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

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

CHILDREN'S ENVIRONMENTAL HEALTH PROMOTION PROGRAM

ACKNOWLEDGMENTS

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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 housing 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 Assessment*[2] 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 Assessment*[3] (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.

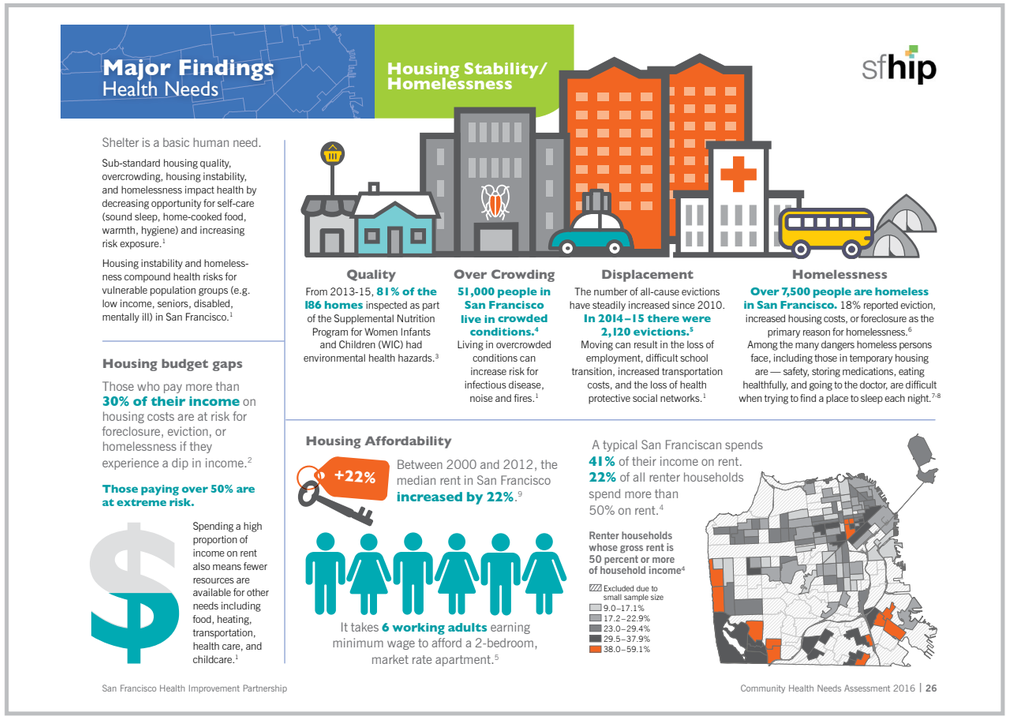

FIGURE 1: SFHIP 2016 COMMUNITY HEALTH NEEDS ASSESSMENT—OVERVIEW OF SF HOUSING STRESSORS

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*[4] 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[5] managed by the Program for Health, Equity 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[6], *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[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[8]. 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.

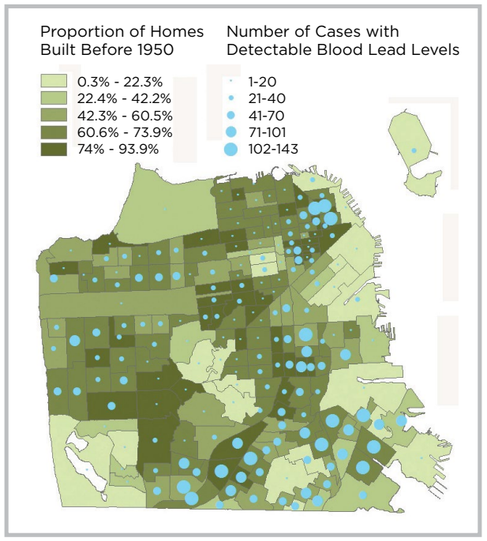

FIGURE 2: PERCENTAGE OF HOMES BUILT PRIOR TO 1950 COMPARED TO NUMBER OF CASES WITH DETECTABLE BLOOD LEAD (≥ 5µg/dL) LEVELS BY CENSUS TRACTS (2008–2012)

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.

The Word on Lead Prevention

San Francisco Department of Public Health — Autumn 2008

San Francisco Children Deserve Healthier Housing Conditions

After a few minutes of knocking and calling through the door, as Health Department staff, I was ready to conduct a visual housing assessment, waiting patiently outside the door of an apartment building located in a San Francisco neighborhood.

As I approached the building, I noticed peeling paint on the exterior walls. An overflowing trash can, smelling of spoiled food. As the wind picked up, trash started to blow everywhere. Horseflies were congregating in the doorway. There were metal bars on all the windows, and some construction materials dumped alongside the building. A broken ironing board, an old boxspring/ mattress, some worn furniture and cans of old paint and solvent were in the pile. There were weeds, some of which covered the walkway from the street. Remnants of an old car and a broken bike littered this bare patch of dirt, as did what appeared to be paint chips.

When the door opened, a man who identified himself as TJ, asked me what I wanted. After introducing myself to TJ., he explained that Ms. Braun (both names are not actual clients) who was the client that I expected to see during this visit had an emergency and left just five minutes ago to go to the hospital ER. Ms. Braun told him to allow the health department staff in for the walk-through.

The apartment was dark. A brown bedsheet covered the barred window, next to which there was a bunkbed. There were papers, clothes, and shoes strewn about the room. There were visible signs of deteriorating paint on the wall and ceiling, and some peeling and nicks in paint on the doors.

There was a gas stove in the kitchen with a functional vent, counters appeared clear, but the hot water heater to the right of the stove had no venting system.

As we went up the stairway to the bedrooms, I immediately smelled something musty. On the top landing, I saw evidence of a serious mold problem. Mold was everywhere. It appeared from the baseboard to the ceiling. On the opaque colored wall, there were blotches of blackish-green dots where the pillows were. TJ. mentioned mold on clothing, towels, and just a few days earlier, found that the wallet in the briefcase was moldy. He opened a pillow case to show the interior of a pillow covering, and black colored mold was on the pillow itself. He also mentioned a problem with roaches, as he opened the closet to show me another trouble spot, there were cockroaches scurrying about the closet walls and floor.

As far as the visual assessment went, this health department staff had seen enough. After talking with TJ. about the visual assessment, I took the opportunity to explain a little about carbon monoxide (CO) poisoning, and to give him a CO monitor for Ms. Braun.

Returning to the office, I determined which of our various partners could assist with this unhealthy home. It is important to link clients to the appropriate service providers. The Department of Public Health (DPH) Childhood Lead Prevention Program was able to provide support in getting the deteriorating exterior and interior paint conditions remedied by requiring the building owners to comply with the current lead standards.

The DPH Environmental Health Code Enforcement Unit was able to handle most of the conditions observed at this apartment, those recognized as health nuisances in the San Francisco Health Code: garbage accumulation, indoor mold, insect infestation, neglected and overgrown vegetation, and inoperative vehicles on private property.

The other partner I contacted was the Department of Building Inspection to enforce the S.F. Housing Code. For example, the inoperable windows and the metal bars on the windows blocked an important exit in case of fire.

A couple of weeks later, I received a call from Ms. Braun who was very glad to have had a visual assessment conducted at her unit. She was thankful for our time and updated me that the owner of the building was starting to make some changes around the apartment.

Healthy Housing Promotion Service

Two Department of Public Health programs: the Women, Infants & Children (WIC) and the Children's Environmental Health Promotion (CEHP) have been offering healthy housing assessment to WIC clients with children under three years old. This special project strives to increase San Francisco residents' awareness of their right to healthy and safe housing, and helps them access resources to resolve substandard housing conditions. Homes are being assessed for lead hazards, mold, pests and asthma triggers, when relevant. In addition, residents will have an opportunity to learn about carbon monoxide (CO) poisoning and receive a CO monitor. Multilingual notices offering these services to clients are being gradually sent to various zip codes, beginning with those zip codes with the highest rates of lead exposure findings per population at risk.

Los Niños de San Francisco Merecen Condiciones de Vivienda Más Sanas

Después de unos minutos de tocar y gritar por la puerta, como una inspectora de salud, yo estaba lista para ser una inspección visual, esperando pacientemente afuera de la puerta de un edificio de apartamentos localizado en un barrio de la ciudad de san francisco.

Cuando me acerque al edificio, yo note las siguientes cosas; la pintura del exterior se estaba astillando, un bote de basura lleno, y pestilencia a comida podrida. Cuando el viento estaba fuerte la basura comenzó a regirse por todos lados. Habían moscas en el pasillo, barras de metal en las ventanas, y unos materiales de construcción tirados al lado del edificio. Una tabla para planchar quebrada, colchones, y más muebles y botes de pintura amontonados. Avían unas plantas, unas de que estaban cubriendo el pasillo de la calle. Restos de un carro viejo y una bicicleta estaban en un pedazo de tierra, y también lo que parecía ser pedactos de pintura.

Cuando se abrió la puerta, un hombre identificado como TJ., explico que la Sra. Braun (los dos nombres dados no son clientes actuales) que era la clienta que yo esperaba ver durante esa visita, había tenido una emergencia y acababa de ir se hacia cinco minutos al hospital. La Sra. Braun le había dicho a el que me permitiera entrar porque yo era del Departamento de Salud y estaba ahí para una inspección.

