PROMOTING HOUSING SECURITY AND HEALTHY HOMES FOR FAMILIES SERVED BY MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAMS
ACKNOWLEDGMENTS

Report Credits:
Karen Cohn, Children’s Environmental Health Program Manager, Haroon Ahmad, Childhood Lead Prevention Coordinator and all of Children’s Environmental Health Promotion staff: Luz Brown, Margarita Herrera, David Lo, Cynthia Melgoza, Sarah Saavedra, Amanda Smith, Karen Yu.

PhotoVoice Project Partner Credits:
Shivaun Nestor, DPH Maternal Child & Adolescent Health
Ada Alvarado, Laura Olivas and Dairo Romero, Mission Economic Development Agency/Mission Promise

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EXECUTIVE SUMMARY

As a means of promoting healthy housing for families with young children, two San Francisco Department of Public Health (DPH) programs, the Children’s Environmental Health Promotion (CEHP) Program and the Women, Infants and Children (WIC) Supplemental Nutrition Program, partnered to offer WIC-enrolled families a comprehensive home environmental assessment service. Response to the mail offer was solely voluntary, with no coercion from WIC, and solely by request of the WIC-enrolled parent or guardian. This protocol included CEHP phone-based informed consent counseling to ensure that the parent or guardian understood how the requested home inspection could result in code enforcement by CEHP.

Overall, CEHP visited the homes of 173 WIC-enrolled families from 2013–2015, assessing both the presence of Health Code violations and the family’s social determinants of health, including housing security. While many low income families experience the challenges revealed in this report, the families who participated represent a “convenience sample” of those motivated to respond to the home assessment offer, and as such it cannot be assumed that all WIC-enrolled families, if provided the equivalent services, would generate the same findings.

Each CEHP home visit included these activities:

- A CEHP health educator who was bilingual in English and Spanish, Cantonese or Mandarin administered a survey on social determinants of health and provided families with a wide variety of resources related to their survey responses.
- A CEHP environmental inspector provided home assessment for public health nuisances defined in the San Francisco Health Code, including lead and mold hazards, unsanitary conditions and pest infestations.

- The inspector issued a Notice of Violation to property owner based on their findings, as well as created referrals to another City agency, the Department of Building Inspection (DBI), for violations of the San Francisco Housing Code.
- Both CEHP staff provided the family with healthy homes education on how to prevent environmental hazards that are within their control, as distinguished from those hazards that are the responsibility of the property owner.

This report describes the environmental and social determinants of health findings from those assessments, and discusses next steps based on those findings. CEHP documented that these families with young children lived with a widespread prevalence of unsafe and unsanitary conditions, unaffordable housing costs and resultant over-crowding, high social needs and ongoing stress, particularly the stress of housing insecurity.

CEHP staff discovered that for many families, while their living situations provided a roof over their family members and a floor beneath where they slept, oftentimes that roof and floor cost more than half of the family’s income. It’s evident that all other family needs (food, heating, transportation and health care) are in competition for scarce resources. As a result, overcrowded multiple family living situations and unlicensed-for-occupancy living spaces are the norm for many low income families. Though many of these families meet the City’s criteria for being “homeless” or “at risk of homelessness,” their status as such has yet to be counted in any official manner.

Parents of young children also report discomfort in living with strangers, in particular adult male strangers, under one roof in these multiple family living situations. There is no hard data as yet to substantiate if some children’s
behavioral problems may be secondary to exposure to excess alcohol use, abuse or neglect in dwellings with these safety concerns. This report builds the case for how housing insecurity is impacting the health and development of these children and the wellbeing of their families, at a time when City policy and resources are still struggling to attend to those families who are already homeless. Furthermore, this report will demonstrate that housing insecurity itself must be considered a significant source of toxic stress for low income families in San Francisco and an area needing the City’s immediate investment.

San Francisco’s Affordable Housing Crisis for Families

Housing is considered affordable when a person pays no more than 30 percent of their income toward housing costs, including utilities. When paying more than 30 percent, they are considered housing cost burdened, and when paying more than 50 percent of income, they are considered severely housing cost burdened. Housing cost burden is disproportionately greater for households that identify as Black or African American, Latino or Hispanic, American Indian, Alaska Native or Pacific Islander, as compared to renter households that identify as White.¹

Several City and County of San Francisco Departments and City-contracted non-profit agencies provide services and opportunities to the populations most negatively impacted by the boom in San Francisco’s economy. All of these entities are particularly aware of the housing insecurity faced by the families with children that they serve. The housing-related needs assessments of several agencies are given below.

The Department of Children, Youth and Their Families (DCYF) 2016 Community Needs Assessment² states:

Housing in the city is increasingly unaffordable, particularly for families.

The rapidly rising cost of housing in San Francisco has caused families to flee the city in increasing numbers year after year. Several programs and initiatives, such as those supported through the Mayor’s Office of Housing and Community Development, HOPE SF, and the Human Services Agency, provide critical services and resources to ameliorate the city’s housing crisis. Yet the cost of housing in San Francisco continues to rise, as illustrated in the figure below. The median cost of rent in August 2015 was $3,880 per month ($2,722 for a studio, $3,452 for a one-bedroom, $4,400 for a 2-bedroom apartment), which is prohibitive for low- and moderate-wage workers (those earning less than $18/hour), who comprise 36% of the labor market.

The Department of Public Health is an active participant in the San Francisco Health Improvement Partnership (SFHIP), which published the 2016 Community Health Needs Assessment³ (CHNA). The Assessment takes a comprehensive look at the health of San Francisco residents by presenting data on demographics, socioeconomic characteristics, quality of life, behavioral factors, the built environment, morbidity and mortality, and other determinants of health status. In the CHNA graphic below (Figure 1), displacement only refers to all-cause evictions, yet family-serving agencies are also aware of losing client families from San Francisco due their relocation out of the city using the City’s Rapid Re-housing Program. This CHNA data reinforces the reality of San Francisco’s housing crisis:

- Sub-standard housing quality, overcrowding, housing instability, and homelessness impact health by decreasing opportunity for self-care (sound sleep, home-cooked food, warmth, hygiene) and increasing risk exposure. Between 2000 and 2012, fair market rents increased by 22% and all causes evictions are at a 10-year high.
The Our Children Our Families Council, the newest City agency created to guide policy supporting children, youth and their families, and their consultant’s 2015 Data Report on Wellbeing of Children, Youth and Families shows how African American, Latino and Asian/Pacific Islander families are disproportionately impacted by the housing crisis:

- Housing in San Francisco is increasingly unaffordable for many residents across the income spectrum: Over a fifth of households spend half or more of their income on rent.
- Overcrowding varies by neighborhood and race/ethnicity, with Chinatown having the highest rates of overcrowding. Citywide, the majority of overcrowded households are Latino, Asian/Pacific Islander, or African American.
- While African Americans comprise 6% of San Francisco residents, they account for an estimated 42% of public housing residents. Over half of the 3,000 children in public housing are African American.
- A total of 226 families with children (a total of 630 family members) were identified as homeless in 2015, down from a total of 679 family members in 2013. Forty-six percent of homeless adults with children surveyed were African American, and 82% were female. Youth ages 18 to 24 accounted for 17% of homeless individuals.

The San Francisco Indicators Project managed by the Program for Health, Equity, and Community Health.
and Sustainability within DPH describes these connections between health, housing availability, cost, quality, and location:

High housing costs relative to income can result in spending a high proportion of income on housing at the expense of other needs, living in overcrowded or lower cost substandard housing, moving to where housing costs are lower or becoming homeless.

Involuntary displacement contributes to stress, loss of supportive social networks and increased risk for substandard housing conditions and overcrowding.

Racially segregated neighborhoods or those with concentrated poverty typically have fewer assets and resources such as schools, libraries and public transportation; host unwanted land uses such as power plants, solid and hazardous waste sites and bus yards; and have freeways and other busy roadways that run through them resulting in disproportionately higher exposure to noise and air pollution.

Sharing housing in crowded conditions can increase risks for infectious disease, noise, and fires.

Unsafe housing and habitability conditions that affect health include poor indoor air quality and inadequate heating or ventilation, which can lead to the growth of mold and dust mites, exacerbating asthma and respiratory allergies; lead-based paint which is the primary cause of lead poisoning in children; rodent and pest infestations; exposed heating sources; excessive noise; and unprotected windows.

Most recently, San Francisco City and County Supervisor Norman Yee passed legislation which led to the San Francisco Planning Department’s January 2017 report\textsuperscript{6}, \textit{Housing for Families with Children}, charged with explaining existing family housing conditions and providing a number of considerations for family friendly housing policies, focusing on households that include children less than 18 years of age. Planning’s analysis has high relevance for family and child public health outcomes, and revealed the following about the most recent years of housing development in San Francisco:

Between January 2005 and June 2015, 61% of the 23,202 units of new market rate development has been studios and one-bedroom units, predominantly in larger buildings. New market rate housing produced relatively few units with three or more bedrooms.

As market rate housing produces more smaller units, affordable housing (also referred to as below-market-rate) caters much more to families. Of the 529 affordable housing projects (units) built between 2011 and 2015, 53% (280) were family units with two or more bedrooms. But the production of these affordable family units doesn't compensate for the smaller units being produced at market rate because the income requirements for affordable housing are only applicable to some families and because 280 units of affordable family housing over five years is insufficient to meet demand.

Planning’s report acknowledges that where San Francisco falls short in producing new housing for families, more families are living in overcrowded conditions and an increasing number of families are in SROs. In 2014, 699 families with children were living in SROs\textsuperscript{7}. This is a 55% increase in the number of families living in SROs from 2001. Approximately 95.4% of families rented only one unit, the average size of one unit is 8x10'.

In contrast, Planning featured some of the affordable housing developments that have already been built with family occupancy in mind, such as the Broadway Family Apartments in Chinatown, the Mosaica development in the Mission, and Mercy Family Housing at 10th and Mission.
Two other startling statistics revealed in Planning’s report are that:

- Only 30% of 3+ bedroom units in San Francisco are occupied by families with children less than 18 years old. The remaining 70% of these larger units are occupied by seniors (25%), couples or families without children (25%), single people (3%), and unrelated individuals (13%).
- Families with children are consistently the majority of overcrowded homes in San Francisco. Since 2005, the number of overcrowded households that are families with children has remained steady, making up about 26,000 of the households in the city or 50% of the total households in the city that are overcrowded.

The affordable housing crisis is local, regional and statewide. The California Housing & Community Development Agency published a Draft Statement Housing Assessment which covers the trends in rental housing costs that occurred between 1990–2014. Demands for rental housing during those years stayed strong and rents trended upward, even when adjusting for inflation. In San Francisco County, Zillow-reported median rents for August 2016 were $2427–$4508 for all homes (multifamily, single family, condo). No county with available data in California recorded a median rent below $1,100 per month.

**Development of the CEHP-WIC Healthy Housing Collaboration**

The **Women, Infants, and Children (WIC) Supplemental Nutrition Program** serves income-eligible women who are pregnant, breastfeeding or who have recently had a baby, infants and children less than five years of age. The WIC Program provides supplemental foods (such as milk, cheese, cereal, eggs, beans, peanut butter, yogurt, fruits and vegetables), nutrition education, breastfeeding education and support, and referral to health care and community services. WIC is unique among federally-administered programs in that it provides specific supplemental nutritious food and nutrition education to a specific target population as a short-term intervention and adjunct to ongoing health care. The supplemental foods provided by the WIC Program are designed to meet the participants enhanced dietary needs for specific nutrients during brief but critical periods of physiological development. WIC is part of the Maternal, Child and Adolescent Health Section of the DPH San Francisco Health Network.

**FIGURE 2: PERCENTAGE OF HOMES BUILT PRIOR TO 1950 COMPARED TO NUMBER OF CASES WITH DETECTABLE BLOOD LEAD (≥5 μg/dL) LEVELS BY CENSUS TRACTS (2008–2012)**

The WIC service model is implemented in counties throughout California and the United States. It is federally funded because it supports low-income families during the most critical periods of life. This population & life course time period is also critical for addressing housing conditions.

The **Children’s Environmental Health Promotion (CEHP) Program** promotes healthy home, child care, and neighborhood settings so that children can develop to their full potential. CEHP is part of the Environmental Health Branch of the DPH Population Health Division, and has been providing investigation of lead
hazards in children’s homes and child care settings since 1993. Children with detected lead exposure are found citywide, and in greater frequency in proportion to older housing (Figure 2). CEHP helps families by linking them to needed services or code enforcement. CEHP staff provides information, education and training to parents and caregivers, staff of community agencies, medical providers, and interested neighborhood groups in support of these goals. At the heart of CEHP’s core values is the commitment to ensuring the health and well-being of the whole child. As such, CEHP’s diverse partnerships are very valuable in staying true to core values.

The CEHP Program first collaborated with the WIC Program in 2008 to pilot a proactive home-based education and assessment service for WIC-enrolled families, addressing lead and other common housing hazards such as mold, pest infestation and lack of heat. From 2008-2010, 64 WIC-enrolled families received home visits from CEHP bilingual health educators. The visits focused on providing education and resources to address unhealthy living conditions, tenant rights and financial security.

Regarding unhealthy living conditions, the visiting health educators provided preliminary environmental assessment, and with family consent, made referrals to appropriate code enforcement agencies to enforce correction of identified hazards.

Regarding tenant rights, CEHP staff learned that the majority of the families visited were unaware of their right to habitable housing or how to access that right. For example, over a two-year period, one mother had accepted as inevitable the rat bites experienced by her toddler daughter while sleeping in her crib. All families learned about the 311 phone line for requesting City services.

Based on the success of the 2008–2010 pilot, CEHP expanded this service in January 2013, adding these significant enhancements:

- The home visiting team was a dyad composed of a bilingual health educator (or public health nurse) paired with an environmental inspector, such that Health Code enforcement occurred as an immediate consequence of hazards identified during the assessment.
- The health educator (or public health nurse) conducted a comprehensive survey assessing the family’s status regarding social determinants of health, both assets and deficits, and subsequently provided the family with resources for legal, housing, social, food and financial security, as indicated by the survey responses.
- The environmental inspector provided a comprehensive home environmental assessment of all Health Code-defined prohibited nuisances—including lead hazards, indoor mold, pest infestations, and unsanitary conditions. The inspector issued a Notice of Violation to the property owner mandating correction of identified hazards in a specified time period, and an explanatory letter to the family, highlighting what the owner has been ordered to do to correct hazards, as well as what actions the tenant should be taking to prevent or control hazards. Hazards such as water infiltration or inadequate heat, which are only named in the Housing Code, were referred to the San Francisco Department of Building Inspection (DBI).
• Both staff taught parents how to prevent environmental hazards that are within a tenant’s control, as distinguished from those hazards that are the responsibility of the property owner.

Family Outreach Method

An outreach mailer in one of four languages (Appendix B) was sent to all San Francisco-based WIC-enrolled families, via the U.S. Postal Service, along with an illustrated family service request form (see next page):

• Between January 2013 and August 2014, CEHP mailed 9,969 letters and service request forms to WIC-enrolled families in one of four languages as specified in the WIC Program’s client database (English, Spanish, Chinese, and Vietnamese).

• Families were instructed to self-assess housing environmental health issues, mark if those hazards were present in their homes, and rank them as minor, moderate or severe.

• Those forms were either mailed back to us or faxed back with the help of staff at the WIC clinic visited by that family.

• CEHP experienced an immediate and overwhelming response, beyond our experience of the 1% response that occurred in 2008. In total, 225 families (slightly more than 2%) requested a CEHP home environmental assessment. However, 52 families could not be reached or later declined services, resulting in 173 home visits.

Profile of Families Requesting Services

• The majority of the participant families self-identified as being Latina/Hispanic, followed by Asian/Pacific Islander, African American/Black, and White (Figure 3).

• Half of the families requested that the home visit be conducted in Spanish, followed by English, then Cantonese.

