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# The Impact of Housing Insecurity on Community Health Outcomes: Exploring Collective Community Solutions and Housing Models in The Western Addition


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Jacqueline V. Brown

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Spring 2017

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### Abstract

In a city where housing is scarce and prices continue to rise, the lower income residents of the Western Addition are in panic. Historically, the Western Addition/Fillmore is ground zero for Urban Renewal. This community is still bouncing back from the negative effects of the out migration of Black residents, Japanese internment, and rapid gentrification. For twenty years, this part of the city was known as Harlem of the West due to its world-renowned Jazz and Blues composers, and is informally known as “Tha ‘Mo’”. San Francisco has set the tone nationally for public, mixed income, and private housing that is known today. Literature reviews have highlighted the links between poor health outcomes, onsite services, and housing models in major cities like San Francisco, Chicago, New York, and Boston. This paper will explore my VISTA position with the Engage San Francisco initiative, housed out of the University of San Francisco’s McCarthy Center, and the Success Center San Francisco in their career services office, located in the heart of the Western Addition-Fillmore District. I will pose questions, highlight barriers to access and providing services, offer some solutions through community identified needs, but most importantly increase thoughts and conversation on what community service providers, nurses, public health workers, and city officials can do to expand the use of existing services. As services providers and future health practitioners, how can we ensure that target populations have a means of accessing services while in crisis such as finding stable, affordable homes? How can we prevent an oversaturation of services as a solution to community problems? How do we work with communities where Maslow's hierarchy of needs are severely compromised? How can we create consistent housing models for public and mixed income tenants on a national scale, that will support onsite service providers and encourage positive health outcomes in residents?

## I. Introduction

### *The Definitions of Housing*

For some, public housing is defined as government subsidized housing designated for low-income families, the elderly, or disabled individuals (Public Housing Definition, n.d.). Others consider public housing as a physically permanent establishment aimed at the seclusion of Black families by race and class. This seclusion emphasizes the importance of the structural root of concentrated poverty in many US metropolises (Tracey, 2008). Mixed income housing is defined as a multi-family property or community that offers economical accommodation for a variety of low- to middle-income families. Units may be subsidized by government housing programs. The cost of rent is based upon the average median salary for the area, and intended to be reasonable for moderate, low and very low income families (Mixed Income Housing, n.d.). Current housing models set in place are failing low income communities in urban cities.

### *Housing and Social Theories*

Public housing models fail largely due to poor budget implementation, policy implementation, and lack of onsite service providers. Public housing models often fail to incorporate health in their planning of budget and outreach to residents. There is often a lack of connection to health policy, housing policy, and qualitative research during the planning and implementation phase (Digenis-Bury, 2008). Despite the abundant resources that the city of San Francisco offers, many of these resources are still not reaching their target populations. A model that is often used in constructing mixed income housing is the Social Cognitive Theory (SCT) is focused on role modeling to change behaviors. This theory is often used in understanding the behaviors of children and to promote health change. SCT was created by Albert Bandura a

famous psychologist who is also known for his famous Bobo doll experiments observing how children learn aggression from their parents, through their modeled actions.

This same theory is applied to mixed income housing. It has been predicted that the theory of role modeling between high income and low income residents will change the behaviors of lower income residents by changing the way low income residents view finances, personal values, and increase their engagement within the housing site. It was also predicted that higher income residents will fight for the injustices that low-income residents are facing since living space is now shared. In return, there will be improvements in local schools, and increase in neighborhood safety. The indicator of mixed income housing stems from the Hope VI strategy to help improve poverty outcomes of low income residents.

Through the SCT, it is predicted that more social interaction will occur amongst low income to high income residents (Graves, 2011). There has very little research showing that SCT is beneficial to mixed income housing sites. In contrast, it was found that higher income residents circumvent lower income residents (Graves, 2011). Housing sites like Plaza East, in the Western Addition, often lack proper management to ensure the success of residents. The type of manager a housing site has also contributes to the success of residents. It was found that the types of managers hired or lack of managers seriously impacts the behaviors and relationships of residents (Graves, 2011). This can often complicate what is viewed by policy makers as a very simple theory.

### *Housing Models and Outmigration*

Housing models in San Francisco and other urban cities are pushing out low income residents instead of retaining low income residents. The Urban Institute conducted a study in 2004 that has shown that a little under half of the 49,828 housing sites demolished under urban

renewal were rebuilt (Tracey, 2008). There are many cases within San Francisco where this holds to be true. Most recently the residents of Midtown Park Apartments, located in the Fillmore District of San Francisco, are experiencing eminent domain putting them at risk of being displaced from the city. This poses the new problem of increased homelessness seen across the nation, especially in urban cities. Through Hope VI, the demolishing of public housing and the rise of private developments started to become noticeable in the 1990's (Goetz, 2016). Due to the lack of funding that the federal government allocated to upkeep public housing sites, privatization was a way to make up for lost money.

### *Housing Models and Poor Health Outcomes*

Housing models determine health outcomes of tenants. The health outcomes of individuals that live in public housing are far worse than their counterparts living in the same city. A study was conducted in Boston and compared African American women living in public housing to other African American women living in market rate housing and have found that the prevalence of obesity was twice as high in women living in public housing. It was also found that women living in public housing are more likely to experience diabetes three times the rate than their counterparts (Digenis-Bury, 2008). In 2016, the city of San Francisco surveyed residents living in public housing, and created health interventions. An example of one of the initiatives would be the Racial and Ethnic Approached to Community Health (REACH) program where the public health department is looking to connect with the San Francisco Housing Authority and prescribe green prescriptions to residents that have been diagnosed with diabetes and hypertension.

The same study in Boston also found that public housing residents are experiencing poorer health outcomes over all. In Boston, it was found that many residents have been



diagnosed with hypertension, diabetes, experience obesity, have a disability, have six or more missing teeth, and have also experienced depression fifteen consecutive days in the past month (Digenis-Bury, 2008). The difficulty of poor health outcomes in public and mixed housing models will continue to persist due to the lack of policies made connecting health outcomes and housing. This is often overlooked because of the lack of studies conducted on health and housing and the failure to implement public health into housing models (Thomson Hilary, 2001).

Although San Francisco has an abundance of wealth and knowledge it is often found that organizations and agencies are not in communication with one another, causing a lot of issues, especially amongst housing, that could have been prevented by sufficiently spreading resources.

## II. Background

Integrating public health practices through resident feedback and community participatory based research (CPBR), and reviewing current housing models, in addition to creating and implementing new policies can help increase positive housing outcomes for low income residents. Health assessments of public housing residents are rarely examined or taken into consideration. There are very few assessments made and it is even more difficult to examine health outcomes of the general population (Digenis-Bury, 2008). Therefore, it is important moving forward to review policies of the past for mistakes, while creating public health interventions and CPBR solutions to be implemented in the future. In efforts to fix the public housing crisis and address the generational poverty that many residents in public housing face, the federal government created mixed income housing. In theory, this practice was to decrease isolation that public housing residents face and connect low income residents to higher income residents to help improve their social economic status (Graves, 2011). The federal government also did not consult with residents living in public housing or those that live in privately owned properties to gauge the success of mixed housing. Implementing an onsite service provider in housing models will help with filling in gaps that housing managers do not have the capacity to serve (Rog, 2014). This will allow for more opportunities for raw data to be captured and help residents feel more connected to the space they are living in.

### *San Francisco Case Study*

In moving forward with creating positive health outcomes for low income and affordable housing it is important to understand how San Francisco HUD/Hope VI funding has modeled poor housing outcomes for the rest of the United States to follow. The divestment of public

housing through the Public Housing Authority in the 1980's is contributing to the failure of public housing today (Goetz, 2016). To understand why there is a housing crisis in America, we must acknowledge where housing issues stem from. The Western Addition/Fillmore District of San Francisco is the birthplace of Urban Renewal (Tracey, 2008). Using the Western Addition Fillmore as a model for how we can fix housing issues in the city and county of San Francisco as well as the nation may be crucial and play an important role of fixing the wrong that has been done to residents in this district. The example that San Francisco provides in creating and implementing new housing models can furthermore be a standard of how to create successful housing models for the rest of the nation.

### **III. A Brief Summary of San Francisco's Role in Urban Renewal 1945-2017**

#### *WWII and Urban Renewal Birth*

It is important to take into consideration the historical context of the role of Urban Renewal, affordable housing, redlining, and access to services in the Western Addition. This section is meant to give information on historical events in addition to allowing the reader to delve into this topic on their own with the references provided. Urban renewal started shortly after WWII ended. During this period, the Western Addition/Fillmore has 46,000 Black residents that made up a significant portion the district's demographic. Between the years of 1940 to 1950 there was an influx from 2,144 to 14,888 African Americans to the Western Addition/ Fillmore neighborhood. In response to the attack on Pearl Harbor an Executive Order followed that resulted in the internment of the Japanese people, including residents of San Francisco's Western Addition (Kamiya, 2014). Many longtime residents of the Western Addition/Fillmore attribute the strong community ties within the African American and Japanese community to this event. In the absence of Japanese neighbors, African American residents in the Western Addition have testified that they helped with the upkeep of houses and yards of their Japanese neighbors while they were interred. The result of the internment of the Japanese was the influx of African Americans that came from the South looking for employment and equal opportunities.

