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Exploring the Health Implications of Mixed-Income Communities
Mixed-Income Strategic Alliance

January 2019

HOPE SF—Sunnydale and Potrero Hill

San Francisco, California

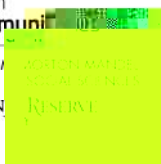
Background & Context

San Francisco's HOPE SF was the nation's "rst citywide mixed-income transformation initiative that prioritized equitable outcomes for current public housing residents

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body of public health and social science literature has emerged focusing on the •social determinants of health,ž which refers to the socioeconomic and structural factors that influence health and disease across diverse populations. This research has highlighted the ways in which inequities in health outcomes,

multi-million infusion of government funding supplemented by philanthropic funds (about \$17 million committed to date) pooled through the Partnership for HOPE SF and managed by the San Francisco Foundation. The core health strategy of HOPE SF was initially funded with a \$3 million grant from Kaiser Permanente to the Partnership for HOPE SF, which provided funds for the

behavioral health services, and a peer health program to build relationships with residents, and these services will be part of the programming at the Neighborhood Hub. A grant from the Partnership for HOPE SF for the Peer Health Leadership Program allowed the hiring of residents to connect residents to primary care and the health center for minor illnesses or maintenance of chronic diseases. Peer Health Leaders assist their peers in navigating and linking to services, advocating for residents' needs, and organizing and leading activities, such as Zumba, walking clubs, and nutrition classes, to improve residents' health and wellness and promote social cohesion in the community. Initially, development staff thought there would be a slow ramp up for residents to begin using the newly constructed Wellness Center, but after six months, appointments filled up every day. Mercy ran the program for three years, and then DPH took over program management and has been running it since then.

The Peer Health Leaders at Sunnyside have worked to de-stigmatize the Wellness Center services and also helped people become aware of the services and access services beyond the Wellness Center. Whereas prior to the opening of the Wellness Center, there was ample evidence that residents were using the emergency room as their primary care resource, Sunnyside staff now believe that emergency room use has dropped significantly, and they have observed that the fire department is receiving fewer emergency calls as well.

Trauma-Informed Community Building in Potrero

BRIDGE Housing Corporation's Rebuild Potrero effort aims to reintegrate Potrero into the surrounding neighborhood physically and through greater social cohesion. The Rebuild Potrero team is also focused on supporting low-income families move toward self-sufficiency. Residents can access health services through an existing Family Resource Center. Physical space for a Wellness Center will eventually be built as part of the HOPE SF Wellness Program model. The majority of health strategies at Potrero are shaped by the Trauma Informed Community Building (TICB) model developed by former BRIDGE staffer Emily Weinstein and San Francisco State Health Equity Institute research director Jessica Wolin.⁷ The TICB model defines health very broadly. Building social connections within the site and with the broader neighborhood is a key approach BRIDGE has taken to moving the public housing population out of its current relative isolation.

The TICB model is implemented with participation from the staff at the Department of Public Health and other community organizations. BRIDGE staff and resident volunteers offer weekly and monthly activities that are free and open to anyone. These have included a community garden, a walking club, a walking school bus, Zumba, a Bachata dance class, support groups for sober living, meditation, a dinner and reading group, a dinner and play

group, a monthly cooking class, monthly community meetings, and other periodic community events. These activities provide residents and neighborhood community members with regular ways to connect.

Of the activities already in place at Potrero, Zumba is the most popular activity, and it is held at a location that attracts both public housing residents and non-public housing residents, resulting in the most mixed attendance of all activities offered. Staff note that as people see each other over time at Zumba class, they begin to say hello to each other when they meet in other locations. Just as in the new housing, BRIDGE staff want social and recreational activities to be socioeconomically mixed, and these wellness activities are among the only efforts that aim to achieve socioeconomic mixing during this pre-redevelopment phase.

Although there is not yet an official Wellness Center on site, DPH offers appointments with behavioral health clinicians and has started to hire the peer health leaders, called Community Health Leaders at Potrero. These resident leaders have started activities such as a double-dutch jump rope activity and informal pop up events, such as providing a lunch where people can mingle. Community Health Leaders have also played a role in connecting children and parents with local schools and preschools. As DPH implements their wellness programs at Potrero, BRIDGE welcomes the leveraging of activities already happening on site. Activities are always open to anyone interested, even those not living at Potrero. A low barrier to entry is fundamental to these activities' success. Residents can come and go as they want; they do not need to commit to a series of 12 classes but can simply drop in to activities as they are able. Through those informal activities, BRIDGE and DPH staff are able to engage families more deeply and connect them to other services when needed. BRIDGE categorizes many of these activities as community building, but the focus is on physical health, mental health, and the de-escalation of stress.