PROMOTING HOUSING SECURITY & HEALTHY HOMES FOR FAMILIES SERVED BY MATERNAL, CHILD & ADOLESCENT HEALTH PROGRAMS

The Word on Lead Prevention

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

SAN FRANCISCO CHILDREN DESERVE HEALTHIER HOUSING CONDITIONS

Los niños de San Francisco

Merecen condiciones de vivienda más saludables

The Word on Lead Prevention

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

SAN FRANCISCO CHILDREN DESERVE HEALTHIER HOUSING CONDITIONS

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Merecen condiciones de vivienda más saludables

Healthy Housing Promotion Service

The CEHP is part of the Women, Infants & Children Program (the WIC Program) and the Children’s Environmental Health Project (CEHP) to promote healthier homes for families. The WIC Program ensures that families have access to healthy food, health care, and social services. The CEHP is a public health service that helps families identify and address environmental hazards in their homes. The CEHP helps families improve their living environments and reduce the risk of exposure to harmful substances.

Family Outreach Method

An outreach mailer in one of four languages (Appendix B) was sent to all San Francisco-based WIC-enrolled families, via the U.S. Postal Service, along with an illustrated family service request form (see next page):

• Between January 2013 and August 2014, CEHP mailed 9,969 letters and service request forms to WIC-enrolled families in one of four languages as specified in the
Children’s Environmental Health Promotion Home Visit Request Form

Submit to WIC office, or fax to 415-252-3889 or mail to 1390 MARKET ST #410, SAN FRANCISCO, CA 94102

PLEASE PRINT CLEARLY:

Parent/Guardian last name ____________________________ First name ____________________________

Current address _______________________________________________ Zip code ________________

Telephone ____________________________ Alternate telephone ____________________________ Best time to call ____________________________ am ____________________________ pm 

Email _______________________________________________________

Preferred language

☐ English
☐ Mandarin
☐ Cantonese
☐ Español
☐ Other

Type of housing

☐ Single family home
☐ Multi-unit apartment
☐ SRO Hotel
☐ SF Public Housing
☐ Garage unit
☐ Basement unit

Your WIC location

☐ SFGH
☐ Van Ness
☐ Chinatown
☐ Silver Ave
☐ Southeast
☐ Ocean Park

Circle the picture of each health hazard present in your home. Then indicate if each hazard is minor, moderate or severe by checking the box.

Damaged paint

☐ Minor
☐ Moderate
☐ Severe

Mold or Moisture

☐ Minor
☐ Moderate
☐ Severe

No heat

☐ Minor
☐ Moderate
☐ Severe

Garbage problems

☐ Minor
☐ Moderate
☐ Severe

Mice or rats

☐ Minor
☐ Moderate
☐ Severe

Cockroaches

☐ Minor
☐ Moderate
☐ Severe

Bed Bugs

☐ Minor
☐ Moderate
☐ Severe

Noise

☐ Minor
☐ Moderate
☐ Severe

Black dust (traffic)

☐ Minor
☐ Moderate
☐ Severe

Standing water

☐ Minor
☐ Moderate
☐ Severe

Do you worry about any other environmental conditions or health hazards affecting your family?

____________________________________________________________________________________

____________________________________________________________________________________
Once again, the families who participated represent a “convenience sample” of those motivated to respond to the home assessment offer, and as such it cannot be assumed that all WIC-enrolled families, if provided the equivalent services, would generate the same findings.

**Housing Types of Participant Families**

Participant families lived in the full spectrum of housing types (Figure 4) categorized as follows:

- Apartment or flat in a multi-unit structure
- Single-family house
- Housing Authority family development unit
- Single Resident Occupancy (SRO) residential hotel room
- Garage or basement unit

Often apartments, flats and single family houses were found to shelter multiple families, one family per individual room or subdivided area, with multiple families and single adults sharing a single kitchen and bathroom. We designated such households as multi-family flats and multi-family houses.

Approximately 700 families live in SRO hotel rooms in San Francisco, and because such small rooms are only licensed for occupancy by a single adult, City policy has designated these families as having “homeless” status and access to related benefits.

Garages and basement units observed were usually not listed in the Tax Assessor’s database for the property and therefore are not licensed for occupancy. For that reason, those units do not receive routine inspection by City agencies and frequently are without a heating source due to the lack of separate utility metering.

Of note, the majority of WIC-enrolled families that requested CEHP home assessment live in privately owned multi-unit housing (89) or a single family house (32), with fewer families living in public housing (19), SRO residential hotel rooms (11) or garage/basement units (10). The majority of private housing rents required more than 50% of the family’s income, resulting in overcrowded conditions to allow multiple adults to contribute towards the rent. Public housing rents are significantly more affordable than private housing rents, as eligible tenants are entitled to pay no more than 30% of their documented income.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartment</td>
<td>51%</td>
</tr>
<tr>
<td>House</td>
<td>18%</td>
</tr>
<tr>
<td>Housing Authority</td>
<td>11%</td>
</tr>
<tr>
<td>SRO</td>
<td>6%</td>
</tr>
<tr>
<td>Garage/Basement</td>
<td>6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>8%</td>
</tr>
</tbody>
</table>

*(99% of WIC clients reached were renters)*

**FIGURE 4: HOUSING TYPE**

**Neighborhoods of Participant Families**

The CEHP mailing went to all San Francisco-based WIC-enrolled families, with the majority living in the zip codes listed below. Responses from these specific zip codes (Table 1) correlate well with the darkest shades of the map of neighborhoods with the greatest percentage of resident youth (ages 0-17) living below 300% of the Federal Poverty Level (FPL) (Figure 5).
### EXECUTIVE SUMMARY

#### TABLE 1: FAMILIES RESPONDING TO CEHP HOME ENVIRONMENTAL ASSESSMENT OFFER

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Neighborhood</th>
<th># Families Mailed Offer N=9,969</th>
<th># Families Responding to Mail Offer</th>
<th>% of N=173 Home Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>94110</td>
<td>Mission</td>
<td>1,383</td>
<td>38</td>
<td>22%</td>
</tr>
<tr>
<td>94112</td>
<td>OMI, Outer Mission, Excelsior</td>
<td>2,134</td>
<td>27</td>
<td>16%</td>
</tr>
<tr>
<td>94124</td>
<td>Bayview Hunters Point</td>
<td>1,575</td>
<td>18</td>
<td>10%</td>
</tr>
<tr>
<td>94102</td>
<td>Civic Center/Downtown</td>
<td>417</td>
<td>16</td>
<td>9%</td>
</tr>
<tr>
<td>94109</td>
<td>Tenderloin</td>
<td>389</td>
<td>15</td>
<td>9%</td>
</tr>
<tr>
<td>94103</td>
<td>South of Market</td>
<td>367</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>94134</td>
<td>Visitacion Valley &amp; Portola</td>
<td>1,201</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>94116 &amp; 94122</td>
<td>Inner &amp; Outer Sunset</td>
<td>608</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>94133</td>
<td>North Beach</td>
<td>332</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>All other zip codes</td>
<td>1,563</td>
<td>30</td>
<td>17%</td>
</tr>
</tbody>
</table>

#### FIGURE 5: PERCENTAGE OF YOUTH AGE 0–17 BELOW 300% OF THE FPL, BY NEIGHBORHOOD, 2010–2014

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Asian youth, despite generally being less disadvantaged in regards to academic achievement and justice involvement, experience high rates of poverty. In Chinatown for example, 83.3% or 1,389 youth are below 300% FPL, which is one of the highest neighborhood poverty rates in the city. In addition to low-income neighborhoods, the Charter calls on DCYF to identify disadvantaged communities. Within San Francisco, African American, Hispanic/Latino, and Pacific Islander youth are disadvantaged on a broad range of measures. These youth experience higher rates of poverty, lower rates of academic achievement, and higher rates of involvement with the juvenile justice system compared to other racial/ethnic groups in San Francisco.

The next figure provides an overview of the number of children and youth under 18 years of age by race/ethnicity as well as the percentage in poverty. Youth of African American, Hispanic/Latino, and Pacific Islander youth experience high rates of poverty, lower rates of academic achievement, and higher rates of involvement with the juvenile justice system compared to other racial/ethnic groups in San Francisco.
Housing Conditions & Code Violation Findings

Hazards Most Identified by Families as Service Requests

The service request forms completed by the participants indicated that most of the participants (76%) were concerned about mold, closely followed by damaged paint (72%), then pests, lack of heat, soot, noise, and standing water.

Hazards Most Identified by CEHP as Code Violations

CEHP's primary goal in offering the home environmental assessment service was to enforce San Francisco Health Code public health nuisance standards, particularly to proactively enforce Health Code Article 11 Section 581(b)(10), the prohibition of lead hazards to young children. In these home assessments, CEHP investigated whether housing conditions constituted code violations in exactly the same manner as would occur in any other home inspection provided by CEHP.

The most commonly identified code violations were lead hazards (58% of 173 home assessments), as shown in Figure 6. The next most common hazards identified were mold (28%) and cockroach infestation (26%) and non-functioning smoke detectors (20%), followed by inadequate pest exclusion (18%) and rodents (18%). Other environmental health hazards such as inadequate heat, unsanitary conditions, damage to building components, and other pests were also identified in a smaller percentage of homes.

![Figure 6: Top Health Code Violations Identified by Home Visits](image)

![Figure 7: Most Common Violations by Housing Type](image)
Though lead hazards were the most common violation in all housing types investigated, as shown by the green arrow in Figure 7, it was noted that different housing types had differing violation profiles. For example, units not licensed for occupancy usually are without a heating source, and in multiunit housing, it is easier for pest infestations such as cockroaches and rodents to affect multiple units.

Home Environmental Assessment Outcomes

From 173 home environmental assessments conducted by CEHP staff, 390 Health Code violations were corrected by property owners (Table 2). Additionally:

- 47 Referrals were made to DBI for lack of CO/smoke detectors (N=31), heat (N=16)
- 165 Family letters were written to describe actions that the family can take to prevent or control hazards

To focus on actions that families can take on their own, CEHP produced two videos, with English, Spanish and Cantonese versions, to generate discussion during the home visit that would motivate and instruct families on the steps they can take to maintain a healthy home. These videos can be viewed in English, Spanish and Cantonese by searching YouTube for the “CEHP SFDPH” channel.

<table>
<thead>
<tr>
<th>Violation Type</th>
<th>#Violations Corrected</th>
<th>% of Total Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Hazard</td>
<td>99</td>
<td>25%</td>
</tr>
<tr>
<td>Mold or Mildew</td>
<td>46</td>
<td>12%</td>
</tr>
<tr>
<td>Cockroaches</td>
<td>45</td>
<td>11%</td>
</tr>
<tr>
<td>Rodents, Not Specified</td>
<td>32</td>
<td>8%</td>
</tr>
<tr>
<td>Inadequate Pest Exclusion</td>
<td>31</td>
<td>8%</td>
</tr>
<tr>
<td>Non-Functioning Smoke Detector</td>
<td>31</td>
<td>8%</td>
</tr>
<tr>
<td>Unsanitary Conditions</td>
<td>24</td>
<td>6%</td>
</tr>
<tr>
<td>Inadequate Heating</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td>Damaged or Defective Walls, Floors or Ceilings</td>
<td>12</td>
<td>3%</td>
</tr>
<tr>
<td>Bed Bugs</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td>Building Dampness or Water Intrusion</td>
<td>9</td>
<td>2%</td>
</tr>
<tr>
<td>Inadequate Ventilation</td>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>Inoperable Windows</td>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>Pigeons</td>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>Refuse</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Animal and Human Waste</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>No Violations</td>
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<td>1%</td>
</tr>
<tr>
<td>Flies</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Standing Water</td>
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<td>1%</td>
</tr>
<tr>
<td>Inadequate or Improper Kitchen Facilities</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Overgrown Vegetation</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Barrier to Emergency Ingress or Egress</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Ants</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Animals, Prohibited Number</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Total</td>
<td>390</td>
<td>100%</td>
</tr>
</tbody>
</table>

**TABLE 2: VIOLATIONS CORRECTED BY PROPERTY OWNERS**
The Social Determinants of Health survey developed by CEHP staff (Appendix C) addresses a variety of conditions that can either positively or negatively impact children, families and community wellbeing. Respondents were informed that all responses would be kept confidential. The categories of survey questions are as follows:

- Motivation to Participate
- Healthy Lifestyle (active play, being outdoors)
- Food Security (stable access to food)
- Health Care
- Child Care
- Transportation
- Second-Hand Smoke Migration
- Housing Security (stable access to housing)
- Social Support
- Employment; Unemployed family member looking for work/actions taken
- Worker Rights
- MacArthur Ladder (self-ranking of respondent's standing in his/her community)
- Quality of Life
- Information Access (how accessed)

For each of the above social determinants of health themes, CEHP staff researched resources which could help families promote their health assets and counter their health deficits. All families visited viewed the CEHP videos on healthy housing and received resource information about the following: Economic Security resources; Eat Fresh; CEHP brochure 16 Steps to a Healthy Home; Less Toxic Cleaning; 311 and 211 phone lines; Tenant Rights & Resources bookmark; Covered California health insurance; and the Poison Control phone line. Based on specific survey responses, the health educator sent additional resources by mail following the visit. Economic Security resources included as relevant: the Working Families Credit; Bank on San Francisco—Open a Free or Low Cost Checking Account Today; Payday Plus SF—The Better Small Dollar Loan; Kindergarten to College (K2C)—College Savings Account; SF Smart Money Network—Free Financial Management Counseling and Workshops; Jobs Now! Wage Subsidy; EARN Starter Savings; and Earn It! Keep It! Save It! Free Tax Help.
Motivational Interviewing Approach

CEHP health educators used a motivational interviewing framework at the beginning of each home visit, to establish that the family is the prime actor in accomplishing their goals for healthy housing and that CEHP staff provide support, rather than a passive recipient of CEHP services.

Similarly, at the end of each visit, CEHP health educators asked additional motivational interviewing questions to reinforce that the family is the prime actor in establishing goals, actions and resources needed to address barriers and quality of life issues. The count of families responding to each category is shown in Figure 8.

Q1. What have you been doing in trying to make your house a safer and more habitable place to live?

Q2. As a result of our visit, what housing condition would you like to see different?

Q3. What are your goals to better the quality of life for you and your family?

Q4. How are you planning to better the quality of life for you and your family?

Q5. What are the barriers that prevent you from bettering the quality of life for you and your family?

Q6. What resources or help would you like to receive in order to better the quality of life for you and your family?
Assets of Participant Families

Sources of Information

Participant families were asked about how they find information. Their top three ways of getting information include television, internet and friends (Figure 9).

Healthy Eating & Active Living

CEHP health educators asked several survey questions to find out whether the child and family had access to active play and time outdoors. To assess a child’s active play, families were asked, “In a typical week how many days have you gone to park, playground, or rec center?” (Figure 10) and whether the active play described was at a park or in the yard of the home (Figure 11). Close to half indicated “almost daily activity.” Due to changes in survey over time, not all 187 participants were given this query.

Needs of Participant Families

Social Support Needs

CEHP health educators surveyed if the responding parent participated in a social group, such as attending a church or community activity, and whether the responding parent had friends or family in whom they trust, share feelings with, or turn to if needing practical help (Figure 12). The majority of participants had no social group
participation due to time constraints (74%), with slightly more than a quarter (26%) stating that they did participate in a social group. These results are markedly different than what public health clinicians are hearing from patients, which is that many mothers would like to be involved in mothers’ groups for social support. A bit less than two-thirds of participants (58%) had someone to share their feelings with, which represents a social determinant of health asset. This area needs further exploration to understand the ways that social isolation impacts family and child wellbeing.

Food Security Needs

Two standardized research-validated questions were posed to families to determine their experience of food security, with results shown graphically in Figure 13. More than half of participant families (59%) had sometimes (36%) or often (23%) worried about food running out before they got money to buy more. And in reality, almost half of participant families (46%) had run out of food, with 33% stating sometimes and 13% stating they often had bought food that just didn’t last and they didn’t have money to get more. All of these responses qualified the families as food insecure.