#### *Coalitions and Displacement*

Urban Renewal, through the San Francisco Redevelopment Agency (SFRA), was authorized in 1945. Through the California Community Redevelopment Act, SFRA was given

permission to confront what was viewed as at the time as urban decay in the Western Addition (Rosen & Sullivan, 2014). A very strong and thriving community was uprooted to make room for the “new San Francisco”. The residents of the Western Addition did not go out without a fight. The Western Addition Community Organization (WACO) was created mid-way through the redevelopment phase that resulted with the loss of 1,350 low income African American families. This group was comprised of African American and Japanese residents and fought the changing policy that emphasized replacing low income housing for mixed or private housing, in addition to false promise of relocation benefits, and neighborhood preservation (Rosen & Sullivan, 2014). By 1967, the livelihood of local businesses were threatened, resulting in 833 store closures. It has been estimated that 25,000 or more residents were displaced (see Appendix D). In addition to displacement that has occurred in the Western Addition, 2,5000 Victorian homes were destroyed in the process. In result of the rapid renewal and community displacement, WACO picketed the SFRA, block bulldozers that halted renewal projects (Kamiya, 2014). Despite the efforts of WACO many residents at the time were not hopeful the acts of this organization WACO would be effective. The Federal Judge John Sweigert proved otherwise; he halted the \$100 million Urban Renewal plan from going forward in San Francisco.

#### *Removal of the Negro in The Western Addition*

“A boy last week, he was sixteen, in San Francisco...He said, “I’ve got no country. I’ve got no flag.” Now, he’s only 16 years old, and I couldn’t say, “you do.”... They were tearing down his house, because San Francisco is engaging — as most Northern cities now are engaged — in something called urban renewal, which means moving the Negroes out. It means Negro removal, that is what it means. The federal government is an accomplice to this fact.”

-James Baldwin

Many residents felt that there is no way of enforcing the halt of Urban Renewal and African American residents have felt that Urban Renewal was equivalent to saying, “Nigger Removal” in the process of how low income residents were moved out of San Francisco (Caldwell, 1968). In addition to the closing of ports during 1960 through 1966, the loss of industrial jobs made it difficult for African Americans who moved from the South to make ends meet and search for equality. This, in addition to Urban Renewal, shifted the housing dynamics in the city dramatically. What was once seen as a cheap place to live and rent is now one of the world’s most expensive cities to rent or own property (Rosen & Sullivan, 2014). San Francisco went from a blue collar and maritime community to a white-collar tech and medical industry almost overnight.

#### **IV. The Agencies: What They Do**

##### *Engage San Francisco*

My role as an AmeriCorps VISTA has allowed me to work closely with two organizations Engage San Francisco and the Success Center San Francisco's Western Addition Career Center (see Appendix B). Engage San Francisco is an initiative that connects the University of San Francisco (USF) to the needs of local nonprofits and community members in the Western Addition by aiding through students, staff, faculty support, and monetary procurements. This initiative includes faculty, staff and students from all five colleges at USF, (Management, Nursing and Health Professions, Law, Education, and Arts and Sciences), and the Division of Student Life.

Engage San Francisco has a strong focus on local communities and strongly believes in asset-based solutions by taking a multidimensional approach to collaborate with community organizations located in the Western Addition. The director of the Engage San Francisco, Karin Cotterman, focuses on grounding awareness in the historical and systemic inequity that negatively impacts Western Addition residents. Some of these events would include forced relocation of Japanese residents in 1948, the 1968 redevelopment of the Western Addition resulting in the significant loss of African American residents then and now due to the rise in cost of living, in addition to the lack of access to quality education and health care within lower income residents. With this focus, this initiative ensures that a holistic approach is taken that leaves a positive and lasting impact in community (Cotterman, 2015). Engage San Francisco is an office within the Leo T. McCarthy Center located at the University of San Francisco. There

are four employees, including the director of this initiative. Outside of serving the Western Addition, Engage San Francisco also works with partners located in the Tenderloin, San Jose, Sacramento, and San Quentin Prison.

*Engage San Francisco Long Term and Short Term Goals*

- Develop web presence and initial resources on Western Addition.
- Develop local Immersion for Presidential leadership team which can serve as a prototype for McCarthy Center Board, Students, Faculty and Staff.
- Create and administer RFP for community engagement grants program.
- Cultivate connections with academic programs and departments throughout campus.
- Literacy project: Creation of project implemented at Cobb Elementary 2017  
Wellness project: Mind, Body, Soul Community Pop Ups 2017
- Scholarships for Western Addition residents and/or service provider staff to attend USF

*Success Center San Francisco*

The Success Center San Francisco (SCSF) is a non-profit organization whose work is initially immersed in providing youth and transitional aged youth (TAY) educational opportunities such as GED programs and vocational skills, in addition to career advisement and placements. This center has been a part of the San Francisco community since 1983 and was appointed by San Francisco Superior Court Judges and is heavily supported by Mayor's Office of Economic and Workforce. In partnership with San Francisco's juvenile department, Independence High School, Supervisor London Breed of District Five (Western Addition), the SCSF runs and operates out of three sites. The Western Addition Career Center, also known as the Western Addition Neighborhood Access Point (WANAP) services TAY and adults by providing one on one career counseling, job placements, access to computers/fax machine,



professional development workshops, computer literacy skills, barrier removals like interview clothing, haircuts, and more recently the Breaking Barriers Resource Fairs that connect people in the community to housing, health, and employment opportunities.

The target population served by this program includes youth, adults, and seniors, both males and females, who are low or extremely low-income and face multiple barriers to employment. Clients are predominately people of color (e.g., African American, Latino/Hispanic, Indian, Arab, Persian, Asian, etc.) who come from the Western Addition community (e.g., Supervisorial District 5, zip codes 94115 and 94117). They have experienced multiple barriers to engagement in the mainstream economy, including chronic underemployment or unemployment, low educational attainment, learning disabilities, mental health and co-occurring disorders, history with the justice system including the re-entry population, negative effects of military service, domestic abuse. Most are individuals with a lack of reference for or connection to the workforce. Many are residents of public housing, heads of single-parent families, or new entrants to the workforce. They tend to have fewer marketable skills than the typical job seeker (Tripplett, 2017). The WANAP is under the leadership of Liz Jackson-Simpson, the Executive director of the SCSF, has been in the role for six years. Prior to her leadership, the WANAP has undergone six different leaders within a ten-year period. Establishing trust, building positive rapport, and providing a family setting in the center allows their staff of thirteen employees and clients of the SCSF to be successful in the everyday work that they do.

*Success Center San Francisco Long Term and Short Term Goals*

- Providing GED preparation to habitual and chronic truants not on track to graduate, provided by certified teachers from SF Unified School District (SFUSD)
- Provide classes for four hours daily, five days each week, and include the provision of breakfast and lunch.
- Have all GED graduates placed in post-secondary education and/or job training.
- Outreach and recruitment, assessment, career planning, job readiness training,
- Increase access to job training in industries targeted for sustained growth
- Increase access to educational opportunities, case management to address barriers to employment, job placement, job coaching and follow-up.
- Increase the use of employer services including: assistance with recruitment, pre-screening applicants, background checks, job fairs, employer spotlights, and the provision of information on tax credits.

*Booker T. Washington Community Service Center*

I had initially reached out to work with the Booker T. Washington Community Service Center to see if I would be able to use their Transitional Age Youth housing and new community center as a case study in creating a new model that could help increase the use of services within residents on site. I have learned that in nonprofit life there can be hang ups that prevent collaboration. I have met with Executive Director Patricia Scott to discuss the needs of Booker T. and I hope that I can continue to collaborate with her and her staff later during the summer. The Booker T. Washington Community Service Center is also located in the Western Addition in San Francisco. This community center focuses on a variety of services, including after school programming (k-12<sup>th</sup> grade), bike club, child care in partnership with the Japanese Community Youth Council, Senior Club, community food pantry, and technology programming class. This summer the Booker T. Washington Community Service Center plans to open a new community center and housing development which includes housing for transitional aged youth who have

aged out of the foster care system. In their new housing plan, service providers at Booker T. Washington Community Service Center plan to include having an onsite service provider that residents will have extensive access to, preparing residents for educational opportunities and job readiness.

Booker T. Washington Community Service Center is a small nonprofit that has seven employees including the executive director. Pat Scott, Executive Director of the Booker T. Washington Center, is proud to say that the center has been in the community for 100 plus years. The community center not only serves members in the Western Addition (with a strong focus on African American/Black individuals) but also serves the Bayview District, a community also high in African American/Black residents, Tenderloin, and South of Market (See Appendix C). This center has a strong relationship with the Japanese community as well. They often partner with organizations in Japantown, a community located in the Western Addition.

*Booker T. Washington Long Term and Short Term Goals*

- Create a Youth Center in partnership with other community based programs, including First Place for Youth, Chibi Chan (Japanese Community Youth Council) and Youth Radio.
- Replace our existing facility with a state-of-the-art mixed use facility that will include mixed income housing and an updated community center, gymnasium and playground.
- Support teens and transitional aged youth (TAY) to become healthy and productive adults
- Serve as a resource for economic and workforce development efforts, building on a history of successful job placement, college readiness programs and the technology training programs.