El apartamento estaba oscuro. Una cubrecama café estaba cubriendo la ventana, a la par estaba una litera . Había papeles, ropa, y zapatos tirados por todo el cuarto. Avían señas visibles de pintura deteriorada en la pared y el techo, y un poco de pintura pelada y raspaños en la pintura y en las puertas.

Avía una estufa de gas en la cocina con un ventilador que funcionaba, los mostradores aparecían limpios, pero el calentador de agua no tenía ventilador.

Mientras subiamos las gradas, inmediatamente olí algo apestoso. En el segundo piso, yo vi evidencia de un serio problema de moho. El moho estaba por todas partes..Apreció desde el borde de la puerta hasta el techo. En la pared habían manchas de gotas negras y verdes por donde estaban las almohadas. TJ. Menciono que había moho en la ropa, toallas, y que hace unos días para atrás el encontró una cartera en la maleta que tenía moho. El abrió la funda de la almohada para mostrar

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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.

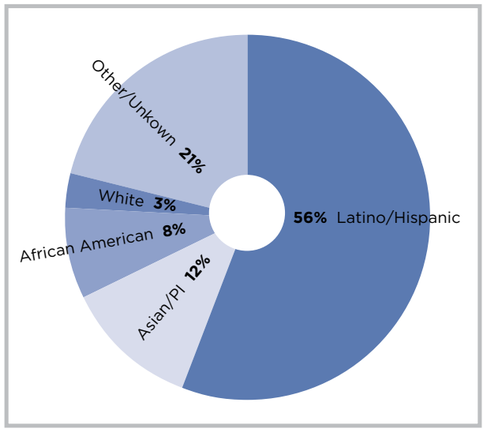
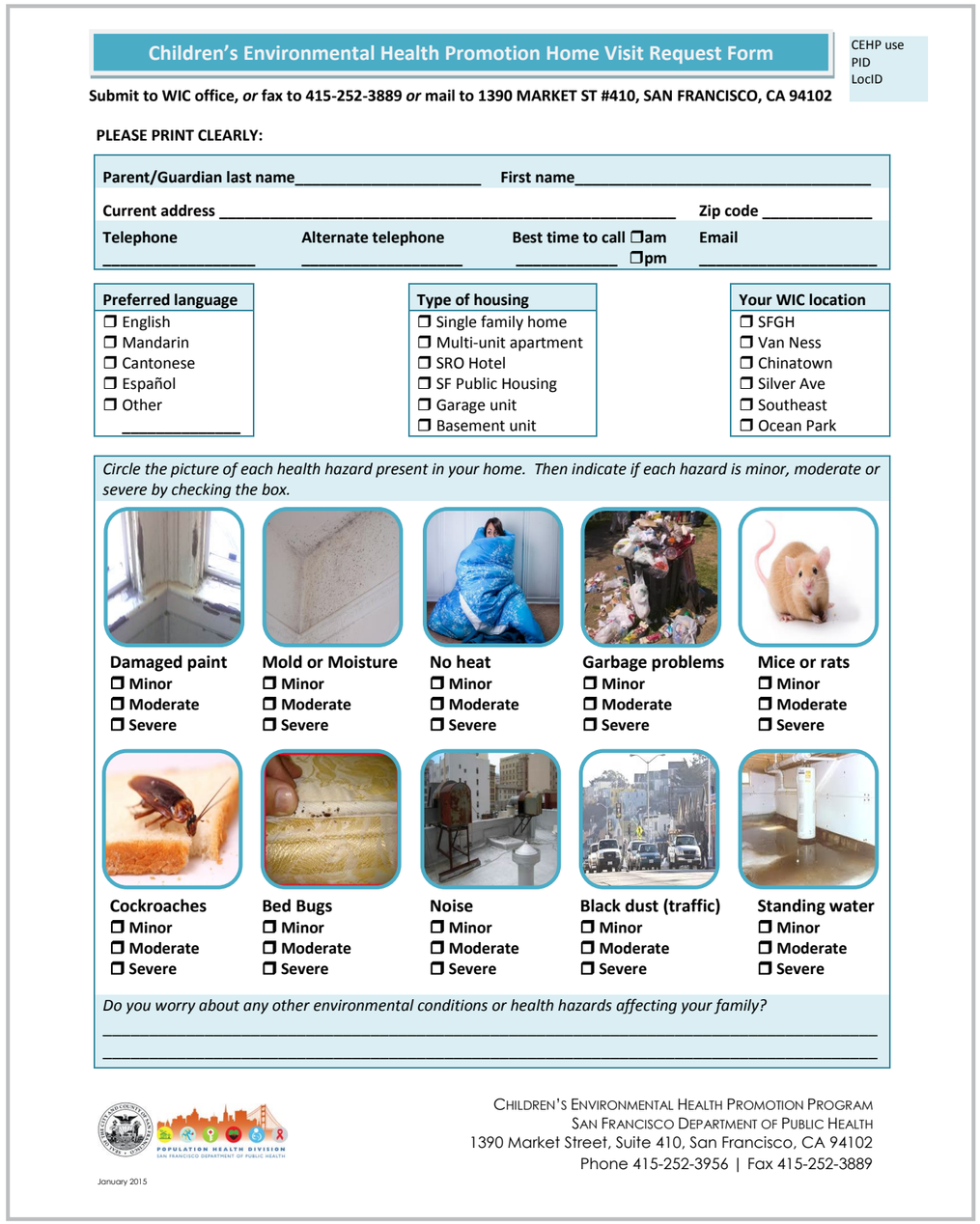


FIGURE 3: RACE & ETHNICITY OF WIC CLIENTS RECEIVING CEHP HOME VISITS



Children's Environmental Health Promotion Home Visit Request Form

CEHP use
PID
LocID

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?

_____

_____

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

January 2015

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

FAMILY SERVICE REQUEST FORM

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.

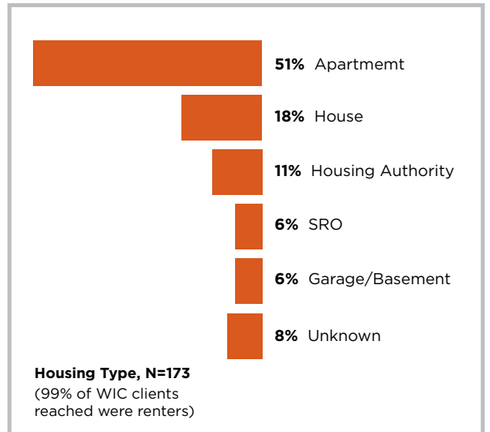


FIGURE 4: HOUSING TYPE

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).

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

TABLE 1: FAMILIES RESPONDING TO CEHP HOME ENVIRONMENTAL ASSESSMENT OFFER

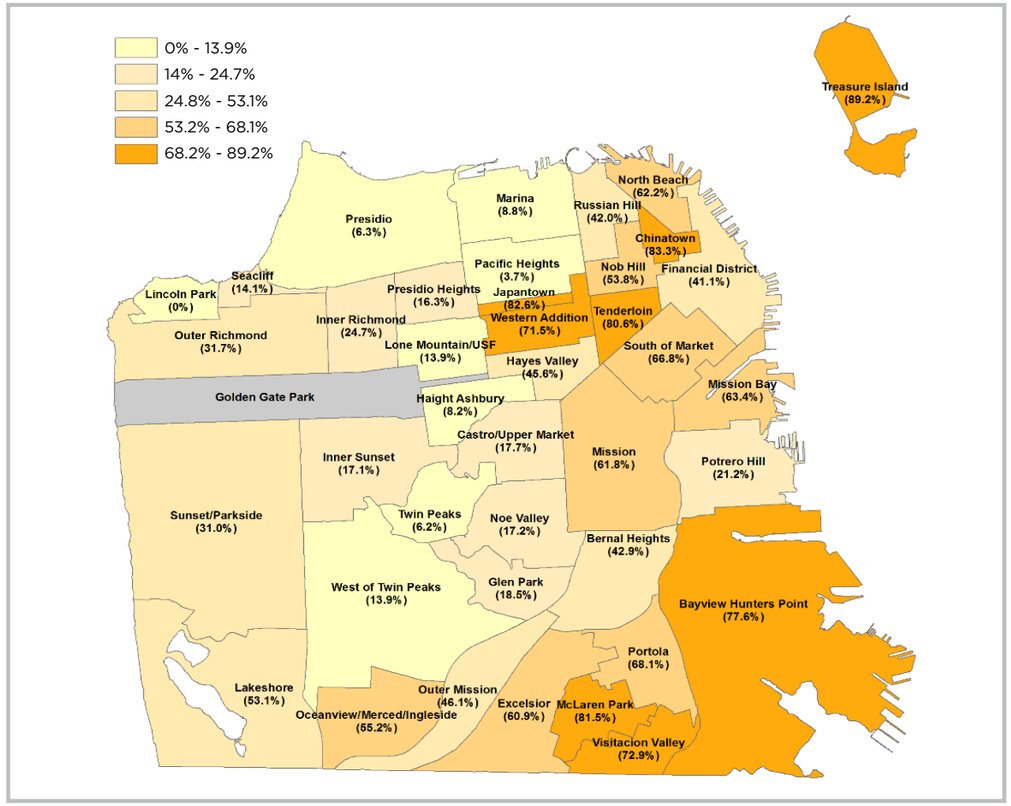


FIGURE 5: PERCENTAGE OF YOUTH AGE 0–17 BELOW 300% OF THE FPL, BY NEIGHBORHOOD, 2010–2014[9]