CEHP also sought to determine if families were already enrolled (52%) in the State’s food supplement program (Cal Fresh), and to provide enrollment instruction if they were not enrolled (48%), to reinforce the referral that was previ-ously provided by WIC Program staff. Undocu-
mented adults cannot enroll in Cal Fresh, but their children born in the U.S. can be enrolled.

Economic Self-Sufficiency Needs

Participant families surveyed work in roles crucial to San Francisco’s economy, as cashiers and retail store employees, restaurant and food prep workers, construction workers and painters, homecare providers, housecleaners, and drivers and movers, among other occupations. Many of the mothers surveyed are unemployed, as they cannot find jobs that pay enough to afford child care and they have no knowledge of job training opportunities providing child care. Most participants stated that their family’s wage earners would like to work more hours, but their employers cannot guarantee them a steady number of hours, and hence their income fluctuates.
The cost of living in San Francisco presented a significant challenge for participant families. Sixty-six percent of the families self-reported a gross monthly income of less than $2,000. This self-reported income is less than 35% of the 2014 San Francisco Self-Sufficiency Standard for two adults and one preschool age child, as shown in Table 3 above. Further analysis of self-sufficiency and living wage issues can be found in the 2016 Community Needs Assessment: A Snapshot of San Francisco's Children and Families, published by the San Francisco Department of Children, Youth and Their Families (DCYF).

### Housing Security Needs

Within public health practice, housing security is not as widely acted on as a protective health issue as food security, perhaps with the exception of complete homelessness. Many medical and service providers are unaware of a patient or client family’s home conditions and do not have screening questions that address this risk factor or referral mechanisms that help patients or clients navigate this scarce resource of affordable quality housing.

A wide range of factors contribute to the opposite condition, termed housing insecurity, which can encompass high housing costs in proportion to income, such as living in units not licensed for occupancy or family occupancy, overcrowding via subdivision of standard housing, exposure to unhealthy or unsafe housing conditions, intimidation or retaliatory threats from landlords or master tenants, the ongoing fear of losing housing or unstable housing requiring frequent moves (Figure 15). A comprehensive set of such housing insecurity indicators has not been defined by San Francisco policy makers. SFUSD families have been identified as “at risk” of being homeless, or those without stable housing, and provided housing placement services. But those with younger infants, toddlers and preschoolers are not part of a systematic attempt to screen for housing insecurity. If comprehensive screening for housing insecurity occurred, using standardized criteria specific to San Francisco’s housing market, many more families would qualify for housing placement than the resources that exist to address this issue.

Universally, families expressed that housing insecurity was a significant stressor in their lives. CEHP staff administering the social determinants of health survey queried each participant family to determine “whether they worried about not having a place to live”, and if they responded “yes”, staff asked for further explanation. Representative participant responses by theme follow.

1. **They desire housing security for their child’s development:**
   - Worries about stable place to live for son

<table>
<thead>
<tr>
<th>Household Composition</th>
<th>Hourly Wage</th>
<th>Monthly Wage</th>
<th>Annual Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adult</td>
<td>$15.66</td>
<td>$2,757</td>
<td>$33,082</td>
</tr>
<tr>
<td>1 Adult + 1 preschool aged child</td>
<td>$29.96</td>
<td>$5,272</td>
<td>$63,266</td>
</tr>
<tr>
<td>1 Adult + 2 preschool aged children</td>
<td>$40.97</td>
<td>$7,211</td>
<td>$86,529</td>
</tr>
<tr>
<td>1 Adult + 2 preschool aged children + 1 school aged child</td>
<td>$55.00</td>
<td>$9,680</td>
<td>$116,155</td>
</tr>
<tr>
<td>1 Adult + 2 preschool aged children + 1 school aged child + 1 infant</td>
<td>$69.06</td>
<td>$12,155</td>
<td>$145,856</td>
</tr>
<tr>
<td>2 Adults</td>
<td>$10.03 per adult</td>
<td>$3,531</td>
<td>$42,376</td>
</tr>
<tr>
<td>2 Adults + 1 preschool aged child</td>
<td>$16.26 per adult</td>
<td>$5,722</td>
<td>$68,670</td>
</tr>
<tr>
<td>2 Adults + 2 preschool aged children</td>
<td>$20.92 per adult</td>
<td>$7,363</td>
<td>$88,356</td>
</tr>
<tr>
<td>2 Adults + 2 preschool aged children + 1 school aged child</td>
<td>$27.20 per adult</td>
<td>$9,574</td>
<td>$114,883</td>
</tr>
<tr>
<td>2 Adults + 2 preschool aged children + 1 school aged child + 1 infant</td>
<td>$34.45 per adult</td>
<td>$12,126</td>
<td>$145,509</td>
</tr>
</tbody>
</table>

**TABLE 3: SAN FRANCISCO SELF-SUFFICIENCY STANDARDS FOR DIFFERENT TYPES OF HOUSEHOLDS, 2014**
23

SOCIAL DETERMINANTS OF HEALTH SURVEY FINDINGS

- Worried about finding a good, safe, clean place for children (repeated by 3 families)
- A roof over your head and food are the most essential, especially when you have a child
- For her children; because of her children, to provide for them (repeated by 6 families)

2. They fear or have already been impacted by eviction, harassment or retaliation:
   - “Landlord always wants us to move”
   - Owner always wants to take the unit for the owner’s daughter to live there
   - Landlord sends them eviction letters when they complain about something
   - Most family members are not on the lease
   - If you don’t pay rent, will get kicked out
   - Owner wants to evict them (repeated by 2 families)
   - Fear of eviction (repeated by 3 families)
   - Eviction because landlord always says he wanted to rent the house to one family, not five

3. They have experienced unregulated rent increases:
   - The owner increased their rent by $300 just because, and then came to scream at them when they went to Causa Justa for help
   - Impact of rent increases (repeated by 4 families)
   - Rent increased by 7% this year
   - Rent increased, owner is not nice
   - Fear of rent increase

4. They have experienced inadequate public/subsidized housing:
   - Fear of Section 8 discontinuing (repeated by 2 families)
   - Housing Authority is not doing things adequately and properly

5. They fear or have already been impacted by property foreclosure or sale:
   - Foreclosure all the time, new owner always wants them to move
   - One week the building was sold and they were asked to leave
   - Fear of foreclosure; new owner would want them to move
   - If the owner sells the building, then they don’t have a place to live

CROWDING:
> 2 people/bedroom or
> 1 family/residence

MULTIPLE MOVES:
≥ 2 moves within the previous year

Source: US Department of Health and Human Services

High housing costs in proportion to income, poor housing quality, unstable neighborhoods, overcrowding, or homelessness.


Crowding:
> 2 people/bedroom or
> 1 family/residence

Multiple Moves:
≥ 2 moves within the previous year

Source: AmJPublicHealth.2011 August; 101(8): 1508-1514

Locked Refrigerators per Family in Overcrowded Unit with Multiple Tenant Families
6. Their income or immigration status affects their ability to pay rent:
   • International student doesn’t have a social security number, so if they ask for more, it will lead to her deportation
   • Husband was deported last year, family can’t pay rent
   • Because only one partner works
   • Income, cost of living is high
   • If no job, cannot pay rent
   • Temporarily added tenants
   • Now that there isn’t work, it’s hard to pay for rent
   • It was too hard to pay rent before when husband didn’t have a job
   • No money to pay rent (repeated by 2 families)
   • Lose her job and lose her home

7. They find no supply of affordable housing:
   • Cost of rent; has a hard time paying rent (repeated by 7 families)
   • Need money for rent deposit for new home
   • Rent is high for a very small space
   • Somewhat easy to pay rent, because it’s divided with a roommate
   • Worry it is unaffordable; difficult to find affordable place; no affordable housing (repeated by 3 families)
   • “Paying rent—it’s too expensive”
   • Rent is very expensive, fear they will not find affordable housing
   • Cannot afford to buy home or to rent home with high rent
   • Rent is too high, doesn’t want to leave SF
   • Can’t afford more than they are paying
   • Difficult to find an affordable place accessible to public transit
   • Would like to leave but can’t afford
   • Wants to move out, but the rental market is very expensive
   • Nowhere else to go

8. They experience hardships due to overcrowding and shared housing:
   • Because of space issues, they worry about not having a place to live
   • Current place is too small and it has been taken care of
   • Roommates are negligent and cause hazardous situations
   • Adoptive parents are not nice to his family

9. They experience safety issues:
   • Violence on the street
   • Don’t feel safe here and the building is in really bad condition
   • Looking for housing: feel a lot of stress due to criminal activity and rents are really high
Housing Affordability

Among participant families, affordability of housing differed greatly for those in public versus private housing (Figure 16). Of 131 families living in private housing, 82% paid more than the defined affordable rent amount (30% of income), with 23% of families paying between a third and half of their income on rent and 60% paying over half of their income on rent (Figure 17).

Overcrowding

Due to this economic stressor, many adult incomes are needed to pay for rent. As a consequence, a significant proportion of participant families share single residences with other families (Figure 18). Often times, rooms used for sleeping are not originally purposed as bedrooms, but include living and dining rooms, closets and pantries, as well as garages, laundry and storage rooms.

31% of the 146 participant families queried on overcrowding live “doubled up,” a euphemism which includes the following dangerously overcrowded situations:

- 1 household with 8 families, 2 households with 7 families, and 1 household with 6 families
- 4 households with 5 families, and 3 households with 4 families
- 15 households with 3 families
- 19 households with 2 families.

**FIGURE 16: HOUSING AFFORDABILITY IN PUBLIC VS. PRIVATE HOUSING**

**FIGURE 17: HOUSING COST BURDEN IN PRIVATE HOUSING**

**FIGURE 18: NUMBER OF FAMILIES & NUMBER OF PEOPLE LIVING IN THE SAME UNIT**
In the most crowded homes, seven families had 4–6 people sleeping in a studio, fifteen families had 4–7 people sleeping in one room, fourteen families had 6–9 people sleeping in two rooms, and eight families had 7–9 people sleeping in three rooms.

**Health and Development Impacts of Overcrowding**

Overcrowding is negatively associated with mental health status, ability to cope with stress, child-parent interaction, social relationships and sleep (Figure 19). Crowding also increases the risk for childhood injuries, elevated blood pressure, respiratory conditions and exposure to infectious disease. Families with multiple moves are less likely to establish a medical home and seek out preventive health services for their children. Grade-school children with more than 2 school moves are 2.5 times more likely to repeat a grade, and adolescents who experience school moves are 50% more likely not to graduate from high school. Both risk factors are associated with household and child food insecurity.

Many of the participant families expressed that overcrowding was a stressor for their family.

Inter-personal stress was specifically indicated by 35% strongly or somewhat agreeing with the statement “people in this building don’t get along.”

Anecdotally, many families mentioned co-tenants as a source of inter-personal stress, fear for their children, or as a barrier to good housekeeping. These comments led us to produce two motivational videos in English, Spanish and Cantonese for starting a conversation with these families about how they could get co-tenants to help prevent pest and mold infestations.

**Child Care Needs**

CEHP health educators surveyed if the family had access to child care and whether they could afford it. The majority of participant families (59%) did not have child care access, with 32% stating “Not at all” and 27% stating “Not very easy” (Figure 20). In response to the affordability of child care, the majority (58%) said it was not affordable, with 21% stating “Not at all” and 37% stating “Not very easy” (Figure 21).

**FIGURE 19: CROWDING AND MULTIPLE MOVES IMPACTS ON HEALTH AND DEVELOPMENT**
Worker Rights Needs

This portion of the Social Determinants of Health survey had a varied response rate, ranging from 99–157 responses to the following five questions about whether the wage earner in the family was mistreated on the job, owed wages, provided sick pay, provided overtime, provided paid time off or worried about job loss (Figure 22). Significant negative findings are that wage earners in the family were mistreated (66%) and worried about job loss (57%). Significant positive findings are that most wage earners in the family were not owed wages (78%) and received overtime pay (69%). Weaker findings are that only a bit more than half of wage earners in the family received sick pay (54%) and paid time off (52%).

Public Transportation Needs

The majority of participant families relied on public transportation, with 77% of the families using public transport stating safety concerns “all of the time” or “sometimes” (Figure 23).
Affordability was an issue for 38% who reported that paying for public transportation is “Not Very Easy”. On a positive note, 75% of the families found public transportation to be very accessible.

**Impacts from use of Social Determinants of Health Survey**

- 100% of participants learned how to use 311 and 211 for phone-based service requests;
- 100% of participants with email addresses were signed up or referred to MOHCD online affordable housing notification list;
- 100% of participants were referred to SF Rent Board and tenant rights agencies;
- 100% of participants not yet having applied were referred to CalFresh enrollment;
- 100% of participants not yet having applied were referred to Children’s Council & Wu Yee for child care subsidy and placement services;
- 100% of participants not yet having applied were referred to Muni Lifeline Pass application.
### Standard Packet Materials Given to All Families:

<table>
<thead>
<tr>
<th>Resource</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Toxic Cleaning</td>
<td>173</td>
</tr>
<tr>
<td>Economic Stability (Program list, Working Family Credit Application, Bank on San Francisco, Free Tax Preparation)</td>
<td>692</td>
</tr>
<tr>
<td>311 and 211</td>
<td>173</td>
</tr>
<tr>
<td>Housing Rights/Tenant Rights</td>
<td>173</td>
</tr>
<tr>
<td>Health Insurance - Covered CA</td>
<td>173</td>
</tr>
<tr>
<td>Poison Control</td>
<td>173</td>
</tr>
<tr>
<td>Healthy Housing (16 Steps)</td>
<td>173</td>
</tr>
<tr>
<td>Nutrition (Eat Fresh)</td>
<td>173</td>
</tr>
<tr>
<td>Employment (Jobs Now)</td>
<td>173</td>
</tr>
</tbody>
</table>

### Additional Resources Provided to Families Based on Need:

<table>
<thead>
<tr>
<th>Resource</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead/Asthma</td>
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<tr>
<td>Housing (info and application for affordable housing)</td>
<td>89</td>
</tr>
<tr>
<td>Parent helpline/Child Care</td>
<td>40</td>
</tr>
<tr>
<td>Outdoor Activities</td>
<td>36</td>
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<tr>
<td>Pest Control</td>
<td>29</td>
</tr>
<tr>
<td>Mold</td>
<td>23</td>
</tr>
<tr>
<td>Skill Development</td>
<td>15</td>
</tr>
<tr>
<td>Health/Mental Health</td>
<td>15</td>
</tr>
<tr>
<td>Legal Aid/Immigration Rights</td>
<td>10</td>
</tr>
<tr>
<td>Worker’s Rights</td>
<td>8</td>
</tr>
</tbody>
</table>

### Total Social Determinants Resources Provided:

| Total Social Determinants Resources Provided:                  |    |
|                                                                | 2,445|

**TABLE 4: SOCIAL DETERMINANTS OF HEALTH RESOURCES PROVIDED TO FAMILIES**
DISCUSSION OF FINDINGS

Vicarious Trauma to CEHP Home Assessors

The urgency of many families’ situations created vicarious trauma for CEHP staff, as they frequently witnessed ubiquitous overcrowding and adaptations of living space, such as seeing people needing to sleep in pantries and closets. CEHP staff stated, “This has become the new norm for me to see when investigating lead hazards in children’s homes,” and, “Our normal is NOT normal—it represents the problem.” Very rarely do staff meet families whose resilience has overcome these obstacles, those who strive to redesign a tight living space, learn how to store their food to keep away pests, and manage to sign up for all the economic and housing opportunities that are offered.

Frequently CEHP staff pairs would come back to the office exclaiming, “You can’t believe what we saw today.” Staff have extensive experience with poor housing conditions and are absolutely no strangers to every type of health hazard. For example, on one occasion the CEHP public health nurse identified a client exhibiting signs of clinical depression who could not leave her unit in the Tenderloin without a rat entering the open door. Another staff member said that the homes of mothers with newborns who are directly referred by MCAH public health nurses represent some of the worst housing conditions ever seen in our caseload.