## V. Project Details

### *My Anecdote: VISTA Made Me Do It!*

My role as a VISTA with the Success Center and Engage San Francisco has opened my eyes to the needs and health disparities of the Western Addition community and how needs are unmet despite the plethora of resources the city of San Francisco has to offer. What good are services if the basic needs of residents in resource rich cities are not being met? How can we effectively address health disparities on a level that ensures that the person being treated is seen holistically instead of case by case? These are questions that I have had since my introduction to public health. At the Success Center, they address individual needs of clients before they place them in job opportunities. The Breaking Barriers event, created by Adrian Owens Community Outreach Specialist at the Success Center San Francisco, was my introduction to eradicating an issue at the root instead of treating it at its surface. What I have learned in this position is that housing is a need that is not being met in the Western Addition, especially for those who are native to this part of the city and live in public and or affordable housing. I have heard multiple accounts of horror stories of countless residents living in public housing with serious maintenance issues.

Things that I have learned about that I would have never imagined, working in one of the richest cities in the world would include: units that are infested with mice, roaches, and mold; carpets that have not been changed in ten years; appliances filled with water for up to a year despite putting in multiple maintenance requests, listening in on poor customer service provided by management; denial of rent receipts; and two week notices for evictions for the claim of unpaid rent but failure to show accurate documentation of when rent was unpaid. I heard promises of new units due to initial poor upkeep of staff only to have promised units given away.

I was told of threats from security staff placed in the position to help residents feel safer in historically violent areas. I can truly write an entire book of the things that I have seen and heard from my experience working in the Success Center SF. My point for illustrating all of this is to demonstrate how services can go underutilized if your target population is in crisis. The last thing any individual's mind is worrying about is taking part of free health screenings, cooking demos, and in some cases, legal help. This first thing that may be on an individual's mind is where this person might sleep the next night, if they will have any food to eat, where their income may be coming from, or how they will stay safe.

### *My Goals*

The goal of my fieldwork is to begin the conversation as to how there can be strengthened housing models in low income communities to help improve health outcomes due to poor housing and living conditions. Through my literature review, it was shown that individuals that live in public housing or mixed income housing with no access to a service provider and/or are under poor management are more likely to suffer from poor health. It was shown that health outcomes for those in public housing are also dictated by housing policy and the lack of consultation of housing developers have with health professionals. My goal is to show how the city of San Francisco lacks adequate housing policy and what organizations are currently doing to provide missing services and what they can do to make up for the lack of accountability the city of San Francisco has taken. My goal is to highlight the resiliency of community members of the Western Addition and help tell the stories of those that otherwise may not be heard.

### *Aims*

During this fieldwork assignment, I aimed to conduct informational interviews that highlighted the strengths and weaknesses of each organization interviewed and how they work to empower current low income residents. Through this I wanted to create a list of suggestions on how city governments can work closely with the department of public health and local nonprofits to ensure the health and success of low income residents in the city of San Francisco that can be applied to other major cities mentioned in my literature review. Through my literature review, I also aimed to compare different housing models in the city and county of San Francisco to include public, mixed, and privately owned housing. I aimed to how governmental agencies like the San Francisco Housing Authority are successful in their implementation of housing models and where they can improve to create better health outcomes for low income residents in San Francisco at large. I aimed to create deliverables such as podcasts or photo journals that document the lives of residents in San Francisco. Given that housing is such a complicated topic in the city of San Francisco, I initially worked to conduct surveys amongst residents, service providers, and housing managers to understand how services are being utilized or underutilized in addition to capturing barriers that residents and service providers may have when accessing services or providing services.

### *Objectives*

Again, my original plan was to work with Engage San Francisco and partner with the Booker T. Washington Community Service Center. Midway through my

fieldwork experience I found it made more sense to focus my experience with the Success Center San Francisco in partnership with Engage San Francisco since these two agencies have an established relationship with one another. The Breaking Barriers Community Resource Fair provided an insight of what it is like to be a service provider in a community concentrated with public and affordable housing. With the Booker T. Washington Center my objective was to help strengthen their infrastructure for their TAY housing project.

I planned to do this through creating an updating an asset map of the Western Addition that I worked on during a previous summer, identifying key stakeholders to help strengthen their workforce development and technology program, evaluation of the organization to see how staff can improve their services to clients. Instead, I focused on the Breaking Barriers Community Resource Fairs that are hosted by the Success Center, office hours that are held in public housing sites, and conducting informational interviews/surveys to do a case studies and compare what organizations are doing well and what they can improve upon in terms of housing for low income residents in the city of San Francisco.

### *Role*

My role with both organizations is a volunteer with AmeriCorps VISTA. My official title for the Success Center is the Community Outreach Assistant. With Engage San Francisco my title is VISTA Volunteer, MPH Candidate 2017. My role as an AmeriCorps VISTA is to develop workforce programming, infrastructure, & resources that support outreach to and involvement of residents at low-income housing

developments in the Western Addition neighborhood. For my fieldwork to not overlap with the work that I am currently doing in the community I took on tasks outside of my role like analyzing how services are utilized in the Western Addition, conducting surveys on how services affect those living in public, mixed income, and private housing, and the barriers that both residents and service providers face. Outside of my role I elected to take a housing and policy class that emphasized the politics in the city of San Francisco, Urban Renewal, housing coalitions that have formed in the city, how transportation affects how housing is built, and why there has been a dramatic shift in the type of housing that is offered in the city of San Francisco. To complete the task of fieldwork, my day to day activities included conducting literature reviews, compiling data trend maps, conducting informal informational interviews on housing experiences and service provision in the Western Addition, creating and conducting surveys, and meeting with my fieldwork advisor to follow up in the work that I was doing. Once survey results were analyzed, I compiled a list of suggestions and models that could be implemented at a community level.

Projected deliverables that I hope to leave with both organizations include data that can be used by both Engage San Francisco and the Success Center San Francisco that can inform who may need services, how to provide better outreach, and possible ways to keep community partners engaged in providing services in the Western Addition community. For my project, I began reaching out to community partners with the Success Center SF and service providers in the Western Addition. I was able to conduct informational interviews with Pat Scott, Executive Director of the Booker T. Washington Community Service Center and Liz Jackson-Simpson Executive Director of the Success



Center San Francisco. I asked both women what they saw as barriers in their community, more about the services they offer, the barriers they experience when providing services, and what they do outside their roles that contribute to the wellbeing of their community. For the sake of time I ended up working with Liz Jackson Simpson of the Success Center San Francisco who sits on various housing boards in the city, Karin Cotterman of Engage San Francisco, and Rachel Brahinsky University of San Francisco, Assistant Professor and Director, Urban and Public Affairs Graduate Program, and community partners including members of the Mo'MAGIC Collaborative.

## **VI. Ecological Model**

The Ecological Model can be used in numerous ways including violence prevention, nutrition adherence, creating positive campus environments. The social ecological model is used to understand the dynamic relationships that individuals have incorporating personal and environmental factors. My fieldwork project touches on all aspects of the ecological model including community, policy, and interpersonal factors. The construct of community is visible through the work that I am doing with both Engage San Francisco and the Success Center SF, both organizations work closely with the Western Addition and the service providers that serve this community. I was able to collect thoughts and attitudes towards services in the Western Addition. This project will allow me to network across all aspects of the community to collect information on housing solutions. The construct of policy is evident in reviewing past and current policies that have been set in place for housing in the city of San Francisco, attending housing policy classes on Wednesday to broaden my understanding of the topic, comparing other cities housing policies, and creating suggestions on how there can be more collaboration in the community (housing developer, public health department, and non-profits). The construct of interpersonal factors can be found in strengthening already existing relationships with service providers in the Western Addition, creating new relationships amongst service providers and residents, connecting services to one another to strengthen services overall.

## **VII. Epidemiological Evidence**

The Western Addition encompasses four different zip codes which include 94115, 94109, 94102, and 94117. The data often does not tell researchers what they may need to know about the high-risk populations that live there. Due to gentrification, what was known as parts of the Western Addition in the past is now called something else. This makes it difficult to accurately track data trends. Bordering the Western Addition is Lower Pacific Heights (94115), previously known as the Fillmore District, and is now a significantly wealthier neighborhood with a median income of \$100,000, compared to San Francisco median is \$92,000 (Lower Pacific Heights neighborhood, n.d.), Nob Hill (94109) with a median income of \$60,000 (Nob Hill, n.d.), Hayes Valley/Tenderloin (94102) two neighborhoods comprised of mixed income and single resident occupancy rooms. The Tenderloin is mostly comprised of working class low income families and is the hub for the city of San Francisco's nonprofit organizations. In result, researchers can easily track the high rate of individuals that are experiencing homelessness and substance use.

