



In the Shadows of a New City

How Low-Wage Jobs
and High-Cost Housing
Undermine Community Health in Anaheim

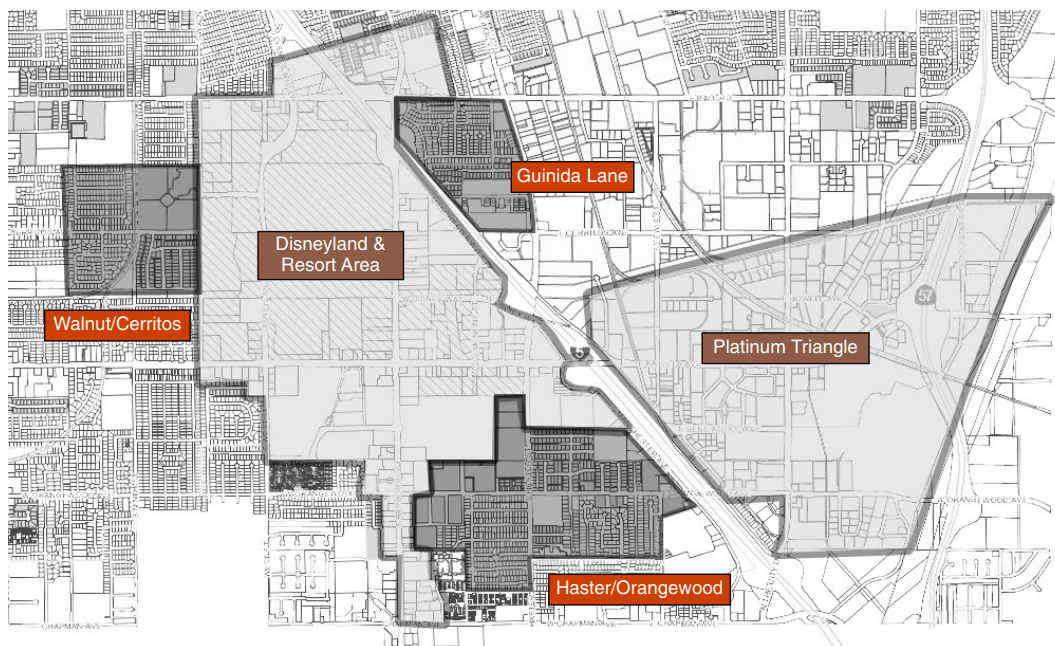
Introduction – What Constitutes a Healthy Community?

Some define healthy communities as those in which people are physically healthy and active. Others define a healthy community as one in which people maintain a high quality of life through access to health care services, healthy foods, parks and recreational facilities. Still others define a healthy community as one that constantly improves physical and social environments and expands community resources that enable people to mutually support each other in performing all the functions of life.

Orange County Communities Organized for Responsible Development (OCCORD) views community health in the context of the broader, structural crisis of working poverty in our region, and we believe regional planning and economic development policy provide many tools to address health disparities. At OCCORD, we believe that a healthy community empowers people with the opportunities, resources, and knowledge to make healthy choices for themselves and their families. The physical and social environments of such a community serve as a means, not a hindrance, to healthy pursuits, and must sustain all of these characteristics over multiple generations.

In an unhealthy community, by contrast, the lack of opportunities, resources, and knowledge creates structural barriers that prevent or discourage residents from making healthy choices for themselves and their families. Unhealthy communities do not become healthy without responsible planning by local policymakers and active participation from every sector of society.

This report focuses on three Anaheim neighborhoods: Haster/Orangewood (the neighborhood surrounding Ponderosa Park), Guinida Lane (the neighborhood adjacent to Paul Revere Elementary School), and Walnut/Cerritos (the Pepperwood and Hermosa Village communities). We chose these neighborhoods based on their socio-economic characteristics and their proximity to high-intensity land use and development.



In Anaheim, Orange County's second largest city, large-scale economic development is concentrated in two districts: (1) The Resort District, home to a world-renowned theme park, several major hotels, and the largest convention center on the west coast, and (2) the adjacent Platinum Triangle, which is zoned for high-density mixed-use development (perhaps as much as 18,909 upscale and market-rate residential units and 19.2 million square feet of office and commercial space). Future high-intensity development in the Resort District and Platinum Triangle will have a disproportionate impact – positive or negative – on the neighborhoods we surveyed.

According to data from the 2000 census, the overall population of the three neighborhoods totaled 37,660. These neighborhoods include significant concentrations of immigrant workers, many of whom are employed in the Resort District.

	Survey Area	Anaheim	Orange County
Total Population	37,660	327,357	2,846,289
% White	22%	36%	51%
% Latino	65%	47%	31%
% Black	2%	2%	2%
% Asian	8%	12%	13%
% Other	2%	3%	3%
% Native Born	52%	62%	70%
% Foreign Born	48%	38%	30%
Median Household Income	\$40,506	\$47,122	\$58,820

Source: U.S. Census Bureau

Historically, residents of the three neighborhoods have not participated extensively in the civic life of their city, especially in comparison to nearby middle class neighborhoods.

On a wide range of indicators, our survey finds profound disparities between the three neighborhoods and the rest of Orange County. The lowest income families, those earning below \$25,000 annually, experience even worse conditions than their neighbors. Although we do see some positive signs, we cannot, by any definition, describe these neighborhoods as a healthy community.

Instead, we observe a downward spiral that begins with the proliferation of low-wage, no-benefit jobs that do not pay enough to cover the high cost of housing in Anaheim. To remain close to their jobs, many residents have little choice but to live in overcrowded conditions. Due to the unsustainable mix of low-paying jobs and high cost of housing, concentrations of poverty develop within these neighborhoods and lay the foundation for gangs and other problems with safety and security. As a result, residents experience levels of stress that are much higher than in the average Orange County neighborhood, and stress is linked to health problems such as high blood pressure, unhealthy eating, heart disease, diabetes, and domestic abuse. In short, economic insecurity systematically undermines safety and community health for working families in these neighborhoods.

Although this report identifies challenges, we believe that these neighborhoods can overcome their challenges if residents, their elected leaders, and the broader community choose to work together. We conclude this report with a discussion of holistic frameworks that address the challenges and reverse the downward spiral through a combination of community engagement, civic leadership, and public policy solutions.

Methodology

The dual purpose of this study is (1) to document community health needs in the three neighborhoods we surveyed and (2) to identify any health issues that affect these three neighborhoods disproportionately. Because we wanted to engage with residents directly, we determined that the best tool would be a needs assessment survey.