TICB provides a community engagement infrastructure for BRIDGE and outside organizations. For example, BRIDGE engaged an organization called The Shanti Project⁸ to provide psycho-social support for residents. The model that Shanti follows deploys case management

The HOPE SF initiative, with support from DPH and staff at each site, is measuring indicators of success of the health programs using a data dashboard that monitors the relationship building activities, the use of nursing and behavioral health, the Peer Health Leaders Program, and the Sunnydale Wellness Center. The indicators used are as follows:

- € To measure relationship building: Indicators include the number of resident interactions with staff, the number of residents meaningfully engaged, and the number of professional development sessions for peer health leaders.
- € To assess nursing outreach: Indicators include the number of educational health sessions (e.g., blood pressure screenings) and the number of nursing appointments.
- € To assess behavioral health outreach: Indicators include the number of residents served by group therapy and the number of residents served by individual or family therapy.
- € To assess the Peer Health Leadership Program: Indicators include the number of residents engaged in building community and the number of unique residents connected to larger health systems.

While it is too soon to determine whether the health strategies implemented at Sunnydale and Potrero are having a measurable impact, site staff are monitoring outputs, note anecdotal success in residents reporting that they feel better and are seeing a doctor more often, and anticipate greater results based on current trends. For example, staff anticipate there will be lower emergency room use and increased uptake of primary care use in the years to come. As noted above, staff at Sunnydale have noticed a reduction in the number of “
re department calls since the wellness activities began. At Potrero, staff know from the household survey that the number of young children enrolled in pre-school (3-4 year olds) has gone up by 45%, and they can name the preschoolers who the Community Health Leaders helped connect with a preschool.

Several studies (both completed and ongoing) have focused fully or in part on the health of HOPE SF families. The Health Equity Institute⁹ conducted several community-based participatory research projects at HOPE SF sites on health, mental health, youth, the Peer Health Leadership Program, and the Trauma Informed Community Building model. The Learning for Action Group¹⁰ conducted the initial evaluation of HOPE SF, which included household surveys with residents of Alice Griffith, Hunters View, and Sunnydale and posed a number of questions about health status.

Researchers at the University of California, San Francisco are using quantitative and qualitative methods to

measure the health impacts of the public housing redevelopment. They are using administrative data, including health care utilization data, to understand the health disparities in the communities before and after redevelopment, and comparing the redevelopment sites with the neighborhoods surrounding the sites to understand if the gaps in health outcomes are closing. They are also looking at how redevelopment is altering social networks in the communities. They are focused on Hunters View and Alice Griffith at this stage of the research; however, the administrative data being used would also make analysis possible at Sunnydale and Potrero.

Key Takeaways

The HOPE SF Wellness Program provides many lessons about the value of having an overall approach to health and wellness that can be tailored according to the unique needs and expressed priorities of the residents of specific communities. Still a work in progress, the way in which the Wellness Program has taken shape in both Sunnydale and Potrero illustrates the multiple benefits to residents that come from defining health broadly and linking wellness specifically to a vision of community building. The HOPE SF experience also surfaces ongoing challenges to having even a broadly based wellness program achieve true systemic and structural changes. Four takeaways are noteworthy.

Strategies to improve health are likely to be most effective when they are part of even more comprehensive, integrated efforts to address resident and community well-being. HOPE SF leaders chose to focus on the health and wellness of residents as a primary area of need early in the initiative, based on data pointing to high rates of chronic health conditions. In retrospect, DPH staff recognize that they could have taken an even more holistic approach to promoting better health, since resident wellness is affected by so many factors beyond their physical health. Basic issues like safety, financial security, and sufficient food generated daily challenges for residents that led to emotional stress and impeded healthy lifestyles. Wellness Center staff have struggled to address these broader resident life challenges and often gotten into areas of work, resume writing, eviction prevention, educational brokering, calling the police, that are better suited to other agencies positioned to do this work. This points to the need for continued efforts for HOPE SF as a collective impact initiative to help clarify roles, and align contributions and mutually reinforcing activities from the numerous entities involved at various levels.