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

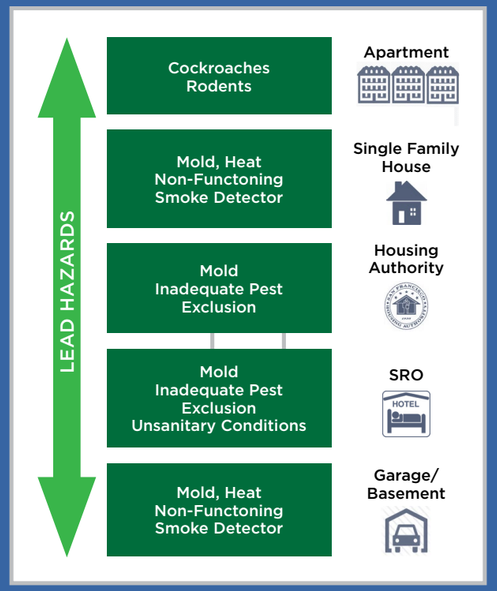


FIGURE 7: MOST COMMON VIOLATIONS BY HOUSING TYPE

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.

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

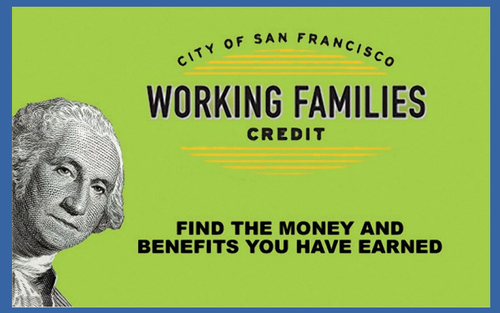
TABLE 2: VIOLATIONS CORRECTED BY PROPERTY OWNERS

SOCIAL DETERMINANTS OF HEALTH SURVEY FINDINGS

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.



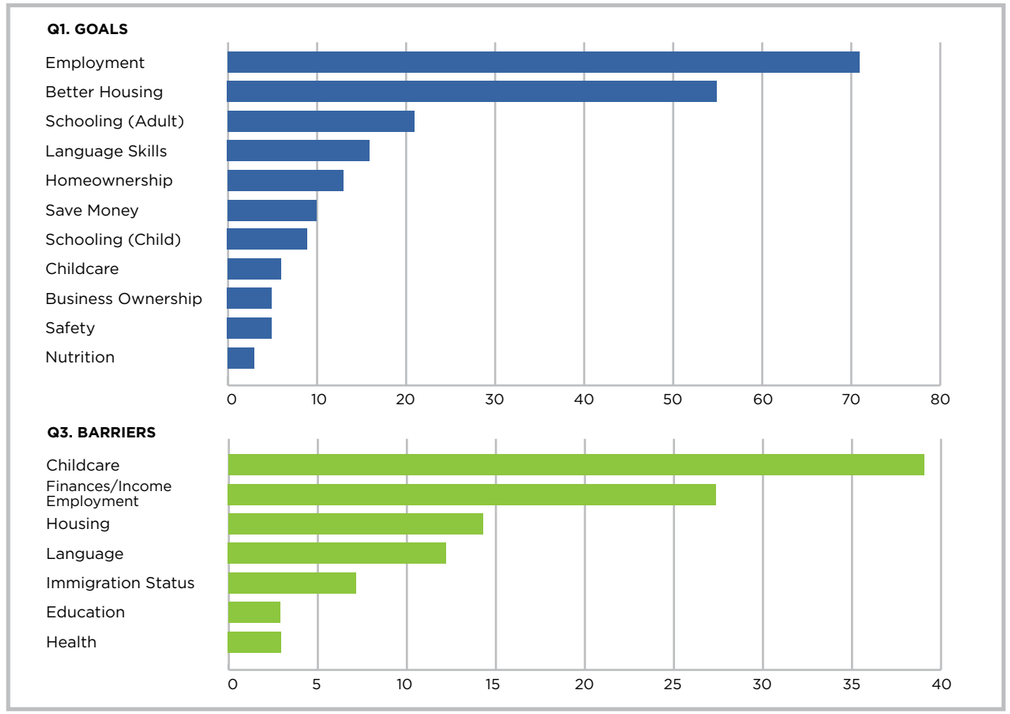


FIGURE 8: FAMILY GOALS & BARRIERS TO A BETTER LIFE

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.

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?

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 are your goals to better the quality of life for you and your family?
Q2. How are you planning to better the quality of life for you and your family?
Q3. What are the barriers that prevent you from bettering the quality of life for you and your family?
Q4. 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).

FIGURE 9: SOURCES OF INFORMATION

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.

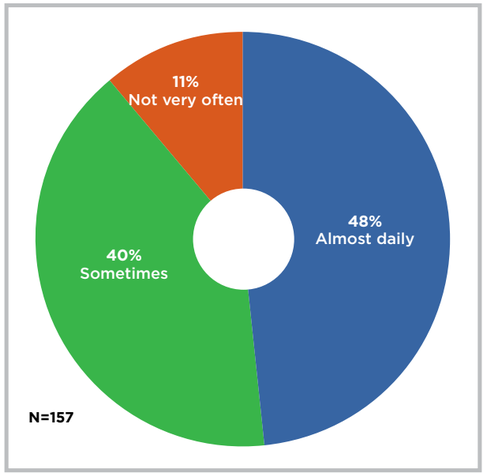


FIGURE 10: CHILD INVOLVED IN ACTIVE PLAY

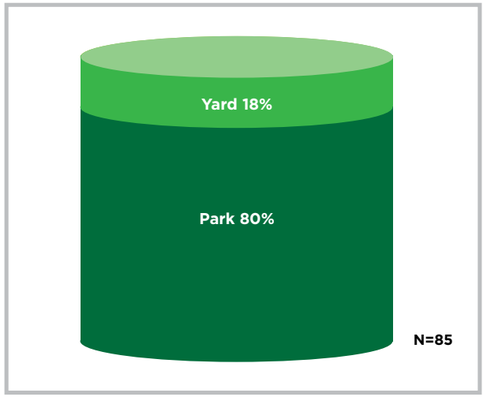


FIGURE 11: LOCATION OF CHILD'S PLAY OUTDOORS

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.

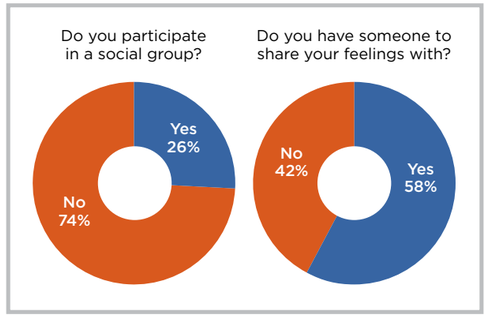


FIGURE 12: SOCIAL SUPPORT VIA PARTICIPATION IN A SOCIAL GROUP

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 previously provided by WIC Program staff. Undocumented adults cannot enroll in Cal Fresh, but their children born in the U.S. can be enrolled.

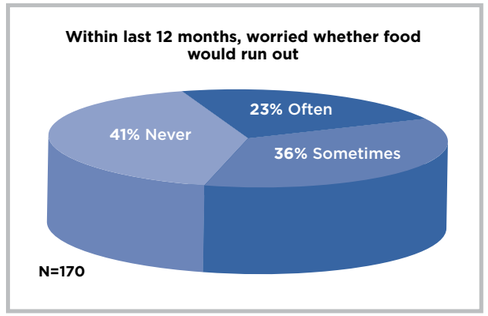


FIGURE 13: FOOD SECURITY VALIDATED QUESTION #1

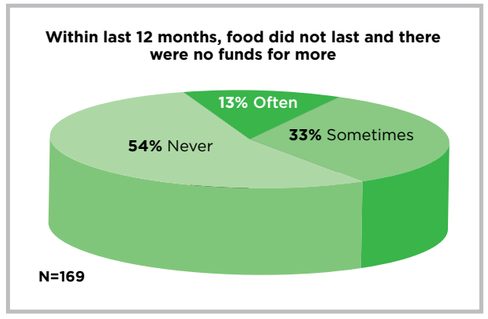


FIGURE 14: FOOD SECURITY VALIDATED QUESTION #2

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.