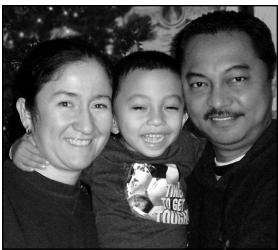
Since there was relatively little data available as to the specific needs of the subject area, we conducted a series of focus groups to get a sampling of needs and concerns of residents within these neighborhoods. A total of twenty-four (24) people were interviewed over the course of five (5) focus groups. The focus groups were divided by neighborhood, with one focus group each from Guinida Lane and Walnut/Cerritos, and three (3) focus groups from Haster/Orangewood. The Haster/Orangewood sample was greater because the population of the area is significantly larger than the other two neighborhoods.

We created the survey instrument using statements and concerns that we collected from the focus groups. We then took the survey into the field, where a trained group of volunteers, interns, and staff went door-to-door interviewing families in the three neighborhoods about their experiences, concerns, and needs. Surveys were conducted in both English and Spanish. In total, we interviewed a large and statistically relevant sample of 524 families. Of these families, 275 were from Haster/Orangewood, 127 were from Guinida, and 122 were from Walnut/Cerritos.

Income Inequality Affects Health

Families in the Haster/Orangewood, Guinida Lane, and Walnut/Cerritos neighborhoods lack the opportunities and resources that would foster a healthy community. From a survey of 524 families, a number of telling factors were documented:

- 69% of respondents feel that housing costs are too high
- 59% report that new jobs created in Anaheim do not pay enough
- 34% of those surveyed feel that their neighborhood is unsafe
- 66% of residents surveyed feel that gangs are a problem
- 28% of those surveyed feel stress
- 40% of respondents are without any form of healthcare coverage



We thought that we were going to lose our home because of the high payments. We are still waiting on that. Two nights before the foreclosure, I did not sleep at night, thinking about what I was going to do the next day before the foreclosure came... [The jobs] pay better here (in comparison to Riverside and Corona), but they don't pay enough to live here.

– Arturo and Kelly

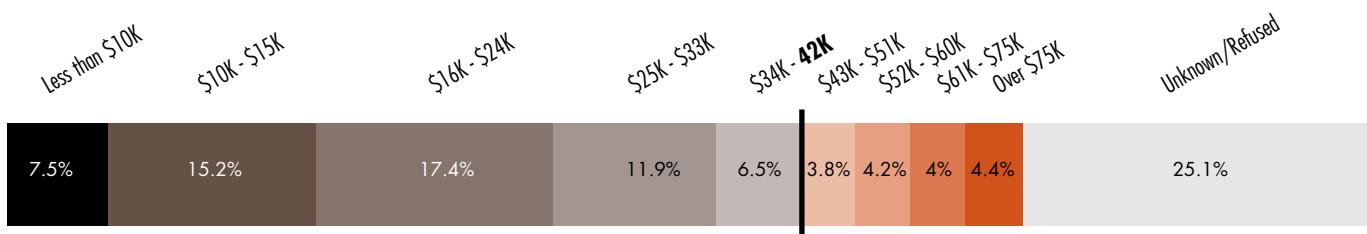
Families in the survey area experience high rates of depression, high blood pressure, diabetes, and asthma relative to countywide figures. Of those surveyed, at least half feel that programs on diabetes, weight control, drug & alcohol awareness, mental health, domestic violence, and workshops about health insurance are needed in their communities. Gangs, issues of security, drugs and alcohol, graffiti, and unemployment were all identified as issues of high concern.

UNSUSTAINABLE MIX OF JOBS AND HOUSING

Asked to identify issues related to development in Anaheim, survey respondents overwhelmingly pointed to high housing costs and low-paying jobs. Their greatest concern was housing costs: 69% of respondents said that housing is too expensive for families. Low wages was their next greatest concern: 59% of respondents said that new jobs created in Anaheim do not pay enough. According to the survey, 40.2%, or 2 out of every 5 families, earn below \$25,000.

As of 2007, the federal poverty level (FPL) was set at \$10,787 for an individual and \$21,027 for a family of four with two children. However, FPL is severely outdated as a measure of poverty. It was originally based on the cost of food, but over several decades, the cost of food has risen faster than the poverty level. In addition, FPL ignores regional differences in cost of living, and as we know, Orange County has a much higher cost of living than most other localities across the country. A better measure of poverty would be 200% of FPL. Families below the 200% threshold are often described as "economically disadvantaged."

Income Distribution (Families with 2 children)



Using the 200% threshold, our survey found that 58.6% of families with 2 children are economically disadvantaged, as they make below \$42,000 annually. The percentage of economically disadvantaged families in these neighborhoods is significantly higher than at the city and county levels. In Orange County, 25% of

individuals are below 200% of FPL, and in Anaheim, the rate is 36% (source: US Census Bureau).

Based on the Orange County United Way's self-sufficiency standard, a single parent with one preschooler and one school-aged child would need to make \$60,446 to meet their basic needs. That translates into an hourly wage of \$28.62, which is roughly triple the California minimum wage. According to the survey results, only 8.4% of all respondents would be able to meet this threshold for self-sufficiency.

The levels of poverty that we found in these neighborhoods do not come as a surprise since the most commonly reported jobs tend to pay low wages and provide few, if any, benefits. When we asked survey respondents where they worked, the top three responses, aside from unemployed and stay-at-home parent, were the service sector (16.9%), administrative/office work (7.5%), and construction (5.0%). Jobs in these fields tend not to pay high wages. Average hourly wages in these fields are between \$8.01 and \$15.16,¹ which equates to an annual wage ranging from \$16,660 and \$31,533. As we discovered when we asked about health insurance coverage, these jobs rarely provide full benefit packages.



The saddest thing has been that my son has had to change schools every year because we have had to move because of how expensive the rent has become... The only way I will be able to live a better life is if I work two or more jobs. With what they pay us, there is no way.

– María Isabel Barrera

Occupations with the most job openings, 2006-2016, Orange County, CA

Occupational Title	Median Hourly Wage
Retail Salespersons	\$9.89
Cashiers	\$8.66
Waiters and Waitresses	\$8.01
Combined Food Prep. & Serving Workers, Including Fast Food	\$8.17
Office Clerks, General	\$12.71
Laborers and Freight, Stock, and Material Movers, Hand	\$9.38
Customer Service Representatives	\$15.06
Landscaping and Groundskeeping Workers	\$9.15
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	\$8.99
General and Operations Managers	\$48.67

Source: California Employment Development Department, 2008

According to the State of California Employment Development Department, Orange County's projected occupations with the most job openings from 2006 to 2016 are retail salespersons, cashiers, waiters and waitresses, food preparation/serving workers, office clerks, laborers, customer service representatives, landscaping/groundskeeping workers, janitors and general/operations managers. On average, all but two of these jobs pay between \$8.01 and \$12.71/hour, which equates to between \$16,660 and \$26,437 annually, assuming full-time employment.