The Tenderloin attracts those in need partly due to the resources that are offered. In contrast, Hayes Valley is comprised of mostly upper middle class families and singles. While the Haight-Ashbury (94117) mirrors Hayes Valley, there is also a population of homeless individuals and substance users. Compared to the rest of the city, the Western Addition has the highest proportion of occupants living in public housing and seventeen percent of households living in poverty, higher than the city average of eleven percent. The Western Addition is reported to have some of the highest rates of asthma, diabetes, alcohol abuse, and infant health problems in San Francisco (The Western Addition, 2017). Largely, the people that once made up San Francisco are rapidly changing. Many low-income residents of color are moving out as affluent Whites are moving in. As this happens, it makes it difficult for nonprofits in the affected

areas to prove a need in the community, therefore funding is reduced, and organizations cease to exist when there is still a significant need in the community but is hard to capture because of the inconsistencies in neighborhood borders and the high concentration of wealth that masks low income residents.

### VIII. Survey Methods and Results

Compiling research methods from literature reviews focused on public health outcomes of residents that live in public housing, I used two surveys to help frame the questions that were asked in the surveys I conducted. In a survey conducted by Adamkiewicz et. al, health indicators included mold/pest infestation, exposure to pesticides, smoking inside units, and how frequently appliances were changed. I framed questions around these topics to help illustrate some of the health needs due to poor housing in the community. Some of these questions can also illustrate Maslow's Hierarchy of Needs and the barriers in accessing free services. The research from Digenis, focusing on public housing in Boston, illustrates that public housing residents often suffer from diabetes, high blood pressure, dental caries, missing teeth, and obesity. I asked survey participants to identify health issues that residents and service providers see as a concern in their community. By asking service providers if they work closely with housing sites in the Western Addition (public, mixed, private), my goal in collecting this information was to help illustrate, and in some cases, validate the finding made by Graves and his study on mixed income developments. His work has illustrated the need for more onsite service providers and the negative health correlations of lacking on site providers.

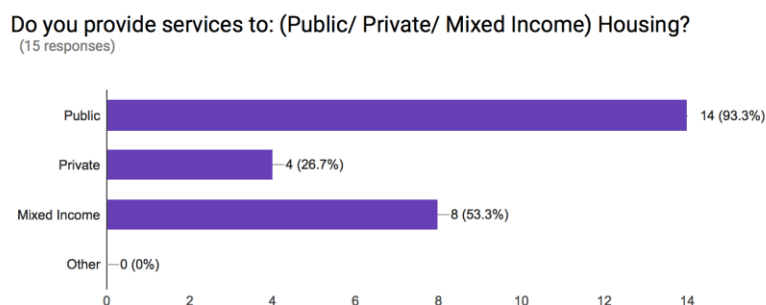


Figure breaks down the rates at which services are provided in the different housing models in the Western Addition.

It was found that residents at housing sites have positive health outcomes when housing management is involved implementing programs and services, setting the tone for the success of their residents. In my survey, it was found that 47.6% of service providers do not offer services or work closely with housing managers on or off site. It was also noted that service providers attributed many of the health issues of their clients to housing quality or the lack of affordable housing in the Western Addition, with 87.6% agreeing that health issues seen in the community are tied to housing.

I left surveys open to only Western Addition residents, housing managers, and service providers that provide services in the Western Addition, using the Snowball Method. This method of conducting surveys allowed me to capture information from those that I initially reached out to in addition to anyone that may have been a suitable contributor to this survey. Surveys were administered at the Success Center San Francisco, through physical paper copy, to residents in the community and service providers that work in the Western Addition and host office hours in the center. Electronic copies were also sent to identified service providers and residents in the community in hopes of it being forwarded to their networks. The Western Addition community suffers from survey fatigue. Survey fatigue is experienced in respondents that receive multiple surveys on a regular basis. This could be multiple surveys a month or a series of surveys conducted within the year. Due to such high health disparities mentioned in the epidemiological section of this paper, residents in the Western Addition often take high volumes of surveys.

The survey I created was administered for one week for allow for time to complete

analysis survey results and provide suggestions. It was also coordinated with known surveys that were circulating in the community at the time. Survey participants were asked to provide their zip code to help track where the need in the Western Addition stems and to illustrate where need is for services that service providers may not offer due to assumptions in neighborhood wealth distribution. Service providers that have participated in this survey include Westside Community Services, Street Violence Intervention, Child Support, Community Grows, Street Soccer USA, Mo'MAGIC Collective, and Success Center San Francisco. There was a total of nineteen surveys completed. From the nineteen responses, 4 participants were residents of the Western Addition and fifteen were service providers in the community. Unfortunately, there were zero responses from housing managers/developers.

Through the surveys, it was shown that almost half of service providers work closely with housing managers in the Western Addition, primarily for service connection and placement follow up. Services that providers would like to see include full time onsite service providers, job fairs, legal services, child support, free sports programs, housing for the homeless, and more jobs specializing in technology.

What I found interesting about this finding is that these services exist in the community on a small scale. For example, mental health services are provided through Westside Community Services Ajani and the Family Resource Center. The Success Center hosts job preparation, hiring events, GED/vocational training, Breaking Barriers resource fairs, and technology training. Street Soccer USA provides free access for children to participate in sports, the YMCA and Hamilton Recreation Center offers free/reduced programming. The Success Center collaborates with government agencies like child support services and housing organizations like the San Francisco Development Corporation. These organizations operate

within or travel frequently to the Western Addition.

What services would you like to see on site? In your community? (4 responses)

Government Service - DMV, Calworks
Social Services all, Daycare that is reasonable, and employment training for jobs that will help you sustain in this economy.
-
n/a

Figure 1.1 shows resident responses on what they would like to see offered on site. Responses from resident surveys also align with what was reported by service providers.

Survey results may provide some insight to the communication that nonprofits may have with one another. Survey results may also indicate a shortage of services provided like mental health, health screenings, housing, and perceived safe spaces in the community. This could be due to the lack of funding to increase the number of staff that many of these organizations need to thoroughly outreach to the Western Addition community. With my time at the Success Center, I have learned that many nonprofits rely on their employees to do the job of two to three people because of the lack of funding needed to operate an organization.

Service providers also noted that barriers experienced in the community while providing services as none or that the barrier being the community itself. “Even in communities we've worked for years there are people we still have to continue to prove ourselves to-- navigating personalities can be tough but you run into that in any line of work. For us particularly, teaching a plant-based diet has been difficult and while the kids and youth have been very open to it, the parents have not and in some cases, have kept their kids from our classes. We've also had logistical hurdles in communities with a lot of violence-- parents don't want their kids coming to



class because they want them home, safe and under their eyes.” Due to the history of redevelopment, historical racism, broken promises of housing agencies and nonprofits alike, building trust amongst Western Addition residents may take even longer to attain. Service providers may also see some internal and external barriers that residents experience to obtaining employment. “Some clients lack education and morals which hinder them from either wanting to work or qualified to work.” Gang violence can also hinder the access of services in the Western Addition. There are service providers that travel throughout different parts of the Western Addition but access remains a problem. “People have invisible barriers due to gangs and won’t come into certain areas of the Western Addition.” Additional challenges service providers have mentioned being in competition with other nonprofits for funding and numbers, the education level of the clients that they serve, and lack of access to money to provide quality services for clients.



<p><b>Pull yourself up by your bootstraps theme</b></p> <p>The myth of the American dream- absent the historical realities of the Western Addition</p> 	<p><b>Analysis of barriers structural challenges</b></p> <p>“...parents don’t want their kids coming to class because they want them home safe, under their eyes...”</p>	<p><b>Service provision</b></p> <p>We need more resources to fund more services</p>	<p><b>Being owed something</b></p> <p>Loss of agency: disempowerment “things won’t get better” “what’s the use of trying?”</p> 
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Figure 1.2 shows common themes in survey responses

Zip codes that service providers reported their office to run services out of include 94017: Daly City (one provider), 94102: Tenderloin/Hayes Valley (three providers), 94103: South of Market (one provider), 94115: Western Addition/Japantown (three providers), 94117: Haight-

Ashbury (one provider), 94118: Inner Richmond (one provider), 94134: Visitacion Valley/Sunnydale (one provider), 94544: Unidentified (one provider), 94608: Unidentified (one provider), and 94806: Unidentified (one provider). Seven providers have zip codes that fall into the Western Addition boundaries.

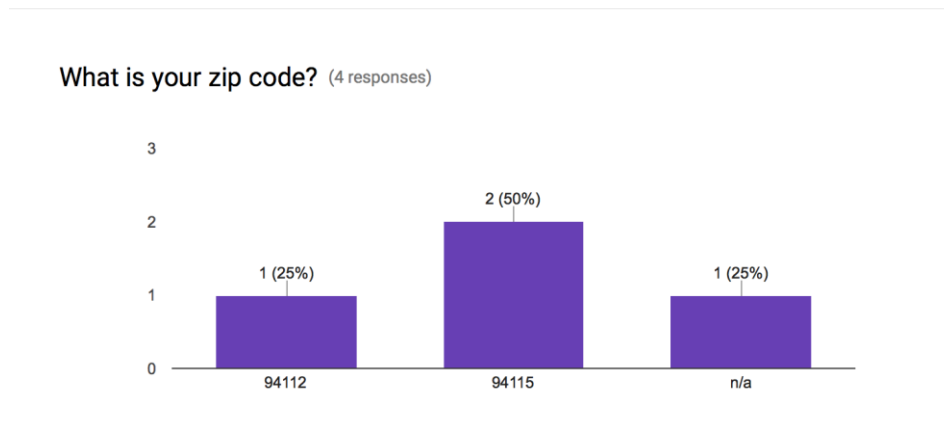


Figure 1.3 shows the reported zip codes of resident surveys.