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

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

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.[10] 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).[11]

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
   - 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

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

Source: US Department of Health and Human Services

CROWDING:

> 2 people/bedroom or
> 1 family/residence

MULTIPLE MOVES:

≥ 2 moves within the previous year

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

FIGURE 15: US FAMILY HOUSING INSECURITY DEFINED

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 roomate
   - 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

MOLD CONDITIONS (TOP) AND SANITATION ISSUES (BOTTOM) DOCUMENTED BY CEHP DURING SUNNYDALE FAMILY HOUSING DEVELOPMENT HOME ASSESSMENT PROJECT

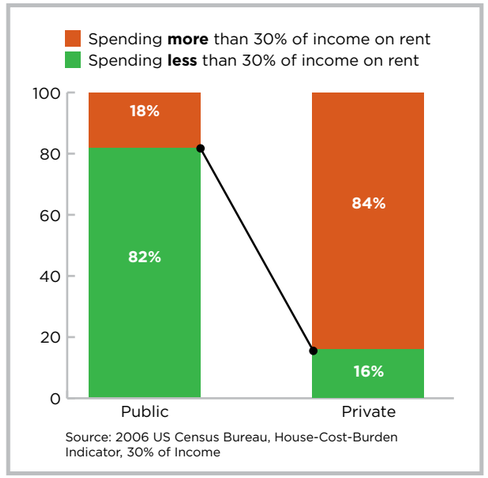


FIGURE 16: HOUSING AFFORDABILITY IN PUBLIC VS. PRIVATE HOUSING

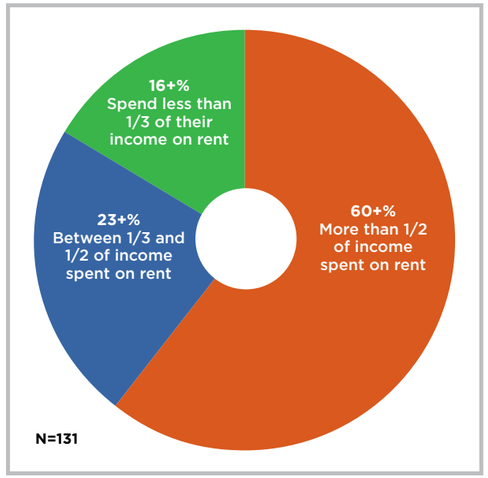


FIGURE 17: HOUSING COST BURDEN IN PRIVATE HOUSING

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.

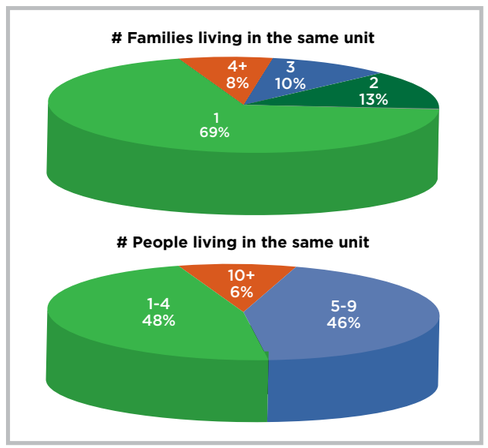


FIGURE 18: NUMBER OF FAMILIES & NUMBER OF PEOPLE LIVING IN THE SAME UNIT

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

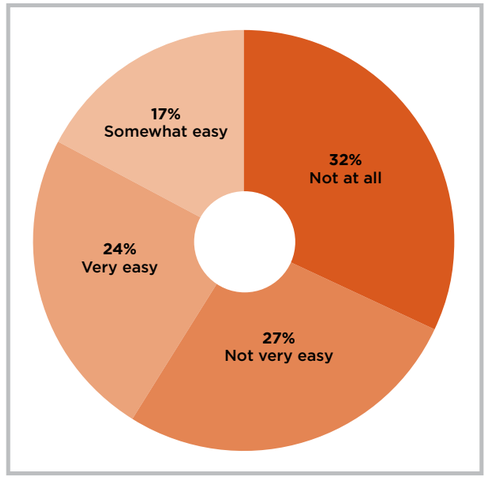


FIGURE 20: CHILD CARE ACCESS

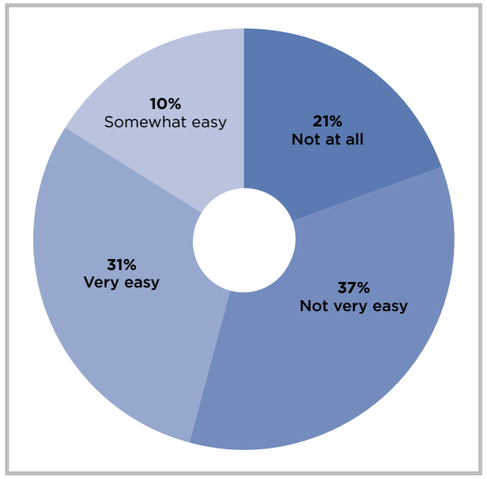


FIGURE 21: CHILD CARE AFFORDABILITY

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).

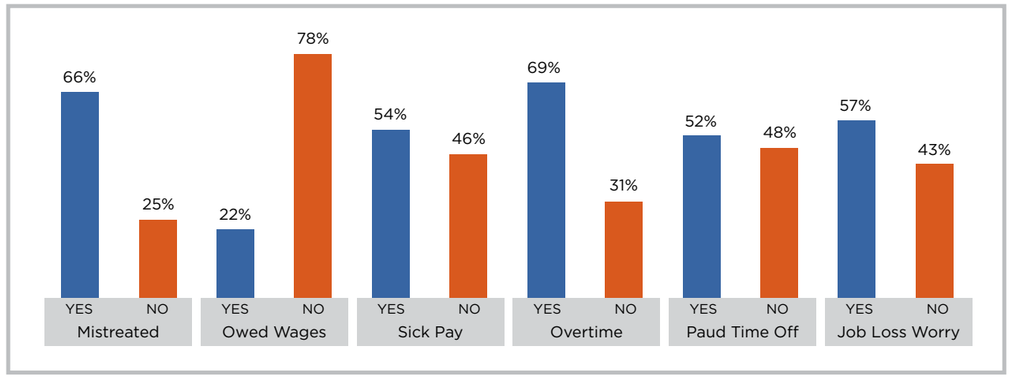


FIGURE 22: EXPERIENCE OF WORKER RIGHTS

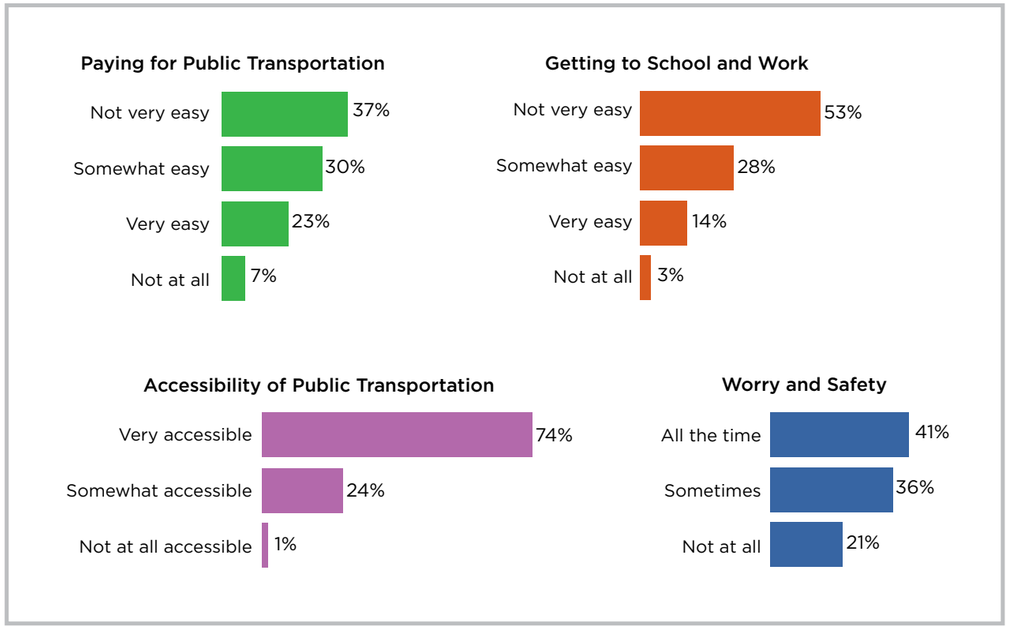


FIGURE 23: EXPERIENCE OF PUBLIC TRANSPORTATION

Affordability was an issue for 37% who reported that paying for public transportation is "Not very easy". On a positive note, 74% 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:	#
Less Toxic Cleaning	173
Economic Stability (Program list, Working Family Credit Application, Bank on San Francisco, Free Tax Preparation)	692
311 and 211	173
Housing Rights/Tenant Rights	173
Health Insurance - Covered CA	173
Poison Control	173
Healthy Housing (16 Steps)	173
Nutrition (Eat Fresh)	173
Employment (Jobs Now)	173
Additional Resources Provided to Families Based on Need:	**#**
Lead/Asthma	104
Housing (info and application for affordable housing)	89
Parent helpline/Child Care	40
Outdoor Activities	36
Pest Control	29
Mold	23
Skill Development	15
Health/Mental Health	15
Legal Aid/Immigration Rights	10
Worker's Rights	8
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. CEHP 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.