Anaheim's top ten employers include several that appear to fit the broader, countywide trend:



It was very difficult, still is to this date very difficult to find a good job. It is easy to find the minimum (wage job), but not a well paying job.

– Erika and Alejandro

1. Walt Disney Resort
2. Kaiser Permanente Foundation
3. Northgate Gonzalez Supermarkets
4. Anaheim Memorial Medical Centers
5. Alstyle Aparrel
6. Honda Center
7. Hilton Anaheim
8. Long Beach Mortgage
9. SBC (Pacific Bell/Yellowpages)
10. West Anaheim Medical Center

Source: Anaheim Municipal Budget, FY 2008-09

Based on analysis and projections from the Center for Demographic Research at California State University, Fullerton, we can expect the proliferation of low-wage, no-benefit jobs to continue in Anaheim:

Employment [in the Anaheim Regional Statistical Area] will continue to be concentrated in existing employment areas, including the central business districts of Anaheim and Garden Grove, and in the vicinity of Disneyland, the Anaheim Convention Center and the Platinum Triangle.

The Housing Wage:

Income needed to afford a 2-Bedroom Apartment in Orange County

Income needed to afford a Fair Market Rent apartment	\$30.67 (\$63,800/year)
Minimum wage	\$8.00 (\$16,640/year)
Housing Wage as % of minimum wage	383%

Source: National Low Income Housing Coalition, Out of Reach, 2007-2008

I have two boys, two girls. They each had their own room. One room for the boys another room for the girls. So when we lost our jobs, we had to rent the rooms and stay all together in one room.

– Erika

Magnifying the impact of low-wage jobs is the fact that the 2-bedroom housing wage in Orange County is the highest in the state.² The hourly wage needed to afford a 2-bedroom fair market rent apartment in Orange County is \$30.67, which is the third highest in the nation. Rental housing continues to be unaffordable for many working families, and the current wages that are offered in the highest areas of job growth do not pay enough for families to afford rental units.

25% of all families surveyed are homeowners, compared with 70% who are renters (4% refused to respond), but only 17% of respondents earning less than \$25,000 annually are homeowners, compared with 54% of respondents earning \$25,000 or more. As was previously mentioned in this report, 40.2% of all respondents reported annual incomes below \$25,000.

Percent of homeownership by income:

Income less than \$25,000: 17%

Income more than \$25,000 : 54%

Homeownership produces a variety of personal, social and economic benefits at the individual and community levels. On an individual level, homeownership is an

investment that fosters wealth accumulation. Homeownership is viewed as a “forced savings plan” (Boehm & Schlottmann, 2004; HUD, 1995) because payments on a mortgage are retained as equity. Wealth is accumulated over time as equity increases with the value of the home.

Another benefit to homeownership is its impact on an individual's quality of life. The United States Department of Housing and Urban Development (HUD) cites homeownership as a source of self esteem, control and life satisfaction (1995). Once an individual has bought into the housing market, they are not only making a personal investment, rather, they are making an investment in their community. People who invest in the housing market are likely to live in their neighborhood up to four times longer than a renter (State of Tennessee, 2006). Homeowners are more likely to upkeep their property, participate in their local schools and politics, and have higher rates of community pride. Neighborhoods with high rates of homeownership are also more likely to have lower rates of crime and higher rates of public safety and community awareness (State of Tennessee, 2006).

The combination of low-wage jobs and high-cost housing often results in multiple families living in a single house or apartment, which, in turn, strains existing infrastructure and can lead to living conditions that are unsanitary or prone to domestic abuse.

LOW PAY AND HIGH HOUSING COSTS CREATE SECURITY ISSUES

The 2003 Orange County Health Needs Assessment (OCHNA) countywide survey asked people if they felt safe in their neighborhoods. The overwhelming majority of respondents, 97.7%, said that they felt safe in their neighborhoods, and only 2.3% of respondents (12 out of 520) reported that they did not feel safe. By contrast, 34% the families who responded to the OCCORD survey reported that their neighborhood is unsafe.

Residents who feel unsafe in their neighborhood

All of Orange County: 2.3%

Survey Area: 34%

Concerns about security stretch across all income levels in the three neighborhoods we surveyed, as people making above and below \$25,000 are just as likely to view their neighborhood as unsafe, but homeowners were more likely than renters to feel safe:

Residents by home ownership status who consider neighborhood to be safe

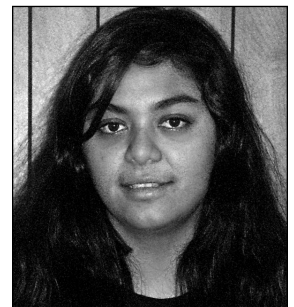
Homeowners: 73.5%

Renters: 57.7%

When queried more specifically about the top concerns in their neighborhoods, survey respondents overwhelmingly pointed to gangs, security, and drugs and alcohol. Two out of 3 families (66%) stated that gangs are a concern. The second highest concern was security, identified by 62% of respondents. Drug and alcohol abuse is a concern for 60% of all families surveyed, followed by graffiti (54%), unemployment (53%), and youth violence (50%). We note that with the exception of unemployment, all of the residents' top six concerns for their neighborhood involve safe-

There are 10 of us living in a house with 4 bedrooms and one bathroom. We have to schedule how we are going to use the bathroom and everything else in the house. We need to know who wakes up first, we have to wait until one gets out of the bathroom, and we're always in a hurry because there are times when we all need to leave the house at the same time.