These experiences led one staff member who is native to San Francisco to speak about how the home visiting experience reinforced for her city’s increasing income inequality and how that contributes to the invisibility of the families that the program discovers in these living conditions. In her words, “This project really opened our eyes even further into some of our underserved family populations in need. We see the direct impact of the city’s greed first hand with this new wave of overcrowding and newest form of “single room occupancy” causing such poor living conditions, as it is a direct consequence of such high living costs and not enough resources. We are pushing these poor families into having to live with health hazards as their only hope to remain here.” Thankfully, DPH was then providing an “Introduction to Trauma-Informed Systems” seminar for DPH staff to adopt self-care practices. However, CEHP staff also feel that not keeping silent about the ubiquity of these situations is equally important, in order for change to be possible.

Many times CEHP staff felt overwhelmed by the heartache they felt for families and the overwhelming number of issues that the client families experienced, particularly the unaffordable and unhealthy housing they inhabited. Public and private housing alike presented a constant array of Health Code violations to be ordered corrected. However, meeting many families crammed into shared private housing units, week after week, generated a sense of helplessness for CEHP staff. This is because staff had so few housing resources to offer to families, with most involving a lottery selection or a long waiting list, and many times the families did not meet eligibility requirements due to their lack of documented income or residency status. “We as city employees wanted so desperately to help each of these individuals on a more prominent level through more promising avenues to obtain hopeful healthier housing, but it proved impossible, even in the most desperate of circumstances. Therefore we were even further disheartened by the lack of resources available to families in need within one of the richest cities in America with the most abundant housing it has ever seen.”

This lack of resource was particularly disturbing to staff when pregnant women could not be prioritized until the last month of pregnancy or the first months of the baby’s life.
faced the same lack of temporary shelter or housing to relocate a family whose child’s lead poisoning was treated by oral chelation, necessitating the child to avoid the home environment that still had lead risks. Due to the lack of shelter or alternate housing options, the child and mother instead remained in the hospital during treatment.

**Ongoing Housing Insecurity a Toxic Stress for Participant Families**

Though families receiving CEHP services had many challenges, housing insecurity rose to the top of their concerns, with many families admitting that the main reason CEHP was invited to the home was in the hopes that we would be able to provide access to better housing for the family. During the phone intake process and during the home visit, a significant number of families expressed fear of losing their housing as a consequence of accepting our home environmental assessment service. Many families expressed a fear of retaliation or a current conflict with their landlord.

Toxic stress is prolonged stress that is greater than the resources and protective relationships that an individual has for resiliency. Client testimony indicates that the level of toxic stress they experience from ongoing housing insecurity has negatively affected family and child wellbeing. And in the research literature, toxic stress is also known to negatively influence birth outcomes\(^ {12}\) (pre-term birth) and life course health development\(^ {13}\) (Figure 24).

**FIGURE 24: LIFECOURSE HEALTH DEVELOPMENT - VARIABLE TRAJECTORIES**

Brief increases in heart rate, mild elevations in stress hormone levels

Serious, temporary stress responses, buffered by supportive relationships

Prolonged activation of stress response systems in the absence of protective relationships

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**Source:** Halfon N, et al PubMed PMID: 23975451
African American women in San Francisco have four times the rate of preterm birth experienced compared to white women (Figure 25)\textsuperscript{14}. In San Francisco, one in six preterm births occur in the city’s most impoverished neighborhoods: Bayview-Hunters Point, Candlestick Point, Portola, and Visitacion Valley. A woman in Bayview-Hunters Point is nearly three times more likely to have a preterm birth than a woman living in the Presidio.\textsuperscript{15}

Many of the housing insecurity and overcrowding issues revealed by CEHP’s Home Environmental Assessment for WIC-Enrolled Families project disproportionately affect recent immigrants who do not have permanent residency status and consequently face limitations in their job training and employment opportunities. Housing equity issues, such as community crime and the lack of property management accountability, also affected many of the African American families who accepted CEHP services.

**Significant Changes in Public Housing**

In 2012, over 3,000 children were living in public housing; 1,515 were African American, representing 19% of the African American children in San Francisco\textsuperscript{17}. Administration of these sites has been or will be changed from the San Francisco Housing Authority to a variety of non-profit housing agencies, through several private-public partnerships managed by the Mayor’s Office of Housing. Entire rebuilds of the four largest Housing Authority developments, Hunters View, Alice Griffith, Potrero Hill and Sunnydale, is called the HOPE SF Program. HOPE SF aims to be the nation’s first large-scale public housing revitalization effort to create thriving and sustainable mixed-income communities without major displacement of current residents and families. All other Housing Authority sites are receiving green rehabs through the RAD Program, and during rehab and after rehab, a variety of non-profit housing agencies newly manage these sites. In each of these efforts, current residents in good standing are guaranteed temporary relocation as needed, as well as the right of return to their rebuilt or rehabbed housing site. Nonetheless, families experiencing this disruptive transition experience stress from significant change and unknown outcomes.

**Addressing Past Displacement from Redevelopment Projects**

San Francisco’s African American residents were historically displaced from private housing by the former San Francisco Redevelopment Agency’s federally-funded Urban Renewal Program in the 1960’s and 1970’s, which has in retrospect been an action criticized for its...
institutional racism. As a result, a local state legislator, John Burton, passed legislation creating a mandate for Redevelopment Agencies to provide Certificates of Preference for relocating displaced residents to the new housing that results from the actions of redevelopment agencies. As redevelopment agencies were eliminated by Governor Jerry Brown, San Francisco established a successor agency, the Office of Community Investment and Infrastructure (OCI), and those holding Certificates of Preference are now given preferential consideration for all OCI-sponsored housing projects, through a program administered by the Mayor’s Office of Housing and Community Development (MOHCD). The majority of Certificates of Preference were issued to Black residents, reflecting the racial composition of the neighborhoods affected by displacement (Figure 26). The vast majority (71.3%) of Certificates of Preference were not exercised (used). OCII and MOHCD both have staff persons currently providing outreach and eligibility assistance for those holding Certificates of Preference.

**FIGURE 26: CERTIFICATES OF PREFERENCE ISSUED BY ETHNICITY**

- **61.6%** Black
- **16.8%** White
- **15.6%** Not Available
- **5.4%** Asian
- **1%** Hispanic
- **1%** Other
HEALTH IMPACTS

Housing Type Association with Health Care Access & Preterm Birth Risk

Based on review of DPH Maternal Child & Adolescent Health (MCAH) client data, women living in single room occupancy (SRO) hotels, transitional housing and emergency shelters, who are homeless or who live in public housing have higher risk of health problems during pregnancy and preterm birth than women living in standard private housing (Figure 27)\(^20\). This association of housing type and preterm birth risk points to the stressors experienced by women living in more tenuous situations, including lack of stable shelter and overcrowding.

Additionally, women living in those same housing types are more likely to lack health insurance and access to prenatal care (Figure 28)\(^21\).

Child Health & Development Impacts from Housing Insecurity

The following research literature review\(^22\) revealed these effects of housing insecurity on child health development, as shown in Table 5 and annotated below. Studies show that overcrowding has negative impacts on children, young adults and families, and is negatively associated with multiple aspects of child wellbeing, even after controlling for several dimensions of socioeconomic status. Utilizing

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**Figure 27: Type of Housing & Preterm Risk**

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Hypertension</th>
<th>Diabetes</th>
<th>Indicated Preterm Delivery</th>
<th>Preterm Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Housing</td>
<td>5%</td>
<td>8%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>Public Housing</td>
<td>11%</td>
<td>11%</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>SRO</td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Homeless</td>
<td></td>
<td>9%</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>Transitional/Shelter</td>
<td></td>
<td></td>
<td>15%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: CDPH Birth Statistical Master File, 2012. Estimates reflect chronic or gestational hypertension, chronic or gestational diabetes, induced labor, and gestational age at birth less than 37 weeks, respectively.
the Life Course Framework, housing insecurity can be shown to have adverse impacts on academic achievement, external behavior problems and physical health.

Overcrowding


The purpose of this research was to examine the psychological processes that may help explain the link between residential crowding and cognitive development in children. Given previous research that points to parental unresponsiveness and poor cognitive development in children, researchers hypothesized that parental responsiveness mediates the crowding as the cognitive development link.

Sample consisted of two waves taken from the NICHD longitudinal study that focus on child health and development in the U.S. Crowding, maternal responsiveness, and cognitive development were measured in age cohorts (9, 15 and 36 month olds). Results showed residential density at age 15 and 36 months is negatively associated...
with school readiness and maternal responsiveness. Maternal responsiveness was shown to have strong medicating effects in both samples.

Suggested mechanism: Overcrowding influences parent behaviors. Parents in crowded homes are less responsive to young children, which in turn adversely affects the parent-child relationship. Examples of this include: speaking fewer or less complicated words to their infants and ‘punitive parenting.’


Researchers from UNC Chapel Hill and UCLA used data from the Panel Study of Income Dynamics’ Child Development Supplement and the Los Angeles Family and Neighborhood Survey to explore the effect of living in a crowded home on several indicators related to child wellbeing: educational achievement, internal and external measures of childhood behavior and physical health. They found that even after controlling for SES factors, overcrowding has a negative effects on childhood wellbeing. Of the dimensions tested, overcrowding has an independent effect on children’s educational achievement, with external behavioral problems (measured as aggression) to be most significant across both the national and Los Angeles sample.

When comparing the two samples (national vs. Los Angeles), the Los Angeles sample showed crowding has an independent negative effect across all domains. Each additional person per room decreases math and reading test scores by 2.1 and 2.0 percentage points. An additional person per room is expected to increase children’s internal behavior problems, such as withdrawal or depression, by 2.6% and increase external behavior problems. Children’s general physical health declines by .044 (on a 1 to 5 scale) with a unit increase in housing crowding. These results are based on models that control for demographics and SES characteristics. All of these effects are statistically significant (p<.05 or p<.1).

Frequent moves

Researchers used a nationally representative sample to test whether developmental timing of housing mobility affects cognitive development beyond individual and family risks. Participants were 2,442 youth 4 to 16 years old at risk for child maltreatment followed at 3 time points over a 36-month follow-up. Caregivers reported on youth externalizing behaviors at each assessment. Latent growth models examined change in cognitive abilities over time.

Findings suggested increased housing mobility predicted greater behavior problems when children were exposed at key developmental periods. Preschoolers exhibited significantly higher rates of behavior problems that remained fixed across the 3-year follow-up. Housing instability threatened cognitive development beyond child maltreatment, family changes, poverty, and other risks.
Noise and/or household chaos


This was the first study to investigate the genetic and environmental pathways that mediate household chaos and school performance. The sample was drawn from the Twins Early Development Study, TEDS an ongoing population based longitudinal study. At 9 and 12 years the children’s perceptions of chaos in the family home were assessed using a short version of the Confusion, Hubbub and Order Scale, school performance was measured at age 12.

Consistent with previous studies using parental reports, researchers confirmed that children’s experience of household chaos was associated with how well they performed in school. The more disorganized, noisy and confusing children perceived their homes to be, the poorer their performance in school. Environmental factors that make siblings more alike—shared environments—explained the largest part of the chaos–school achievement relationship.

*By controlling for genetic effects, researchers demonstrated that about two-thirds of the association between chaos and school achievement is because of shared environmental factors.


Gary Evans, researcher at Cornell University’s Department of Human Development has done extensive research on acute and chronic noise exposure and the non-auditory effect is has on childhood cognitive development. This review examined existing data on non-auditory effects of noise on children and with this information develops several preliminary models of how to noise adversely affects children. Most of the literature on this subject falls into three categories: cognitive effects, physiological effects and motivational (behavioral) effects.

Physiological effects of elevated blood pressure levels in school-aged children is associated with living or going to school near a major noise source (e.g., airport, traffic, trains). Although the blood pressure levels of children exposed to these major noise sources are within the normal range, they are higher than for children not exposed to major noise sources. Elevated blood pressure levels are of concern to childhood development for two reasons. One, the levels do not habituate with continued exposure, and two, elevated pressure levels in children appear to continue this pattern into adulthood thereby increasing the risk for cardiovascular disease. The decibel levels in these studies ranged from 95 to 125 dBA peak and in both cases the noise exposure was chronic.


This study tested the effects of environmental chaos on early childhood development through the tenants of an eco-bio-developmental model. Three waves of longitudinal data were used to evaluate a cohort of 495 low-income children living in poor urban neighborhoods in the U.S.

Through multi-method analysis, researchers examined the role of environmental chaos in children’s development (re: whether distinct domains of environmental chaos have unique associations with children’s
development across a 6-year period from infancy to age 6, and whether the timing and intensity of the chaos had any unique associations with children’s development."

Findings from this study support those higher levels of household disorder predicted greater developmental delays among children. Overall, different patterns emerged in relation to the timing of exposure to chaos; with more “proximal exposure most strongly associated with children’s functioning.” This study also found that the intensity of chaos also was a strong predictor of adverse childhood behavior.


Using longitudinal data from a representative sample of over 2,400 children and adolescents in low-income families in low-income urban neighborhoods in three cities, researchers explored links between housing characteristics and children’s cognitive, emotional, and behavioral functioning. Sample included children from age 2 through age 21.

Results showed that that poor housing quality was most consistently associated with children’s and adolescents’ development, including worse emotional and behavioral functioning and lower cognitive skills.

Mechanism: poor quality housing poses physiological stress on children, inhibiting their emotional stability and learning, whereas residential instability may interrupt peer and school networks, impeding academic and behavioral success. Housing characteristics may similarly affect parental well-being and parenting behaviors that subsequently influence children’s development (Evans et al., 2010).

Maternal Health & Fetal Development Impacts from Housing Insecurity

An additional research literature review (Appendix A) by MCAH staff revealed additional impacts of housing insecurity on maternal health and preterm birth, via this 2013 published review of previous research including these three research studies:

Barker, 1995; Gluckman et al., 2005

Developmental programming—stresses in utero result in permanent changes to fetal anatomy & physiology which may be adaptive in early life but result in greater risk of disease in later life, including cardiovascular and psychiatric disease.

Calorie restriction, particularly protein, increases risk for low birth weight; complications also possibly due to maternal stressor of calorie and nutrient restriction—includes adverse changes in behavior, memory, cardiovascular fitness, and glucose intolerance.

Harville et al., 2010

Extreme stress (bereavement, exposure to terrorism, natural disasters) associated with lower birth weight and preterm birth. Severity impacts health of mother which in turn further impacts child development.

Van Den Bergh et al., 2005; Wadhwa et al., 2011

Even moderate increases in maternal anxiety and psychological stress associated with preterm birth and other adverse birth outcomes, and compromised cognitive development such as increased risk for ADHD.
Subsequent Projects

2015–2016: CEHP Home Visiting Model Used at Sunnydale Public Housing Development

Public housing provides housing to low-income families, the elderly and people with disabilities, with rent restricted to 30 percent of the household’s income. The San Francisco Housing Authority (SFHA) manages public housing units in San Francisco. In 2014, the public housing wait list was over 7,500 households long.35 San Francisco created a public-private partnership called HOPE SF which is in progress to rebuild four of the largest and most distressed public housing projects, including the Sunnydale Public Housing Development (772 total units located in Visitacion Valley). As a distinct low income residential population with young children, CEHP extended its comprehensive environmental home assessment model to Sunnydale families with young children in 2015.

This project came about in 2015 when the Sunnydale Community Task Force, acting as community advocates for tenants of the San Francisco Housing Authority’s Sunnydale Family Development, requested CEHP’s assistance for a resident family whose home had a significant mold issue and a relocation dispute. The advocates also wanted CEHP’s help to address a variety of environmental health hazards at Sunnydale. This request fit the equity model that CEHP had already established of proactive outreach to WIC-enrolled families, based on many families being fearful of requesting code enforcement services. CEHP also attended the Visitacion Valley community-based service coalition to announce our upcoming project.