Residents were also asked what they made monthly and what their monthly rent is to capture income in the city and paint a picture of service needs. Service providers, residents, and housing managers were asked about self-identified needs in the community and how service was accessed. Demographic questions were also asked like age, race, gender, and education level attained. The average spent on rent each month is \$2000, half of survey respondents live in public housing, while the other live in mixed income or currently own their home. The average age of residents that have completed this survey is 48.5 years of age. Half of the survey respondents reported having some college education but no degree and the other half or survey respondents reporting having a high school graduates or GED.

What is the common level of education seen in the clients that you serve?  
(15 responses)

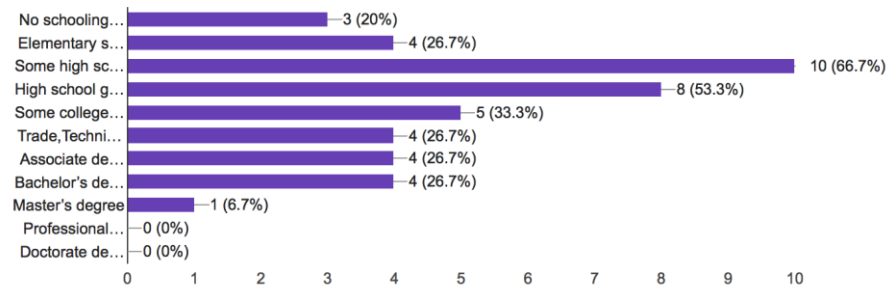


Figure 1.4 shows the survey provider responses to the common education level seen in their clientele.

Collectively, health needs seen in the community by both service providers and residents would include cancer, asthma, heart disease, depression, high blood pressure, diabetes, drug addiction, malnutrition, poor health due to homelessness, substance abuse, mental health problems, anxiety, and dental hygiene issues. Many of the answers provided correspond to research conducted in Boston on public housing health outcomes.

## **IX. Implications and Solutions**

### *Epidemiological Modified Triangle*

The implications of this survey delve deeper than the types of housing models and services that are provided in the Western Addition. It is important for any service provider, researcher, policy maker to take into consideration the community violence and trauma that has been experienced in the past and in some cases, still occurring in the Western Addition. When services are not reaching target populations, it is important to revamp and consider why that may be. One follow up questions that I have for service providers is what they do to “meet residents where they are at?” For example, for residents that are impacted by gang violence, how do modify services for those individuals? How/what has collaboration in the community looked like in the past? What have you done to address trauma in the community when implementing services and how have you included residents in planning on how services will be implemented in the community?

In the Western Addition, service providers are faced with providing services in a community with multiple invisible barriers. Implications from the survey could also indicate the frustration and possible burn out of some service providers. To help reduce some frustration, if this is not already being implemented on a large scale, service providers can rely on the community expertise of their clients and in return, help the community feel like they are a part of the decision-making process. As a community, service providers and members can work together to disrupt systems. Figure 1.5 shows the Epidemiological Triangle for Disease Transmission, applying this to community we can look at Environment (history, present day events) that allow

and contribute to poor or positive service experiences, Agent (lack of access, resources, education levels, housing conditions, community violence, etc.) and Host (housing policies, systemic oppression, racism, financial equity) attempting to break cycles from occurring or maintain current cycles in community. Using this triangle applied to community related issues can help interrupt welfare systems to help empower a community as a whole. This can occur by breaking current constructs that are perpetuating a poor environment by acknowledging redevelopment, current housing policies, and trauma that follows suit.

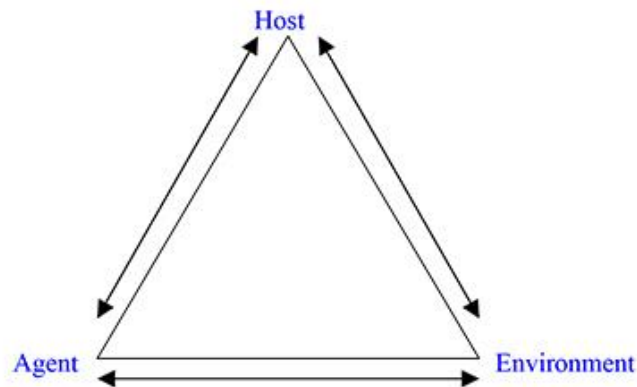


Figure 1.5 Epidemiological Triangle

This model may also help build trust by increasing transparency of services and events offered by service providers in the community.

### *MAPP Model*

Another approach that can be taken is to go from a Top Down to a Bottom Up approach when providing and creating services in community. This will help create a healthier dialogue and hold community members and service providers responsible for their actions, through

empowering one another, pushing for accountability from both service providers and community members. Findings from this survey and its related literature review can start the conversation of linking housing, health, and access of resources in the Western Addition and the greater San Francisco area. This can occur in already existing spaces like Mo'MAGIC community meetings. The Mobilizing for Action through Planning and Partnerships (MAPP) Model provides an example of how a bottom up approach can be implemented. The benefits of using a MAPP Model would include community partnership and collaboration, the ability to add on to previous planning attempts, strategic planning, and multiple assessments. These assessments can help analyze and strategize how to include members of the community that are alienated within the Western Addition.

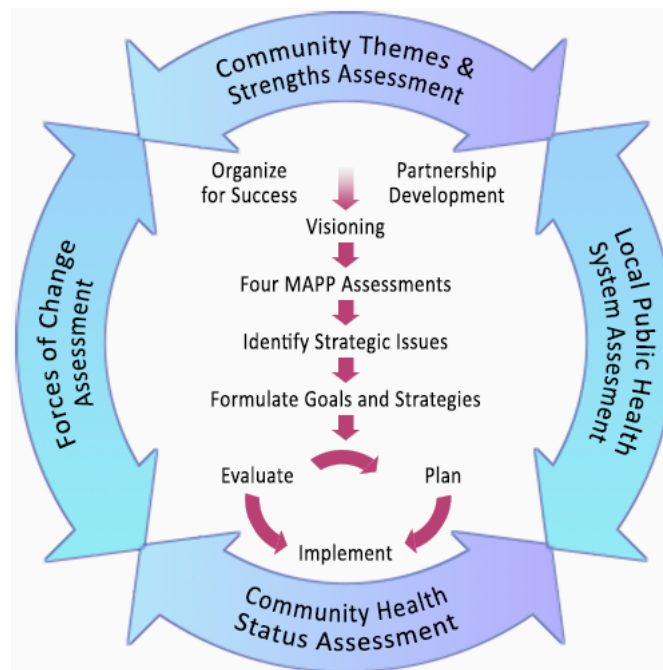


Figure 1.6 MAPP Model Construct

Research previously conducted in the Western Addition by the Edgewood Center for Children and Families' Organizational Consultation team, in partnership with the Collaborative

have also shown similar results to the surveys that I have conducted in the community. Figure 1.7 highlights some solutions when working with community that would include positive reinforcement and encouragement from service provider to community member, establishment of trust. Wrap around services would allow service providers to offer a one stop shop, which is particularly important to individuals are confined to a certain part of the Western Addition.

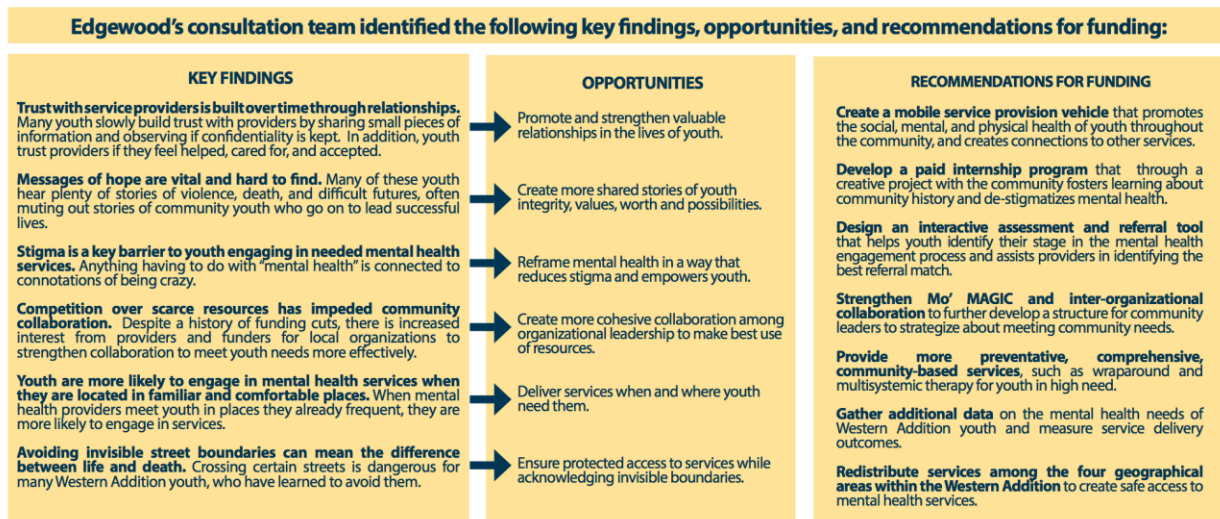


Figure 1.7 Edgewood Study Findings

## **X. Policy Recommendations**

Proposed policy recommendations would include creating a housing framework that emphasizes the community involvement of housing managers. This should be done to start the support that residents may need and to increase positive health outcomes. Requiring housing managers to have more than a high school or GED with a background in social work, psychology, public health, leadership so that they can be well rounded in providing services to residents. Or require housing managers to form relationships with local service providers so that they are knowledgeable about services that are offered in the community. Housing Developers and city governments work closely with the public health department when implementing new housing sites. Putting more funding in housing will help decrease the poor health outcomes of low income residents, in return decreasing health costs annually. This funding can be used to increase more green spaces that could allow residents to grow fresh fruits and vegetables in areas where there is minimal access to a full-service grocery store. Funding can also be used to increase services provided on sight for job preparation, child care, and grant access to space for physical activity. Adjusting the national low income calculation to be updated and reflect the cost of living in each major city would help increase funding needed to sustain nonprofits, especially in cities with higher cost of living.