– Maria Isabel Barrera

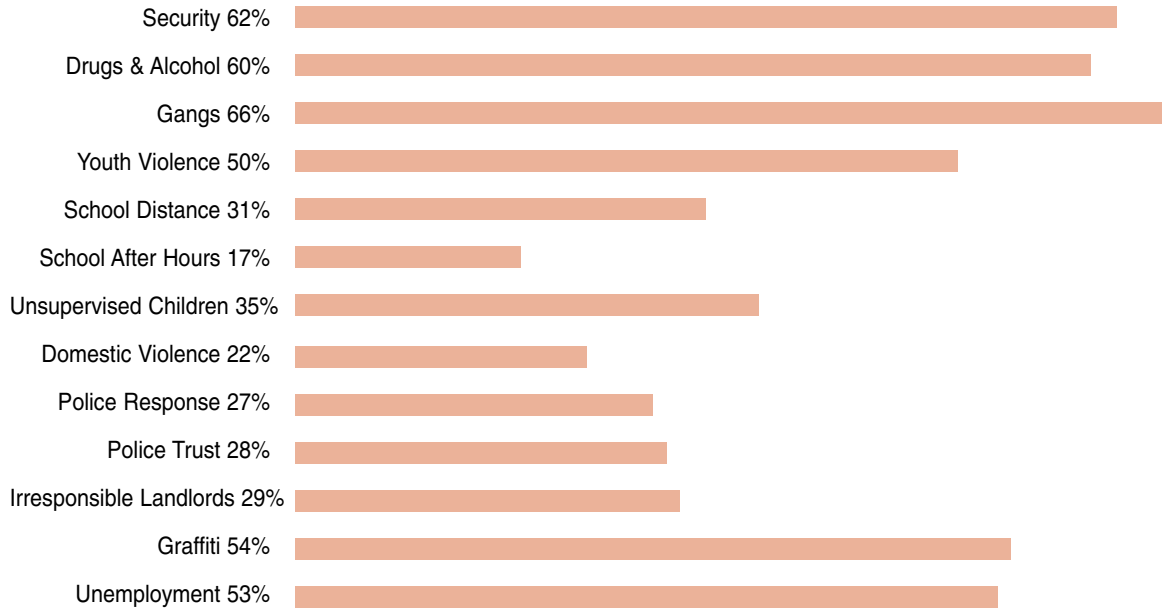


When somebody can't pay the rent or doesn't have the means to eat, they sell drugs. I am not justifying it, but sometimes people steal to be able to eat. What would you do?

– Paulina

ty and security. Yet another telling statistic is that 35% of respondents feel that unsupervised children present a problem. For some youth, lack of supervision is a factor enabling their involvement with gang culture.

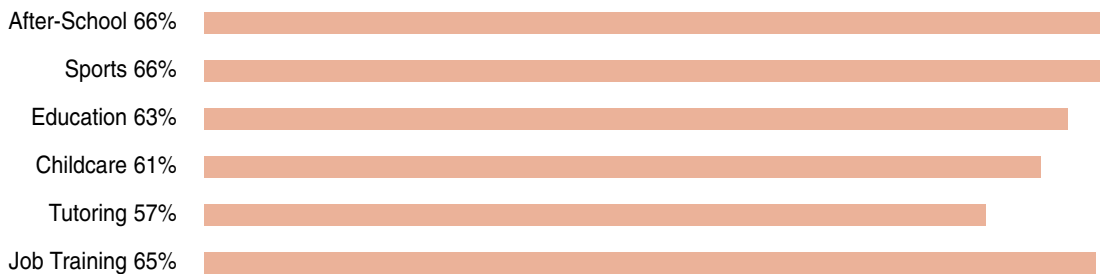
Neighborhood Concerns



In the survey, we supplemented questions about residents' experiences and concerns with questions about their programmatic needs. When asked what types of youth programs residents would like to see, the top three results were:

1. More after-school activities 66%
2. More sports programs 66%
3. Job training programs 65%

Youth Program Needs



OCHNA asked similar questions pertaining to youth in their county-wide health survey in 2003. When asked what type of after-school activity county residents would most like to have available for their child, 47% responded more recreation and sports, 19.3% responded art/music/culture programs, and 13.2% responded tutoring/homework/education. With the exception of sports, the demand for youth activities in the Anaheim neighborhoods is significantly higher than those countywide. In the countywide survey conducted by OCHNA, only 2.1% stated that they would like to see job training, compared to 65% of respondents in Anaheim who want to see job training programs for the youth.

Safety and security also impact community health by limiting families' opportunities for exercise and outdoor activity. The Anaheim neighborhoods in which the study was conducted are very fortunate to have relatively easy access to parks. According to the survey, approximately 89% of participants indicate that they have a park that they can walk to in their neighborhood. However, 35% of those surveyed say that the park in their neighborhood is unsafe, thus do not ever use it. According to our focus groups, gangs, drugs, and public drunkenness are the main security issues affecting the parks. Although residents report limiting their park usage due to security issues, the City of Anaheim, in its 2007 environmental impact report for a proposed expansion of the Platinum Triangle, concluded that existing park users were already being "turned away from joining a sports group or making a picnic reservation due to lack of availability" and that "any added demand" would cause parks and recreational facilities "to be reserved above capacity without resting the fields or allowing adequate time for renovation and repair." Ironically, a reduction in residents' security concerns could result in even greater overutilization of the local parks.

Moreover, landlords sometimes respond to problems with security and unsupervised children by imposing rules that reduce opportunities for outdoor exercise and recreation: In survey interviews, some residents reported that their landlords prohibited children from playing in the outdoor courtyard areas of their apartment complexes.

The lack of program facilitation for the youth, mixed with the tough economic conditions that plague the three neighborhoods has caused severe issues with security. The high concerns over gangs, the lack of youth facilitation, and the high rates of rentals has created a neighborhood that perpetuates cycles of insecurity, and thus diminishes the quality of life for residents living in these neighborhoods. These issues have profound effects on overall community health.

INSECURITY CAUSES STRESS AND HEALTH DISPARITIES

Issues of security, coupled with the lack of resources for youth significantly add to stress and depression for the adults in these neighborhoods. We believe that parents are doing what they can with the limited resources at their disposal to provide a better life for their children. However, with limited economic means and limited public resources, it is very difficult for them to provide a healthy environment. As the survey points out, a majority of parents work at poverty level jobs, while trying to balance time with their children and raise them in an environment that they deem unsafe.

These conditions create a difficult environment for families and lead to extremely high rates of stress and depression. As identified by survey respondents, the top three health issues facing the three neighborhoods are:

- | | |
|-------------------------------|------------|
| 1. Stress | 28% |
| 2. High Blood Pressure | 27% |
| 3. Diabetes | 18% |



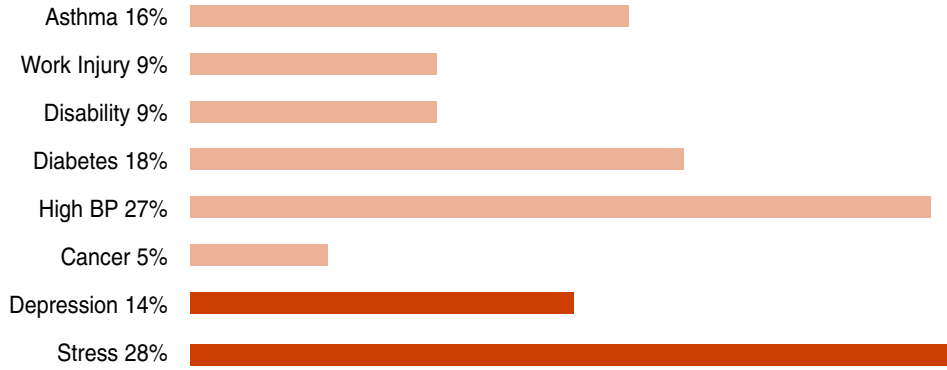
When the parents have to work more hours, they're less present in the home so the kids have to then depend on others to help, to figure out how to do things and if folks are not present that are positive, then it just makes kids subject to negative things.