After ongoing participation in the community meetings, the Housing Authority’s regional manager provided CEHP with a list of all families having children under six years old, so that CEHP could do proactive outreach to these families to offer lead hazard and comprehensive environmental home assessments. In addition to mailing to offer this free home assessment to the 187 identified families, CEHP hired and trained San Francisco Department of the Environment’s trilingual grassroots outreach team, Environment Now, to provide door-to-door outreach to increase participation. The Environment Now team visited 187 identified homes, knocking an average of three times at each door to produce a total of 158 conversations with residents or 84% of identified homes. Outreach by language included 81% English speakers, 15% Spanish speakers and 4% Cantonese speakers. Of the residents reached by Environment Now, 65% requested CEHP’s home environmental assessment service.

Many residents were difficult to reach, as phone numbers often change. Some residents changed their mind during CEHP’s phone intake process. As a result, a total of 63 environmental home assessments occurred, with CEHP environmental inspectors issuing Notices of Violation for Health Code-defined hazards to be corrected by the Housing Authority and making Building Department referrals for Housing Code-defined hazards to be corrected, such as broken heaters and missing smoke and carbon monoxide alarms (Figure 29).
SUNNYDALE PUBLIC HOUSING DEVELOPMENT
San Francisco Housing Authority

Home inspection
Connection to resources
Family questionnaires

IMPROVE LIVING CONDITIONS of the community by helping to correct environmental health hazards present at the time of the home visit

RAISE AWARENESS of City and community services to improve health hazards in the home & quality of life

POLICY ADVOCACY to improve quality of life for Sunnydale Public Housing residents based on collective data gathered

FAMILY CONNECTIONS
SAFE & HABITABLE HOUSING
COMMUNITY BUILDING
CITY & COMMUNITY RESOURCES

SUNNYDALE PUBLIC HOUSING DEVELOPMENT
San Francisco Housing Authority

IMPROVE LIVING CONDITIONS of the community by helping to correct environmental health hazards present at the time of the home visit

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FAMILY CONNECTIONS
SAFE & HABITABLE HOUSING
COMMUNITY BUILDING
CITY & COMMUNITY RESOURCES

CITY & COMMUNITY RESOURCES
Healthy homes
Economic resources
Access to food
Housing resources & services
211 & 311
Child care
Recreation & nature

203 FAMILIES with children six years of age & under (March 2015)

Requested 92
Declined 71
40
Could not reach

HOME VISIT OUTREACH

203 FAMILIES with children six years of age & under (March 2015)

Requested 92
Declined 71
40
Could not reach

Type of Health Code Violations

29 | Mold
28 | Lead
28 | Cockroaches
24 | Unsafe conditions
17 | Inadequate pest exclusion
9 | Unsanitary conditions
2 | Inadequate refuse bins
2 | Inadequate pest exclusion
2 | Other insects
1 | Fleas
1 | Rodents

63 Home visits
10 Department of Building Inspection referrals

FIGURE 29: CEHP PROJECT SUMMARY — SUNNYDALE
CEHP health educators surveyed residents regarding their social determinants of health and provided related resources based on their responses. CEHP also referred 16 households for asthma education and produced a video on cockroach prevention tips within a tenant’s control, and used this for discussion with residents during home visits. In addition, CEHP developed a working relationship with the HOPE SF Community Building Peer Leaders at this site, distributing healthy housing supplies and jointly planning and hosting a community-wide Beautification Celebration, both shown below.

2014–2016: MCAH Health Needs Assessment

The DPH Maternal, Child and Adolescent Health (MCAH) section conducted the “Maternal Child & Adolescent Health Needs Assessment (2015–2020)” to gather key stakeholder input from community representatives, service providers, academic researchers and governmental agency partners to inform MCAH preparation of its State-required Five-Year Action Plan. MCAH also analyzed client health outcomes data as part of the needs assessment.

MCAH needs assessment findings were summarized into three root causes of health disparities (Figure 30), and housing insecurity falls within both “Toxic Stress” and “Poor Living & Work Conditions” categories. Stakeholders identified substandard housing, lack of affordable housing and housing insecurity disproportionately affecting the health of low-income families.
June 2016: MCAH All-Staff Training on Housing Issues

MCAH and CEHP collaboration modeled by the Home Environmental Assessment project for WIC-enrolled families was desired by other MCAH programs and their clients. The first expansion of the service occurred with MCAH Public Health Nurses referring their home visiting clients, primarily mothers with newborns, for CEHP home environmental assessments and Health Code enforcement. This is another group of clients who are unaware of how to access their right for habitable housing and who often live in substandard housing conditions.

To further expand CEHP’s environmental home assessment service to all MCAH staff (approximately 200) and their program clients, the CEHP Program Manager provided the MCAH Section June 2016 all-staff meeting an in-service training. Along with guest speakers, the CEHP Program Manager built MCAH staff capacity on housing issues, including how to refer to CEHP home environmental assessment services as well as an understanding of housing access, housing rights and housing conditions, and related resources. The effort to institutionalize such housing-related screening and referrals within MCAH services is a project of the 2017–18 fiscal year. Furthermore, MCAH wishes to incorporate many of the social determinants of health survey questions and resources into their service framework.

CEHP staff developed the Housing Case Study shown below, a Housing Resource Guide & Referral Flow Chart for the training and is tasked with keeping this Housing Resource Guide and Flow Chart up to date. The case study below provides a series of problems which illustrate how the Housing Resource Guide and Referral Flow Chart can be used by MCAH staff.

Housing Case Study

You are doing an intake with a family of five who tells you that they are afraid they will soon lose their housing, so they don’t know what address to give you for their enrollment in MCAH services. By sensitively asking further questions, you learn that the family has received illegal rent increases (more than 1.6% a year) and has been verbally threatened with eviction by the master tenant who collects their rent. The living space is also cockroach-infested, and they are afraid for it to be sprayed with pesticide, due to the fragile health of one of their
children. Most urgently, they would like to get on a list for affordable housing opportunities, or if it ends up being needed, learn how to find emergency shelter for their family.

**For Discussion**

1. Housing Rights: To what agency (agencies) might you direct this family so that they can petition for a reduction of their illegal rent increase?

2. Housing Rights: To what agency (agencies) might you direct this family so that they know what to do if a written notice of eviction occurs?

3. Housing Conditions: What should you or the family do about the cockroach infestation? How can you find out if there is an alternative to spraying, and if the family has the right to request the alternative?

4. Housing Conditions: What red flag has come up regarding a health condition in the family? What should you or the family do about that concern?

5. Housing Access: How can you help this family access affordable housing opportunities? What if they don’t have access to a computer or a smart phone?

6. Housing Access: How can you help this family learn about and possibly access emergency shelter?

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**January–July 2016: “CASAH” Community-Based Photo Voice Research Project**

MCAH and CEHP collaborated in 2016 with the Mission Economic Development Agency (MEDA), its Mission Promise Neighborhood (MPN) Program and several Mission District partner agencies on a Photo Voice project titled “Community Assessment for Safe & Affordable Housing” (CASAH). In this project, eight women from the Mission community were trained as photo researchers to document the effect of housing insecurity and overcrowding on the wellbeing of their families and to offer guidance to City policymakers on improving the housing situation for families such as theirs. The women’s research culminated in a July 2016 narrated photo exhibit, ¿An American Dream? Several of the 24 images from the CASAH exhibit are included on the next pages.

- The CASAH Photo Voice project is further described on the MEDA and MPN websites.³⁶
- CASAH’s July 2016 photo exhibit was covered by multiple media outlets.³⁷

MEDA/MPN chose to participate in CASAH because they were already very engaged in advocacy concerning the displacement of Latinos from the Mission District and because community member testimony during two of their Town Hall meetings had overwhelmingly focused on the housing issues faced by long-term Latino residents of the Mission. In their 2015 survey of 1600 Mission families with children, MEDA/MPN found that more than 60% were spending half their income on housing. This community-based evidence was further substantiated by a San Francisco Budget and Legislative Analyst’s Office October 2015 report which stated, “If current trends continue, the number of Latinos living in the Mission will decline from the 60 percent of the Mission population they were in 2000 to just 31 percent in 2025.” The report found that since 2000, the Mission had lost about 27% of its Latino population, almost 8,000 people.

MEDA's Community Real Estate Department has become increasingly involved in pursuing solutions to the Mission District’s housing crisis and the displacement of Latino residents, non-profits and businesses. Their efforts include utilizing the City’s Small Sites acquisition program, to help subsidize and rehab smaller private properties and turn them into permanent affordable housing. MEDA has also joined non-profit housing developers to begin planning and construction of several multifamily housing developments with 733 affordable units, to include commercial space for non-profits and small businesses in the Inner Mission. MEDA’s success at affordable housing development was featured in the San Francisco Chronicle in April 2017.³⁸
El tiempo de comer

When it is time to eat, my family and I eat in the room where we sleep. It is the only space we have to share our food, games, and tasks. We share the kitchen with sixteen other people, and there is no space to use it as a dining room. Not having a space appropriate for eating with my family is uncomfortable. It puts us in bad moods and is frustrating at the same time. These conditions also put us at risk of having cockroach infestations where we sleep.

My house is not a suitable place to live with my family. The wellbeing and health of my family should not have to be a privilege. It is a human right that we all deserve.

We must gather our strength in order to be listened to and understood.

~ Melissa
Reencuentro familiar

Vine desde Guatemala a encontrarme con mi esposo y mis dos hijos. Vine sabiendo que aquí mi vida iba a cambiar pero fue muy diferente a lo que yo me imaginaba. Llegué a vivir con mi familia en un cuarto muy pequeño donde no teníamos el espacio suficiente.

Mis hijos lloran porque no tienen un espacio más grande donde jugar. En el mismo cuarto comemos, guardo mis trastes, la mesa de comedor se convierte en la mesa donde mis hijos estudian. No podemos vivir en un hogar más grande porque la renta en San Francisco es muy alta.

Me pregunto si esta experiencia de vivir amontonados es similar a otras familias inmigrantes. ~ Concepción

I came from Guatemala in order to be reunited with my husband and two children. I came here knowing that my life would change, but it was very different from what had I imagined. I arrived only to live with my family in a very small room where we did not have enough space.

My children cry because they don’t have a larger space to play. In the same room we eat, I store my dishes, and the dining table is converted into a desk where my children study. We cannot afford a larger home because rent in San Francisco is very high.

My question is, “Is this experience of living in such cramped surroundings similar to that of other immigrant families?” ~ Concepción
La fría realidad

Este es el garaje donde vivíamos. Mi hija esta cubierta en su cobija sentada al lado de un calentador. Hemos sufrido mucho de frío porque había varios huecos abiertos en los que el viento entraba. Mi hija siempre se esfumecía y se quejaba de que sus huesos se estaban dañando. Los lamentos de mi niña era la razón por que yo la ponía al lado del calentador para que se calentara.

Mi familia y yo nos quedamos sin hogar y no teníamos a donde ir debido al alto costo de la renta. Nuestra única opción era vivir en el garaje de la casa de un amigo en lugar de dormir en las calles. Sin embargo, el garaje no era adecuado para vivir. Me puse muy preocupada por la salud de mi hija porque ella desarrolló problemas pulmonares y alergias en la piel. Me sentía desamparada de ver a mi hija sufrir tanto el sufrimiento de nuestra condición de vida.

Yo y mi esposo fuimos en busca de ayuda a las organizaciones de la comunidad y logramos una vivienda en un albergue de familia. Tenemos que dejar el miedo atrás con el fin de demostrar algo que se debe demostrar con acciones no silencio. ~ Deyser

This is the garage where we were living. My daughter is sitting next to the heater, covered in her blanket. We suffered a lot from the cold because the wind blew through several open gaps in the garage. My daughter always shuddered and complained that her bones hurt. Her cries were why I put her next to the heater to be warm.

My family and I were homeless and had nowhere to go because of the high cost of rent. Our only alternative to sleeping on the streets was to live in the garage of a friend’s house. However, the garage was not suitable for living. I became very concerned about the health of my daughter because she developed lung problems and skin allergies. I felt helpless seeing my daughter suffer so much because of our living conditions.

My husband and I went to community organizations for help, and managed to find a home in a family shelter. We must leave our passivity and silence behind in order to prove ourselves with actions. ~ Deyser
Multiusos

Yo vivo en un cuarto al que le llamo multiusos y creo que tiene el mismo tamaño de la memoria de mi teléfono celular porque hay guardo de todo. Mi cuarto se vuelve comedor a la hora de cenar, lugar de juegos para mis hijos, lugar de descanso para dormir y salón para que mis hijos hagan sus tareas. Este lugar ha sido mi vivienda por 4 años para mi esposo y mis tres niños. Abisai mi niño de 2 años siempre quiere correr y esto ocasiona dificultades en la convivencia con otras personas. Tengo que mantenerlo quieto en el cuarto o estar fuera de la casa hasta tarde de la noche para evitar más problemas.

Esta situación me da coraje, rabia y me tiene frustrada todo el tiempo. Yo soy el pilar de mi familia y si estoy mal mis hijos también lo están. ~ Olga

I live in one room that I call multi-purpose and I think it is the same size as the memory in my cell phone because I keep everything there. This room becomes a dining room at dinner time, a playground for my kids, a bedroom, and a living room when my children do their homework. This place has been our home – my husband’s, my three children’s, and mine – for four years. Abisai, my 2-year-old son, always wants to run and this causes difficulties in living with others. I have to keep him quiet in the room or take him out of the house late at night to avoid more problems.

I face this situation with courage and rage, as it causes me to feel frustrated all of the time. I am the pillar of my family and if I do badly, so do my children. ~ Olga
MOVING FORWARD

Healthy Communities Together: Collective Impact Initiatives to Promote a Life Course of Health

DPH and the University of California San Francisco’s Child Health Equity Collective (CHEC) first convened a group in December 2016 to launch Healthy Communities Together: A Common Agenda for Health Equity in San Francisco. The goal of this collaborative of collective impact initiatives is to implement change in social environments, service systems, and policies, particularly affecting stressful living and working conditions that impact family health. Healthy Communities Together includes Healthy Places Together, collective impact to implement place-based policies, and Healthy Children Together, collective impact to improve health conditions. Healthy Places Together is still in the process of formulating their “Homes” focused initiative and partners and will collaborate with CEHP using the findings of this report to inform next steps (Figure 31).

UCSF Preterm Birth Initiative

MCAH and CEHP staff presented in March 2016 on housing insecurity to the UCSF Preterm Birth Initiative (PTBi) Benioff Community Innovators group and their collaborative partners, the SFSU Health Equity Masters of Public Health student cohort, to inform their collective research and advocacy for housing access as a means to reduce the maternal stress that contributes to preterm birth and its related adverse life course outcomes.

The PTBi-California uses precision health and interventions research strategies and the collective impact process to achieve breakthroughs that will reduce preterm birth and improve birth outcomes. PTBi-CA focuses on those at highest risk of preterm birth—women of color and lower income—within three communities: San Francisco, Oakland, and Fresno. In San Francisco, one in six preterm births occur in the city’s most impoverished neighborhoods: Bayview-Hunters Point, Candlestick Point, Portola, and Visitacion Valley. A woman in Bayview-Hunters Point is nearly three times more likely to have a preterm birth than a woman living in the Presidio.

The Benioff Community Innovators program recruits and trains a cadre of community members with a passion for improving health for mothers and babies. It provides opportunities for them to develop skills in project leadership and human-centered design—creative problem-solving techniques built on a deep understanding of the needs of the end-users—so that they can work with researchers, healthcare providers, and community groups to prototype innovative approaches to improve health and social-service delivery that can ultimately reduce preterm birth. The MCAH Black Infant Health Program is part of the Benioff Community Innovators group.