## **XI. Conclusion**

In the city of San Francisco, it appears the solution to addressing the overall poor health of lower income residents in the city results in over saturation of services. These services are offered but often go underutilized or does not spread to residents that may need them most. Exploring needs of residents and lack of access to service providers, I conducted surveys, interviews, and case studies of nonprofits, housing sites, and residents to help come up with community identified solutions to the lack of access and increasing use of resources that already exist in the community. The results from the surveys concluded that there is a lack of communication between service providers and barriers to providing services to residents due to perceived attitudes, invisible boundaries, and lack of funding to provide adequate services. My project initially was set to find the correlation of housing models (mixed income, private, and public housing) and the access of services, service providers, and poor health outcomes.

My focus was on the Western Addition/Fillmore due to my work and personal connections to this community. Through my own research, I wanted to find if there was a correlation between services accessed in the Western Addition and trends experienced between housing managers, services providers, and residents. My goal was to understand which resources are accessed in the community, compare the types of housing models they are accessed from, highlight that services can be utilized more often if cost of living reflected the minimum income to access resources, and find community based solutions to increase the use of services in the community. From my literature reviews, research has highlighted that there is a lack of information that connects housing models, services provided, and health outcomes due to the lack of communication between housing developers and public health departments.

The city of San Francisco has created a few solutions to the health disparities linked to poor housing experience. Further solutions would include Hope SF initiative, organizations like the San Francisco Housing Development Corporation, and tenant rights organizations. Access to services mean nothing if the immediate needs of target population are not being met. Housing managers greatly influence the types of services tenants take advantage of by having relationships with services providers in the community. Current housing models like Hope SF fail to address underlying factors like community history, systemic cycles, and community partnerships. Proposed models may help address these broken cycles currently in practice, challenge assumptions inside and outside of the Western Addition Community, address the assets and skills that residents bring to community, and increase understanding across all community intersections. It is important to understand that there is no quick fix to what service providers and residents are experiencing in the Western Addition and it took years of implementing poor systems, it will take time to reverse them.

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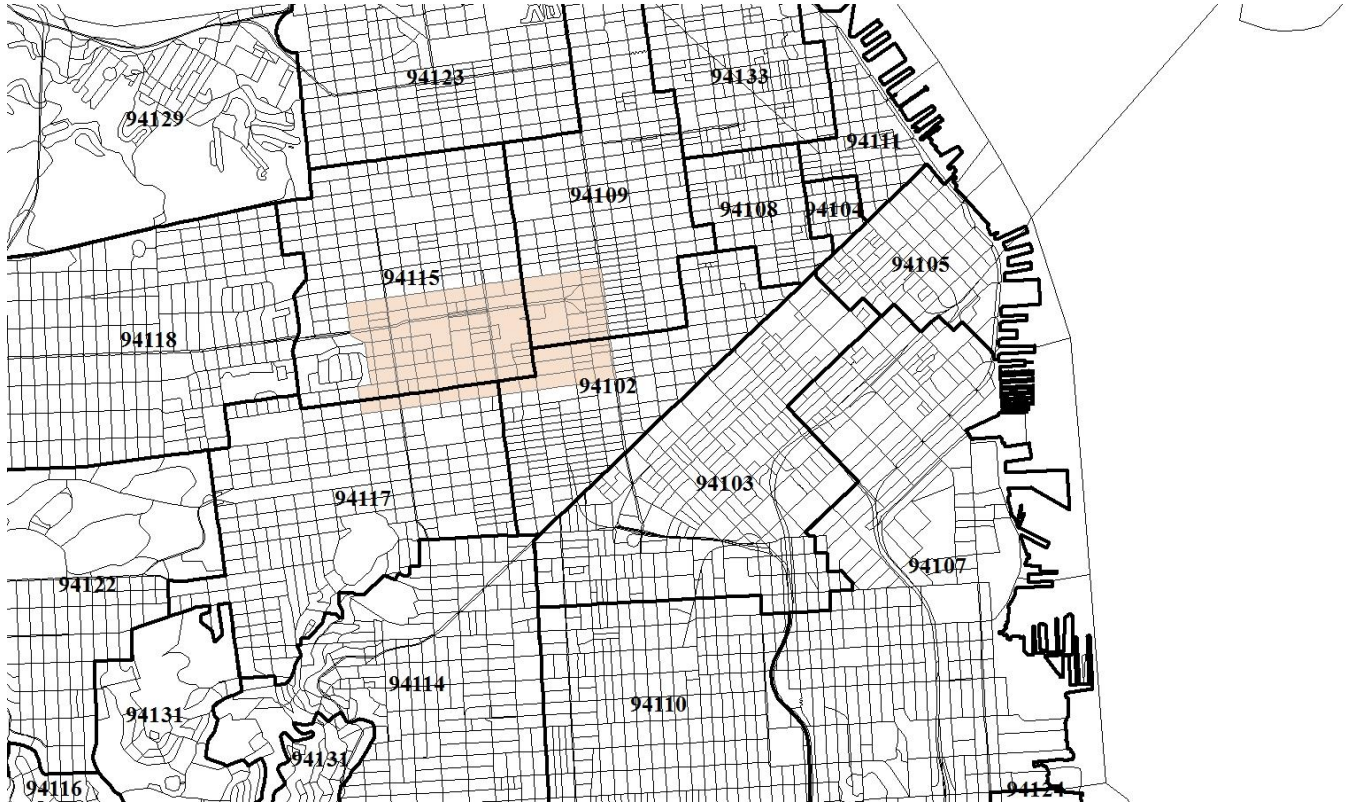
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*Appendix A: Zip Codes Map of the Western Addition*



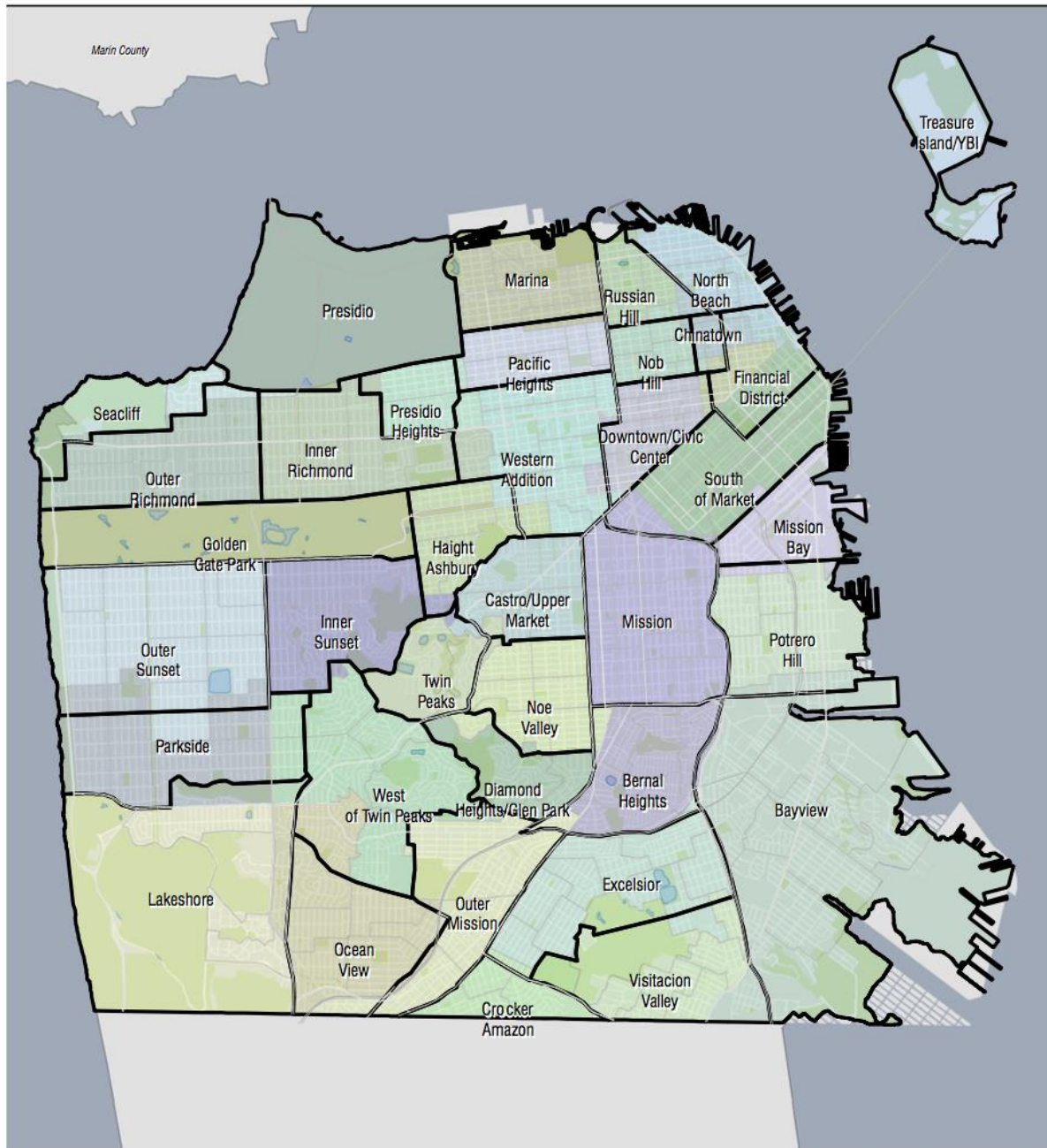
*Appendix B: Engage San Francisco Success Center Team*