-Dr. José F. Moreno,
Board Clerk,
Anaheim City School
District School Board,
2009

The children don't go out to play. If they want to play, they play in here. If they want to go out, we need to take them out to the park. We prefer to go farther than to [the] parks around here."

- Erika

Health Concerns

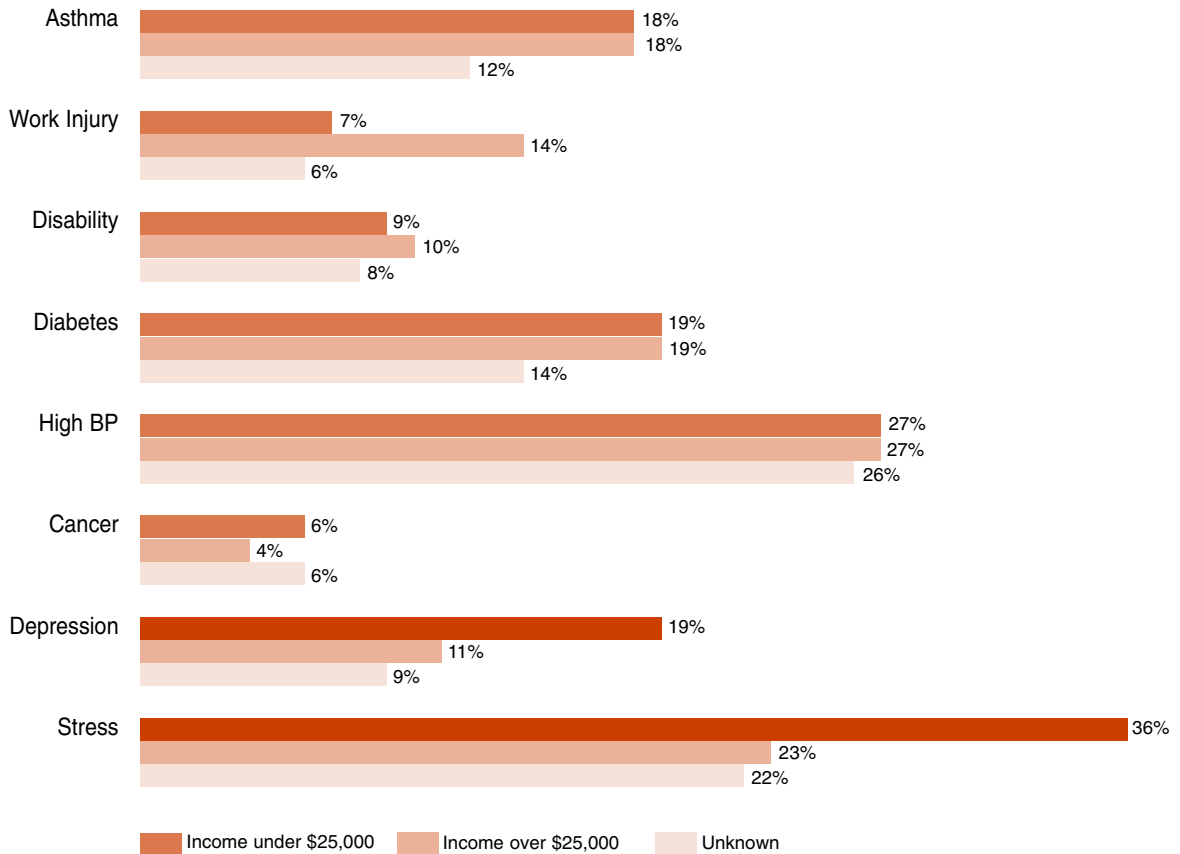


Among all respondents, 28% reported stress as a health issue that affects their families, but stress rates are notably higher among respondents earning less than \$25,000 per year. Of the lowest income group, 36% reported stress, suggesting that family income is a significant contributing factor. Respondents with income less than \$25,000 also report higher levels of depression:

Health Concerns by Annual Household Income Status: <\$25,000 vs. >\$25,000

Depression: 19% vs. 11%
Stress: 36% vs. 23%

Health Issues (by Annual Household Income)



The 2003 countywide OCHNA survey asked the following question about stress, depression, and mental health: "Thinking about your mental health, which

includes stress, depression and problems with emotions, how many days during the past 30 days was your mental health not good?" Although the OCCORD survey asked a slightly different question, our analysis of the OCHNA data suggests that instances of stress and depression may be higher in the three Anaheim neighborhoods than in the rest of the county. In the OCHNA study, 83% of respondents said they experienced zero days of mental unhealth, which leaves 17% of the population with between 1 and 30 days of mental unhealth, stress, and/or depression.³

In OCCORD's Anaheim study area, 28% of the families interviewed identified stress as a health issue affecting their families, and 14% identified depression. Although we measured stress and depression as separate items, further analysis shows that 35% of the families surveyed reported either stress or depression, more than twice the countywide rate that OCHNA found when they queried individuals. We note that our survey did not encompass other forms of mental unhealth that were measured by OCHNA, so the actual rate of mental unhealth might be even higher in the three Anaheim neighborhoods. It is also important to note that the OCHNA study focused on individual's response rates whereas the OCCORD study focused on family response rates.

OCCORD believes that stress is a key factor contributing to the health disparities that affect the three neighborhoods we surveyed. Clinically, stress has been linked to high blood pressure, unhealthy eating, and increased risk of heart disease, among other unhealthy factors. The British Medical Journal conducted a study in 2006 that found a link between stress and metabolic syndrome, which involves obesity and high blood pressure. As stated in the BBC News article that covered the story on January 20, 2006:

The researchers discovered that there was a link between the amount of stress experienced in [the subjects] job and the levels of metabolic syndrome (a cluster of factors which cause heart disease and diabetes)... This relationship meant that the more stress someone suffered, the more likely they were to suffer metabolic syndromes symptoms... The study also found that both men and women from lower employment grades were more likely to have metabolic syndrome, confirming past reports that social status is linked to the risk of the syndrome.