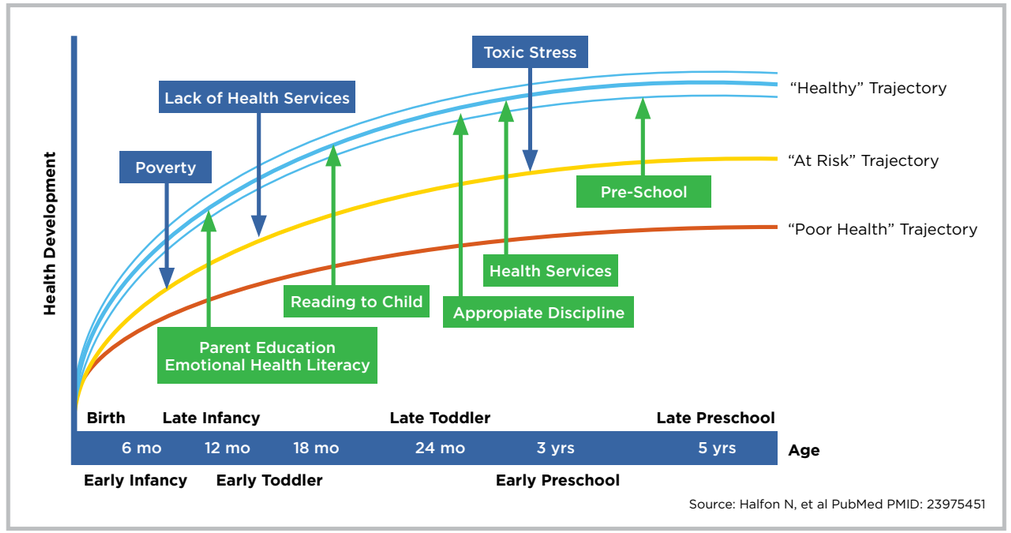
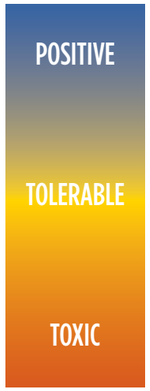


FIGURE 24: LIFECOURSE HEALTH DEVELOPMENT – VARIABLE TRAJECTORIES



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

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).

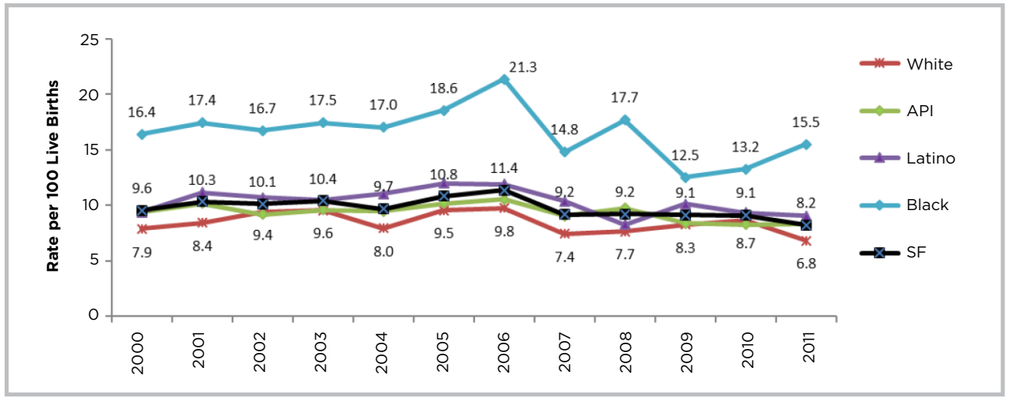


FIGURE 25: PRETERM BIRTH RATE BY MOTHER'S ETHNICITY[16]

African American women in San Francisco have four times the rate of preterm birth experienced compared to white women (Figure 25)[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.[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[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 (OCII), and those holding Certificates of Preference are now given preferential consideration for all OCII-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).[18] OCII and MOHCD both have staff persons currently providing outreach and eligibility assistance for those holding Certificates of Preference.

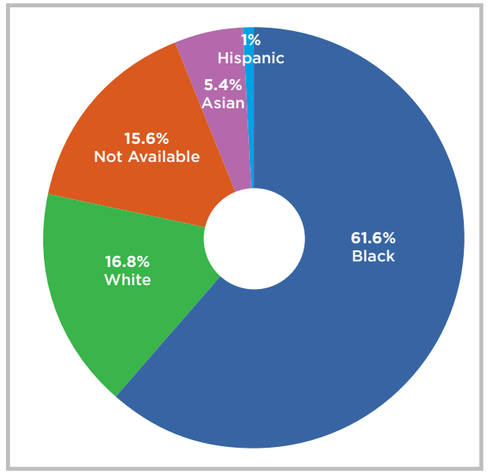


FIGURE 26: CERTIFICATES OF PREFERENCE ISSUED BY ETHNICITY[19]

HEALTH IMPACTS

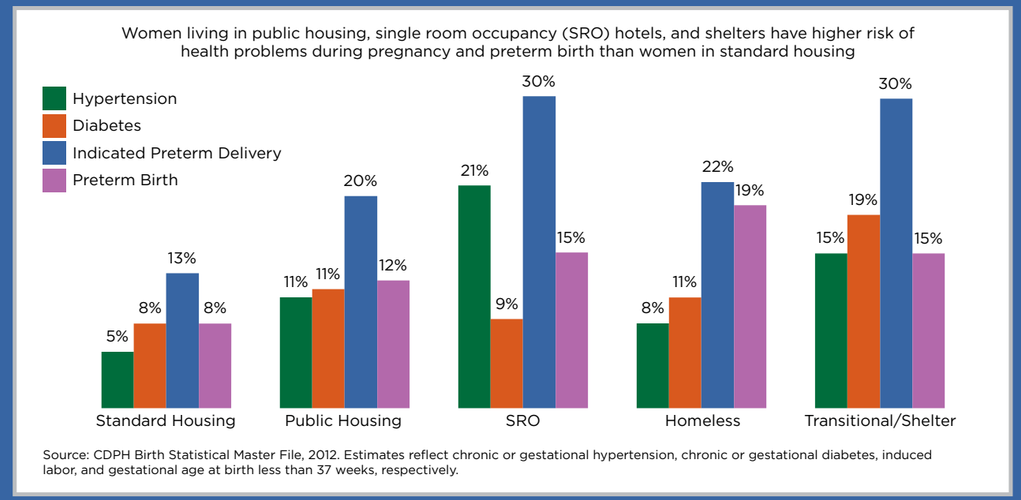
Housing Type Association with Health Care Access & Preterm Birth Risk

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].

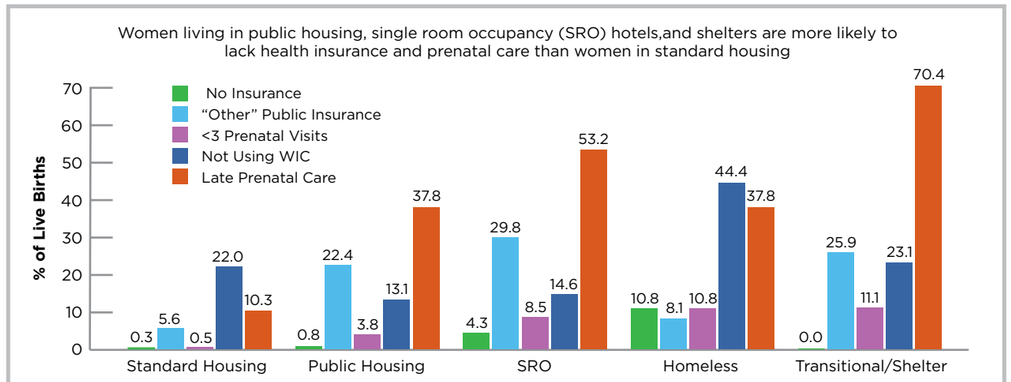
Child Health & Development Impacts from Housing Insecurity

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



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.

FIGURE 27: TYPE OF HOUSING & PRETERM RISK



Source: CDPH Birth StaBsBcal Master File, 2012. Housing type is based on the address recorded on the birth record. Estimates reflect the proportion of San Francisco residents with each type of housing, who delivered a live infant in 2012, who had no health insurance or coverage for prenatal care, "other public" insurance recorded on the birth record, WIC non-participation despite eligibility, prenatal care initiated after the first trimester, and only 1 or 2 total prenatal care visits. Estimates are unadjusted proportions.

FIGURE 28: ACCESS TO CARE BY HOUSING TYPE

Poor Housing Quality	Overcrowding	Residential Instability (Multiple Moves)	Noise (Household Chaos)
Cognitive defects (lead)	Cognitive delays[24]	Cognitive delays[24]	Poor school performance[25]
Respiratory problems (mold, allergens, pests, etc.)	Increased likelihood of contracting airborne communicable diseases[27]	Poor school performance/ readiness[28]	Exposure to chronic noise; high blood pressure & increase in stress hormones[29]
	Behavioral problems[30]	Behavioral problems[31]	Behavioral problems[32]

TABLE 5: LITERARY REVIEW OF HOUSING INSECURITY CHILD HEALTH & DEVELOPMENTAL IMPACTS

the Life Course Framework, housing insecurity can be shown to have adverse impacts on academic achievement, external behavior problems and physical health[23].

Overcrowding

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.

> 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.'

Solari, C. D., & Mare, R. D. (2012). *Housing crowding effects on children's wellbeing*. Social Science Research, 41(2), 464–476.

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 well-being: 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 orp <. 1).

