers to using them.
- c. The enhanced model is more effective than the standard model in improving health-related housing conditions.** Analysis of BDS's rental inspections tracking data demonstrates that complaints made under the enhanced model resulted in 75% more improvements than a complaint made under the standard model. Some of the difference is due to the fact that units in the enhanced inspections areas typically had more violations per unit than the units in the standard districts. However, much is also due to the number of additional units inspected as a result of the enhanced model. While the standard model led to improvements in 1,391 units, the enhanced model led to improvements in 1,844 units despite having slightly fewer initial complaints.
- d. Strategically expanding the enhanced model will increase the number of housing units that are inspected and improved.** Strategically expanding the enhanced model to the three other BDS districts with the highest rates of cost-burdened households would more than double the number of renter households covered. There are currently about 16,000 rental units in the enhanced model pilot area. Adding districts 3, 4, and 6 would increase the number of rental units covered to over 37,000. While BDS data suggest that these districts have lower rates of substandard housing than the enhanced model pilot area, enhanced inspections would still likely generate at least an 8% increase in the number of units inspected, and at least a 10% increase in the numbers of violations found and cured in the



new areas. Importantly, enhanced inspections would not impose any additional burden on property-owners because the program is “self-limiting”: properties where few or no violations are found during initial inspections undergo no additional inspections. The enhanced model helps tenants in buildings where owners cannot or will not make necessary improvements, but does not change the inspections system procedures or impacts for buildings that are appropriately maintained.

RECOMMENDATIONS

Based on the findings described above, this HIA recommends that Portland City Council support and increase the Mayor’s 2012-2013 budget to allocate funds that enable the Portland Bureau of Development Services to:

- 1. Strategically expand the enhanced model to other parts of Portland with the highest rates of cost burdened households.** The enhanced model has proven to be more effective than the standard model in eliminating health-related sub-standard housing conditions. Since residents of sub-standard housing are more likely to be low-income or ethnoracial minorities, and are thus at higher risk for multiple health problems, improving their housing conditions will minimize a major driver of health inequity in Portland. Strategically expanding the enhanced model to three other BDS inspections districts with the highest rates of cost-burdened households would more than double the number of renter households covered. Implementing this recommendation will help maintain quality housing for renters at a time when increasing numbers of households are priced out of the homeownership market. It will also help the city advance the health and equity goals in the *Portland Plan*.
- 2. Implement the tenant/landlord education strategies developed by the Quality Rental Housing Workgroup.** Housing-related health interventions are most effective when they address both housing conditions and tenant/landlord behaviors. Tenants need to better understand how they can reduce the presence of mold, pests, allergens, irritants, and safety hazards. Landlords need to better understand the value of timely repairs and basic services, including their potential to reduce health risks. Adding an educational component to the BDS inspections program such as the one developed by the QRHW, would greatly enhance its ability to improve the health of Portland renters, particularly those residents who are more likely to live in sub-standard housing.



- 3. Implement the BDS Information Technology Advancement Project (ITAP) which is currently in the RFP response phase and is scheduled to be completed and implemented in 2015-2016.** This HIA and previous attempts to assess the health impacts of the rental housing program reveal the limits of the current data tracking system to answer key questions. As the QRHW report noted, inspectors and their public health partners need to be able to readily identify the locations of inspections along with the type of violations, time to remediation, and types of education and enforcement actions that were conducted for both renter- and owner-occupied housing. This information is necessary to document health and housing problems and develop cost-effective solutions for addressing them, but is currently not captured in the BDS tracking system. The ITAP Project would allow inspectors, public health professionals, and the general public the ability to track and view violations by individual unit and provide details about types of violations cited and the attendant outcomes of the inspections process. City Council has already committed to this and BDS has this included in its budget for this year and the next several years to address this issue.

To help stakeholders and decision makers consider possible changes to the finding level for the rental housing inspections program, Table ES1 summarizes the health and health equity impacts of either expanding the enhanced inspections model to three additional inspections districts, or eliminating the enhanced model entirely. In addition, since this report also makes additional recommendations to improve the ability of the rental housing inspections program to protect the health of renters and advance health equity, Table ES1 also summarizes the impacts that would be produced by the adoption of these recommendations.

Table ES1: Summary of health and health equity impacts of the expansion and elimination scenarios relative to the status quo

Scenario	Direction of Impact	Magnitude of Impact (i.e., how many)	Severity of Impact (i.e., how good or bad)	Equity Impacts	Strength of Causal Evidence
Expansion	+	moderate	moderate	+	***
Elimination	-	moderate	moderate	-	***
Recommendations (Expansion + Education + Improved Tracking)	+	major	major	++	***

Explanations:

- Direction of Impact refers to whether the alternative will positively impact health determinants (+), negatively impact health determinants (-), or have no impact on health determinants (~).
- Magnitude of Impact reflects a qualitative judgment of the size of the population of the anticipated change in health determinant effect: minor, moderate, major.
- Severity of Impact reflects the nature of the effect on health determinants and its permanence: minor, moderate, major.
- Equity Impact reflects a qualitative judgment of the magnitude of the anticipated change in health inequities related to housing conditions: (--)=moderate increase in health inequities related to housing(-)= minor increase in health inequities related to housing; (~)=no change; (+)=minor improvement in health equity related to housing; (++)=moderate improvement in health equity related to housing
- Strength of Causal Evidence refers to the strength of the research/evidence showing causal relationship between the alternatives and the health determinants: * = plausible but insufficient evidence; ** = likely but more evidence needed; *** = high degree of confidence in causal relationship. A causal effect means that the effect is likely to occur, irrespective of the magnitude and severity.