Stress has also been linked to health problems such as weak arteries, weakening immune systems, and vulnerability to other illnesses, as concluded in a report entitled "Stress and Disease: New Perspectives," by Harrison Wein, Ph.D, in 2000.

Individual rates of diabetes across the county are at 4.61% according to a 2005 study done by the California Diabetes Program entitled "Diabetes in California Counties: Prevalence, Risk Factors and Resources". Orange County has the 6th highest rate across the state for diabetes. Our survey found that 18% of the families that we interviewed, or approximately 1 in 5, had a family member with diabetes. Although the OCCORD study did not account for individual rates of diabetes, based off of the data it appears that rates of diabetes may be higher in the survey area than in the County as a whole

Rates of asthma are also prevalent in the survey neighborhoods. Countywide,

I had never gotten sick in my life until I came to the United States because of the type of work. We have been here 5 years and within that time frame, I have gotten sick with high blood pressure, cholesterol...it's because of the lifestyle.

– Arturo



I am a diabetic with high blood pressure and then with no work available, and then here at night the gangsters that get in here, talk, yell, and so much stuff they do, gives us insomnia. And with diabetes, I wake up in bad shape, but I have to get used to it because it's like this every day.

– Felix Meneses

9.3% of residents have been diagnosed with lifetime asthma (source: California Health Interview Survey, 2003). In the subject area, 16% of the families interviewed responded that they had at least one family member with asthma. Again, the OCCORD survey did not account for rates of asthma on an individual basis, rather, the survey focused on the prevalence of asthma among families.

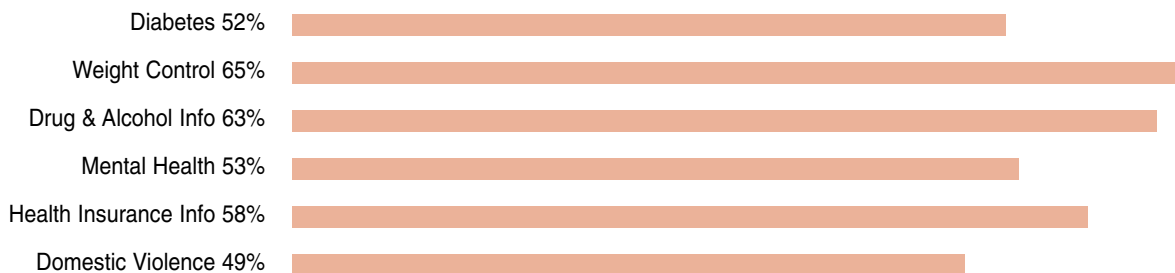
Contra Costa Health Services released a report in 2008 entitled "Planning Communities: What Health Has To Do With It," and found that instances of asthma have to do with poor air quality. The report states: "Outdoor air pollution that triggers asthma originates from mobile and stationary sources in the built environment. Mobile sources, primarily vehicle emissions, are responsible for one-third to one-half of all air quality problems."

It is interesting to note the high rates of asthma are in close proximity to high-intensity, traffic-generating land uses such as the Anaheim Resort District and the Platinum Triangle district that is currently under development.

Again, the OCCORD survey supplemented questions about residents' health issues with questions about their health-related programmatic needs. When asked what type of health-related programs they would like to see, the top three programs identified by respondents were:

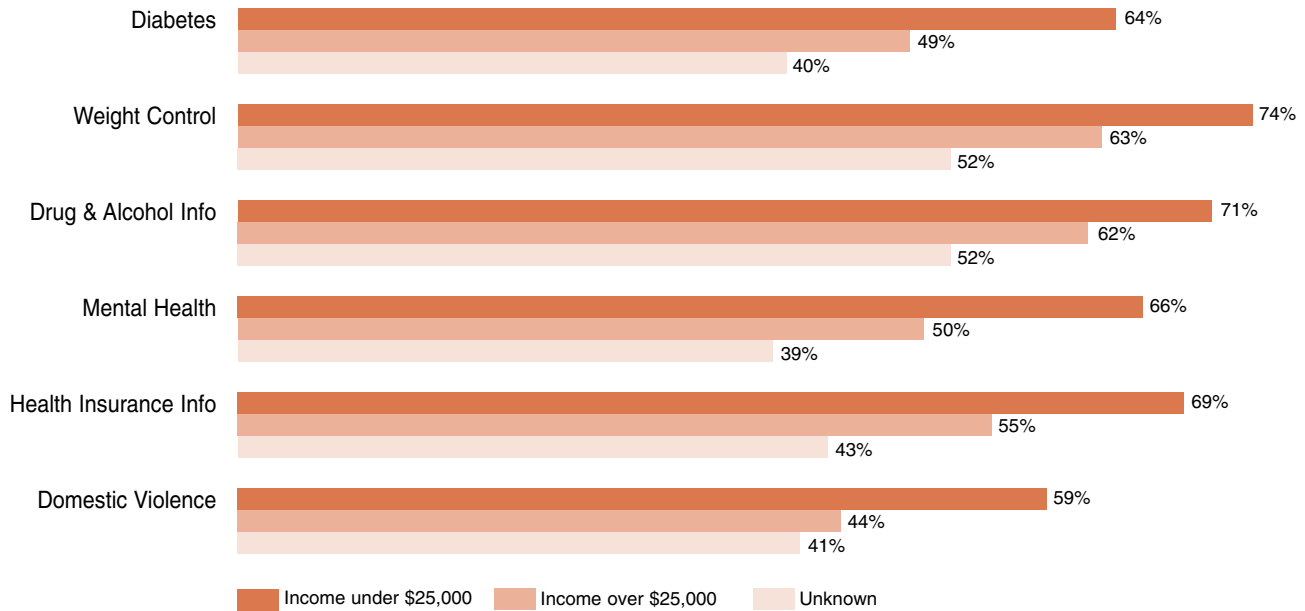
- 1. Weight control (65%)**
- 2. Drug and Alcohol Awareness (63%)**
- 3. Health Insurance Information (58%)**

Health Program Needs



In addition, 52% of families would like to see programs on diabetes prevention, and 53% would like to see programs on mental health. We note that with the exception of health insurance information, all of residents' top programmatic needs are clinically connected to stress.

Health Programs Desired (by Annual Household Income Status)



High levels of stress greatly impact the health of residents in the three neighborhoods. Stress links to depression, mental instability, weakened arteries, high blood pressure, diabetes, weight control, and domestic violence. All of these issues are listed as areas of high concern in the targeted neighborhoods. The sources of stress appear to be interlinked with the tough living conditions that are presented when trying to raise a family in an area with an extremely high cost of living, plagued by gangs and issues of security, while working a poverty-wage job.