Left to right: Leslie Lombre (McCarthy Center), Angela Wu (Engage San Francisco), Karin Cotterman (Engage San Francisco), Liz Jackson-Simpson (Success Center San Francisco), ME! Jacqueline Brown (VISTA, MPH), Mary Autry (Engage San Francisco), Nolizwe Nondabula (Engage San Francisco).

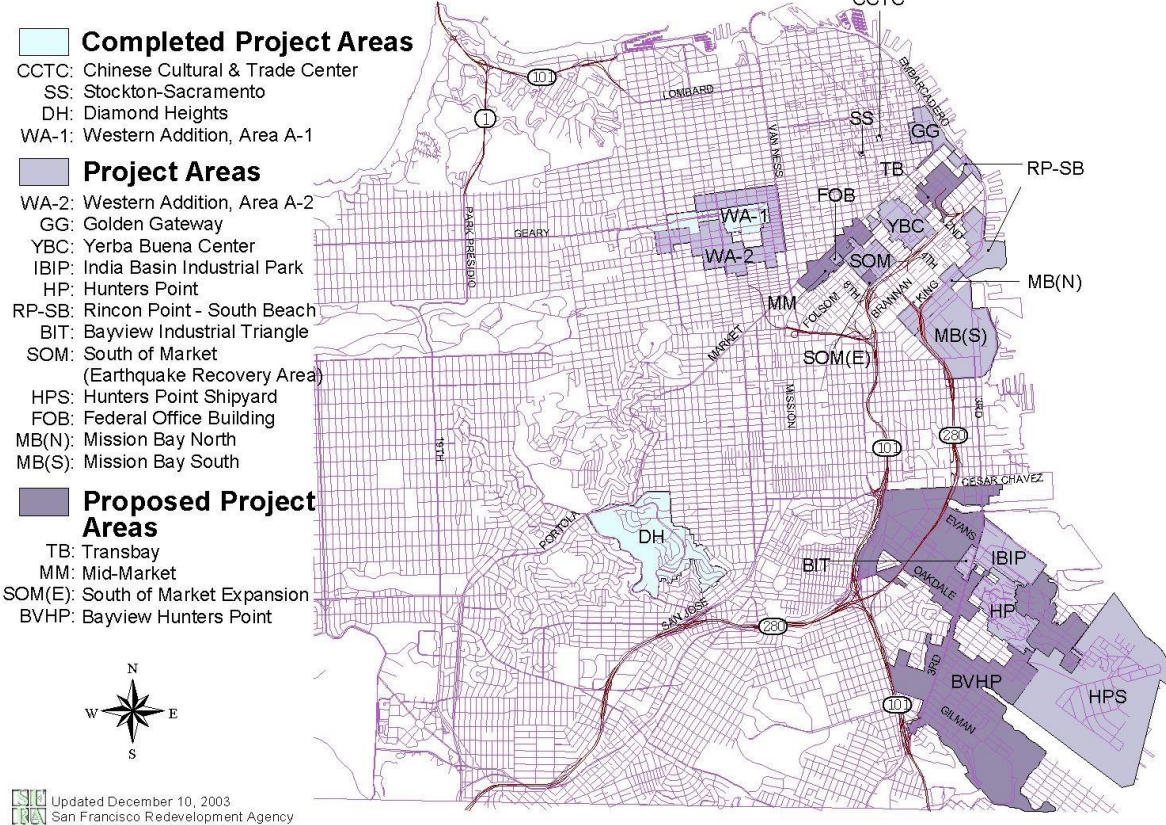


*Appendix C: Map of San Francisco Neighborhoods*



*Appendix D: Historic Map of San Francisco Redevelopment*

# San Francisco's Redevelopment Areas





*Appendix E: Housing Manager, Service Provider, and Resident Surveys***Community Public Health and Resources Survey- Housing Manager/Developer**

Hello! My name is Jackie and I am a second-year public health graduate student. Please help me graduate! I am collecting information on how people use resources in correlation to housing options in the Western Addition/Fillmore District. This project is for my capstone class. With this information, I hope to help secure more funding for community based organizations and residents in addition to making suggestions on how to improve services for residents.

1. How long have you worked in your community?
2. Do you live in the community that you work in? **Circle:** (Y/N)
3. What is your office zip code?
4. Do you host (**Circle:**) (Public/ Private/Mixed Income) Housing?
5. Do you provide free or low cost services to your clients? **Circle:** (Y/N) If yes, what does your organization provide?
6. Do you work closely with service providers located in your community? **Circle:** (Y/N) If yes, in what capacity?
7. What is the average income required for residents to live in your site?
8. How much does rent cost residents a month?
9. What is the common level of education seen in the clients that you serve?
  - No schooling completed
  - Elementary school to 8<sup>th</sup> grade
  - Some high school, no diploma
  - High school graduate, GED
  - Some college credit, no degree

- Trade, Technical, Vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

10. In your opinion, what makes a housing site successful?
11. List three common needs or health issues that you have seen amongst your residents?
12. Does your site host a service provider? (example social workers, SSI, after school program) **Circle:** (Y/N) If yes, which one(s) and have you seen any benefits from this? If no, do you see benefits in having one and why?
13. How do you handle or treat pest or mold exposure in units? What is the process for residents to have this issue taken care of? On average, how long does it take for residents to have this issue handled?
14. Are residents allowed to smoke in their units? **Circle:** (Y/N) If no, are there designated areas for residents to smoke and where are these areas located in proximity to housing site?
15. Are pesticides sprayed on site? **Circle:** (Y/N) If yes, how often? Are you familiar with the chemical being sprayed?
16. On average, how often does your organization change unit appliances?
17. What services would you like to see on site? In the community?
18. Would you be willing to talk more about your experiences through a photo journal project? A photo journal project is a method using only images to tell a story. I hope to use these images to capture the spirit of this neighborhood and barriers that some people may face obtaining resources. ALL INFORMATION WILL REMAIN CONFIDENTIAL

(Y/N) If yes please leave your name and contact information.

19. Do you have anyone that you could recommend to take this survey? If so, please forward the survey and/or share email/number. **Please send completed surveys to Jackie Brown** [jvbrown@dons.usfca.edu](mailto:jvbrown@dons.usfca.edu) **Subject line: ATTN: Community Public Health Survey**

### **Community Public Health and Resources Survey- Service Provider**

Hello! My name is Jackie and I am a second-year public health graduate student. Please help me graduate! I am collecting information on how people use resources in correlation to housing options in the Western Addition/Fillmore District. This project is for my capstone class. With this information, I hope to help secure more funding for community based organizations and residents in addition to making suggestions on how to improve services for residents.

1. How long have you worked in your community?
2. Do you live in the community that you work in? **Circle:** (Y/N)
3. What is your office zip code?
4. What is the common level of education seen in the clients that you serve?
  - No schooling completed
  - Elementary school to 8<sup>th</sup> grade
  - Some high school, no diploma
  - High school graduate, GED
  - Some college credit, no degree
  - Trade, Technical, Vocational training
  - Associate degree
  - Bachelor's degree
  - Master's degree
  - Professional degree
  - Doctorate degree
5. What is the common age group that you serve?
  - Under 12 years old
  - 12-17 years old
  - 18-24 years old
  - 25-34 years old
  - 35-44 years old
  - 45-54 years old
  - 55-64 years old
  - 65-74 years old
  - 75 years or older

6. Do you provide free or low cost services to your clients? **Circle:** (Y/N)
7. What needs in the community does your organization address?
8. Have any of your clients complained about pest or mold exposure in the past (Three/six/Twelve) months? **Circle:** (Y/N)
9. What health issues do you commonly see in your work/or have you experienced treating in your community?
10. Do you provide services to (**Circle:**) (Public/ Private/ Mixed Income) Housing?
11. Do you think these issues are tied to public or affordable housing? **Circle:** (Y/N)
12. Do you work closely with housing managers in housing sites located in your community? **Circle:** (Y/N) If yes, in what capacity?
13. What services would you like to see on site? In the community?
14. What barriers do you have in community when providing services?
15. Would you be willing to talk more about your experiences through a photo journal project? A photo journal project is a method using only images to tell a story. I hope to use these images to capture the spirit of this neighborhood and barriers that some people may face obtaining resources. **ALL INFORMATION WILL REMAIN CONFIDENTIAL (Y/N)** If yes please leave your name and contact information.
16. Do you have anyone that you could recommend to take this survey? If so, please forward the survey and/or share email/number. **Please send completed surveys to Jackie Brown [jvbrown@dons.usfca.edu](mailto:jvbrown@dons.usfca.edu) Subject line: ATTN: Community Public Health Survey**

### **Community Public Health and Resources Survey- Individual**

Hello! My name is Jackie and I am a second-year public health graduate student. Please help me graduate! I am collecting information on how people use resources in correlation to housing options in the Western Addition/Fillmore District. This project is for my capstone class. With this information, I hope to help secure more funding for community based organizations and residents in addition to making suggestions on how to improve services for residents.