Frequent moves

Fowler, P. J., Mcgrath, L. M., Henry, D. B., Schoeny, M., Chavira, D., Taylor, J. J., & Day, O. (2015). *Housing mobility and cognitive development: Change in verbal and nonverbal abilities.* Child Abuse & Neglect, 48, 104–118.

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

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.

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.

Evans, G.W., & Lepore, S.J. (1993). *Non-auditory effects of noise on children: A critical review.* Children's Environments, 10(1), 31–51.

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.

Coley, R.L., Lynch, A.D., & Kull, M. (2015). *Early exposure to environmental chaos and children's physical and mental health.* Early Childhood Research Quarterly, 32, 94–104.

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 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.

Coley, R. L., Leventhal, T., Lynch, A. D., & Kull, M. (2013). *Relations between Housing Characteristics and the Well-Being of Low-Income Children and Adolescents.* Developmental Psychology, 49(9), 1775–1789.

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[33] revealed additional impacts of housing insecurity on maternal health and preterm birth, via this 2013 published review[34] 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.

Extreme stress may impact maternal well-being in the post-natal 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.

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.

ENVIRONMENT NOW WORKERS OUTREACH AT SUNNYDALE

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).

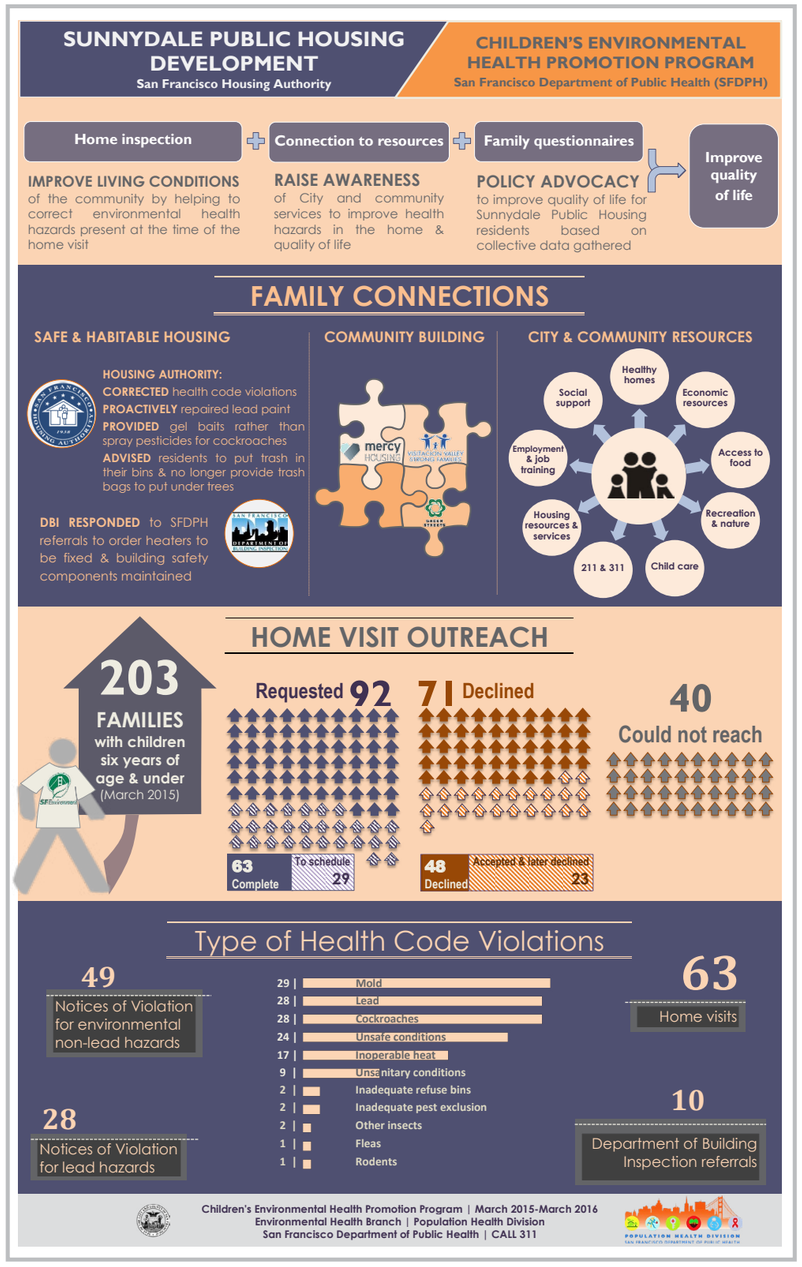
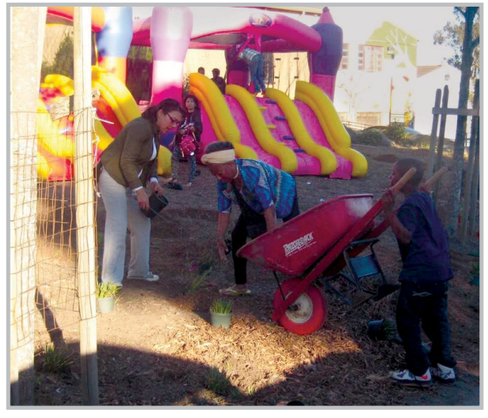


FIGURE 29: CEHP PROJECT SUMMARY—SUNNYDALE

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.

CEHP WORKING WITH HOPE SF PEER HEALTH LEADERS TO DISTRIBUTE SUPPLIES



SUNNYDALE COMMUNITY BEAUTIFICATION EVENT

SUNNYDALE COMMUNITY BEAUTIFICATION EVENT

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.

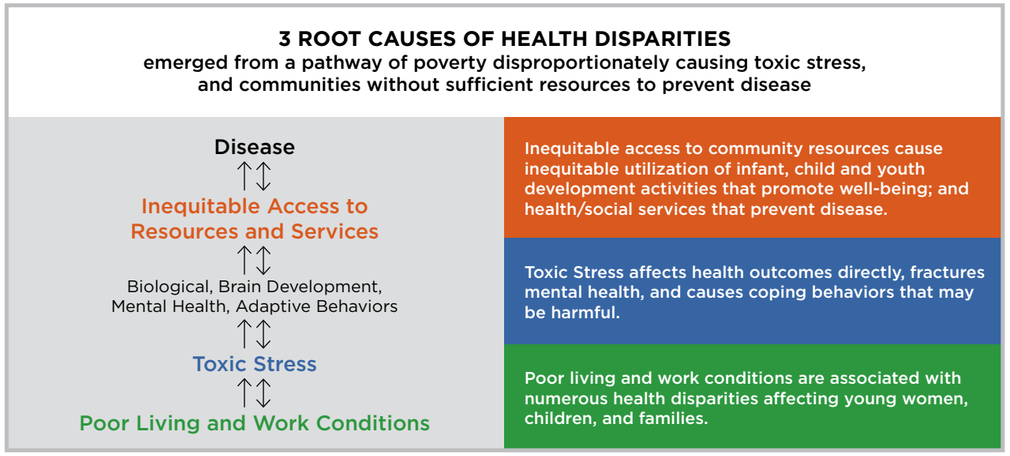


FIGURE 30: THREE ROOT CAUSES OF HEALTH DISPARITIES

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?

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

Cuando es tiempo de comer, yo y mi familia comemos en el cuarto donde dormimos. Es el único espacio que tenemos para compartir nuestros alimentos, juegos y tareas. Somos dieciséis personas que compartimos la cocina y no hay espacio para usar la cocina como un comedor. No tener un espacio apropiado para comer con mi familia es incómodo, nos pone de malos humores y a la vez frustrante. Estas condiciones nos pone en riesgo de las infestaciones de cucarachas adonde dormimos.

Mi vivienda no es un lugar apto para vivir con mi familia. El bienestar y salud de mi familia no tiene que ser un privilegio, es un derecho humano que todos merecemos.

Al reunir nuestras fuerzas podemos lograr que nos escuchan y que nos entiendan.

~ Melissa

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

TIME TO EAT

Reencuentro familiar

Vine desde Guatemala a rencontrarme 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. Llegue a vivir con mi familia en un cuarto muy pequeño donde no teníamos el espacio suficiente.

Mis hijos lloran porque no tienen un espacio mas 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 mas 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

FAMILY REUNION

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 frio porque había varios huecos abiertos en los que el viento entraba .Mi hija siempre se estremecía 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

Create Healthy Environments	Implement change in **social environments, service systems, and policies,** particularly affecting stressful living and working conditions that impact family health.