JOBS AND HEALTHCARE

Yet another factor contributing to these health disparities is access to healthcare. In Orange County, according to the 2003 OCHNA survey, 88.2% of residents have some form of healthcare coverage, leaving 11.8% of the county population without. According to the OCHNA, the lack of healthcare coverage has several effects, including:

- "Delaying or forgoing needed medical care - may lead to serious health concerns"
- "Less likely to utilize preventive health care services and screenings including mammograms, map tests and prostate exams"
- "Chronic health conditions such as diabetes or asthma do not get needed, consistent care and may require more costly emergency services that could have been avoided with access to proper routine care."

Residents who lack health coverage

All of Orange County: 11.8%

Survey Area: 40%

In the OCCORD survey, 40% of respondents did not have any form of health insurance, nearly quadruple OCHNA's countywide figure. Income disparities play a significant role here as well. According to the results, the percentage of participants who have health insurance varies significantly by income:

I have no money to go to the doctor. I have no health insurance. One tries to cure oneself with home remedies, it's all one can do because you go to the doctor and they say, "oh, it's \$50 for just the visit, plus the prescriptions.

With \$50 I can pay for insurance, or I can pay for the electric bill or the phone bill."

– Erika

Less than \$25,000: 50.7%
\$25,000 or greater: 73.7%

In the OCCORD survey, half of respondents who earn below \$25,000 are without any form of health coverage. By contrast, in the 2003 OCHNA study, only 25% of residents making below \$25,000 are without health coverage. As for countywide health coverage for household incomes above \$25,000, 10% of those earning from \$25,000 to \$50,000 are without some form of coverage, 4% of those earning from \$50,000 to \$75,000 lack health coverage, and the coverage rate decreases by income bracket from there. That leaves a significant disparity between the county and the Anaheim neighborhoods even for those making over \$25,000.

Survey Area Health Coverage By Type



The percentage of families in the three Anaheim neighborhoods who use either Medi-Cal or Medicare is significantly higher than the county averages. The 2003 OCHNA study found that 9.1% and 5.3% of residents in the county use Medicare and Medi-Cal, respectively. In the Anaheim neighborhoods, the percentage of families who rely on Medi-Cal is 46%, or nearly 9 times the amount of the county rate, and 26% rely on Medicare, or 2.5 times that of the county rate.

Only 20% of respondents in the Anaheim neighborhoods, or 1 in 5, have health care coverage through their employer. The county rate for employer-based health coverage is 71.9%, again showing a huge disparity between the Anaheim neighborhoods and the county as a whole (source: OCHNA).

These disparities in access to healthcare connect back to the shortage of good quality jobs. Available jobs do not pay sufficient wages for families to support themselves in this high-cost environment. Many industries and employers do not provide affordable or sufficient healthcare benefits for those families who support themselves with low-wage jobs, so many of those families must instead turn to government programs to meet their healthcare needs. *The results are clear: low-wage jobs have a profound effect on the overall health of a community.*

Healthcare coverage for children in the three Anaheim neighborhoods is also lower than the countywide rate. In the OCCORD survey, 73.2% of respondents with children indicated that their children have insurance. Of those whose children have health insurance, 36% reported that their children were enrolled in Medi-Cal, Medicare, or Cal Optima; 13% reported children enrolled in Healthy Families; and 23% reported children enrolled in employer-based plans. The remaining 28% have an unidentified form of insurance. These coverage rates contrast sharply with the county averages that were cited in the 2003 OCHNA study, as 91.5% of children across the county have some form of health insurance, while 8.5% are without. In

Right now, with what I make and with the hours that I'm given, we cannot pay for insurance.

– María Isabel Barrera

our survey, 15.3% of those surveyed stated that their children do not have health insurance, nearly double the countywide rate. The number of children enrolled in Medi-Cal is double the countywide rate of 18%.

Conclusion

The results of our Anaheim survey provide local confirmation of research that has long established a link between poverty and poor health. According to the American Journal of Epidemiology, "a vast body of evidence has shown consistently that those in the lower classes have higher mortality, morbidity and disability rates" and these "are in part due to inadequate medical care services."⁴ Moreover, studies from Harvard and Berkeley have shown that income inequality — not just absolute poverty — is equally important.⁵ States with the highest levels of income inequality have the highest mortality and morbidity rates. This finding is especially significant for Anaheim and Orange County, where income inequality has been growing.

Many factors contribute to the unhealthy conditions of the poor. Political scientist Jeffrey Reiman compiled numerous statistics on crime and income level in his book "The Rich Get Richer And the Poor Get Prison " and determined the following: "Less money means less nutritious food, less heat in winter, less fresh air in summer, less distance from sick people, less knowledge about illness or medicine, fewer doctor visits, fewer dental visits, less preventative care, and above all else, less first-quality medical attention when all these other deprivations take their toll and a poor person finds himself seriously ill."⁶ Reiman also goes on to say that "this is not to mention that the poor generally work and live in more polluted, hazardous and strenuous environments."

Research has shown that greater inequality in the distribution of income is associated with not just higher rates of overall mortality, but also rates of premature death from heart attack, cancer, and infant mortality. Income inequality and poverty rates could together explain about one quarter of the variation in overall mortality rates. George Kaplan's research from the University of Michigan concluded that metropolitan areas with high income inequality and low per capita income had an excess death rate of about 140 deaths per 100,000 compared with that of areas with low inequality and high per capita income. This mortality difference was estimated by the authors to be comparable in size to eliminating all deaths from lung cancer, diabetes, motor vehicle crashes, AIDS, suicide, and homicide in the U.S. Thus, even a modest reduction in income inequality could have an important impact on public health. Kimberly Lochner, an epidemiologist at the National Center for Health Statistics, followed up on 547,000 individuals in the U.S. National Health Interview Survey in 2001 and found that living in areas of high inequality was associated with increased death rates for the poor (those with incomes below the federal poverty threshold) as well as the near-poor (those with incomes up to double the poverty line).

Children are especially affected by socioeconomic factors. A lack of financial or community resources means that low-income children may not get the nutrition or the physical activity they need to grow up healthy. A May 2004 survey by the

We don't have access to those stores [that have healthy food choices], and even if there was one, we can't buy anything because it's too expensive.

– Paulina

I think [people are] always living at risk that if you don't do everything perfect, your whole life can crumble. That is not healthy and so if the bus isn't perfectly on time, you are at risk of losing your job and if you do something wrong at your job, you miss a day, or you're required to be at school or else your child is going to be expelled, you're at risk of losing your job.