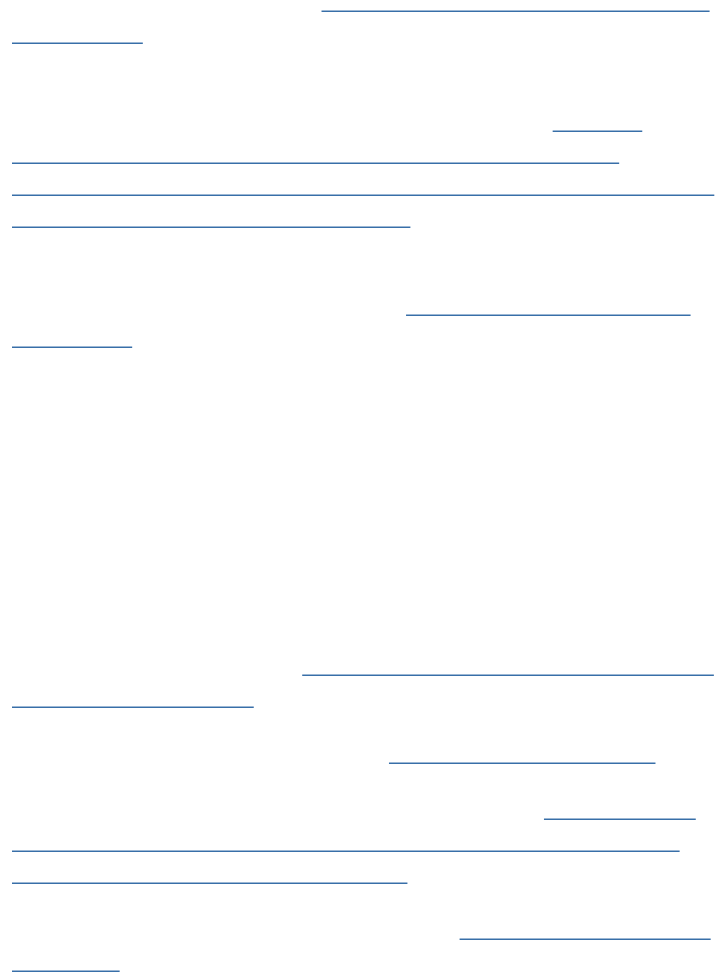
A successful mixed-income transformation initiative must anticipate and address health issues that emerge directly from the redevelopment process while also attending to current and past traumas. While HOPE SF has committed to having as many residents as possible return to the completed mixed-income developments,

there remains a high degree of anxiety and uncertainty around relocation and return. Resident stress also stems from the logistics of the move itself and the loss of social connections during the move and potentially upon return (due to families separated into different units to “ t their appropriate unit sizes, or friends and families not returning at all). The HOPE SF Wellness program took these stresses and their links to residents• health into account, most notably in the Trauma Informed Community-Building (TICB) approach that emerged in Potrero and that has evolved there in step with residents• changing needs. TICB•s premise„that trauma of many types, including the trauma associated with relocation and redevelopment„must be recognized and addressed in order to improve health and build community has led to a wide range of activities designed to increase residents• sense of well-being.

The ultimate vision of linking low-income residents of color into the broader public health system is vital, but is an ongoing challenge and is not yet realized. At this stage of development, in the eyes of some local leaders, the HOPE SF wellness approach consists primarily of programs, very valuable in themselves but not yet adding up to a systems-changing structural approach. An example is the role of San Francisco•s \$2 billion public health department. Its failure to adapt its priorities and approach to more effectively target the overall health and wellness of HOPE SF families, and other similarly-marginalized populations of color in the city, remains a major challenge for HOPE SF. The hope that the Wellness Centers and peer health leaders would be able to strengthen systemic linkages has thus far not played out. The inability of on-site Wellness Center staff to successfully get HOPE SF residents prioritized in the bigger system represents a concrete challenge that further deteriorates resident trust in the system.

Anticipating how the mixed-income phase of redevelopment can be leveraged to further improve health outcomes is important business for the future. Although the mixed-income transformation of the public housing developments is a core component of the HOPE SF initiative, up through this stage of the initiative there have not been extensive conversations about the specific implications of the mixed-income revitalization for the health strategies. Instead, the focus, understandably, has been largely on stabilizing and supporting the existing highly traumatized and isolated population. Some of open questions include: What will be the key changes in the environment when there are residents of other income levels on site? What are the implications for the health services and strategies on site, that is, for whom are services intended and who will shape those services? Will the health needs of residents of market-rate and tax-credit units be met through completely separate strategies and activities? Will there be positive social and economic aspects of the mixed-income environment itself that can be a source of increased health and wellness for all residents?

In summary, the accomplishments of HOPE SF in advancing health and wellness are considerable, as are the challenges set forth above. Looking to the future, HOPE SF seems well-positioned to tackle these challenges. The Partnership for HOPE SF is strong, the Wellness Program has a strong base of operational experience



Taryn Gress is the lead author of this site profile with support from the Mixed-Income Strategic Alliance team.

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- € Theo Miller, Director, HOPE SF, Office of the Mayor
- € Chris Norman, Former HOPE SF Neighborhood Services Program Manager, Office of the Mayor
- € Rhea Bailey, Former Director of Equity and Community Wellness Programs at the San Francisco Department of Health
- € Emily Weinstein, Community Development Consultant, former Director of Community Development at BRIDGE Housing Corporation
- € David Fernandez, Transformation Project Director at Mercy Housing for Sunnydale
- € Thu Banh, Senior Manager of Community Development at Potrero Hill at BRIDGE Housing Corporation