	Institution	**Structural Problems**	**Policy w/ Child Health Impact**	**Countywide Initiative**	**Community Partner Leads**
Daily Living Institutions					
Ensure healthy conditions of daily living institutions to promote health for children and families					
	Hospitals	No funding/ incentives to support breastfeeding	Breastfeeding encouraged in hospitals	Baby-friendly hospitals	WIC Hospitals
	Homes	Planning & housing policies protect special interests	Affordable family-size housing	In progress	TBD
	Child Care	CA has weak standards for nutrition & physical activity	Nutrition & physical activity standards in child care settings	Healthy Apple Award	Children's Council
	Schools	Implicit bias of school discipline	Ban suspensions for willful defiance	Health determinants & impact of school suspensions	SFSU Coleman Advocates UCSF
	Primary Care	Medical training has little focus on young women	Adolescent & young adult healthcare utilization	IRIS	SF Health Plan
	Workplaces	US: only industr country w/o paid parental leave	Family-friendly workplace policies: Parental leave, flexible work, lactation support	Healthy Mothers Workplace	Legal Aid at Work
	Law Enforcement	Implicit bias of criminal justice & law enforcement	Police departments work with health organizations toward NACCHO	Policing & Public Health	AAP-Am Acad PedsColeman Advocates
Community Resources & Networks					
Ensure access to community resources for children and families to promote health & wellbeing					
	Lactation Support	Uncoordinated services during small time window	Regular schedule of free, drop-in lactation support groups	Breastfeeding Support Group	5 Delivery Hospitals
	Neighborhood Centers	Lack knowledge / training in infant development &MMH	Standards for infant-bonding and enrichment activities	Baby Zones	Libraries Family Resource Centers
	Recreation & Park	Fee-based programs target residents already active	Free, drop-in programs weekly in neighborhoods throughout county	Active Zones	SF Recreation & Park
	Neighborhood Afterschool	High costs of classes & sport leagues	Free, drop-in programs daily in 9 neighborhoods w/ low-income families	Power Play	Boys & girls clubs SF
	Parks	Current programs focused on nature-lovers	Weekly drop-in programs to welcome new visitors and walkers in parks	Healthy Nature Walks Saturdays	SF Rec & Park GGNRA

FIGURE 31: 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[39].

- The Department of Children Youth & Their Families *2016 Community Needs Assessment*[40] 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 Re-housing 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.

PROPOSAL

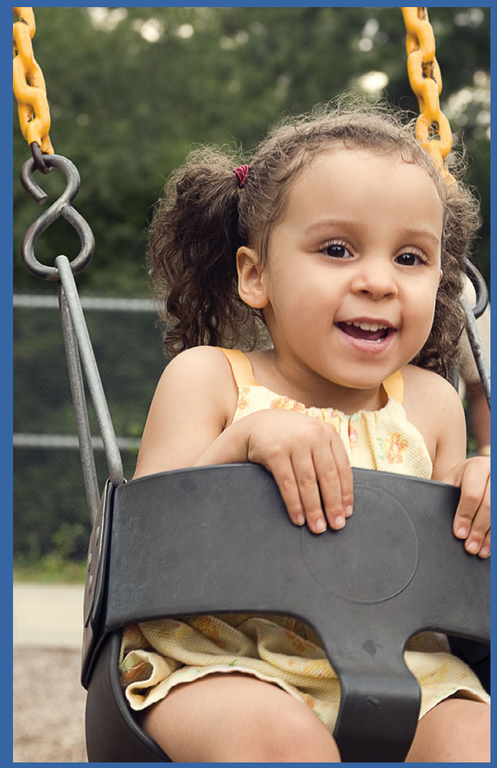
Census of Housing Insecurity Affecting Low-Income Pregnant Women and Families with Young Children

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 research[41] "*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[42], *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 with 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

Year	PTB	Dev	Source	Sample	Methodology	Findings
2011		X	Park, J. M., Fertig, A. R., & Allison, P. D. (2011). Physical and Mental Health, Cognitive Development, and Health Care Use by Housing Status of Low-Income Young Children in 20 American Cities: A Prospective Cohort Study. American Journal of Public Health, 101(S1), S255-S261.	*Secondary analysis of data from Fragile Families and Child Wellbeing Study (FFS).* 2631 low-income children from 20 large US cities, followed from birth.	Assessed independent effects of homeless and doubled-up episodes on physical and mental health, cognitive development, and health care use. Multivariate analyses involved logistic regression using the hybrid method to include both fixed and random effects.	9.8% experienced homelessness & 23.6% had a doubled-up episode. Independent of poverty status, housing status had little significant adverse effect on child physical/mental health, cognitive development.
2013	X	X	Reynolds, R. M., Labad, J., Buss, C., Ghaemmaghami, P., & Räikkönen, K. (2013). Transmitting Biological Effects of Stress in Utero: Implications for Mother and Offspring. Psychoneuroendo-crinology, 38(9), 1843-1849.	*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.	**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. • Extreme stress may impact maternal well-being in the post-natal 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.	
2011	X	X	Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., ... & Frank, D. A. (2011). US Housing Insecurity and the Health of Very Young Children. Am J Public Health, 101(8), 1508-1514.	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.	Cross-sectional. Excluded already homeless families. Assessed food insecurity, child health status, developmental risk, weight, and housing insecurity: • crowding (>2 people/bedroom or>1 family/residence) • multiple moves (‡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	**Housing experiences ofsample:** • Housing insecurity – 46% • Crowding – 41% • Multiple moves – 5% **Crowding associated with:** • Food Insecurity (AOR1.3) **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.

Year	PTB	Dev	Source	Sample	Methodology	Findings
2011		X	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.	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.	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.	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. [rP =).26, 95% confidence interval (CI) =).30 to).22] One-third of child's perception on home chaos accounted for shares genes. **Mechanism:** 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.
2010		X	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.	**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)	Samples employ data from on-going longitudinal (cohort) studies and perform regression analysis. **Residential density** was measured at 15 and 36 months using Persons Per Room PPR. **Maternal responsiveness:** measured via the Home Observation for Measurement of the Environment (HOME) Inventory. *Inter reliability of HOME exceeded 90%. **School readiness** was represented by standard scores from the Bracken Scale of Basic Concepts.	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. **maternal responsiveness stronger meditational role in US sample. Mechanism: **On cognitive development:** 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. **On school readiness:** 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)

Year	PTB	Dev	Source	Sample	Methodology	Findings
2012		X	Solari, C. D., & Mare, R. D. (2012). Housing Crowding Effects on Children's Wellbeing. Social Science Research, 41(2), 464-476.	Samples drawn from two waves of data: US national representation & 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.	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.	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.
2015	X	X	Coley, R.L., Lynch, A.D., & Kull, M. (2015). Early Exposure to Environmental Chaos and Children's Physical and Mental Health. Early Childhood Research Quarterly, 32, 94-104.	Sample drawn from Three City Study includes 495 low-income children living in moderate to high poverty neighborhood in Boston, San Antonio and Chicago.	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 & 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.	** 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).

Year	PTB	Dev	Source	Sample	Methodology	Findings
					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)	**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.
2013		X	Coley, R. L., Leventhal, T., Lynch, A. D., & Kull, M. (2013). Relations between Housing Characteristics and the Well-Being of Low-Income Children and Adolescents. Developmental Psychology, 49(9), 1775–1789.			

B. MULTILINGUAL CEHP LETTERS MAILED TO WIC-ENROLLED FAMILIES

City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Edwin M. Lee, Mayor
Barbara A. Garcia, MPA, Director of Health
Richard J. Lee, MPH, CIH, REHS
Acting Environmental Health Director

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 mosquitos
- ✓ 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

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CHILDREN'S ENVIRONMENTAL HEALTH PROMOTION PROGRAM
1390 Market Street, Suite 410, San Francisco, CA 94102
Phone 415-252-3956 | Fax 415-252-3889

Children's Environmental Health Promotion Home Visit Request Form

CEHP use
PID
LocID

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** _____

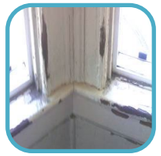
Telephone _____ **Alternate telephone** _____ **Best time to call** ❒am ❒pm _____ **Email** _____

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

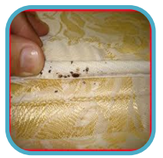
Mold or Moisture
❒ Minor
❒ Moderate
❒ Severe

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?

_____

_____

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

January 2015

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

City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Edwin M. Lee, Mayor
Barbara A. Garcia, MPA, Director of Health
Richard J. Lee, MPH, CIH, REHS
Acting Environmental Health Director

二零一三年一月十六日

尊敬的母、嬰、及兒童營養計劃（WIC）參與家庭:

三藩市公共衛生署兒童環境衛生促進計劃希望為你提供一免費家訪服務以協助你處理危害人體健康的家居環境問題或關注。

你的住房有沒有出現以下任何一類能損害你孩子健康的情況？

- ✓ **破爛或脫落油漆**
- ✓ **黴（霉）菌或潮濕**
- ✓ **水管或屋頂漏水**
- ✓ **大（老）鼠或小鼠**
- ✓ **蟑螂或床虱（一些人稱臭蟲或木虱）**
- ✓ **蒼蠅或蚊子**
- ✓ **垃圾問題**
- ✓ **沒有暖氣**
- ✓ **來自交通或屋頂風機的噪音、或**
- ✓ **交通污染導致的黑塵**

你是否希望這些危害健康的情況得到改善呢？現正是適當得到援助的時刻！

我們的職員在家訪中會為你查找可能影響你的家人和寵物健康的破爛含鉛油漆、黴（霉）菌、害蟲、含毒素化學物料的清潔產品、及其它潛在的環境危害。當我們找出的問題是應由你的業主負責解決時，我們會發出「違例通知」，命令你的業主作出改善。在發出「違例通知」的同時，我們亦會轉介你的業主給有關市政府部門以獲取資助或低息貸款來改善環境。至於你能力範圍內可控制的情況，我們會提供給你相關的資訊來如何預防這些問題。在有需要時，我們會介紹給你和你的業主適切的社會服務及法律援助。