– Dr. José F. Moreno

California Endowment found that half (50%) of Californians rate their neighborhood as a poor or very poor place for children to get healthy foods. The figure was comparable (49%) in the region including Orange County.⁷ The incidence of overweight children from low-income families in Orange County has increased across all age groups.

Poverty, low social status, and economic inequality are major factors on public health and quality of life. To reduce health disparities, we must incorporate questions of economic and social policy into our conception of health policy. Reducing economic inequality and increasing access to healthcare would make a major difference. Promoting the creation of good quality jobs with benefits would be a significant step toward removing health disparities across the county. Good jobs that provide livable wages and employer-based health coverage allow parents to participate more in the daily lives of their children, reduce levels of stress, and increase the likelihood that residents see their family physician.

Frameworks for Future Policy

Solving the health disparities in the Haster/Orangewood, Guinida Lane, and Walnut/Cerritos neighborhoods will not be as simple as placing a medical clinic in these communities, or adding health-related social services. Although clinics and services would have a positive impact on the population, they do not address the root issue of the problem: Inequality created by low-wage jobs. Real solutions require holistic approaches that engage all sectors of the community and include public policy as well as nongovernmental programs and activities.

We recommend consideration of three holistic approaches that would address the problems we identified in the three neighborhoods:

- Community Benefits Agreements for large-scale development impacting the three neighborhoods
- Planning for a better mix of jobs and housing.
- Incorporating public health into the General Plan

COMMUNITY BENEFITS AGREEMENTS

A Community Benefits Agreement (CBA) is a holistic approach to addressing community needs through responsible development. A Community Benefits Agreement is a legally binding contract between a developer, a coalition of community organizations, and residents that addresses a broad range of community needs. It allows residents and community groups alike to have a voice in large-scale development projects that affect their daily lives.

CBAs engage residents and give them a stake in the project. They are designed to ensure that economic development addresses the needs of people who live and work in the community, and they generate support for a project from the local community. Community benefits agreements are a flexible framework that adjusts to the needs of the community, developers, and public agencies. In the past, CBAs have included:

- Living wage standards for local service sector jobs and prevailing wage standards for construction jobs
- A "first source" hiring system connecting new job opportunities to residents of low-income neighborhoods
- Space for a childcare center serving local residents and workers
- Development of community parks and recreational facilities
- Construction of affordable housing, which should also be accessible to persons with disabilities.

The CBA framework is an inclusive process that provides a mechanism to ensure that all stakeholders are heard and involved. It ensures transparency and helps the public, community groups, government officials, and other stakeholders monitor the outcomes of the project. CBAs are equally beneficial to a developer, as they attract public support for the project, thus saving time and money as the developer navigates the approval process.

PLANNING FOR A BETTER MIX OF JOBS AND HOUSING

A major cause for the health issues that we see in the Anaheim neighborhoods is the unsustainable mix of low-wage jobs and high-cost housing. This imbalance is similar to what the State and County have encountered, as noted by California Urban Planning expert William Fulton. "The growing expense of housing [h]as not [been] well matched to the area's emerging populations, many of whom work low-wage jobs."⁸ The unsustainable mix of low-wage jobs and high-cost housing creates a situation where many working families cannot afford to rent or buy a home near their workplace. The resulting commuter traffic increases air pollution and decreases quality of life.

By contrast, if there is a good mix of job types and housing for all income levels, neighborhoods become socio-economically integrated and balanced, reducing the concentrations of poverty that we see today in many Anaheim neighborhoods and addressing security issues that lead to high levels of stress and poor community health.

INCORPORATING PUBLIC HEALTH INTO THE GENERAL PLAN

The City's General Plan is the "blueprint" for future development. In essence, it is a long-term policy guide for the physical, economic, and environmental growth and renewal of the city. A General Plan that includes public health priorities can improve a community's well-being for years into the future by setting standards for healthy neighborhood development.

For example, the City of Richmond, California, recently took the initiative to develop a Public Health Element for its General Plan, addressing among other things, access to recreation and open space, healthy foods, medical services, public transit and safe active transportation, quality affordable housing, economic opportunities, and safe neighborhoods and public spaces.

By utilizing the General Plan as a tool to plan for healthy communities, Richmond recognized that: "[a] community's overall health depends on multiple factors, including the environment they live in. A healthier living environment reduces health risks and promotes better lifestyle choices."⁹

General Plans amendments and their associated land use policies are often used to facilitate large-scale development such as Anaheim's Platinum Triangle. These amendments should be seen as opportunities to integrate, on a smaller scale, the same kinds of policies, practices, and minimum standards that Richmond is incorporating into its General Plan Health Element. In addition to planning for development in specific areas, such amendments must address development's impacts, positive and negative, on surrounding neighborhoods and the city or region as a whole.

Sustainable, healthy communities require responsible planning by local policymakers and active participation from every sector of society. The neighborhoods we studied – and similar neighborhoods in Anaheim and throughout Orange County – can overcome their challenges if residents, their elected leaders, and the broader community choose to work together.

NOTES

1 State of California Employment Development Department.

2 National Low Income Housing Coalition, *Out of Reach*, 2007-2008.

3 7% reported 1 to 3 days of mental unrest, 2 % reported 4 to 7 days, 3 % reported 8 to 20 days, and 5% stated that they experienced mental unhealth, stress, and/or depression for 21 to 30 days in a given month.

4 S. Leonard Syme and Lisa Berkman, "Social Class, Susceptibility and Sickness," *American Journal of Epidemiology* 104, no. 1 (July 1976), pp. 1,4.

5 Berkeley study: George A. Kaplan and others, "Inequality in income and mortality in the United States: analysis of mortality and potential pathways," *British Medical Journal*, Vol. 312 (April 20, 1996), pp. 999-1003. Harvard study: Bruce P. Kennedy and others, "Income distribution and mortality: cross sectional ecological study of the Robin Hood index in the United States," *British Medical Journal*, Vol. 312 (April 20, 1996), pp. 1004-1007.

6 Jeffrey Reiman, *The Rich Get Richer And the Poor Get Prison* (New York: MacMillan Publishing Company, 1990), p. 75.

7 California Endowment, May 2004. *A survey of Californians about the problem of childhood obesity*.

8 William Fulton, *The Guide to California Planning*, Third Edition (Solano Press, 2005), page 280.

9 *City of Richmond General Plan Update, Issues and Opportunities Paper #8: Community Health and Wellness Draft*.

In the Shadows of a New City

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A report by **Orange County Communities Organized for Responsible Development**, February 2009

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