Our Children, Our Families Council

The Department of Public Health participates in the citywide data gathering and policy planning efforts of the Our Children, Our Families Council (OCOF), a 42-member advisory body created by ballot initiative in 2014, co-led by the Mayor and San Francisco Unified School District (SFUSD) Superintendent, and charged with promoting coordination, increasing accessibility, and enhancing the effectiveness of programs and services for children, youth, and families—especially those with the greatest needs.
Healthy Places Together: Place-Based Policies Impact Child Health
Samples of Initiatives as of February 2017

<table>
<thead>
<tr>
<th>Create Healthy Environments</th>
<th>Implement change in <strong>social environments, service systems, and policies</strong>, particularly affecting stressful living and working conditions that impact family health.</th>
</tr>
</thead>
</table>

### Daily Living Institutions

Ensure healthy conditions of daily living institutions to promote health for children and families

<table>
<thead>
<tr>
<th>Institution</th>
<th>Structural Problems</th>
<th>Policy w/ Child Health Impact</th>
<th>Countywide Initiative</th>
<th>Community Partner Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>No funding/incentives to support breastfeeding</td>
<td>Breastfeeding encouraged in hospitals</td>
<td>Baby-friendly hospitals</td>
<td>WIC Hospitals</td>
</tr>
<tr>
<td>Homes</td>
<td>Planning &amp; housing policies protect special interests</td>
<td>Affordable family-size housing</td>
<td>In progress</td>
<td>TBD</td>
</tr>
<tr>
<td>Child Care</td>
<td>CA has weak standards for nutrition &amp; physical activity</td>
<td>Nutrition &amp; physical activity standards in child care settings</td>
<td>Healthy Apple Award</td>
<td>Children's Council</td>
</tr>
<tr>
<td>Schools</td>
<td>Implicit bias of school discipline</td>
<td>Ban suspensions for willful defiance</td>
<td>Health determinants &amp; impact of school suspensions</td>
<td>SFSU Coleman Advocates UCSF</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Medical training has little focus on young women</td>
<td>Adolescent &amp; young adult healthcare utilization</td>
<td>IRIS</td>
<td>SF Health Plan</td>
</tr>
<tr>
<td>Workplaces</td>
<td>US: only industr country w/o paid parental leave</td>
<td>Family-friendly workplace policies: Parental leave, flexible work, lactation support</td>
<td>Healthy Mothers Workplace</td>
<td>Legal Aid at Work</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Implicit bias of criminal justice &amp; law enforcement</td>
<td>Police departments work with health organizations toward NACCHO</td>
<td>Policing &amp; Public Health</td>
<td>AAP-Am Acad PedsColeman Advocates</td>
</tr>
</tbody>
</table>

### Community Resources & Networks

Ensure access to community resources for children and families to promote health & wellbeing

<table>
<thead>
<tr>
<th>Lactation Support</th>
<th>Uncoordinated services during small time window</th>
<th>Regular schedule of free, drop-in lactation support groups</th>
<th>Breastfeeding Support Group</th>
<th>5 Delivery Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighborhood Centers</td>
<td>Lack knowledge / training in infant development &amp;MMH</td>
<td>Standards for infant-bonding and enrichment activities</td>
<td>Baby Zones</td>
<td>Libraries Family Resource Centers</td>
</tr>
<tr>
<td>Recreation &amp; Park</td>
<td>Fee-based programs target residents already active</td>
<td>Free, drop-in programs weekly in neighborhoods throughout county</td>
<td>Active Zones</td>
<td>SF Recreation &amp; Park</td>
</tr>
<tr>
<td>Neighborhood Afterschool</td>
<td>High costs of classes &amp; sport leagues</td>
<td>Free, drop-in programs daily in 9 neighborhoods w/ low-income families</td>
<td>Power Play</td>
<td>Boys &amp; girls clubs SF</td>
</tr>
<tr>
<td>Parks</td>
<td>Current programs focused on nature-lovers</td>
<td>Weekly drop-in programs to welcome new visitors and walkers in parks</td>
<td>Healthy Nature Walks Saturdays</td>
<td>SF Rec &amp; Park GGNRA</td>
</tr>
</tbody>
</table>

**FIGURE 37:** HEALTHY PLACES TOGETHER PLACE-BASED POLICIES
One third of the Council members are department heads from various city departments, up to one third are leaders from the school district, and a third represent community stakeholders appointed by the Mayor such as parents, youth, service providers, philanthropy, experts in housing and economic development, business, and citizen oversight entities.

OCOF is also charged with creating a shared outcomes framework that will articulate the milestones for all children, youth and families to reach and with developing a five-year plan with recommendations on how to reach those outcomes.

In the *Our Children, Our Families Council Outcomes Framework*, published in February 2016, Goal B states: *Families and transitional age youth, especially those most in need, attain economic security and housing stability for themselves and their children.* Goal B2’s measure of success is for families and transitional age youth to be “Stably housed” (not homeless or in overcrowded conditions). Most significantly, the OCOF Outcomes Framework states “We would like to invest in a data source that would provide self-reported qualitative data about the condition of housing and perceptions of stability.”

The OCOF Outcomes Framework includes a Human Services Agency of San Francisco analysis using data from the 2011 Three-Year American Community Survey (ACS) Sample Data and the 2015 San Francisco Homeless Point-In-Time Count and Survey, which concludes that 81% of families with children and 83% of young adults ages 18–24 are estimated to be stably housed in 2011 and 2015.

• The Department of Children Youth & Their Families 2016 Community Needs Assessment summarizes the family-related findings of the 2015 Homeless Point-In-Time County and Survey:

  *Persons in families with children represented roughly 9% of the total population counted by the 2015 Homeless Point-In-Time Count, which included 226 families (or 630 individual family members). The homeless adults with children were disproportionately African American (46%) and disproportionately female (82%).*

• Furthermore, the 2016 Community Needs Assessment indicates why the Homeless Point-In-Time County and Survey would not be an accurate measure for determining homelessness among San Francisco families with children:

  *In 2015, there were nearly 2,100 homeless or marginally housed children in SFUSD, which represents a staggering 110% increase since 2007. However, most of these families are invisible, in that they tend to reside in temporary, marginal housing rather than on the streets.*

The ACS requires a private mailbox to receive it, and when multiple families live one family per room within a single housing address, they do not possess a private mailbox. Many families without documentation of their residency status have fear concerning revealing one’s family living situation to the government. The ACS survey also requires a high degree of English literacy and knowledge about one’s home building structure to complete. It’s an unlikely source of accurate information about the unstably housed families whom we wish to benefit.

**Heading Home Campaign**

The *Heading Home Campaign* is a $30mm initiative to house 800 homeless families by 2019 as part of an effort to end long-term family homelessness in San Francisco. Led by Mayor Lee, this collaboration between the City and County of San Francisco, the San Francisco Unified School District, Hamilton Families and private philanthropy, scales up the Rapid Rehousing program previously funded by the City and County of San Francisco. When the campaign was announced in December 2016, SFUSD had established that 1,145 public school families were without stable housing, including 1,800 students identified as homeless.
Census of Housing Insecurity Affecting Low-Income Pregnant Women and Families with Young Children

Families with housing insecurity, such as those living in overcrowded conditions, usually are being considered as being “at risk of homelessness” by SFUSD and City policy directives. However, there is no City agency today charged with centralized assessment of housing insecurity experienced by the low-income family population having children too young for SFUSD enrollment. Similarly, there is no City agency charged with assessing how many low-income pregnant women having their first child experience housing insecurity, at a time period when such stress can affect fetal development.

In conclusion, a practical next step is a collective impact project of DPH programs (MCAH and CEHP) and partner agencies to quantify the number of low income households of pregnant women and families with young children facing housing insecurity, using a broad array of housing insecurity criteria. Additionally, by engaging DPH programs and partner agencies to ask their housing insecure clients to describe how housing insecurity and related stress is experienced in their daily lives, the census project will also gather qualitative data about associated health and wellbeing impacts.

Without a realistic and objective count of the number of pregnant women and families with young children lacking housing stability, there will not be a reality-based planning process or allocation of resources to develop housing. And without a deeper understanding of the subjective ways that housing insecurity acts as a stressor to pregnant women, fetal development, and families with young children, policymakers will not be acting on the ancillary issues that go hand in hand with housing insecurity: retaliatory actions, threats of eviction and deportation and illegal rent increases by landlords and master tenants, young children in crowded multifamily-occupied units living in close quarters with unrelated single men, and unlicensed for occupancy habitations without heat or sanitation and having ubiquitous pest and mold issues.

This census project to quantify and qualitatively describe housing insecurity affecting pregnant women and families with young children will serve as a first step in addressing the structural issues that act as barriers to quality affordable and stable housing for this population.
CONCLUSION

Housing Crowding & Housing Insecurity Impact Children’s Wellbeing

City policymakers have prioritized housing supports to families with older children (pre-K and K-12), perhaps unaware of life course trajectory outcomes data showing the greatest return on investment for investments during fetal development and the first five years of life. In City policy, little focused attention is paid to pregnant women who face housing insecurity and in particular those not living with children, i.e. they do not qualify as a “family.” For example, eligibility for City-sponsored shelters is only in the very last months of pregnancy or the earliest months of an infant’s life.

City agency reports about how San Francisco’s housing crisis creates overcrowding for families does not include the specific occurrence of multi-family occupancy per single housing unit, where there is one family per room within the unit, and the need for low income families to lodge additional unrelated single male roommates to be able to afford rent. DPH home visitors, namely MCAH public health nurses (PHNs) and CEHP inspectors, PHN and health educators, daily witness extremely overcrowded and unlicensed for occupancy client living situations. The DPH home visitors do not have a mechanism to bear witness to the client living situations that they observe, and experience vicarious trauma from having few housing supports with which to help their clients. Ideally, DPH home visitors would have a report-back mechanism which would inform policy makers.

Quoting from 2012 research41 “Housing Crowding Effects on Children’s Wellbeing” best summarizes why investment in affordable family housing is an investment that promotes health and educational equity. The political prioritization of affordable family housing can positively influence children’s life course outcomes, including educational, behavioral and physical health disparities:

Poor housing conditions have significant effects on different aspects of a child’s life. These negative effects during childhood can persist throughout life, ultimately affecting their future socioeconomic status and, likely, their adult wellbeing. It is important to identify aspects of a child’s living environment that may prove harmful in order to prevent them. If housing agencies and communities are provided with information on the deleterious effects of housing crowding, they can design housing programs that mitigate the effects of crowding and form standards for appropriate household unit size. The living environment, net of socioeconomic status, is an area that can contribute to the intergenerational transmission of social inequality. By better understanding the role of housing in the lives of children, we can ensure a healthy living space and reduce educational, behavioral and physical health disparities.

San Francisco’s Proactive Investment in Children’s Potential

Voters have consistently affirmed ballot measures that invest in San Francisco’s children, most notably with the creation of the Children’s Fund and the Our Children, Our Families Council. In 1991, San Francisco became the first city in the country to guarantee funding for children and youth services when voters approved the Children’s Amendment to the City charter. Each year since, the City has set aside a portion of property tax revenues—three cents per one hundred dollars of assessed value—to create what is known as the Children’s Fund. The Department of Children, Youth & Their
Families (DCYF) is the City agency responsible for ensuring that Children’s Fund dollars—as well as additional resources allocated from the City’s General Fund and through state and federal grants—are invested for the greatest impact. Voters passed Proposition C in November of 2014, creating the Our Children, Our Families Council, charged with aligning efforts across the City and County, the School District, and the community to improve outcomes for children, youth and families in San Francisco. San Franciscans invest in children.

The Planning Department’s January 2017 publication, *Housing for Families with Children*, concludes with next steps for exploration. Specifically Planning’s report outlines feasible strategies and policies that could help modify or expand existing housing stock and family-friendly design considerations for developing new family-oriented housing. Their briefing hopes to open up a discussion to explore these possibilities. With political will, reorganized resources and the collaborative effort of cross-sectional partners, housing stability for the most vulnerable children and families in our community can be achieved. Such civic investment would have the most significant life course impact because there is strong evidence of the return on investment (ROI) in the life phases of fetal and early child development. Hopefully, this report will inspire and mobilize cross-sectional partners to pursue this aspirational goal.

“Not everything that is faced can be changed, but nothing can be changed until it is faced.” — James Baldwin
APPENDICES
### A. HEALTH IMPACTS LITERATURE REVIEW