在二零零八年至二零一零年期間，我們曾提供類似的服務給當時接受WIC營養計劃的家庭。接近百分之七十五接受服務的家庭被發現家居內存有影響健康的危害情況。我們成功幫助這大部分的家庭及他們的業主糾正被找出的危害。

如果你有興趣接受這項免費服務，請填妥隨這信附上的表格，然後交回給WIC辦公室或寄回/傳真到我們的辦公室。在收到你的表格後，我們會以電話聯絡你，安排家訪的日期和時間。如果你有任何問題，請致電415-252-3929（英語或粵語）。

謹啟，

Karen Cohn
計劃經理

CHILDREN'S ENVIRONMENTAL HEALTH PROMOTION PROGRAM
1390 Market Street, Suite 410, San Francisco, CA 94102
Phone 415-252-3956 | Fax 415-252-3889

兒童環境衛生促進計劃家訪要求表格

CEHP use
PID
LocID

交回表格給 WIC 辦公室，或傳真 415-252-3889，或郵寄到 1390 MARKET ST #410, SAN FRANCISCO, CA 94102

請用正楷英文字母清楚地填寫：

家長/監護人姓氏 _____ **名字**_____

地址_____ **郵區號碼**_____

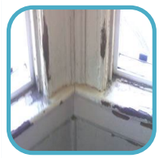
電話 _____ **其它聯絡電話** _____ **打電話給你的最佳時間** ❒上午 _____ ❒下午 **電郵** _____

首選語言
- ❒英語
- ❒國語（普通話）
- ❒粵語
- ❒西班牙語
- ❒其它 _____

住房類別
- ❒房屋
- ❒大廈
- ❒散房
- ❒公共房屋
- ❒車庫（車房）
- ❒土庫單位

你所屬的WIC辦公地點
- ❒三藩市總醫院
- ❒ Van Ness街
- ❒華埠
- ❒肖化
- ❒東南健康中心
- ❒海洋公園

在下列圖片裡圈出所有在你的住房內存有影響人體健康的危害情況；並在圖片下的適當方格打上記號（x）以顯示每一危害情況的程度（輕微、中度、或嚴重）。



破爛油漆
- ❒輕微
- ❒中度
- ❒嚴重

黴（霉）菌或潮濕
- ❒輕微
- ❒中度
- ❒嚴重

沒有暖氣
- ❒輕微
- ❒中度
- ❒嚴重

垃圾問題
- ❒輕微
- ❒中度
- ❒嚴重

小鼠或大（老）鼠
- ❒輕微
- ❒中度
- ❒嚴重

蟑螂
- ❒輕微
- ❒中度
- ❒嚴重

床虱（或稱臭蟲或木虱）
- ❒輕微
- ❒中度
- ❒嚴重

環境噪音
- ❒輕微
- ❒中度
- ❒嚴重

交通污染引致的黑塵
- ❒輕微
- ❒中度
- ❒嚴重

不流動的積水
- ❒輕微
- ❒中度
- ❒嚴重

你有沒有因其它環境或危害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

January 2015

City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Edwin M. Lee, Mayor
Barbara A. Garcia, MPA, Director of Health
Richard J. Lee, MPH, CIH, REHS
Acting Environmental Health Director

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

CHILDREN'S ENVIRONMENTAL HEALTH PROMOTION PROGRAM
1390 Market Street, Suite 410, San Francisco, CA 94102
Phone 415-252-3956 | Fax 415-252-3889

Formulario para Solicitar una Inspección de su Casa por el Programa de Promoción de Salud Ambiental de los Niños

CEHP use
PID
LocID

Por favor entregue a su oficina de WIC, o envié por *fax* al 415-252-3889
o por *correo* a 1390 MARKET ST #410, SAN FRANCISCO, CA 94102

POR FAVOR ESCRIBA CLARAMENTE:

Apellido del padre o guardián/tutor _____ Nombre _____

Dirección actual _____ Código postal _____

Teléfono _____ Teléfono alternativo _____ mejor hora para llamar ❒am ❒pm _____ Email _____

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

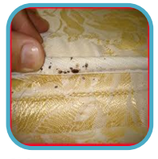
Moho o humedad
❒ Menor
❒ Moderado
❒ Severo

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 otras condiciones ambientales o riesgos de salud que estén afectando a su familia?

_____
_____

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

January 2015

C. CEHP SOCIAL DETERMINANTS OF HEALTH SURVEY

Date_____ Address_____ **Loc ID**_____❑CC ❑Health Advoc ❑MCAH ❑MCAH Dept ❑WIC **PID**_____
Inspector: AS SS KY LA Health Educator: CM DL MH Client answering survey: _____❒Mother ❒Father ❒Other_____

	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?	_____ ❒SSI ❒Make too much $
3	Do you receive WIC?	❒Yes ❒No; reason_____ ❒Children too old
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 ❒No ❒DK ❒Refused	❒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	_____ ❒Ctr ❒FCC ❒Sch ❒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 (❒Own ❒Borrow) ❒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 ❒DK
4	What would you like to suggest for improving MUNI's/BART's services?	❒Safety ❒Frequency ❒Cleanliness ❒Strollers ❒Driver's attitude ❒Other _____

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	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? ❒Someone in home smokes	❒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

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Employment

1 How many people over 18yo in the family?_____

2 How many adults are employed in the family? _____

3 Family monthly income: $_____

4 How many tenants (non-family) over 18yo?_____

5 How many tenants (non-family) are employed? ___

6 Tenants monthly income: $_____

Relation	# jobs & hrs/wk	Job class		Unemployed	
1) Self	# Jobs_____ Job 1 hrs____ Job 2 hrs____ Job 3 hrs____	❑ Restaurant ❑ Construction ❑ Janitorial/Cleaning ❑ Healthcare ❑ Transportation ❑ Hospitality	❑ Retail ❑ Education ❑ Waste svc ❑ Other _____	❑ Student ❑FT ❑PT ❑ Currently looking ❑ Laid off ❑ Disabled ❑ Just had a baby	❑ Waiting for new job to start ❑ Temp illness/injury ❑ Retired ❑ Other _____
2) _____	# Jobs_____ Job 1 hrs____ Job 2 hrs____ Job 3 hrs____	❑ Restaurant ❑ Construction ❑ Janitorial/Cleaning ❑ Healthcare ❑ Transportation ❑ Hospitality	❑ Retail ❑ Education ❑ Waste svc ❑ Other _____	❑ Student ❑FT ❑PT ❑ Currently looking ❑ Laid off ❑ Disabled ❑ Just had a baby	❑ Waiting for new job to start ❑ Temp illness/injury ❑ Retired ❑ Other _____
3) _____	# Jobs_____ Job 1 hrs____ Job 2 hrs____ Job 3 hrs____	❑ Restaurant ❑ Construction ❑ Janitorial/Cleaning ❑ Healthcare ❑ Transportation ❑ Hospitality	❑ Retail ❑ Education ❑ Waste svc ❑ Other _____	❑ Student ❑FT ❑PT ❑ Currently looking ❑ Laid off ❑ Disabled ❑ Just had a baby	❑ Waiting for new job to start ❑ Temp illness/injury ❑ Retired ❑ Other _____
4) _____	# Jobs_____ Job 1 hrs____ Job 2 hrs____ Job 3 hrs____	❑ Restaurant ❑ Construction ❑ Janitorial/Cleaning ❑ Healthcare ❑ Transportation ❑ Hospitality	❑ Retail ❑ Education ❑ Waste svc ❑ Other _____	❑ Student ❑FT ❑PT ❑ Currently looking ❑ Laid off ❑ Disabled ❑ Just had a baby	❑ Waiting for new job to start ❑ Temp illness/injury ❑ Retired ❑ Other _____

What is stressful about earning a living?

❑Job security ❑Not enough hours ❑Long working hours ❑Odd working hours
❑Commuting ❑Not enough family time ❑Mistreatment at the work place ❑Inadequate job training/skills
Other_____

Unemployed family member looking for job, actions taken

1 What are you currently doing to obtain a job?
- ❑ Contacted employer directly
- ❑ Contacted employment agency ❑ public ❑ private
- ❑ Contacted friends/ relatives
- ❑ Visited employment center/school/university
- ❑ Sent resumes/ filled out applications
- ❑ Attended job training ❑ Attended ESL class
- ❑ Nothing ❑ DK ❑ Refused

2 Would you like to be connected to job training? ❒Yes ❒No ❒DK ❒Refused

❒ Never worked

Workers' Rights

1	❒You ❒Family member	Owed wages from your boss	❒Yes ❒No ❒DK ❒NA	❒Prev. job	❒Current job
2	❒You ❒Family member	Receive sick pay	❒Yes ❒No ❒DK ❒NA	❒Prev. job	❒Current job
3	❒You ❒Family member	Are compensated for over time	❒Yes ❒No ❒DK ❒NA ❒Money ❒Flextime ❒Other	❒Prev. job	❒Current job _____
4	❒You ❒Family member	Would like resources on workers' rights		❒Yes ❒No ❒DK ❒NA	

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.

❒Self
❒Other
_____

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 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

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