WHEREAS, San Francisco has over 500 residential hotels, and over 18,000 low-income tenants which live in Single Room Occupancy Hotels (SROs); and

WHEREAS, SROs are the largest supply of low-cost housing in the city and are occupied by the most vulnerable citizens of San Francisco who are more likely to be lower income people, people of color, and people of older age; and

WHEREAS, many SROs are in need of repairs and renovations, are overcrowded, lack access to kitchens, and are located in communities with more concentrated environmental risk factors that contribute to adverse health outcomes; and

WHEREAS, research has linked substandard housing to poor health outcomes, including mental health problems, incomplete viral suppression among HIV positive urban poor, higher rates of hospitalization and acute care utilization, asthma, infectious disease and injuries; and

WHEREAS, San Francisco Department of Public Health (SFDPH) has an integral role ensuring housing safety and habitability in SROs through its responsibility for health and safety inspections for code compliance, through its role responding to tenant complaints, and as a provider of supportive housing for formerly homeless individuals through its Direct Access to Housing program; and

WHEREAS, on September 3rd, 2013 the San Francisco Health Commission passed Resolution 13-06 supporting a health impact assessment (HIA) of SRO conditions; and

WHEREAS, SFDPH started to conduct a Health Impact Assessment (HIA) to identify and evaluate current living conditions in and around SROs and potential policies to improve the health of residents in SRO, and

WHEREAS, on September 16th, 2014, The Health Commission was presented with an update of the HIA process to date which focused on stakeholder engagement and the screening of policy proposals; and

WHEREAS, the HIA examined the health impacts of proposed policies to 1) provide a mandatory trainings to SRO operators as part of their certificate of sanitation, 2) increase data reporting requirements for SRO conditions, and 3) increase the use of data analytics and enhanced data analysis into City department operations; and

WHEREAS, the HIA resulted in the following key findings through examining existing conditions:

- Residents living in SROs are more likely to be lower income, people of color, and of older age, as well as living in buildings and communities with more concentrated environmental risk factors that contribute to adverse health outcomes; and
- SROs are older on average than San Francisco’s housing stock and the majority of the SRO rooms are concentrated in six zip codes: 94102, 94103, 94108, 94109, 94110, and 94133
- The top five housing violations issued in SROs deal with animals/pests; mold; refuse; sanitation; and structural conditions
Hospitalization and emergency room admission rates in zip codes that contain the majority of SROs show individuals are being treated at higher rates for many of the same health outcomes that are associated with the most common violation types, including: adult asthma hospitalization rates that are twice the city average, COPD rates that are three times the city average, ER admissions for falls that are 2-3 times the city average, and ER admissions for self-inflicted injuries that are 3-4 times the city average. Deaths from drug overdoses are high and increasing; and

Zip codes 94102 and 94103 (the Tenderloin and South of Market) experienced both the highest hospitalization rates as well as the highest violation rates. While the examined hospitalizations may not all be attributable to housing conditions, they do indicate that the resident population in those neighborhoods may be particularly vulnerable to the impact of commonly found violations in SROs; and

WHEREAS, the HIA process, findings, and recommendations were developed into a report titled “Single Room Occupancy Hotels in San Francisco: A Health Impact Assessment”; and

WHEREAS, the resulting HIA report sets forth a series of related recommendations to:

- Establish a mandatory training for SRO operators that focuses on successfully working with the SRO tenant populations, increasing knowledge of health outcomes, and understanding the role of City agencies and management best practices.
- Develop culturally competent and consolidated educational materials for SRO operators that serve as a one-stop guide. Given the diversity of operators’ roles and responsibilities.
- Standardize and automatically publish housing inspection data, including collection of SRO facility attributes, in order to improve the visibility of the activities of the housing inspection programs, existing housing conditions, and the level of property maintenance. SFDPH and Department of Building Inspection data is currently only available through search functions on their respective websites and there is no regular data publication of all the data or as a dataset.
- Incorporate data analytics into business operations in order to provide insight on how to adjust inspection business processes and improve performance on the metrics of violation detection rates, abatement rates, and abatement speeds; and
- Create an interagency housing inspection data sub-committee to establish and track performance measures as there is no forum to discuss the housing inspections process specifically or how case management data and publication might strengthen the programs. Expanding coordination between the housing inspection units departments could facilitate departments to share best practices, observe where their activities overlap, and improve coordination on enforcement of cases;

NOW THEREFORE BE IT RESOLVED that the San Francisco Health Commission endorses the five recommendations from the health impact assessment report titled “Single Room Occupancy Hotels in San Francisco: A Health Impact Assessment” for the purpose of improving the health of residents in SROs.

I hereby certify that the San Francisco Health Commission adopted this resolution at its meeting of September 6, 2016.

Mark Morewitz, MSW
Health Commission Executive Secretary