<table>
<thead>
<tr>
<th>Year</th>
<th>PTB</th>
<th>Dev</th>
<th>Source</th>
<th>Sample</th>
<th>Methodology</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
<td>2013</td>
<td>X</td>
<td>X</td>
<td>Reynolds, R. M., Labad, J., Buss, C., Ghaemmaghami, P., &amp; Räikkönen, K. (2013). Transmitting Biological Effects of Stress in Utero: Implications for Mother and Offspring. Psychoneuroendocrinology, 38(9), 1843-1849.</td>
<td>NA – Review of previous studies. Key mechanism in other mammals seems to be the mediation of maternal stress via the hypothalamic-pituitary-adrenal (HPA) axis through exposure to excess glucocorticoids.</td>
<td>Barker, 1995; Gluckman et al., 2005 • Developmental programming – stresses in utero result in permanent changes to fetal anatomy &amp; physiology which may be adaptive in early life but result in greater risk of disease in later life, including cardiovascular and psychiatric disease. • Calorie restriction, particularly protein, increases risk for low birth weight; complications also possibly due to maternal stressor of calorie and nutrient restriction – includes adverse changes in behavior, memory, cardiovascular fitness, and glucose intolerance.</td>
<td>Harville et al., 2010 • Extreme stress (bereavement, exposure to terrorism, natural disasters) associated with lower birth weight and preterm birth. Severity impacts health of mother which in turn further impacts child development. • Extreme stress may impact maternal well-being in the postnatal period, which in turn may impact parental functioning. Van Den Bergh et al., 2005; Wadhwa et al., 2011 • Even moderate increases in maternal anxiety and psychological stress associated with preterm birth and other adverse birth outcomes, and compromised cognitive development such as increased risk for ADHD.</td>
</tr>
<tr>
<td>2011</td>
<td>X</td>
<td>X</td>
<td>Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., ... &amp; Frank, D. A. (2011). US Housing Insecurity and the Health of Very Young Children. Am J Public Health, 101(8), 1508-1514.</td>
<td>22,069 low-income caregivers with children younger than 3 years in 7 US urban medical centers: Baltimore, MD; Boston, MA; Little Rock, AR; Los Angeles, CA; Minneapolis, MN; Philadelphia, PA; and Washington, DC.</td>
<td>Cross-sectional. Excluded already homeless families. Assessed food insecurity, child health status, developmental risk, weight, and housing insecurity: • crowding (&gt;2 people/bedroom or &gt;1 family/residence) • multiple moves (&gt;2 moves within the previous year) • Child’s health self-reported by parents using validated tool. • Caregivers’ depressive symptoms measured by 3-item screen with 100% sensitivity, 88% specificity, positive predictive value of 66% • Parents’ Evaluation of Developmental Status (PEDS) survey</td>
<td>Housing experiences of sample: • Housing insecurity – 46% • Crowding – 41% • Multiple moves – 5% Crowding associated with: • Food Insecurity (AOR 1.3) Multiple moves associated with: • Food insecurity (AOR 1.91) • Fair/Poor Child’s Health (AOR 1.48) • Child developmental risk (AOR 1.71) Mechanisms: Housing insecurity impedes development of role models, informal neighborhood social supports, connections to resources, family participation in social environment, and medical home for consistent health care. Neighborhoods where families know and trust each other and community-level interventions that ensure adequate, safe, and affordable housing can positively affect the physical and mental health of parents and children.</td>
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<td>Year</td>
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<td>2011</td>
<td>X</td>
<td></td>
<td>Hanscombe K. B., Haworth C. M. A., Davis O. S. P., Jaffee S. R., Plomin R. (2011). Chaotic Homes and School Achievement: A Twin Study. Journal of Child Psychology and Psychiatry, 52, 1212-1220.</td>
<td>Twins Early Development Study, TEDS – population based longitudinal study of over 10,000 pairs of twins born in England and Wales in 1994, 1995 and 1996.</td>
<td>Children specific measures (self-reported CHAOS scale, UK curriculum criteria) and multivariate analysis. Children’s perception of household chaos was measures at age 9 and 12 using an abridged version of the Confusion, Hubb, and Order Scale (CHAOS) Genetic factors were compared via Twin Model re: the resemblance between identical (monozygotic, MZ) twins and non-identical (dizygotic, DZ) to provide an estimation of the genetic and environmental contributions to variance within a trait and covariance between traits. School achievement: assessed at age 12 using the UK National curriculum criteria.</td>
<td>Environmental confusion at home predicts poor performance in school. Controlling for genetic effects, two-thirds of the association between chaos and school achievement is because of shared environmental factors. ( r_P = .26, 95% \text{ confidence interval (CI) = } .30 \text{ to } .22 ) One-third of child’s perception on home chaos accounted for shares genes. <strong>Mechanism:</strong> On shared Environment Children become socially withdrawn as a way of filtering out the excess noise and confusion in chaotic homes and children in chaotic homes may be extending this filtering to social interactions by carrying it over to the classroom. On influence of genetics: If under the influence of genetic factors, a ‘tuning out’ strategy could explain the common genetic link between household chaos and school achievement.</td>
</tr>
<tr>
<td>2010</td>
<td>X</td>
<td></td>
<td>Evans, G. W., Ricciuti, H. N., Hope, S., Schoon, I., Bradley, R. H., Corwyn, R. F., et al. (2010). Crowding and Cognitive Development The Mediating Role of Maternal Responsiveness among 36-Month-Old Children. Environment and Behavior, 42(1),35-148.</td>
<td>Sample 1: children aged 15 and 36 months from the NICHD study of early Child Care and Youth Development. Sample 2: Children aged 9 to 36 months from UK MCS (millennium cohort study)</td>
<td>Samples employ data from on-going longitudinal (cohort) studies and perform regression analysis. <strong>Residential density</strong> was measured at 15 and 36 months using Persons Per Room PPR. <strong>Maternal responsiveness:</strong> measured via the Home Observation for Measurement of the Environment (HOME) Inventory. *Inter reliability of HOME exceeded 90%. <strong>School readiness</strong> was represented by standard scores from the Bracken Scale of Basic Concepts.</td>
<td>Residential Density at 15 ( (r=-0.36) ) and 36 ( (r=0) ) months is negatively correlated with school readiness. Density at both 15 ( (r=-0.28) ) and 36 ( (r=0.29) ) months is negatively correlated with maternal responsiveness. *residential density and poor cognitive development in young children is mediated by diminished maternal responsiveness. <strong>maternal responsiveness stronger meditational role in US sample.</strong> Mechanism: <strong>On cognitive development:</strong> Adverse, socio-emotional and cognitive developmental results of suboptimal living such as crowding, noise, or poor construction may occur because of their impact on adult-child interaction. Parents in more crowded homes speak less often to their children and high density homes are noisier and more chaotic. <strong>On school readiness:</strong> The quality of physical settings inhabited by children affects their development and some of this is likely due to adjustments their parents or teachers make to cope with those same suboptimal conditions (re noise and chaos in the classroom).</td>
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<tr>
<td>2012</td>
<td>X</td>
<td>X</td>
<td>Solari, C. D., &amp; Mare, R. D. (2012). Housing Crowding Effects on Children’s Wellbeing. Social Science Research, 41(2), 464-476.</td>
<td>Samples drawn from two waves of data: US national representation &amp; LA County. Data consisted of longitudinal, multi-stage stratified cluster and panel data. 1) Panel Study of Income Dynamics’ Child Development Supplement (PSID-CDS) two waves of CDS data: one in 1997 on 3,563 children ages 0 to 12 and a second in 2002/2003 on 2,908 children/adolescents ages 5 to 18. 2) Los Angeles Family and Neighborhood Survey (LAFANS) The first wave of data was collected in 2000 from a representative sample of about 3,200 households in 65 neighborhoods.</td>
<td>Longitudinal analysis, OLS using cross sectional data, regression analysis Independent variable: crowding measured continuously by PPR. Dependent: ‘Child well-being’ measured via five indicators: 1 and 2 measure edu achievement using two tests (Woodcock-Johnson revised tests - applied problem test and a word finder test). Dependent variables 3 and 4 were internal/external measures of child’s behavior. Internal measure based off withdrawal/sadness. External measured aggression. Reported by primary care provider or parent(s). 5th dep. Variable measures overall physical health as reported by parents.</td>
<td>Living in a crowded house is associated with multiple measures of childhood well-being (even after controlling for SES). Most significant is the impact crowding has on school achievement external behavioral problems (re: aggression) and physical health. LA data show stronger negative impact of crowding on child-well being as compared to the national sample. Could be due to high crowding levels in LA as compared to the rest of the U.S., multiple foreclosures since 2008, and generally poor economic climate. Mechanism: no specific mechanism due to study design, however authors acknowledge that given the importance of the effects of home environment on child well-being, more research is needed to capture home environment and childhood well-being over time.</td>
</tr>
<tr>
<td>2015</td>
<td>X</td>
<td>X</td>
<td>Coley, R.L., Lynch, A.D., &amp; Kull, M. (2015). Early Exposure to Environmental Chaos and Children’s Physical and Mental Health. Early Childhood Research Quarterly, 32, 94-104.</td>
<td>Sample drawn from Three City Study includes 495 low-income children living in moderate to high poverty neighborhood in Boston, San Antonio and Chicago.</td>
<td>Longitudinal data, stratified random sampling, multiple regression, main-effect model. Chaos: measured across 4 domains: 1. Housing disorder (HOME-short form), 2. Neighborhood disorder (continuous measures adopted from previous mothers reports on neighborhood social disorder), 3. Family instability (measured via maternal relationship instability &amp; residential instability), 4. Chaos intensity (assessed via a composite score from first three domains). Cognition: measured via childhood delays using Ages and Stages Questionnaire (ASQ) assessed children’s functioning in the domains of communication, problem-solving, fine-motor skills, gross-motor skills, and personality-social development.</td>
<td>** Findings support the idea that environmental chaos is detrimental during the first years of life with chaotic housing environments predicting deficits in early health and basic developmental milestones. Different patterns emerged in relation to the timing of exposure to chaos, with more proximal exposure most strongly associated with children's functioning; and the intensity of chaos a strong predictor of child mental and behavioral health. Maternal psychological distress as pathway by which environmental chaos is associated with behavioral problems among children. Domains of chaos and child functioning: higher levels of housing disorder predicted greater developmental delays among children (1 SD difference to 0.25 SD difference in developmental delays) Children experiencing greater housing disorder had poorer general health at age 6, (effect size of .18 SD units).</td>
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### Table: Physical and Behavioral Health

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<th>Findings</th>
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<tr>
<td>2013</td>
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<td></td>
<td>Coley, R. L., Leventhal, T., Lynch, A. D., &amp; Kull, M. (2013). Relations between Housing Characteristics and the Well-Being of Low-Income Children and Adolescents. Developmental Psychology, 49(9), 1775-1789.</td>
<td></td>
<td>Physical Health: reported by mothers (single item measure) and biological vulnerability (weighing less than 2500 at birth) Behavioral Health: internalizing and externalizing behaviors measured via validated mother-reported Child Behavior Checklist (CBCL)</td>
<td>Neighborhood disorder and relationship instability was associated with heightened externalizing and total behavior problems, with effect sizes of .21 SDs and .30 SDs. Children experiencing greater relationship instability from birth through age 6 showed worse mental health, with effect sizes of .14 SDs for internalizing problems and .13 SDs for total problems.</td>
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</table>
B. MULTILINGUAL CEHP LETTERS MAILED TO WIC-ENROLLED FAMILIES

23 January 2015

Dear WIC families,

The Children’s Environmental Health Promotion Program of the Department of Public Health wants to offer you a FREE HOME VISIT to address your health hazard concerns.

Do you have any of the following conditions in your home that may harm children’s health?

- Damaged or peeling paint
- Mold or moisture
- Plumbing or roof leaks
- Mice or rats
- Cockroaches or bed bugs
- Flies or mosquitoes
- Garbage problems
- No heat
- Loud noise from traffic or rooftop fans, or
- Black dust from traffic pollution

Would you like to have these health hazards corrected? Now is the time!

Our program staff will look for damaged lead paint, mold, pests, toxic consumer products and other hazards that may affect the health of your family and pets. When we find health hazards that are the landlord’s responsibility to fix, we will issue a Notice of Violation that orders the landlord to repair them. As part of the Notice, we will also refer landlords to a City program that may be able to provide them grants or low-cost loans to repair some hazards. For those health hazards that are within your control, we will provide you information on how to prevent the hazards. We will link you and property owners to community resources for social or legal support when necessary.

In 2008-10, we conducted a similar home visit program for WIC families. Around 75% of the families who participated had some environmental hazards in their homes. We were able to assist those landlords and the families in correcting most of the hazards found.

If you are interested in this offer, please fill out the request form attached. You may return the completed form to your WIC office or mail/fax it to our program. We will contact you by phone to make a future appointment for the home visit. If you have any questions, please call 415-252-3929 (English or Cantonese) or 415-252-3932 (English or Spanish).

Sincerely,

Karen Cohn,
Program Manager
**Children’s Environmental Health Promotion Home Visit Request Form**

Submit to WIC office, or fax to 415-252-3889 or mail to 1390 MARKET ST #410, SAN FRANCISCO, CA 94102

**PLEASE PRINT CLEARLY:**

<table>
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<tr>
<th>Parent/Guardian last name</th>
<th>First name</th>
<th>Zip code</th>
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<th>Email</th>
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<th>Preferred language</th>
<th>Type of housing</th>
<th>Your WIC location</th>
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<td>☐ Single family home</td>
<td>☐ SFGH</td>
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<tr>
<td>☐ Mandarin</td>
<td>☐ Multi-unit apartment</td>
<td>☐ Van Ness</td>
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<td>☐ SRO Hotel</td>
<td>☐ Chinatown</td>
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<td>☐ Español</td>
<td>☐ SF Public Housing</td>
<td>☐ Silver Ave</td>
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<td>☐ Other</td>
<td>☐ Garage unit</td>
<td>☐ Southeast</td>
</tr>
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<td></td>
<td>☐ Basement unit</td>
<td>☐ Ocean Park</td>
</tr>
</tbody>
</table>

**Circle the picture of each health hazard present in your home. Then indicate if each hazard is minor, moderate or severe by checking the box.**

- **Damaged paint**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Mold or Moisture**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **No heat**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Garbage problems**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Mice or rats**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Cockroaches**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Bed Bugs**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Noise**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Black dust (traffic)**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

- **Standing water**
  - ☐ Minor
  - ☐ Moderate
  - ☐ Severe

**Do you worry about any other environmental conditions or health hazards affecting your family?**

____________________________________________________________________________________
____________________________________________________________________________________
二零一三年一月十六日

尊敬的民众，及儿童营养计划（WIC）参与家庭：

三藩市公共卫生署儿童环境促进计划希望为您提供—免费家访服务以协助您处理危及儿童健康的家居环境问题或关注。

你的住家有没有出现以下任何一项可能危及到你孩子健康的情况？

- 破洞或脱线油漆
- 霉（霉）菌或霉菌
- 水管或屋顶漏水
- 蟑螂或小鼠
- 蜜蜂或臭虫
- 垃圾问题
- 没有暖气
- 交通污染导致的黑屋

你是否希望这些危害你健康的情况得到改善呢？现在正是我们提供帮助的时刻！

我们的职员在家中会为您查找可能影响您和您家健康的风险隐患，包括污垢、蜜蜂、害虫和化学物品的污染品、及其它潜在的环境问题。当我们找到问题时，我们会由您的户籍负责整改，我们将会发出【违例通知】，命令您的业主作出改善。在发出【违例通知】的同时，我们亦会转介你的重要问题给环保部门，以接取资料或咨询有需要的业主。

至于你有能力控制的情况，我们会提供你相关的资料来如何预防这些问题。在有需要时，我们会介绍给你和你的业主适合的社会服务及法律援助。

在二零零八年至二零一零年度期间，我们曾提供类似的服务给当时接受WIC营养计划的家庭。接近百分之七十五接受服务的家庭被发现家居内存有影响健康的危险情况。我们成功协助大部分的家庭及他们的业主纠正被找出的危害。

如果你有兴趣接受这项免费服务，填写共励情况附上的表格，然后交回给WIC办公室或寄回/传真到我们的办公室。在收到你的表格后，我们会以电话联系你，安排家访的日期和时间。如果你有任何问题，请电415-252-3929（英语或西班牙语）。

敬启，

Karen Cohn
计划经理

CHILDREN’S ENVIRONMENTAL HEALTH PROMOTION PROGRAM
1390 Market Street, Suite 410, San Francisco, CA 94102
Phone 415-252-3956 | Fax 415-252-3889
請用正楷英文字母清楚地填寫：

家長/監護人姓名 ____________________________ 名字 ________________

地 址 ________________________________ 郵政號碼 ________________

電話 ___________________________ 其它聯絡電話 ___________________________

打電話給你的最佳時間 □ 上午 □ 下午 电 郵 ___________________________

首選語言

□ 英語
□ 德語（簡體字）
□ 粵語
□ 西班牙語
□ 其它 ________________

住房類別

□ 房屋
□ 大廈
□ 敦煌
□ 㓙房
□ 公共房屋
□ 愛好 ( 順房 )
□ 土房單位

你所屬的 WIC 辦公地點

□ 三藩市總醫院
□ Van Ness 街
□ 南京
□ 東營健康中心
□ 海洋公園

在下列圖片標示出所有在你的住處內存在影響人類健康的問題（並在圖片下方適當方格打上“X”）以顯示每一問題情況的嚴重程度（輕微、中度、臥重）。

－ 雞瘟油漆
□ 輕微
□ 中度
□ 重度

－ 蠅（眠）薰或潮濕
□ 輕微
□ 中度
□ 重度

－ 沒有暖氣
□ 輕微
□ 中度
□ 重度

－ 垃圾問題
□ 輕微
□ 中度
□ 重度

－ 小鼠或大（老）鼠
□ 輕微
□ 中度
□ 重度

－ 蠅
□ 輕微
□ 中度
□ 重度

－ 炎風（或吹風或風吹風）
□ 輕微
□ 中度
□ 重度

－ 環境噪音
□ 輕微
□ 中度
□ 重度

－ 交通污染引致的黑塵
□ 輕微
□ 中度
□ 重度

－ 不流動的積水
□ 輕微
□ 中度
□ 重度

你有沒有因其它環境或衛生的情況而導致你憂慮你家人的健康？

________________________________________________________________________

Children’s Environmental Health Promotion Program
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
1390 Market Street, Suite 410, San Francisco, CA 94102
Phone 415-252-3956 | Fax 415-252-3889

APPENDICES
16 de Enero, 2013

Estimadas familias de WIC,

El Programa de Promoción de Salud Ambiental de los Niños del Departamento de Salud Pública les ofrece UNA INSPECCIÓN GRATUITA de su casa para identificar peligros a la salud y responder a sus preocupaciones.

¿Tiene alguno de los siguientes peligros en su casa que pueden dañar la salud de los niños?

- Pintura dañada o que se está pelando
- Moho o humedad
- Goteras en el techo o fontanería
- Ratones o ratas
- Cucarachas o chinches
- Moscas o mosquitos
- Problemas de basura
- Falta de calefacción
- Ruido fuerte del tráfico o de ventiladores en la azotea, o
- Polvo negro de la contaminación del tráfico

¿Le gustaría que se corrijan estos peligros para la salud? ¡Ahora es el momento!

Nuestro personal del programa buscará pintura dañada conteniendo plomo, moho, plagas, productos de consumo tóxicos y otros peligros que pueden afectar la salud de su familia y mascotas. Cuando encontremos peligros a la salud que sean la responsabilidad de corregir del propietario, vamos a dar un Aviso de Violación que ordena al dueño a repararlos. Como parte del Aviso, también se referirá a los propietarios a un programa de la Ciudad que puede ayudar a proporcionar subsidios o préstamos de bajo costo para reparar algunos peligros. Para los riesgos de salud que están bajo su control, le daremos información sobre cómo prevenir los riesgos. Los conectaremos a usted y a los propietarios con recursos comunitarios de apoyo social y legal cuando sea necesario.