1. How do you identify? **Circle:** Female, Male, Transgender Female, Transgender Male?
2. How would you describe yourself?:
  - American Indian/Native American
  - Asian
  - Black/African American/African
  - Hispanic/Latino
  - White/Caucasian
  - Pacific Islander
  - Other
3. How old are you?
4. What level of education have you achieved?
  - No schooling completed
  - Elementary school to 8<sup>th</sup> grade
  - Some high school, no diploma
  - High school graduate, GED
  - Some college credit, no degree
  - Trade, Technical, Vocational training
  - Associate degree
  - Bachelor's degree
  - Master's degree
  - Professional degree
  - Doctorate degree
5. Are you employed? **Circle:** (Y/N)
6. How much do you make each month? What's the total income in your household each month?
7. How much do you personally spend on rent every month? How much does rent cost for your whole household?
8. If you have lived in housing in San Francisco, what kind? **Circle:** (Public/ Private/ Mixed Income/ Home Owner)
9. What is your zip code?
10. Is there a child or children under the age of 5 that live in your household? **Circle:** (Y/N)
11. Is there an adult or adults over the age of 65 living in your household? **Circle:**(Y/N)
12. What health issues do you see in your community / or have you experienced personally?

13. Pest Exposure: In your time in your space have you had or currently have a pest infestation? **Circle:** (Y/N)
14. Mold Exposure: In your time in your space have you had or currently have mold? **Circle:** (Y/N)
15. Have you or do you currently smoke? **Circle:** (Y/N) If so, for how long?
16. What services were provided by your housing management in the past? Now?
17. Were /are those services effective? **Circle:** (Y/N)
18. What services do you use in the community outside of your housing community?
19. Have you ever been rejected by a service provider and if so, why?
20. What services would you like to see on site? In your community?
21. Would you be willing to talk more about your experiences through a photo journal project? A photo journal project is a method using only images to tell a story. I hope to use these images to capture the spirit of this neighborhood and barriers that some people may face obtaining resources. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.** Circle (Y/N) If yes, please leave your name and contact information.
22. Do you have anyone that you could recommend to take this survey? If so, please forward the survey and/or share email/number? **Please send completed surveys to Jackie Brown [jvbrown@dons.usfca.edu](mailto:jvbrown@dons.usfca.edu) Subject line: ATTN: Community Public Health Survey**

*Appendix F: USF Competencies*

<b>USF MPH Competencies</b>	<b>Notes</b>
<p><b>1.</b> Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels Planning and Management to promote health. (6)</p>	<p>I will do this through my literature reviews and data that is collected from surveys conducted in the Western Addition amongst residents, service providers, and housing managers.</p>
<p><b>2.</b> Assess population needs, assets, and capacities that affect communities' health. (7)</p>	<p>Literature review, surveys, and analyzing data from conducted surveys to highlight health needs identified by members of the community and service providers in the Western Addition.</p>
<p><b>3.</b> Discuss multiple dimensions of the policy making process, including the roles of ethics and evidence. (12)</p>	<p>Will conduct this through my literature review and my current housing and policy class. Will cover the history of urban renewal in San Francisco and how nonprofits/public housing came into play. Addressing why there are health inequities in the Western Addition.</p>
<p><b>6.</b> Evaluate policies for their impact on public health and health equity. (15)</p>	<p>Will conduct a literature review on health and housing policies that the city of San Francisco has created.</p>
<p><b>7.</b> Describe the importance of cultural competence in communicating public health content. (20)</p>	<p>Will suggest theories and models that will help service providers with understanding how to work better with community members.</p>

*Appendix G: Learning Objectives*

Goal 1: Increase understanding of public health challenges facing Western Addition residents in public housing				
Goal 2: Find solutions that will increase the use of services provided in the Western Addition				
Goal 3: Develop comprehensive model that can be implemented on community, housing, and governmental level				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Hours
Learn about housing developments in Western Addition and surrounding area	Meet with residents and services providers in the Western Addition surrounding areas to record/interview on housing experiences in the city.	January-May 2017	Jackie	60
Learn about relocation policies in the city of San Francisco in comparison to other surrounding cities.	Connect with employees of San Francisco Housing authority, Public Health Department, and Hope SF to gather information they have on housing models that are currently in use. Research San Francisco housing transitions policy and history (RAD Hope 6, SF Hud, SF housing authority, McCormick and Barron, local churches)	February-April 2017	Jackie	70
Create, conduct, and analyze surveys created for Housing managers/developers, residents of the Western Addition, and service providers.	Look at past research conducted to understand how past questions were asked. Make sure that surveys are consistent with one another: health outcomes, demographics, challenges, services used, services wished for. Surveys will be used to understand the relationships between the	March-April 2017	Jackie	40



	three entities and how to create positive outcomes.			
Attend weekly office hours at public housing site, tenant workshops and meetings.	Be at office hours every Tuesday for 4 hours to help residents with any tasks needed related to VISTA position and gather information on hardships, and meet with service providers.	January-May 2017	Jackie	64
Identify already existing programs in SFDPH in Urban Housing	research San Francisco housing transitions policy and history (RAD Hope 6, SF HUD, SF housing authority, McCormick and Barron)	January-April 2017	Jackie	30
Identify health risks associated to poor housing management	Conduct a literature review that illustrates the health risks of living in public housing. Look for past and proposed solutions to the issue	January-April 2017	Jackie	60



*Appendix I: Student Evaluation of Field Experience*

<b>Student Information</b>	
Student's Name: Jacqueline V. Brown	Campus ID # 20375415
Student's Phone: 520-236-7663	Student's Email: <a href="mailto:jvbrown@dons.usfca.edu">jvbrown@dons.usfca.edu</a> ; <a href="mailto:jacquelinevbrown24@gmail.com">jacquelinevbrown24@gmail.com</a>
<b>Preceptor Information</b>	
Preceptor's Name: Karin Cotterman	Preceptor's Title: Director, <a href="#">Engage San Francisco</a> Initiative
Preceptor's Phone: <a href="tel:415-422-5469">415-422-5469</a>	Preceptor's Email: <a href="mailto:kmcotterman@usfca.edu">kmcotterman@usfca.edu</a>
Organization: Engage San Francisco	
Student's Start Date: 1/18/17	Student's End Date: Hours/week: 5/12/17 325 hours

**Please use the following key to respond to the statements listed below.**

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N/A = Not Applicable

My Field Experience...	SA	A	D	SD	N/A
Contributed to the development of my specific career interests	SA	A	D	SD	N/A
Provided the opportunity to use skills obtained in MPH classes	SA	A	D	SD	N/A
Required skills I did not have Please list:	SA	A	D	SD	N/A
Required skills I have but did not gain in the MPH program Please list:	SA	A	D	SD	N/A
Added new information and/or skills to my graduate education Please list:	SA	A	D	SD	N/A
Challenged me to work at my highest level	SA	A	D	SD	N/A
Served as a valuable learning experience in public health practice	SA	A	D	SD	N/A
I would recommend this agency to others for future field experiences.	Yes			NO	
My preceptor...	SA	A	D	SD	N/A
Was valuable in enabling me to achieve my field learning objectives	SA	A	D	SD	N/A
Was accessible to me	SA	A	D	SD	N/A
Initiated communication relevant to my special assignment that he/she					

2. Would you recommend this preceptor for future field experiences? Please explain.

Yes     No     Unsure

3. Please provide additional comments explaining any of your responses.

Karin was very supportive! She worked closely with me on finding potential community meetings, providing supplemental documentation on the Western Addition, and challenged me to think critically about how theory can be applied as a proposed solution. I think that this fieldwork would be perfect for anyone that is interested in community outreach. There are plenty of opportunities to get involved. It would be helpful if the next fieldwork intern is creative in how they approach problems in the community. I think that this would be a great opportunity for interns that want to find solutions to problems that may not be so obvious or takes understanding how multiple factors contribute to one issue.

4. **Summary Report:** All students are required to prepare a written summary of the field work to be submitted with this evaluation form.

In summation, what I originally set out to do as my fieldwork did not end up being what I ended up solving.

Student Signature

*Jacqueline Victoria Brown 5/7/2017*

Date