En el 2008-10, realizamos un programa similar de visita a hogares para familias de WIC. Alrededor del 75% de las familias que participaron tenían algunos riesgos ambientales en sus casas. Ayudamos a los propietarios y a las familias a corregir la mayoría de los peligros que encontramos.

Si está interesado en esta oferta, por favor llene el formulario adjunto. Puede regresar el formulario a su oficina de WIC mandar por correo o por fax a nuestro programa. Nos pondremos en contacto con usted por teléfono para hacer una cita para la visita de su hogar. Si tiene alguna pregunta, por favor llame al 415-252-3932.

Atentamente,

Karen Cohn,
Gerente del Programa
Por favor entregue a su oficina de WIC, o envíe por fax al 415-252-3889 o por correo a 1390 MARKET ST #410, SAN FRANCISCO, CA 94102

POR FAVOR ESCRIBA CLARAMENTE:

<table>
<thead>
<tr>
<th>Apellido del padre o guardián/tutor</th>
<th>Nombre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección actual</td>
<td>Código postal</td>
</tr>
<tr>
<td>Teléfono</td>
<td>Teléfono alternativo</td>
</tr>
<tr>
<td></td>
<td>mejor hora para llamar am pm</td>
</tr>
</tbody>
</table>

Idioma preferido

- [ ] Inglés
- [ ] Mandarin
- [ ] Cantonés
- [ ] Español
- [ ] Otro

Tipo de vivienda

- [ ] Casa
- [ ] Apartamento
- [ ] Hotel SRO
- [ ] SF Vivienda Pública
- [ ] Unidad en el sótano
- [ ] Cochera

Su oficina de WIC Local

- [ ] SFGH
- [ ] Van Ness
- [ ] Chinatown
- [ ] Silver Ave
- [ ] Southeast
- [ ] Ocean Park

Circule la imagen de todos los peligros para la salud presentes en su hogar. Después indique si cada peligro es menor, moderado o severo marcando la casilla.

Pintura dañada

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Moho o humedad

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Sin calefacción

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Problemas de basura

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Ratones o ratas

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Cucarachas

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Chinches

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Ruido

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Polvo negro de la contaminación de tráfico

- [ ] Menor
- [ ] Moderado
- [ ] Severo

Agua estancada

- [ ] Menor
- [ ] Moderado
- [ ] Severo

¿Le preocupa alguna otra condición ambiental o riesgo de salud que estén afectando a su familia?
# C. CEHP Social Determinants of Health Survey

<table>
<thead>
<tr>
<th>Date</th>
<th>Address</th>
<th>Loc ID</th>
<th>Client answering survey:</th>
<th>Mother</th>
<th>Father</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspector: AS SS KY LA Health Educator: CM DL MH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Motivation to Participate

1. What have you been doing in trying to make your house a safer and more habitable place to live?
   - Clean
   - Paint
   - Landlord not responsive
   - Self repairs

2. As a result of our visit, what housing condition would you like to see different?
   - No Mold
   - No pest
   - Landlord response
   - New housing

## Healthy Lifestyle

1. In a typical week how many days have you gone to park, playground, or rec center?
   - _____ days/wk

2. If so, which playground/parks?
   - ________________________

3. What are the safety issues in the playgrounds/parks?
   - Cleanliness
   - Adults w/o children
   - Needles
   - No bathrooms
   - Illicit drugs/alcohol
   - Homeless people
   - Crime
   - Bullying
   - None

4. Would you like help getting your family into nature?
   - Yes
   - No
   - Don’t know
   - Refused

5. How many times a day do you eat fruits and vegetables?
   - _____/day

6. What do you need in order to help you eat more fruits and vegetables?
   - Nothing
   - Affordable options
   - Access
   - Recipes
   - Other

## Food Security

1. Do you have CalFresh?
   - Yes
   - No

2. If NO, why?
   - __________________________

3. Do you receive WIC?
   - Yes
   - No; reason __________________________

4. Within the past 12 months we worried whether our food would run out before we got money to buy more.
   - Often true
   - Sometimes true
   - Never true

5. Within the past 12 months the food we bought just didn't last and we didn't have money to get more
   - Often true
   - Sometimes true
   - Never true

6. In the last 12 months, did you ever get food/produce from
   - Church
   - Food pantry
   - School food pantry
   - Food bank
   - Eat in a soup kitchen
   - Other

## Health

1. Are there any other health issues?
   - Yes, __________________________
   - No
   - Refused

2. Do you have a public health nurse from the Health Dept.?
   - Yes, PHN
   - No

3. Would you like resources on health issues or wellbeing?
   - Yes, resources requested
   - No

## Child Care

1. Do you need child care now?
   - Yes
   - No (go to Q#3)
   - Needs child care later
   - DK

2. If you need child care but don’t have it, why not?
   - __________________________

3. If your child is in care, name of child care
   - __________________________
   - DK name; Address: __________________________

4. How long did it take to find child care?
   - Months
   - Years
   - Other

5. How did you find a child care site for your child?
   - Friend
   - Relative
   - Neighbor
   - Children’s Council
   - Other

6. How much do you pay for child care per month?
   - $ __________________________
   - Subsidized
   - Free

## Transportation

1. Does your family have access to a car?
   - Yes
   - No

2. Are you using MUNI’s free or low cost clipper cards?
   - Subs
   - Free (Youth Senior)
   - No
   - DK

3. If no, Do you know where to apply?
   - Yes
   - No

4. What would you like to suggest for improving MUNI’s/BART’s services?
   - Safety
   - Frequency
   - Cleanliness
   - Strollers
   - Driver’s attitude
   - Other

---

Version 10, June 2016
## Second Hand Smoke Migration

1. In the last week, how many days has SHS drifted into your home?  
   - Every day __days/wk  
   - Not at all

2. Did the second hand smoke drift in from?  
   - Another unit  
   - Outdoors  
   - Hallway  
   - Your unit

3. Would you prefer to live in a non-smoking section of a building?  
   - Yes  
   - No  
   - DK  
   - Refused

4. Would you prefer to live in a completely non-smoking building?  
   - Yes  
   - No  
   - DK  
   - Refused

5. Should no smoking inside individual units of the building become a house rule?  
   - Yes  
   - No  
   - DK  
   - Refused

6. Do you allow smoking inside your home?  
   - Yes  
   - No  
   - DK  
   - Refused

7. Does your lease state that smoking is not allowed inside?  
   - Yes  
   - No  
   - DK  
   - Refused

8. Does your building rules state smoking is not allowed inside?  
   - Yes  
   - No  
   - DK  
   - Refused

9. Are you aware of electronic cigarettes (aka e-cigarettes/vapes)?  
   - Yes  
   - No  
   - DK  
   - Refused

10. Do you believe electronic cigarettes can harm health?  
    - Yes  
    - No  
    - DK  
    - Refused

### Housing

1. Do you worry about losing your current place?  
   - Yes  
   - No  
   - DK  
   - Refused

2. If yes for 1, why?  
   ________________________________________________________

3. What is the monthly rent your family pays?  
   $ ___________  
   - Subsidized by ___________  
   - Section 8  
   - RAD  
   - HOPE SF

4. What is the total monthly rent for the unit?  
   $ ___________  
   - Only family pays  
   - Family + roommates

5. How easy is it for you to pay your portion of the rent?  
   - Very easy  
   - Somewhat easy  
   - Not easy

6. Who receives your rent payment?  
   ___________  
   - Landlord  
   - Master tenant

7. Have you ever been displaced from your home for any reason other than not being able to pay your rent?  
   - Yes  
   - No  
   - DK  
   - Refused

8. How many families live in the unit? ___________  
   How many families are related to you? ___________

9. Yes, co-tenants  
   - No co-tenants  
   - I always get along with my roommates.  
   - Strongly agree  
   - Somewhat agree  
   - Neither agree/disagree  
   - Strongly disagree  
   - DK

   **HE observation:** Number of people in unit ___________  
   - Multi-family house  
   - Multi-family flat

   **HE observation:** Types of rooms used for sleeping  
   # rooms where people sleep ___________  
   - Bedroom #  
   - Living room  
   - Dining room  
   - Closet  
   - Pantry

   **HE observation:** Is the living situation overcrowded?  
   - Yes- Ask next question  
   - No- Skip next question

10. How does an overcrowded living situation impact your interactions with your child? Impact your life?  
    ________________________________________________________

### Social Support

1. Do you have friends/family you trust and share your feelings with?  
   - Yes  
   - No  
   - DK  
   - Refused

2. Do you have someone you could turn to if you needed practical help, like getting a ride somewhere, or help with shopping or cooking a meal, or babysitting?  
   - Yes  
   - No  
   - DK  
   - Refused

3. Do you attend community/religious events/meetings/activities?  
   - Yes  
   - No  
   - DK  
   - Refused

4. If yes, which ones?  
   ________________________________________________________

5. Would you like information on social services in your neighborhood?  
   - Yes  
   - No  
   - DK  
   - Refused

Version 10, June 2016
### Employment

<table>
<thead>
<tr>
<th>Relation</th>
<th># jobs &amp; hrs/wk</th>
<th>Job class</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Self</td>
<td># Jobs</td>
<td>Job 1 hrs</td>
<td>Job 2 hrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restaurant</td>
<td>Construction</td>
</tr>
<tr>
<td></td>
<td>│</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td># Jobs</td>
<td>Job 1 hrs</td>
<td>Job 2 hrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restaurant</td>
<td>Construction</td>
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<td>3)</td>
<td># Jobs</td>
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<td>Job 2 hrs</td>
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<tr>
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<td></td>
<td>Restaurant</td>
<td>Construction</td>
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<td></td>
<td>│</td>
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<tr>
<td>4)</td>
<td># Jobs</td>
<td>Job 1 hrs</td>
<td>Job 2 hrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restaurant</td>
<td>Construction</td>
</tr>
<tr>
<td></td>
<td>│</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What is stressful about earning a living?
- Job security
- Not enough hours
- Commuting
- Long working hours
- Odd working hours
- Not enough family time
- Mistreatment at the work place
- Inadequate job training/skills
- Other

### Unemployed family member looking for job, actions taken

<table>
<thead>
<tr>
<th>1</th>
<th>What are you currently doing to obtain a job?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visisted employment center/school/university</td>
</tr>
<tr>
<td></td>
<td>Sent resumes/ filled out applications</td>
</tr>
<tr>
<td></td>
<td>Attended job training</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>Attended ESL class</td>
</tr>
<tr>
<td></td>
<td>Nothing</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
<tr>
<td></td>
<td>Waiting for new job to start</td>
</tr>
<tr>
<td></td>
<td>Temp illness/injury</td>
</tr>
<tr>
<td></td>
<td>Retired</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Would you like to be connected to job training?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
</tbody>
</table>

### Workers’ Rights

<table>
<thead>
<tr>
<th>1</th>
<th>You</th>
<th>Family member</th>
<th>Owed wages from your boss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
</tr>
<tr>
<td>2</td>
<td>You</td>
<td>Family member</td>
<td>Receive sick pay</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
</tr>
<tr>
<td>3</td>
<td>You</td>
<td>Family member</td>
<td>Are compensated for over time</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
</tr>
<tr>
<td></td>
<td>Money</td>
<td>Flextime</td>
<td>Other</td>
</tr>
<tr>
<td>4</td>
<td>You</td>
<td>Family member</td>
<td>Would like resources on workers’ rights</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
</tr>
</tbody>
</table>
MacArthur Ladder

Think of this ladder as showing where people stand in their community.

At the top of the ladder are the people who are the best off.

At the bottom are the people who are the worst off.

Where would you place yourself on this ladder?

Quality of Life
1. What are your goals to better the quality of life for you and your family?
2. How are you planning to better the quality of life for you and your family?
3. What are the barriers that prevent you from bettering the quality of life for you and your family?
4. What resources or help would you like to receive in order to better the quality of life for you and your family?

Information
1. Where do you access the internet?
   - Home
   - Phone
   - Library
   - CBO
   - School
   - No access
2. Do you have low cost internet service?
   - Yes
   - No
   - DK
   - Someone else pays
3. Can we connect you to resources by email?
   - Email: ________________________________
   - No
   - Don’t have

Resources
- Gave resources during HV (bold resources are in packet)
- Mailed FL & addl. resources, date mailed: ____________

- Less toxic cleaning
- Economics/Green sheet
- Bank on SF
- Showed ≡ Sent ≡ Emailed CEHP videos
- 311  ≡ 211
- Housing rights bookmark
- Health –Covered CA
- Working Fam Credit app.
- Free tax prep
- Poison Control
- 16 Steps  ≡ EatFresh  ≡ Jobs now
- CalFresh
- Food pantry
- Lead
- Asthma
- Asthma HV referral
- Agency, _________________
- Mold
- EARN
- Healthy Everyday
- Housing opportunities
- MOH email sign-up
- Black Infant Health
- Child care
- SFkids.org
- Rec & Park scholarship app
- PG&E Care app
- Youth/Sr. free MUNI app
- Lifeline (MUNI)
- Job development
- Mental health
- Legal
- Immigration
- Worker rights
- DV
- Child abuse
- Trauma
- Parent help
- MEDA
- _______________________
- _______________________

NOTES
ENDNOTES

1. California Housing & Community Development, California’s Housing Future: Challenges and Opportunities, The Draft Statewide Housing Assessment 2025, January 2017 Public Draft
3. SFHHP, 2016 Community Health Needs Assessment; accessed http://www.sfhhp.org/. CHNA Page 26 provides an overview of the housing stressors in San Francisco; additional information on housing and health is found in the Housing appendix.
5. SF Indicator Project, www.sfindicatorproject.org. The Housing Indicators in the San Francisco Indicator Project measure: housing production and affordability, excessive rent burden, housing purchasing capacity, homeownership, overcrowding, housing wage and minimum wage, residential density, market rate rent affordability, no-fault evictions, affordable rental housing stock, ethnic diversity and low-income households and housing health and safety violations.
6. SF Planning Department, January 2017 report, Housing for Families with Children, http://default.sfplanning.org/publications_reports/Family_Friendly_Briefing_01-17-17_FINAL.pdf
7. Department of Children, Youth & Their Families (DCYF) Factsheet
10. This tool allows you to look up the SSS for a specific county and household type in California; www.insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california 
13. Lifecourse Health Development—Variable trajectories Health development trajectories: Latent, cumulative, and pathway effects 
15. http://pretermbirth.ucsf.edu/pb-california/where-we-work
16. Source: Birth Certificates, 2000-2011, City & County of San Francisco
17. Department of Children, Youth and Their Families (DCYF) factsheet
18. Source: Mayor’s Office of Housing and Community Development; retrieved 3-16-17 from https://housing.datasf.org/policies/preference-programs/
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20. Data analysis by Jodi Stookey, PhD, Epidemiologist, DPH Maternal, Child & Adolescent Health Section
21. Data analysis by Jodi Stookey, PhD, Epidemiologist, DPH Maternal, Child & Adolescent Health Section
22. This literature review was conducted in 2016 by DPH intern, Alison Bell, MPH
33. This literature review was conducted in 2016 by MCAH staff, Shivaun Nestor, MPH (at that time, a SJSU MPH candidate).
35. SF Housing Data Hub I Public Housing, accessed 3/30/17 at https://housing.datasf.org/policies/public-housing/
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38. SF Housing Data Hub I Public Housing, accessed 3/30/17 at https://housing.datasf.org/policies/public-housing/
39. SFHHP, 2016 Community Health Needs Assessment; accessed http://www.sfhhp.org/. CHNA Page 26 provides an overview of the housing stressors in San Francisco; additional information on housing and health is found in the Housing appendix.
40. SFFHIP, 2016 Community Health Needs Assessment; accessed http://www.sfhip.org/. CHNA Page 26 provides an overview of the housing stressors in San Francisco; additional information on housing and health is found in the Housing appendix.
41. Source: Mayor’s Office of Housing and Community Development; retrieved 3-16-17 from https://housing.datasf.org/policies/preference-programs/
42. Data analysis by Jodi Stookey, PhD, Epidemiologist, DPH Maternal, Child & Adolescent Health Section
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